

New Literature on Old Age

EDITOR

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ABUSE, SAFEGUARDING AND PROTECTION

- 215/1 Alternatives to antagonism: a legal and a lay perspective on safeguarding for vulnerable adults; by Cate Searle, Thurstine Basset.
Journal of Adult Protection, vol 14, no 5, 2012, pp 222-228.
The potential impact on families of a greater emphasis on safeguarding for vulnerable adults is explored. Case examples are used to illustrate some of the issues and problems that can arise in safeguarding situations. In community settings, there can be a tendency for social services to take antagonistic rather than a conciliatory approach when communicating with families. An example of the appropriate use of safeguarding in a care home setting is outlined. The authors argue that social services should take a more conciliatory approach and be prepared to work in partnership with families. The discursive format and narrative approach of this paper represents a useful and informative way of presenting important and topical insights. (RH)
ISSN: 14668203
From : www.emeraldinsight.com/jap.htm
- 215/2 The effect of an educational intervention on junior doctors' knowledge and practice in detecting and managing elder abuse; by Claudia Cooper, Lauren Huzzey, Gill Livingston.
International Psychogeriatrics, vol 24, no 9, September 2012, pp 1447-1453.
Elder abuse is often unreported, undetected and underestimated by professionals. For the first time, the authors report the effectiveness of an educational elder abuse intervention over three months and its impact on professionals' practice. 40 trainee psychiatrists in two London National Health Service trusts completed the KAMA (Knowledge and Management of Elder Abuse) and CSQ (Caregiver Scenario Questionnaire) measuring knowledge about managing and detecting elder abuse, before and immediately after a brief group education session. The trainees were asked how often they considered, asked about, detected and managed elder abuse, and their confidence in doing so, at baseline and three months post-intervention. Compared with baseline, participants scored higher on the KAMA (paired $t = 3.4$, $p = 0.002$), and identified more definitely abusive ($t = 3.0$, $p = 0.003$) and possibly abusive ($t = 2.1$, $p = 0.043$) items immediately post-intervention. At 3-month follow up, 24 (60%) participants reported higher confidence in managing abuse (Wilcoxon signed ranks test $z = 3.7$, $p = 0.001$) and considered it more frequently ($z = 2.8$, $p = 0.006$), but did not ask older people and their carers about abuse more frequently ($z = 1.2$, $p = 0.24$). Two (5%, 95% confidence interval 2%-17%) participants detected abuse in the three months before the intervention, compared with 2 (8%, 2%-26%) in the same period after. This brief educational intervention increased trainee psychiatrists' knowledge and vigilance for abuse immediately and after three months. They remained reluctant to ask about abuse for reasons including fear of causing offence or harming the therapeutic relationship and being unsure how to ask people with dementia. The authors postulate that changing doctors' behaviour may require a more complex intervention, focusing on communication skills. (RH)
ISSN: 10416102
From : www.journals.cambridge.org/ipg
- 215/3 Exploring definitions of financial abuse in elderly Korean immigrants: the contribution of traditional cultural values; by Hee Yun Lee, Sang E Lee, Charissa K Eaton.
Journal of Elder Abuse & Neglect, vol 24, no 4, October-December 2012, pp 293-311.
The purpose of this study was to explore the cultural definitions of financial abuse from the perspective of 124 older Korean immigrants and to examine the role of traditional cultural values in their definitions by using a mixed methods approach. The qualitative analysis generated four themes relevant to definition of financial abuse. A binary logistic regression indicated that those with stronger cultural adherence to traditional values had higher odds of providing culture-based definitions of financial abuse. Education is needed for health professionals, social service providers and adult protective workers to increase their understanding of culture-specific experiences of financial abuse among ethnic minority older people. (JL)
ISSN: 08946566
From : <http://www.tandfonline.com/loi/wean20>

- 215/4 Family members' reports on non-staff abuse in Michigan nursing homes; by Zhenmei Zhang, Connie Page, Tom Connor ... (et al).
Journal of Elder Abuse & Neglect, vol 24, no 4, October-December 2012, pp 357-369.
Recent research has shown that abuse of nursing home residents by other residents may be highly prevalent. The present study examined the issue from family members' perspectives. The data came from the 2005 and 2007 random-digit dial telephone surveys of Michigan households with a family member in long-term care. Based on family members' reports, about 10% of nursing home residents aged 60 and over were abused by non-staff in nursing homes (e.g. other residents and visitors) during the past 12 months. Family members were more likely to report non-staff abuse when the nursing home residents were younger, were female, had behavioural problems and had greater level of physical functioning. Family members who reported staff abuse were four times more likely to also report non-staff abuse. (JL)
ISSN: 08946566
From : <http://www.tandfonline.com/loi/wean20>
- 215/5 Judgements of social care professionals on elder abuse referrals: a factorial survey; by Campbell Killick, Brian J Taylor.
British Journal of Social Work, vol 42, no 5, July 2012, pp 814-832.
Definitions and concepts about the basic concepts of abuse remain ambiguous where vulnerable adults are concerned, and policies are open to interpretation. This study sought to assist in the development of a more sophisticated understanding of vulnerability and abuse. Specifically, the study investigated factors in professional decision making in relation to identifying and reporting abuse of older people. A systematic review and a panel of expert practitioners were used to identify factors that might influence professional recognition and reporting of elder abuse. These factors were incorporated into a questionnaire that included randomised factorial survey vignettes and additional questions on decision making. Sets of unique vignettes were completed by 190 social workers, nurses and other professional care managers across Northern Ireland in 2008, giving 2,261 randomised vignettes used as the units of analysis. The findings showed that recognition and reporting of abuse were influenced by case factors specific to the abuse event (type and frequency of abuse), while contextual factors (age, gender, health conditions) did not significantly influence recognition or referring of abuse. While there was some consistency in recognition and referring in extreme cases, there was disparity in the more ambiguous vignettes. (JL)
ISSN: 00453102
From : <http://bjsw.oxfordjournals.org>
- 215/6 Prevalence and correlates of intimate partner violence among older Chinese couples in Hong Kong; by Elsie Yan, Ko Ling Chan.
International Psychogeriatrics, vol 24, no 9, September 2012, pp 1437-1446.
A population representative sample was surveyed to examine the prevalence and risk factors for intimate partner violence (IPV) among Chinese older couples in Hong Kong. The study found prevalence of IPV in older adults to be quite high: lifetime prevalence ranged from 1.4% to 53.6%, and past year prevalence ranged from 0.4% to 36.1% for various forms of aggression. Results of logistic regression analyses showed that those of younger age among this "older" group, who were not employed, who had a substance abuse problem, who had witnessed parental violence during their childhood, who had a criminal history, who had a low level of assertiveness, who had an anger management problem, who experienced a low level of social support and/or experienced stressful conditions, were all more likely to fall victims of IPV. It is suggested that IPV in older couples is a complex phenomenon that is closely intertwined with other forms of domestic violence, including spousal violence, child abuse, in-law conflicts, and elder abuse. Thus, before we have more definitive and concrete evidence that IPV in older couples should definitively come under the category of elder abuse or IPV, it is advisable to treat it under its own separate category of family violence. (RH)
ISSN: 10416102
From : www.journals.cambridge.org/ipg

- 215/7 Resident-to-resident abuse in nursing homes as reported by nurse aides; by Nicholas G Castle.
Journal of Elder Abuse & Neglect, vol 24, no 4, October-December 2012, pp 340-356.
In this article information on the scale and scope of resident-to-resident abuse, including verbal, physical, material, psychological and sexual abuse is presented. Nursing homes from ten U.S. states were used, with a total of 4,451 nurse aides in these facilities returning the questionnaire. Most nursing homes experienced verbal, physical, material and psychological abuse, although sexual abuse was less common. Findings of the study show that both the scale and scope of resident-to-resident abuse is high in nursing homes. Resident-to-resident abuse is common enough to be considered an issue of concern impacting the quality of life and safety of many residents. (JL)
ISSN: 08946566 From : <http://www.tandfonline.com/loi/wean20>
- 215/8 Responding to the financial abuse of people with dementia: a qualitative study of safeguarding experiences in England; by Jill Manthorpe, Kritika Samsi, Joan Rapaport.
International Psychogeriatrics, vol 24, no 9, September 2012, pp 1454-1464.
The risks of financial exploitation and abuse of people with dementia remain under-researched; and little is known of the views of those responsible for local adult safeguarding systems about prevention and redress. The authors explore current repertoires of responses of such persons; and consider barriers and facilitators to minimizing risks of financial abuse for people with dementia. 15 qualitative interviews were undertaken with a purposively sampled group of Adult Safeguarding Co-ordinators in England in 2011. Framework analysis delineated themes in the transcripts; these were included in an iteratively developed coding framework. Five themes were explored: incidence of financial abuse; impact of dementia on safeguarding responses; warning signs of financial abuse, including neglect, unpaid bills, limited money for provisions; encouraging preventive measures such as direct debit to pay for bills, advance care plans, appointing Lasting Power of Attorney (LPA); and barriers and facilitators in safeguarding, including the practice of financial agencies, cultural barriers, other systemic failures and facilitators. Not all systems of financial proxies are viewed as optimally effective, but provisions of the Mental Capacity Act 2005 were welcomed and seen as workable. Healthcare professionals may need to be more alert to the signs and risks of financial abuse in patients with dementia both at early and later stages. Engaging with safeguarding practitioners may facilitate prevention of abuse and effective response to those with substantial assets, but the monitoring of people with dementia needs to be sustained. In addition, professionals need to be alert to new risks from electronic crime. Researchers should consider including financial abuse in studies of elder abuse and neglect. (RH)
ISSN: 10416102 From : www.journals.cambridge.org/ipg
- 215/9 The role of social defences and organisational structures in facilitating the abuse and maltreatment of older people; by Diane Galpin.
Journal of Adult Protection, vol 14, no 5, 2012, pp 229-236.
The current system of health and social care provision leaves many older people maltreated and without support. This paper aims to develop understanding of the context in which the abuse and maltreatment of older people might proliferate within the health and social care system in the United Kingdom. It uses research and inquiry findings to establish the inter-relationship between social defences, consumerism and poor organisational structures that create a culture in which the abuse and maltreatment of older people might flourish. The paper suggests the expansion of a consumerist approach to care, along with social defences and organisational structures, reinforces an attitude of indifference to older people across society, and provides the conditions in which the maltreatment of older people by professional carers can go unchallenged. This is a conceptual paper from which future research could develop to understand, from a societal perspective, the relationship between societal attitudes and responses to older people, their maltreatment and care provision in the UK.
If safeguarding older people is "everyone's business", wider society will need to transform an attitude of indifference toward older people into one of dignity and respect. (RH)
ISSN: 14668203
From : www.emeraldinsight.com/jap.htm

215/10 Safeguarding: commissioning care homes; by Elaine Cass.
Journal of Adult Protection, vol 14, no 5, 2012, pp 244-247.
There are numerous steps that both commissioners and providers can take to improve the prevention of abuse, neglect and harm towards people in residential care. The Report on the Consultation on the Review of No Secrets (Department of Health, 2009) highlighted the need for commissioners to take more responsibility, in partnership with regulators, for safeguarding people who use services. This article is based on the content of two Social Care Institute for Excellence (SCIE) resources that support the role of commissioners to maintain or improve the quality of services to reduce the likelihood of abuse, neglect or harm. The first looks at all of the monitoring mechanisms a commissioner can draw upon to monitor good quality without overlap with inspectors or overburdening the provider. The second looks at common areas of practice that lead to safeguarding referrals in care homes. Working with a group of 30 practitioners, comprising largely commissioners and providers, a guide to preventing some of the problems that frequently lead to safeguarding referrals from care homes was developed. The work demonstrates that commissioners could improve the quality of residential services through better partnership working and better use of available intelligence to reduce the risk to those in residential care.
The guides highlighted in this article have the potential to improve practice in commissioning and, as a consequence, to provide better quality and safer residential care services. (RH)
ISSN: 14668203 From : www.emeraldinsight.com/jap.htm

ACTIVE AGEING

(See Also 215/49, 215/50, 215/59, 215/66)

215/11 Agenda for later life 2012: a summary of policy priorities for active ageing; by Age UK. London: Age UK, 2012, 20 pp.
Age UK sets out the "key opportunities" that must not be missed in 2012 in relation to: equal and active citizens; tackling need and preventing poverty; dignity in care and support; essential services and consumer markets; health, healthcare and well-being; lifetime homes and lifetime neighbourhoods; and international aid and humanitarian emergencies. Although the Coalition Government is starting to tackle some of the challenges associated with ageing, Age UK states that action is needed to bring together "disparate policy threads". A framework is recommended in which individuals take responsibility for planning their later lives; and businesses, civil society, and local and central government recognise and respond as appropriate to older people's requirements and needs. While this summary includes the salient facts and figure, the full (152 pp) report, 'Agenda for later life: policy priorities for active ageing' (<http://www.ageuk.org.uk/Documents/EN-GB/For-professionals/Policy/AgendaforLaterLifeReport2012.pdf?dtrk=true>) provides much more detailed information on indicator sources. (RH)
From : Age UK, Tavis House, 1-16 Tavistock Square, London WC1H 9NA. Download: <http://www.ageuk.org.uk/Documents/EN-GB/AgendaforLaterLifeSummary%202012%2024pp%20A4.pdf?dtrk=true>

215/12 Get walking, keep walking: the health benefits of walking for people and the environment; by Bupa; C3 Collaborating for Health.: Bupa, 2012, 19 pp.
The number of people walking is in decline, and this report draws attention to the physical and mental health benefits of walking, citing examples of healthy walking such as Nordic walking in Oxfordshire. The report also considers why people are walking less, and how barriers to walking could be resolved. It recommends how individuals, businesses, local government and health professionals can all act to promote more walking as part of encouraging healthier lifestyles, so that people can live longer, healthier and happier lives. For example, general practitioners (GPs) should "prescribe" supported group walking schemes to encourage people to be more active. An appendix lists where to find out about walking campaigns in the UK and around the world; also three online "walking tools" to encourage walking. (RH)
From : Bupa, 15-19 Bloomsbury Way, London WC1A 2BA. Website: www.bupa.com

215/13 Physical activity among older people and related factors; by Ann Persson, Alison While. Health Education Journal, vol 71, no 2, March 2012, pp 144-153.
A cross-sectional questionnaire survey of older people attending two luncheon clubs and eight social clubs in two London boroughs was used to investigate the duration, intensity and type of physical activity undertaken in relation to their reported levels of participation in social activities and their perceptions. The questionnaires were distributed by volunteers and sought information on: physical and social activities undertaken; perceived health and weight status; views about local amenities; and neighbourhood and demographic data. The sample comprised 225 people aged 60+ (response rate 88.6%; mean age 75 years; 76.7 women). Only 20.8% of the sample met the recommended levels of physical activity if heavy housework and heavy gardening were not included, rising to 48% when these activities were included. Reported good health status was strongly associated with higher levels of physical activity, although physical activity significantly declined with advancing age. Living in an area with good recreational facilities and taking part in social entertainment were significantly associated with being physically active at the recommended levels. Good health status is associated with levels of physical activity in older people. Heavy housework is an important physical activity and provides an activity for maintaining functional independence in old age. (RH)
ISSN: 00178969
From : <http://www.sagepublications.com>

AGE DISCRIMINATION

215/14 Implementing a ban on age discrimination in the NHS: making effective, appropriate decisions; by Social Care, Local Government and Care Partnerships, Department of Health - DH. Leeds: Department of Health, 28 September 2012, 19 pp (Gateway ref: 18154).
From 1 October 2012, the Government has fully implement the ban on age discrimination enshrined in the Equality Act 2010, giving protection against age discrimination in services, clubs and associations and in the exercise of public functions. The Act makes it unlawful for service providers and commissioners to discriminate, victimise, or harass a person because of age. There will be no exceptions in health and social care. However, positive use of age in providing, commissioning and planning services will be able to continue: the Act does not prevent differential treatment where this is objectively justified. This briefing gives a short overview of the ban on age discrimination, and includes a list of online resources on the Act and the Public Sector Equality Duty. It is specifically aimed at those who plan, commission or provide NHS services, whether in the NHS, voluntary or private sectors. It has been developed by NHS Employers with the support of the Department of Health (DH), the NHS Commissioning Board Authority, the Equality and Human Rights Commission (EHRC), the Local Government Association (LGA), Age UK, the Care Quality Commission (CQC), the National Institute for Health and Clinical Excellence (NICE), both the Welsh and Scottish Governments, and the NHS Confederation. (RH)
From : <https://www.wp.dh.gov.uk/publications/files/2012/09/ban-on-age-discrimination.pdf> Contact: Catherine Davies, E&I, HI&P-SCLGCP, Quarry House, Quarry Hill, Leeds LS2 7UE.

AGEING (GENERAL)

215/15 Ageing in the twenty-first century: a celebration and a challenge; by United Nations Population Fund - UNFPA; Helpage International. New York; London: United Nations Population Fund - UNFPA; Helpage International, 2012, 190 pp; Executive summary 7 pp.
Population ageing is a major trend that has global implications. This report looks at what has changed in the ten years since the Madrid International Plan of Action on Ageing. It finds that despite significant progress in many countries in developing and implementing policies and programmes focusing on older people, there is still much to be done to bring old age issues into policy areas such as health and income security. The report provides an overview of the economic and social implications of population

ageing; and analyses the changing situation and role of older people in the last 10 years. It reviews progress in policies, legislation, data research, and institutional arrangements on ageing. It summarises findings from consultations with 1,300 older men and women from 36 countries from all regions in respect of their experiences and how their lives have changed and what they expect from policymakers. The report outlines key recommendations and follow-up actions, including an agenda to secure "a society for all ages". The appendices provide detailed statistics on population ageing, and set out a proposed list of minimum indicators for tracking progress in implementing the Madrid Plan. An executive summary (7 pp) is also available. (RH)

From : Helpage International, PO Box 70156, London WC1A 9GB. Websites: www.helpage.org/ageing21 and <http://unfpa.org/ageingreport/>

215/16

The dynamics of ageing: evidence from the English Longitudinal Study of Ageing 2002-10 (Wave 5); by James Banks, James Nazroo, Andrew Steptoe (et al) (eds), English Longitudinal Study of Ageing - ELSA. London: Institute for Fiscal Studies - IFS, 2012, 321 pp.

Michael Marmot and Andrew Steptoe introduce this report of the wave 5 study, which uses data collected from July 2010 to June 2011 inclusive, a period of considerable change with the installation of the Coalition government and the start of a period of austerity. The data is based on interviews with 10,274 people (including 9,000 "core" participants). Design and collection was carried out as a collaboration between the Department of Epidemiology and Public Health at University College London (UCL), the Institute for Fiscal Studies (IFS), the National Centre for Social Research (NatCen), and the School of Social Sciences at the University of Manchester. This and previous ELSA reports present a detailed picture of the lives of people in England aged 50 and over. This report discusses three main themes: pension wealth; social detachment in older age; and health and psychological well-being. A chapter on methodology explains the sample design, interview content and the approach to fieldwork; it also notes a new module of questions to measure financial risk-taking. Reference tables on the economic, social and health domains summarise important variables collected by ELSA. (RH)

Price: £40.00

From : The Institute for Fiscal Studies, 7 Ridgmount Street, London WC1E 7AE. E-mail: mailbox@ifs.org.uk <http://www.ifs.org.uk>

215/17

Successful ageing and development: the contribution of generativity in older age; by Feliciano Villar.

Ageing and Society, vol 32, part 7, October 2012, pp 1087-1105.

Generativity, a term coined by psychoanalyst Erik Erikson, can be defined as the concern to nurture, guide and ensure the wellbeing of future generations and ultimately, to leave a lasting legacy. This paper examines the contributions that generativity in older age may make to the concept of successful ageing. To this end, two perspectives on successful ageing are described: successful ageing as a set of clinical criteria (Rowe and Kahn, 1987), and successful ageing as the application of adaptive processes aimed at achieving efficient functioning. After showing the limitations of the first perspective, particularly from a developmental point of view, the paper argues that the adaptive version of successful ageing helps to put ageing into a developmental frame, but needs to be complemented by identifying specific content and goals that guide these adaptive processes and establish new feasible gains for older people. Generativity in older age (based on Erikson's theories) could play that role and provides a conceptual framework that enriches the concept of successful ageing, both by emphasising the social context in which people age and by highlighting a personal growth component. In particular Dan McAdams is cited as possibly the most influential author in the recovery of generativity as a concept for studying personal and social development. (JL)

ISSN: 0144686X

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

ARTS AND MUSIC

- 215/18 A group music intervention using percussion instruments with familiar music to reduce anxiety and agitation of institutionalized older adults with dementia; by Huei-chuan Sung, Wen-li Lee, Tzai-li Li, Roger Watson.
International Journal of Geriatric Psychiatry, vol 27, no 6, June 2012, pp 621-627.
This experimental study from Taiwan aimed to evaluate the effects of a group music intervention on anxiety and agitation in institutionalised older adults with dementia. 60 participants were randomly assigned to an experimental or a control group. The experimental group received a 30-minute music intervention using percussion instruments with familiar music in a group setting twice weekly for six weeks, whereas the control group received usual care with no music intervention. The Rating of Anxiety in Dementia scale was used to assess anxiety, and Cohen-Mansfield Agitation Inventory was used to assess agitation at baseline, week four and week six. Repeated measures analysis of covariance indicated that older adults who received a group music intervention had a significantly lower anxiety score than those in the control group while controlling for pre-test score and cognitive level. However the reduction of agitation between the two groups was not significantly different. The authors conclude that anxiety and agitation are common in older adults with dementia and have been reported by caregivers as challenging care problems. An innovative group music intervention using percussion instruments with familiar music as a cost-effective approach has the potential to reduce anxiety and improve psychological well-being of those with dementia. (JL)
ISSN: 08856230
From : <http://www.interscience.wiley.com/journal/gps>

ASSISTIVE TECHNOLOGY

(See Also 215/52, 215/69)

- 215/19 AT guide: developing a new way to help people with dementia and their carers find information about assistive technology; by Nada Savitch, Deborah Brooks, Stephen Wey.
Journal of Assistive Technologies, vol 6, no 1, 2012, pp 76-80.
The AT Dementia website (www.atdementia.org.uk) is well established as the main information resource about assistive technology (AT) for people with dementia, although most of the users are currently professionals. This paper describes the development of a new online interface for the website which is aimed at people with dementia and their families. The paper describes the design process of the AT Guide and how people with dementia were involved in all aspects of the design. The idea of the new interface is to enable people with dementia and their carers to think through the difficulties they experience in their daily lives and guide them towards solutions involving assistive technologies and other forms of support. The user navigates through a series of questions with simple (usually yes or no) answers to arrive at a simple report containing tips, suggestions, advice and links to assistive technology products and other non-technological solutions that might help. The AT Guide is being developed in modules, each focusing on a different activity. The project shows that using creative ways involving people with dementia in the development of products and services is both possible and desirable. (JL)
ISSN: 17549450
From : <http://www.emeraldinsight.com/products/journals/journals.htm?id=jat>

- 215/20 Effects of electronic health information technology implementation on nursing home resident outcomes; by Karl Pillemer, Rhoda H Meador, Jeanne A Teresi (et al).
Journal of Aging and Health, vol 24, no 1, February 2012, pp 92-112.
The effects of electronic health information technology (HIT) on nursing home residents were examined. The study evaluated the impact of implementing a comprehensive HIT system on resident clinical, functional, and quality of care outcome indicators as well as measures of resident awareness of and satisfaction with the technology. The study used a prospective, quasi-experimental design, directly assessing 761 nursing home residents in 10 urban and suburban nursing homes in the greater New York City area.

No statistically significant impact of the introduction of HIT on residents was found on any outcomes, with the exception of a significant negative effect on behavioural symptoms. Residents' subjective assessment of the HIT intervention were generally positive. The absence of effects on most indicators is encouraging for the future development of HIT in nursing homes. The single negative finding suggests that further investigation is needed on possible impact on resident behaviour. (RH)
ISSN: 08982643 From : <http://jah.sagepub.com/>

215/21 The ethical evaluation of assistive technology for practitioners: a checklist arising from a participatory study with people with dementia, family and professionals; by Beatrice Godwin.

Journal of Assistive Technologies, vol 6, no 2, 2012, pp 123-135.

Ethical concerns have been identified as a barrier to the uptake of assistive technology (AT) among social care professionals and informal carers. The aim of this study was to examine whether AT contributes to person-centred care, whether users can participate in research, and to explore ethical dilemmas with users, family and professional carers. The first stage of the project involved identifying, obtaining and, where necessary, commissioning specific items of AT tailored for use with or by particular individuals with dementia. The second stage of the project evaluated the equipment, establishing the views on and the ethical decision making by the people with dementia, their family and professional carers. Nine triads (comprising nine people with dementia, nine family members, and nine professional carers) underwent semi-structured interviews to provide three different perspectives on their experience with the same technology. The research suggests that the complexity of AT in dementia care necessitates individualised person-centred ethical evaluation and assessment. Users displayed insight, logic and empathy in ethical evaluation. They disliked remote monitoring and surveillance, whereas carers were pragmatic, prioritising safety. The findings demonstrate a significant potential role for AT in dementia care. A checklist is provided to help professionals evaluate ethical dilemmas. (JL)

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From : <http://www.emeraldinsight.com/products/journals/journals.htm?id=jat>

215/22 Ethical issues around telecare: the views of people with intellectual disabilities and people with dementia; by Jon Perry, Steve Beyer.

Journal of Assistive Technologies, vol 6, no 1, 2012, pp 71-75.

As assistive technology and telecare (AT&T) are poised to become part of mainstream social care in the UK, it is important to consider the ethical issues associated with these technologies. The purpose of this paper is to report on the findings of focus groups comprising five people with intellectual disabilities (PWID) and four people with dementia (PWD) that were convened as part of a larger Delphi study on the ethical issues around telecare. The main purpose of the focus groups was to validate the questions asked in the Delphi study questionnaire. The participants were asked to rate the importance of including in the questionnaire items on various ethical issues associated with the use of AT&T. The participants' ratings indicated that they felt there were important ethical issues around seven areas related to AT&T: motivation for telecare; risk; assessment and review; consent; privacy; social isolation; and equipment installation. (JL)

ISSN: 17549450

From : <http://www.emeraldinsight.com/products/journals/journals.htm?id=jat>

215/23 Impact and economic assessment of assistive technology in care homes in Norfolk, UK; by Saleh Al-Oraibi, Ric Fordham, Rod Lambert.

Journal of Assistive Technologies, vol 6, no 3, 2012, pp 192-201.

This study looked at whether new assistive technology (AT) systems in residential care homes reduced the number of falls and demands for formal health services. The project collected retrospective data about the incidence of falls before and after AT systems were installed in two care homes in Norfolk, each with different resident profiles regarding the prevalence of dementia. Standard incident report forms were examined for a period starting ten months before the upgrades to ten months after in Care Home 1 and from six months before to six months afterwards in Care Home 2. Overall there were 314 falls reported during the course of the study. The number reduced from 202

to 112 after the introduction of AT. The mean health care costs associated with falls in Care Home 1 were significantly reduced (more than 50%). In Care Home 2 there was no significant difference in the mean cost. The results suggest that installing an AT system in residential care homes can reduce the number of falls and health care cost in homes with a lower proportion of residents with advanced dementia compared to those with more residents with advanced dementia. (JL)

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ATTITUDES TO AGEING

(See Also 215/89)

215/24

Adjusting the cut: fashion, the body and age on the UK high street; by Julia Twigg. *Ageing and Society*, vol 32, part 6, August 2012, pp 1030-1054.

This study looked at the interplay between bodily and cultural ageing in the provision of clothing for older women, examining how design directors of UK clothing retailers act as cultural mediators, shaping the ways in which later years are imagined, experienced and performed at an embodied level. Based on interviews with clothing retailers with a significant involvement with the older market (eg Marks & Spencer, George at Asda, Jaeger, Viyella and Edinburgh Woollen Mill), it analysed the contexts in which they design, discussing: the potential of the grey market; the association of fashion and youthfulness; and the tensions between lifestyle and age in the formation of the market. It explored the ways in which they adjust the cut, colour and style of clothes to meet the requirements of older bodies and the changing cultural interpretations of these, addressing debates around the interplay of bodily and cultural ageing, and the role of consumption in the constitution of age. Reflecting both the cultural and material turns, the author argues for the need to expand the social gerontology imaginary to encompass wider sources shaping the meanings of later years. (JL)

ISSN: 0144686X

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

BLACK AND MINORITY ETHNIC GROUPS

215/25

Dementia in black and minority ethnic communities in Hampshire: development of a Time to Change campaign; by Thomas Richardson, Ann Marshall.: *Psychologists' Special Interest Group in Elderly People - PSIGE*, British Psychological Society.

PSIGE Newsletter, no 118, January 2012, pp 16-19.

The authors review evidence indicative of the lack of awareness about dementia in black and minority ethnic (BME) communities. This lack of awareness appears to prevent help-seeking and for BME communities to be under-represented in dementia services. The Time to Change campaign (www.time-to-change.org.uk) is a national campaign launched in 2007 that aims to reduce stigma against mental health problems. The Older People's Mental Health service in Hampshire has been working with the campaign to target older adults, and has been developing ideas on how to tackle stigma and attitudes towards dementia and memory problems in the county's largest BME group, South Asians. (RH)

ISSN: 13603671

From : <http://www.psige.org.uk>

CONSUMER PERSPECTIVES

215/26

Unlocking the potential of the younger older consumer: consumer preferences and the assisted living market: research findings from the CO-MODAL project; by Gillian Ward, Sujata Ray, Health Design and Technology Institute, Coventry University; Age UK; Grandparents Plus. Coventry: Health Design and Technology Institute, Coventry University, 2012, 24 pp.

Older people are major users of health and social care services. As a consumer group, this market is largely untapped, for example in any demand for assisted living technology. This report provides a summary of findings from a series of research

activities undertaken in the first stage of a 3-year project known as CO-MODAL (COnsumer MODels for Assisted Living), led by Coventry University in partnership with Age UK and Grandparents Plus. It considers how assisted living technology users, consumers and potential consumers behave, and the interface between the assisted living technology industry and the consumer. (RH)

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DEMENTIA

(See Also 215/8, 215/18, 215/19, 215/25, 215/46, 215/62, 215/68, 215/97, 215/98)

- 215/27 'Doing things differently': working towards distributed responsibility within memory assessment services; by Sean Page, Kevin Hope, Jose Mathew, Penny Bee. International Journal of Geriatric Psychiatry, vol 27, no 3, March 2012, pp 280-285. To manage the demands of the increased number of people developing dementia, there is a need to distribute responsibilities more effectively in Memory Assessment Services. The aim of this study was to determine whether a range of Allied Health Professions (AHPs), namely mental health nurses, occupational therapists and social workers, can be effectively trained in the clinical assessment of dementia. Specifically, the study aimed to compare initial diagnostic hypotheses made by AHPs with subsequent formal multidisciplinary formulation based upon the full possession of investigations, neuropsychological tests and brain imaging. A prospective analysis was conducted of 90 consecutive referrals seen by nine AHP members of a newly established Memory Assessment Service, all of whom had undergone the training programme. A total of 58 patients were diagnosed by the multi-disciplinary team as having a dementia. 20 were classified as Alzheimer's disease, 28 of mixed sub-type and nine of vascular origin. Together, the AHP's were able to detect dementia with 91% accuracy. The diagnostic accuracy for each professional group ranged from 88% to 93%. The findings show that structured initial assessments by AHPs are an accurate method of determining a diagnosis of cognitive impairment. (JL)
ISSN: 08856230
From : <http://www.interscience.wiley.com/journal/gps>
- 215/28 Assessment of cognitive fluctuation in dementia: a systematic review of the literature; by David R Lee, John-Paul Taylor, Alan J Thomas. International Journal of Geriatric Psychiatry, vol 27, no 10, October 2012, pp 989-998. Cognitive fluctuations (CF) are defined as spontaneous alterations in cognition, attention and arousal. They are a recognised feature of dementias, especially dementia with Lewy bodies (DLB) and Parkinson's disease dementia. However the accurate identification and assessment of CF presents a major clinical difficulty, with the operationalisation of the term 'cognitive fluctuation' remaining elusive, despite several attempts to identify, quantify and assess the phenomenon. No published reviews of CF in dementia exist despite this being an important clinical phenomenon and a core diagnostic feature of DLB. This study systematically explored the literature and measures available for the definition, assessment and quantification of CF in dementias. Only three psychometric measures were found which have been developed for the identification and assessment of CF. However these have not been adequately tested as yet for reliability and validity. The authors conclude that further research is warranted into the assessment of CF, and this is timely given the increasing recognition of the clinical importance of CF as a dementia symptom, particularly in the Lewy body dementias. (JL)
ISSN: 08856230
From : <http://www.interscience.wiley.com/journal/gps>
- 215/29 An audit and training package of a cognitive screening tool used in a south-east England memory service; by Kathryn Waters, Andy Russ.: Psychologists' Special Interest Group in Elderly People - PSIGE, British Psychological Society. PSIGE Newsletter, no 119, April 2012, pp 49-54. The audit relates to use of the Addenbrooke's Cognitive Assessment - Revised (ACE-R),

the cognitive tool being used by the memory service. Audits of the ACE-R were carried out before and after training, which improved the accuracy of its use by the team using it, though not necessarily the understanding of the test in the diagnostic process. (RH)
ISSN: 13603671
From : <http://www.psige.org.uk>

- 215/30 Caregiving in dementia: from resentment to forgiveness; by Pilar Callaby, Peter G Coleman, Marie A Mills.
Journal of Religion, Spirituality & Aging, vol 24, nos 1-2, 2012, pp 93-104.
This article considers the spiritual challenge that caregiving in the extreme circumstances of dementia poses to the family. Caring for a person with dementia can inevitably put unreasonable demands upon the family carer and arouses many negative emotions, especially resentment. In this article the authors discuss how the Christian concept of the person is based upon relationship and that family relationships may need to be sustained from within the larger community as dementia increases in severity. Examples of recent individual and group focused initiatives piloted in Hampshire are presented that aim to help dementia caregivers in transcending their feelings of hurt. In particular the programme highlighted resentment as a critical factor in caregiver burnout, and the power of emotional healing through forgiveness. (JL)
ISSN: 15528030
From : <http://www.tandfonline.com/loi/wrsa20>
- 215/31 The couples group: a joint support group for the person with dementia and their family; by Gillian Bowie, Liz Williams.: Psychologists' Special Interest Group in Elderly People - PSIGE, British Psychological Society.
PSIGE Newsletter, no 120, July 2012, pp 18-24.
The couples group was established in 2008 as a joint initiative between South Tyneside Older Person's Community Mental Health Team (CMHT) and the Alzheimer's Society. The aim was to enable a person with dementia supported by a spouse or family member to attend small group sessions with other similarly affected couples. The group took place every week for a 1-hour session over six weeks, with three couples attending each group. This article evaluates results from the seven groups of couples, noting what was found to be useful: meeting others with similar difficulties; increased knowledge; awareness of feelings; more openness about dementia; and sharing and finding ways of coping. Given the high satisfaction reported by the original groups, the Couples Group has continued to run and evolve, based on the feedback received. (RH)
ISSN: 13603671
From : <http://www.psige.org.uk>
- 215/32 Dementia and the impact on carers; by Jennie Duprey.: Psychologists' Special Interest Group in Elderly People - PSIGE, British Psychological Society.
PSIGE Newsletter, no 119, April 2012, pp 10-16.
A mixed methods service-based study explored the views of relatives and carers regarding a support group that was offered by an older adult inpatient ward. The study aimed to elicit feedback from relative and carers about what they would hope to gain from a group, for example, emotional support, information about dementia, or coping skills. A focus group of four people representing three patients considered four themes: communication, the emotional experiences of relatives and carers, patients' needs, and staff practices on the ward. (RH)
ISSN: 13603671
From : <http://www.psige.org.uk>
- 215/33 Enriching life with creative expression; by Claire Ford.
Working with Older People, vol 16, no 3, 2012, pp 111-116.
This paper considers the benefits for individuals with dementia from participating in highly creative engagement activities. It results from the author's work on the Winston Churchill Travelling Fellowship carried out in six cities across the United States during 2011. At this time the author worked collaboratively with leading clinicians in the field looking at innovative approaches to implementing creativity into the framework of caring for people with dementia. Data, observations and knowledge were gathered from various access programmes in museums and galleries, creative access

organisations and in alternative environments from hospitals, to day centres and residential care. The paper seeks to analyse the ways of promoting access for individuals in settings such as museums and galleries, comparing and contrasting the various ways in the USA and UK. It highlights the benefits of coordinating creative activities within a healthcare setting, looking at ways of changing cultural views and improving the health service. Implications for practice are discussed. (JL)

ISSN: 13663666

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

- 215/34 Evaluation of a memory assessment and advisory service in Birmingham, West Midlands; by Katharine Mackenzie, Angela Smith, Jan R Oyeboode.: Psychologists' Special Interest Group in Elderly People - PSIGE, British Psychological Society. PSIGE Newsletter, no 119, April 2012, pp 25-31. Two small focus groups comprising five people with memory difficulties and four family carers participated in this assessment regarding their views of how the Birmingham Memory Assessment and Advisory Service (BMAAS) met key objectives of the National Dementia Strategy (2009). The participants had been discharged from the service between 22 weeks and six weeks prior to the focus group. While there was satisfaction with the quality of the assessment, the current economic climate raises questions regarding future feasibility of such services. (RH)
ISSN: 13603671 From : <http://www.psig.org.uk>
- 215/35 Fear of dementia: implications for assessment and intervention in a memory clinic service; by Karen B E Addy.: Psychologists' Special Interest Group in Elderly People - PSIGE, British Psychological Society. PSIGE Newsletter, no 119, April 2012, pp 32-37. Cognitive decline associated with ageing is a common cause for anxiety within the older adult age group. Often, patients will be referred to services with concerns about memory loss and in some case suffering significant emotional and functional problems as a result of a fear of the meaning of memory lapses. This paper explores three cases of patients with a fear of dementia in which the patients' functional ability was impaired as a result of their interpretation of memory decline as a sign of dementia. The patients attended a memory clinic service and completed a neuropsychological assessment, which indicated no evidence of cognitive decline. Psychological assessment suggested specific health anxiety related to dementia. A cognitive behavioural intervention was completed. Each reported significant functional improvement and a reduction in memory-related anxiety. A cognitive model exploring the interaction between memory loss and anxiety is proposed; and the implications for the treatment of such patients are discussed. (RH)
ISSN: 13603671 From : <http://www.psig.org.uk>
- 215/36 From warding off to working through: helping people facing a diagnosis of dementia to change their relationship with their memory problems; by Naomi Betts, Richard Cheston.: Psychologists' Special Interest Group in Elderly People - PSIGE, British Psychological Society. PSIGE Newsletter, no 118, January 2012, pp 34-42. This paper outlines how the Assimilation Model of Problematic Voices (APV) can be used to describe the relationship which a person with dementia has with the condition. The model suggests that most experiences in a person's life are unproblematic and can be assimilated routinely into that person's understanding of the world. In this paper, the model is adapted to focus on the psychological tasks that confront people with dementia: helping dementia to emerge as the problem without being overwhelmed; identifying dementia as the problem while gaining and perspective; and working through, trying out problem solutions. (RH)
ISSN: 13603671 From : <http://www.psig.org.uk>
- 215/37 Guidelines for psychosocial interventions in dementia care: a European survey and comparison; by E Vasse, M Vernooij-Dassen, I Cantegreil ... (et al). International Journal of Geriatric Psychiatry, vol 27, no 1, January 2012, pp 40-48. Evidence has demonstrated the effectiveness of psychosocial interventions in treating people with dementia and their carers. Dementia guidelines should therefore include

evidence and recommendations for psychosocial interventions that parallel the evidence base. The aims of this study were: to collate dementia guidelines from countries across Europe and to check whether they included sections about psychosocial interventions; and to compare the methodological quality and the recommendations for specific psychosocial interventions in these guidelines. The European dementia guidelines were inventoried, and the methodological quality of the guideline sections for psychosocial interventions was assessed with the Appraisal of Guidelines Research and Evaluation (AGREE) instrument. Guidelines for psychosocial interventions were found in 5 of 12 countries: Germany, Italy, the Netherlands, Spain and the UK. The UK NICE (National Institute for Clinical Excellence) and SCIE (Social Care Institute for Excellence) joint guidelines had the best methodological quality and included the most recommendations for psychosocial interventions. Physical activity and carer interventions were recommended the most across all guidelines. The authors conclude that high-quality guidelines that include psychosocial interventions and are kept up to date with the emerging evidence are needed across Europe. (JL)
ISSN: 08856230 From : <http://www.interscience.wiley.com/journal/gps>

- 215/38 The happy crowd; by Jessica Osborne, Yvette Kusel.: Psychologists' Special Interest Group in Elderly People - PSIGE, British Psychological Society.
PSIGE Newsletter, no 119, April 2012, pp 17-24.
The authors outline their experiences and reflections of planning, running and evaluation of a post-diagnostic support group for individuals with recently diagnosed dementia. The group was run by the Memory Service in Havering, North East London Foundation Trust. (RH)
ISSN: 13603671 From : <http://www.psige.org.uk>
- 215/39 Net costs of dementia in Sweden: an incidence based 10 year simulation study; by Anders Skoldunger, Anders Wimo, Kristina Johnell.
International Journal of Geriatric Psychiatry, vol 27, no 11, November 2012, pp 1112-1117.
Ageing of the population results in increasing number people suffering from dementia, and this will have a great impact on costs for the society. Because of the long duration of dementia disorders, it is difficult to collect empirical data for the whole survival period of incident cases. Therefore, modelling approaches are frequently used. This study was to describe the costs of an incident dementia cohort with progression modelling. Epidemiological data indicate that the incidence of dementia in Sweden was 24,000 people in 2005. Incident cases were run in a Markov model for 10 cycles of 1 year each. Severity state specific costs were used and defined by Clinical Dementia Rating scale. The total cost for the cohort was 27.24 billion Swedish Krona (SEK). The mean cost per person and year was 269,558 SEK. Total cost for long-term institutional care was 21 billion SEK during the modelled period. The cost of long-term institutional care is the major cost driver, even in mild dementia. (RH)
ISSN: 08856230 From : www.orangejournal.org
- 215/40 Reducing the stigma associated with dementia: approaches and goals; by Naaheed Mukadam, Gill Livingston.
Aging Health, vol 8, no 4, August 2012, pp 377-386.
Stigma is a state of social disgrace, which marks an individual as discreditable or inferior in some way. The diagnosis of dementia carries significant stigma, partly due to cultural beliefs about etiology but also due to the unsocial behaviours that can result from cognitive impairment. Stigma not only affects self-esteem and causes distress, but affects social inclusion and can delay diagnosis of dementia. In order to optimise the uptake of early intervention healthcare initiatives and improve outcomes there is a need to explore the effectiveness of antistigma interventions. Reducing stigma may be achieved through education, protest against current inequalities and contact with people who have dementia. Successful interventions are likely to involve a multifaceted approach that tackles self-stigma as well as public perceptions. Future research should explore the creation of culturally sensitive antistigma interventions and examine which aspects of these programmes are most effective and easiest to implement. (JL)
ISSN: 1745509X From : <http://www.futuremedicine.com/loi/ahe>

- 215/41 Rethinking a framework for dementia 1: a journey; by Edana Minghella, Kate Schneider. Working with Older People, vol 16, no 3, 2012, pp 122-131.
This is the first of two papers that aim to propose a revised model of care for dementia aimed at improving experiences and outcomes, and informing service redesign and commissioning. It draws conclusions from the combined findings of a number of projects commissioned across southern England. The key methodologies in all the studies included listening to people with dementia and carers, non-participant observation of services, and reviews of good practice, policy and literature. The paper proposes a revised values base for service development, identifying a six-phase dementia journey from the perspective of those living with dementia. The framework moves away from the medical model towards understanding dementia as a long term condition that affects a number of dimensions. Through understanding the dementia journey from the perspective of people living with dementia, it is possible to design and implement a range of services that help people plan for and manage their own journeys, provide interventions proactively and help prevent crises. The second paper will describe a full service model demonstrating how it could be applied. (JL)
ISSN: 13663666
From : <http://www.emeraldinsight.com/products/journals/journals.htm?id=wwop>

DEPRESSION

(See Also 215/87, 215/108)

- 215/42 Depression and frailty in later life: a synthetic review; by Briana Mezuk, Lauren Edwards, Matt Lohman, Moon Choi, Kate Lapane.
International Journal of Geriatric Psychiatry, vol 27, no 9, September 2012, pp 879-892.
Frailty is defined as a state or indication of being vulnerable to declining health in later life. Depression in later life is predictive of many of the same kinds of outcomes as frailty, including cognitive impairment, disability, fracture, and mortality. The aim of this review was to explore the conceptual and empirical interrelationships between depression and frailty among older adults. A literature search was conducted using PubMed for publications through to 2010. Reviewers assessed the eligibility of each report and abstracted information on study design, sample characteristics, and key findings. Of these abstracted articles, 39 met the inclusion criteria. The findings from both cross-sectional and cohort studies indicated that frailty, its components and functional impairment are risk factors for depression. Although cross-sectional studies indicated a positive association between depression and frailty, findings from cohort studies were less consistent. The majority of studies included only women and non-Hispanic Whites. None used diagnostic measures of depression or considered antidepressant use in the design or analysis of the studies. (JL)
ISSN: 08856230
From : <http://www.interscience.wiley.com/journal/gps>

- 215/43 Late-life depression in home healthcare; by Yolonda R Pickett, Patrick J Raue, Martha L Bruce.
Aging Health, vol 8, no 3, June 2012, pp 273-284.
Major depression is disproportionately common among older adults receiving home healthcare and is characterised by greater medical illness, functional impairment and pain. Depression is persistent in this population and is associated with numerous poor outcomes such as increased risk of hospitalisation, injury-producing falls and higher healthcare costs. Despite the need for mental healthcare in these patients, significant barriers unique to the home healthcare setting contribute to the underdetection and undertreatment of depression. Intervention models target the home healthcare nurse as liaison between patients and physicians, and instruct in the identification and management of depression for their patients. Successful implementation requires interventions that 'fit' how home healthcare is organised and practised, and long distance implementation strategies are required to increase the reach of these interventions. (JL)
ISSN: 1745509X
From : <http://www.futuremedicine.com/loi/ahe>

DIABETES

- 215/44 Win-win: the benefits of an integrated approach to tackling diabetes and climate change; by Bupa; International Diabetes Federation.: Bupa, 2012, 15 pp.
This report is a summarised version of the 'Diabetes and climate change report' produced by the International Diabetes Federation (IDF) in June 2012 with support from Bupa. It outlines the direct and indirect connections between type 2 diabetes and climate change, including: the impact of heatwaves and extreme weather events on the health of people with diabetes; the impact climate change on food availability; and the links between greenhouse gas emissions and obesity. The win-win approach recommends urban and transport planning and food policies that are more sustainable. Thus, the report establishes both the interconnections between these global risks and the opportunity to combat them together. (RH)
From : Bupa, 15-19 Bloomsbury Way, London WC1A 2BA. Website: www.bupa.com
Full report at: idf.org/diabetes-and-climate-change

DISABILITY

- 215/45 Hearing-impaired adults are at increased risk of experiencing emotional distress and social engagement restrictions five years later; by Bamini Gopinath, Louise Hickson, Julie Schneider ... (et al).
Age and Ageing, vol 41, no 5, September 2012, pp 618-623.
The present study aimed to assess both cross-sectional and temporal links between measured hearing impairment and self-perceived hearing disability, and health outcomes. 811 Blue Mountains Hearing Study participants (Sydney, Australia) aged 55 years or over were examined twice, in 1997-99 and 2002-04. Hearing levels were measured with pure-tone audiometry. The shortened version of the hearing handicap inventory (HHIE-S) was administered. Scores of 8 or below defined hearing disability. Results showed that baseline hearing impairment was strongly associated with seven of the ten HHIE-S questions five years later. Individuals with and without hearing impairment at baseline reported that they felt embarrassed and/or frustrated by their hearing problem, and that it hampered their personal/social life five years later. Hearing-impaired, compared with non-hearing-impaired adults had a significantly higher risk of developing moderate or severe hearing disability. Cross-sectionally (at wave 2), hearing disability increased the odds of depressive symptoms and low self-rated health by 80 and 46%, respectively. The authors conclude that older, hearing-impaired adults were significantly more likely to experience emotional distress and social engagement restrictions (self-perceived hearing disability) directly due to their hearing impairment. (JL)
ISSN: 00020729
From : <http://ageing.oxfordjournals.org/> <http://www.bgs.org.uk/>

EDUCATION AND TRAINING

(See 215/2)

END-OF-LIFE CARE

- 215/46 Care at the end of life for people with dementia living in a care home: a qualitative study of staff experience and attitudes; by Gill Livingston, Catherine Pitfield, Jackie Morris ... (et al).
International Journal of Geriatric Psychiatry, vol 27, no 6, June 2012, pp 643-650.
The present study aimed to examine barriers and facilitators to care home staff delivering improved end-of-life care for people with dementia. Individual qualitative interviews of 58 staff in a 120-bed nursing home where the staff and the residents' religion differed were carried out. Interviews continued until a maximum variation sample was achieved and theoretical saturation was reached. Study findings revealed that the staff felt warmly towards the residents and felt they could recognise when they were near death. However nurses and doctors did not see themselves as a team and communicated poorly with relatives about approaching death. The staff used opaque euphemisms and worried about being blamed. They were often unaware of or had

concerns about the validity of advance care plans. They knew of the religious rituals around death but frequently misunderstood religious tradition. The authors conclude that staff require education and support about discussing and implementing plans around care at the end of life in dementia and about cultural issues around death to improve practice. This would enable the staff to implement advance care plans, knowing that they would be supported. Education would encompass communicating the complicated, unpredictable path of dementia near the time of death explicitly but sensitively, including recognition that people often do not hear difficult messages and are unable to take in large quantities of information at once. Staff need to know about the resident's religious and cultural ideas as well as ritual practice. (JL)
ISSN: 08856230 From : <http://www.interscience.wiley.com/journal/gps>

215/47

Spirituality and end of life issues: a review; by Gillian A Reid.
Journal of Religion, Spirituality & Aging, vol 24, nos 1-2, 2012, pp 120-130.
This article explores theories related to the development of spirituality and its relationship to end of life circumstances. It also considers the source of spiritual well-being, and its place in the context of the third (older, but still living independently) and fourth (frail elderly, needing care support) stages of life; plus how a sense of spirituality affects and hopefully enhances the end of life experience, increasing resilience to adverse events that might otherwise hasten death. It concludes that spiritual as well as religious issues are important for people facing terminal illness and death. (JL)
ISSN: 15528030 From : <http://www.tandfonline.com/loi/wrsa20>

ENVIRONMENTAL ISSUES

(See Also 215/44)

215/48

Environmental gerontology: what now?; by Benyamin Schwarz.
Journal of Housing for the Elderly, vol 26, nos 1-3, January-September 2012, pp 4-19.
In recent decades, environmental gerontology has not flourished as scholars in the field once anticipated. This article considers reasons for this claim, focusing specifically on the place of theory and, more broadly, on the undergirding functions of paradigms for the field. It is argued that progress in this diverse field has slowed in recent years due the decline of useful theoretical research on practice, the limited applicability of current research in the field, and a positivist approach that focuses on predictive, context-independent processes while ignoring the physical environment as an essential contextual element in the ageing process. Moreover, it is argued that claims that adoption of a natural or 'hard' science paradigm will reinvigorate research in environmental gerontology are misguided. Rather, the case is made that environmental gerontology is not a 'normal' or paradigmatic science, as proposed by T.S. Kuhn (1962/1970), but appears currently to be in a pre-paradigmatic stage. Debates within the social-behavioural sciences about their 'real science' status directly affect environmental gerontology, particularly with regard to context-dependent and independent findings. Consistent with an interpretive perspective, it is argued that because environmental gerontology is ultimately solution-driven, it must focus on practical activity and practical knowledge generated from context-bound, everyday practices. This requires methodologies that concentrate on application by dealing holistically with particular problems as they present themselves in local situations. (JL).
ISSN: 02763893 From : <http://www.tandfonline.com/toc/wjhe20/current>

EXERCISE

(See Also 215/12, 215/13)

215/49

Back from the brink: ageing, exercise and health in a small gym; by Emmanuelle Tulle, Nika Dorrer.
Ageing and Society, vol 32, part 7, October 2012, pp 1106-1127.
This paper discusses findings from a qualitative study which explored older adults' experiences of becoming regular exercisers in a gym triggered by health problems and their interactions with their younger gym instructors. A key question which the study

sought to address was whether becoming embedded in the sub-field of exercise challenged traditional discourses of ageing (age habitus). While these older gym users reported significant benefits (greater health capital, expanded social networks and a return to active life after illness), they nevertheless were engaged in a complex and ambiguous negotiation of attitudes to bodily ageing and meanings of fitness and competence. In contrast, the instructors subscribed to a model of physical activity oriented towards physical capital as greater fitness. The paper suggests that these positions manifest competing understandings about what constitutes appropriate and desirable physical capital in later life. Budgetary constraints, beliefs about physical ability, professional expectations and the persistence of the discourse of decline prevent this gap from being easily bridged and allow alternative notions of ageing physicality to colonise the sub-field of exercise. The paper concludes that there is a need to develop ways of breaking down barriers in communication to overcome divergent understandings of what constitutes legitimate physical capital as one gets older. (JL)

ISSN: 0144686X [From : http://www.journals.cambridge.org/aso](http://www.journals.cambridge.org/aso)

215/50 The use of exercise-based videogames for training and rehabilitation of physical function in older adults: current practice and guidelines for future research; by Stuart T Smith, Daniel Schoene.

Aging Health, vol 8, no 3, June 2012, pp 243-252.

Functional impairment in older adults resulting from injury or disease contribute to parallel declines in self-confidence. Fear of a major incident such as a stroke or a bone-breaking fall can lead to the decision to move into a supported environment, which can be viewed as a major step in the loss of independence and quality of life. Novel use of videogame console technologies are beginning to be explored as a commercially available means for delivering training and rehabilitation programmes to older adults in their own homes. This article provides an overview of the main videogame console systems (Nintendo Wii, Sony Playstation and Microsoft Xbox) and discusses some scenarios where they have been used for rehabilitation, assessment and training of functional ability in older adults. In particular the study focuses on two issues that significantly impact functional independence in older adults, namely injury and disability resulting from stroke and/or falls. (JL)

ISSN: 1745509X [From : http://www.futuremedicine.com/loi/ahc](http://www.futuremedicine.com/loi/ahc)

FALLS

215/51 Community falls prevention for people who call an emergency ambulance after a fall: an economic evaluation alongside a randomised controlled trial; by Tracey H Sach, Philippa A Logan, Carol A C Coupland ... (et al).

Age and Ageing, vol 41, no 5, September 2012, pp 635-641.

The present study estimated the cost-effectiveness of a community falls prevention service compared with usual care from a National Health Service and personal social services perspective over a 12 month trial period. Participants were people over 60 years of age living at home or in residential care who had fallen and called an emergency ambulance but were not taken to hospital. A total of 157 participants (82 interventions and 75 controls) were used to perform the economic evaluation. The mean difference in NHS and personal social service costs between the groups was £-1,551 per patient over one year, comparing the intervention and control groups. The intervention patients experienced on average 5.34 fewer falls over 12 months. The mean difference in QALYs (Quality Adjusted Life Years) was 0.070 in favour of the intervention group. The authors conclude that the community falls prevention service was found to be cost-effective in this high-risk group. (JL)

ISSN: 00020729

[From : http://ageing.oxfordjournals.org/](http://ageing.oxfordjournals.org/) <http://www.bgs.org.uk/>

215/52 Fall detectors: a review of the literature; by Gillian Ward, Nikki Holliday, Simon Fielden, Sue Williams.

Journal of Assistive Technologies, vol 6, no 3, 2012, pp 202-215.

This review looked at literature from the last ten years regarding the development of fall detector technology. The authors also discussed the application and use of products

designed to detect falls and alert help from end-user and health and social care staff perspectives. Findings from the review showed that while there is a wide variety of new technology applied to fall detectors in development, the range of technologies currently available through health and social services to users is limited. Health and social care staff appear to be less convinced of the benefits of fall detectors than end users. There was also a lack of robust evidence regarding different approaches to technology in the management and detection of falls. Users had mixed views regarding the use of fall detectors, with some people having concerns about privacy, lack of human contact, user-friendliness and appropriate training, whilst others clearly identified the benefits of detecting falls and raising an alert. The implications of these findings for practice are discussed. (JL)

ISSN: 17549450

From : <http://www.emeraldinsight.com/products/journals/journals.htm?id=jat>

FAMILY AND INFORMAL CARE

(See Also 215/61, 215/74)

- 215/53 Elderly Chinese and their family caregivers' perceptions of good care: a qualitative study in Shandong, China; by Lydia W Li, Yan Long, Elizabeth Lehr Essex ... (et al). *Journal of Gerontological Social Work*, vol 55, no 7, October 2012, pp 609-625. This study aims to understand what older Chinese people with chronic illness and their family caregivers perceive to be good care, and to compare perspectives of those living in rural and urban areas. The study conducted semistructured interviews with 24 care recipients and 23 caregivers in Shandong, China. Two major themes were identified: (a) filial piety as the standard, and (b) modifying cultural ideals to meet reality. There was overall consistency in perceptions of study participants. Variations between rural and urban older adults' perceptions appear to reflect differences in socioeconomic development and institutional structures. (JL)
ISSN: 01634372 From : <http://www.tandfonline.com/toc/wger20/current>
- 215/54 Filial responsibility: does it matter for care-giving behaviours?; by Neena L Chappell, Laura Funk. *Ageing and Society*, vol 32, part 7, October 2012, 1128-1146. This study looked at the relationship between attitudes of filial responsibility and five different types of care-giving behaviours to parents among three cultural groups. It assessed the relative importance of cultural versus structural factors for care-giving behaviours. Face-to-face interviews were conducted with 100 White Canadians, 90 Chinese Canadians and 125 Hong Kong Chinese. Multiple regression analyses assessed the association of cultural and structural factors with behaviours among the total sample and each of the three cultural groups. Limited support was found for an association between care-giving attitudes and care-giving behaviours. Attitudes were related to emotional support only among the two Chinese groups as well as to financial support among Chinese Canadian respondents and to companionship among Hong Kong Chinese respondents. Attitudes were not the strongest predictors and were unrelated to assistance with basic and instrumental activities of daily living. However, cultural group per se was a strong predictor of care-giving behaviours as were: parental ill health, living arrangements, and relationship quality. This study suggests gerontological assumptions about the role of societal norms and personal attitudes in parental care-giving should be questioned. It also suggests the need for further inquiry into unpacking those aspects of 'cultural group' that are related to behavioural differences, and the importance of examining multiple types of care-giving behaviours and of distinguishing task-oriented helping behaviour from other types of assistance. (JL)
ISSN: 0144686X From : <http://www.journals.cambridge.org/aso>
- 215/55 Substitution between formal and informal care: a 'natural experiment' in social policy in Britain between 1985 and 2000; by Linda Pickard. *Ageing and Society*, vol 32, part 7, October 2012, pp 1147-1175. This study looked at substitution between formal and informal care in Britain between 1985 and 2000. This period provided the conditions for a 'natural experiment' in social

policy. During the late 1980s and early 1990s, there was an increase in long-stay residential care for older people, which came to an end around the mid-1990s. The paper examines whether this increase in formal services led to a decline in informal care, and whether this was subsequently reversed. The focus was on provision of intense informal care by adult children to their older parents, trends in which were identified using General Household Survey data. The paper shows that there was a decline in provision of intense and very intense co-resident care for older parents between 1985 and 1995, which came to an end in the mid-1990s. These trends in intergenerational care were negatively related to changes in long-stay residential care. In particular, controlling for age and disability, there was evidence of substitution between nursing home and/or hospital care and very intense co-resident care for older parents. A key policy implication is that an expansion of very intense formal services for older people could bring about a decline in very intense intergenerational care. The paper relates these findings to the current debate on reform of the long-term care system in England. (JL)

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

(See Also 215/71)

215/56 The frailty index in Europeans: association with age and mortality; by Roman Romero-Ortuno, Rose Anne Kenny.

Age and Ageing, vol 41, no 5, September 2012, pp 684-689.

The frailty index (FI) is an approach to the operationalisation of frailty based on accumulation of deficits. It has been less studied in Europeans. The objective of the present study was to construct sex-specific FIs from a large sample of Europeans and study their associations with age and mortality. The study was based on the the Survey of Health, Ageing and Retirement in Europe (SHARE). A total of 16,217 females and 13,688 males aged 50 and above took part. Mortality data were collected between 2005 and 2006 (mean follow-up: 2.4 years). Results showed that in both sexes there was a significant non-linear association between age and the FI. Overall, the FI was a much stronger predictor of mortality than age, even after adjusting for the latter. (JL)

ISSN: 00020729

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

GERONTOLOGY (GENERAL)

(See Also 215/48)

215/57 An errant age: approaching ninety; by Gordon Hawkins. [Market Rasen]: Gordon Hawkins, 2012, 161 pp.

An octogenarian with a personal and professional interest in ageing and gerontological research has kept a diary recording both notable events and comments on the published research. One or two entries for each month from January 2007 until June 2011 (when he decided on a new "project", emigrating to Canada) provide a flavour of the news stories likely to be of interest to other older people. (RH)

From : [Gordon Hawkins, 37 Waterloo Street, Market Rasen LN8 3ES.] E-mail: methuselah@gmx.co.uk

GOVERNMENT AND POLICY

(See 215/92, 215/102, 215/103)

HEALTH CARE

215/58 Decision-making in older adults with serious illness: barriers to the goals of care discussion; by Rangaraj K Gopalraj, Laura J Grooms, Belinda K Setters ... (et al).

Ageing Health, vol 8, no 4, August 2012, pp 367-376.

Individualising the goals of care discussion is challenging, especially at the end of life. This article explores some difficulties with goals of care planning using a clinical

scenario involving a cognitively impaired older African-American woman with advanced chronic lymphocytic leukaemia and dementia facing a life-threatening condition. Physicians should personalise divergent goals such as a cure, rehabilitation, life-prolonging care and comfort care after factoring in individual patient preferences and disease trajectories. This case illustrates the barriers to the goals of care discussion: lack of education about the disease progression, poor communication techniques, poor language choice, not having proper decision-makers present and lack of trust between the decision-maker and the healthcare team. Harnessing technology can cause breakthroughs in the future. (JL)

ISSN: 1745509X

From : <http://www.futuremedicine.com/loi/ahe>

215/59

Health care quality for an active later life: improving quality of prevention and treatment through information: England 2005 to 2012: a report ... for Age UK; by David Melzer, Behrooz Tavakoly, Rachel Winder (et al), Ageing Research Group, Peninsula College of Medicine and Dentistry, University of Exeter; Age UK. Exeter: Peninsula College of Medicine and Dentistry, University of Exeter, 2012, 81 pp.

This report for Age UK brings together health data since 2005 from diverse sources to shed light on two questions. First, how successful have England and the UK been in preventing later life disease and disability? Second, how well are we delivering high quality medical treatments for the common disabling diseases of later life? The aim was to identify the current successes and challenges in providing high quality prevention and treatment to older people. The literature review conducted aimed to include data and information on: health status, health risks and quality of treatment (NHS or other) in England and other parts of the UK; people aged 50+; and non-frail older people. The report has four main sections: numbers, health conditions and functioning of the older population, including disease prevalence and disability-free life expectancy; health risks; quality of care for common age-related disease such as cardiovascular condition, diabetes, osteoarthritis, mental health and cancers; and views of older people on the treatment they receive. (RH)

From: https://wombat.pcmd.ac.uk/document_manager/documents/files/epidemiology/Health_Care_Quality_for_an_Active_Later_Life_2012.pdf

215/60

An intervention to improve the oral health of residents in an aged care facility led by nurses; by F A Blinkhorn, L Weingarten, L Boivin (et al).

Health Education Journal, vol 71, no 4, July 2012, pp 527-535.

Dental services are being overstretched in many countries because of the increasing numbers of older people who have retained natural teeth and may have dentures or implants, all of which influence the way in which the oral cavity must be cared for. A major difficulty for older residents is their decreasing level of motor or cognitive functioning to adequately self-care for their mouths. Hence, the role of the nurse is crucial. However, staff shortages, time factors and lack of awareness can lead to neglect of the mouth in this population. The loss of function is often exacerbated in individuals with mental health problems. The authors consider how the oral health of residents in an aged care mental health unit in Australia can be improved through the introduction of an innovative nursing intervention. Firstly, nursing staff used focus groups to identify the main barriers to delivery of oral hygiene to residents: lack of proper equipment; no protocol in place; and lack of knowledge. Staff knowledge of oral health and hygiene was measured using a structured questionnaire before and after the intervention. A training programme was devised by a dentist, dietician and nurse working in the unit. A multidisciplinary team met on several occasions to design a suitable vehicle and process to deliver oral hygiene. Oral health examinations were conducted at baseline, 3 months and 12 months. The programme was successful in improving residents' oral health, with reductions in plaque scores, gingivitis and pocket depths. The oral hygiene protocol was positively accepted into a daily routine and the knowledge of staff in matters relating to oral health were increased. (RH)

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From : <http://www.sagepublications.com>

HEALTH EXPECTANCY

(See 215/59)

HEALTH SERVICES

(See 215/14)

HOME CARE

(See Also 215/43)

- 215/61 Foreign live-in domestic workers as caretakers of older Kuwaiti men and women: socio-demographic and health correlates; by Nasra Shah, Hanan Badr, Makhdoom Shah. *Ageing and Society*, vol 32, part 6, August 2012, pp 1008-1029. This study, from Kuwait, aimed to examine: (a) age and gender differences in care provided by a domestic worker versus a family member in the performance of activities of daily living (ADL); (b) socio-demographic correlates of care during illness; and (c) self-reported physical, functional, and psychological health status in relation to care-giver. A cross-sectional household survey was conducted among 2,487 Kuwaiti nationals aged 50 years or older. Study findings revealed that domestic workers provided care to 28 per cent of men and 58 per cent of women who needed assistance with ADL; and to 14 per cent of men and 51 per cent of women during illness. These respondents ranked poorer on several health indicators and reported higher depressive symptoms than those looked after by a family member. Logistic regression indicated that care by a domestic worker was approximately seven times more likely for women than for men, about 10.8 times more likely for those without co-resident children compared with those who had three or more co-resident children, and 44 per cent less likely for the poorest compared with the richest persons. It appears that reliance on domestic workers in Kuwait is increasing and such reliance will remain necessary in the absence of culturally acceptable alternative institutional arrangements. (JL)
ISSN: 0144686X From : <http://www.journals.cambridge.org/aso>
- 215/62 Unmet home care service needs of rural older adults with Alzheimer's Disease: a perspective of informal caregivers; by Hong Li, Gregory A Kyrouac, Dennis Q McManus ... (et al). *Journal of Gerontological Social Work*, vol 55, no 5, July 2012, pp 409-425. Most older adults with Alzheimer's disease (AD) in rural areas live at home and are cared for by informal caregivers. Services designed to assist older adults and their caregivers, such as meals-on-wheels and in-home personal care, may be less accessible in rural communities. The aim of this study was to assess the unmet service needs of rural older adults with AD and to identify factors that were related to these needs. Data were collected during in-depth telephone interviews conducted with 109 informal caregivers of AD patients in central Illinois. The findings indicated that over half of the patients experienced unmet service needs in one or more areas of activities of daily functioning. Informal caregiver burden and patient's gender and functional status were significantly related to patients' unmet service needs. Patients' use of formal services was marginally related to their unmet service needs. The article concludes that a comprehensive needs assessment should be conducted with both patients and their caregivers in order to better address patients' service needs. (JL)
ISSN: 01634372 From : <http://www.tandfonline.com/toc/wger20/current>

HOUSING

- 215/63 Changing residential mobility rates of older people in Sweden; by Eva Andersson, Marianne Abramsson. *Ageing and Society*, vol 32, part 6, August 2012, pp 963-982. The lifestyle of baby boomers as retirees (i.e. people born during the 1940s) has been assumed to differ from older cohorts due to them being financially more stable and having grown up during the welfare state expansion. Many baby boomers live in large houses with gardens that require maintenance and labour. Recent studies have

indicated that a growing share of those born in the 1940s in Sweden express a wish to change residence at retirement or in old age. A need to verify such results statistically was identified to confirm whether there has been an increase in residential mobility among older people. As a result, moves that took place during 2001-06 of the total cohort born in the 1940s were compared to similar moves by those born in the 1930s, ten years earlier during 1991-96, i.e. those aged 57-66 in 1996 and 2006. The study used a register database, Geoswede, containing the entire Swedish population. The study showed increased residential mobility rates among the 1940s cohort compared to the cohort born in the 1930s. However explanations for the differences between the cohorts were not evident. (JL)

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

HOUSING WITH CARE

215/64

Deciding to move into extra care housing: residents' views; by Theresia Baumker, Lisa Callaghan, Robin Darton ... (et al).

Ageing and Society, vol 32, part 7, October 2012, pp 1215-1245.

Extra care housing aims to meet the housing, care and support needs of older people, while helping them to maintain their independence and privacy. This paper presents findings on factors motivating older people to move to extra care housing, their expectations of living in this new environment, and whether these differ for residents moving to the smaller schemes or larger retirement villages. In total, 949 people responded, 456 who had moved into the smaller schemes and 493 into the villages. Of the residents who moved into the villages most (75%) had not received a care assessment prior to moving in, and had no identified care need. There was evidence that residents with care needs were influenced as much by some of the attractions of their new living environment as those without care needs who moved to the retirement villages. The most important attractions of extra care housing for the vast majority of residents were: tenancy rights, flexible onsite care and support, security offered by the scheme and accessible living arrangements. The results suggest that, overall, residents with care needs seemed to move proactively when independent living was proving difficult rather than when staying put was no longer an option. A resident's level of dependency did not necessarily influence the importance attached to various push and/or pull factors. This is a more positive portrayal of residents' reasons for moving to smaller schemes than in previous UK literature, although moves did also relate to residents' increasing health and mobility problems. As in other literature, the moves of village residents without care needs seemed to be planned ones mostly towards facilities and in anticipation of the need for care services in the future. (JL)

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215/65

Does the design of extra-care housing meet the needs of the residents?: a focus group study; by Sarah Barnes, Judith Torrington, Robin Darton ... (et al).

Ageing and Society, vol 32, part 7, October 2012, pp 1193-1214.

The study objective was to explore the views of residents and relatives concerning the physical design of extra-care housing. Five focus groups were conducted with residents in four extra-care schemes in England. One focus group was carried out with relatives of residents from a fifth scheme. Schemes were purposively sampled to represent size, type, and resident tenure. Two over-arching themes emerged from the data: how the building supports the lifestyle and how the building design affects usability. Provision of activities and access to amenities were more restrictive for residents with disabilities. Independent living was compromised by building elements that did not take account of reduced physical ability. Other barriers to independence included poor kitchen design and problems doing laundry. Movement around the schemes was difficult and standards of space and storage provision were inadequate. The buildings were too hot, too brightly lit and poorly ventilated. Accessible external areas enabled residents to connect with the outside world. The study concludes that while the design of extra-care housing meets the needs of residents who are relatively fit and healthy, those with physical frailties and/or cognitive impairment can find the building restrictive resulting in marginalisation. (JL)

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

IMAGES OF AGEING

(See Also 215/24)

- 215/66 Visualizing risk: health, gender and the ageing body; by Wendy Martin. *Critical Social Policy*, vol 32, no 1, issue 110, February 2012, pp 51-68. The promotion of active ageing in later life has been a key development in recent health and social care policy. Noting alternative images of ageing (a positive image conveying the possibilities and opportunities of later life and a negative image associated with perceptions of increased risks to health), this article reports on a study exploring visual images associated with health, risk and well-being targeted at people aged 50 years and older. Images of health, well-being and ageing from health promotion materials were explored and analysed, and data was collected through in-depth interviews and photo-elicitation (based on 12 selected visual images) with 50 older people in the south-east of England. The study focused on the analysis of visual images, which identified two key themes: active ageing, and health, risk and dependency. It described and discussed the main characteristics and meanings of images in the two groups, such as the contexts and settings in which men and women were depicted, and included brief examples of participants' perceptions and experiences of the images. The author notes that visual images not only reflect and reproduce social differences but can influence conduct and perceptions of risk in everyday life. (JL)
ISSN: 02610183 From : <http://csp.sagepub.com/>

INCOME AND PERSONAL FINANCE

- 215/67 Older savers report: the impact on older people of savings accounts where interest rates have dropped from their initial rate to negligible amounts; by All Party Parliamentary Group for Ageing and Older People - APPG. London: All Party Parliamentary Group for Ageing and Older People, October 2012, 14 pp. The report focuses on the impact on older people of savings accounts which drop from their initial interest rate to negligible amounts, even though the same bank may offer better rates on the same terms for new customers. It combines previous research with some first-hand experiences of older people. It recommends ways in which the Government and the new Financial Conduct Regulator (FCA) uses powers to tackle the problem: reward loyal savers; make savings accounts more transparent; having simple products; and making savings accessible to everyone. (RH)
From : Warren Seddon, Secretariat to the APPG for Ageing and Older People: warren.seddon@ageuk.org.uk

INFORMATION

- 215/68 Systematic review of services providing information and/or advice to people with dementia and/or their caregivers; by Anne Corbett, Jennifer Stevens, Dag Aarsland ... (et al). *International Journal of Geriatric Psychiatry*, vol 27, no 6, June 2012, pp 628-636. Information is a key part of service provision to people with dementia and their carers but there is no systematic review of the evidence. This study aimed to determine whether information services confer significant benefit for quality of life, neuropsychiatric symptoms and carer burden. A systematic review of intervention studies in people with dementia was carried out, focusing predominantly on the provision of information and/or advice. 13 randomised controlled trials were identified. Two of the three studies measuring quality of life indicated benefit. Significant benefits were also evident for neuropsychiatric symptoms but not carer burden. Most interventions included other key elements such as skills training, telephone support and direct help to navigate the medical and care system. The study concludes that there is some support for the value of information services, but studies are needed to determine the specific elements that are effective. (JL)
ISSN: 08856230
From : <http://www.interscience.wiley.com/journal/gps>

INFORMATION AND COMMUNICATION TECHNOLOGY

- 215/69 An inclusive approach to develop web TV applications; by Pradipta Biswas.
Journal of Assistive Technologies, vol 6, no 3, 2012, pp 221-225.
This paper aims to present a brief overview of the European Gentle User Interfaces for Elderly People (GUIDE) project, which is creating a software framework and design tools that allow developers to integrate accessibility and personalisation features into their applications, minimising intervention with existing development process and tools. The GUIDE project aims to fill the accessibility, expertise, time, budget and framework gap between mainstream applications and accessibility systems through its user modelling and multimodal adaptation systems. The paper looks at the GUIDE project which involves users in early design process, understands their requirements, formulates them into user models and implements the model into a software framework to personalise interfaces with change of range of abilities and context of use. It proposes a research solution to industry and works closely with it so that the research can make a market impact. Early evaluation of the system shows it can accommodate a wide range of users and enhance their quality of participation with digital media. The project also contributes to develop standards for hybrid TV and the interoperable user model. The project is a first of its kind to take an end-to-end approach to accessible computing through presentations on user-centred design, accessibility solutions, a software framework for industrial developers and standardisation issues for legislators and regulators. (JL)
ISSN: 17549450
From : <http://www.emeraldinsight.com/products/journals/journals.htm?id=jat>
- 215/70 User requirements for an ICT-based system to provide care, support and information access for older people in the community; by Simon Brownsell, Steven Blackburn, Mark Hawley.
Journal of Assistive Technologies, vol 6, no 1, 2012, pp 5-23.
Information and Communication Technologies (ICT) are increasingly being considered as a means to deliver community-based health and care services. This paper reports on the process used to identify the user requirements for an ICT based system, known as Virtex, which aims to deliver care, support and information services to older people in the community. The process involved a user-centred methodology involving a large group of potential users. This mixed methods approach incorporated workshops, systematic literature reviews, surveys and focus groups to gather user needs prior to a prototype being developed. This was then tested with users and their feedback was used in further iterations of the product. In total, five main user requirement themes were identified: information access; communication; self-care; accessibility; and personalisation of services. The value of utilising a range of requirements gathering tools and prototyping is discussed. Work is continuing to develop and evaluate the product with the involvement of users. (JL)
ISSN: 17549450
From : <http://www.emeraldinsight.com/products/journals/journals.htm?id=jat>
- ### INTEGRATED CARE
- 215/71 Integrated care for frail older people 2012: a clinical overview; by Jackie Morris.
Journal of Integrated Care, vol 20, issue 4, 2012, pp 257-264.
This article explores a clinician's perspective on the shared integrated care of older people with dementia or frailty, and describes the significance and value of dignity, kindness and compassion in care. It presents a general review of current policy, research and good practice, amplified from a clinical perspective. The key components of effective integrated care are shared knowledge, understanding, training and support. Equally important are shared objectives, leadership, and governance. This confirms that comprehensive geriatric assessment, as well as working with individuals and their families, must underpin all integrated, humane and effective care for older vulnerable people. (JL)
ISSN: 14769018
From : <http://www.emeraldinsight.com/products/pier/>

INTERGENERATIONAL ISSUES

- 215/72 Beyond solidarity, reciprocity and altruism: moral capital as a unifying concept in intergenerational support for older people; by Merrill Silverstein, Stephen J Conroy, Daphna Gans.
Ageing and Society, vol 32, part 7, October 2012, pp 1246-1262.
The present study aimed to review, contrast and synthesise several major intellectual streams that have guided theoretical development and empirical research in the area of intergenerational family support to older people: (a) normative-integrative approaches that focus on cohesion between family members based on bonds of solidarity and norms of filial obligation, and (b) transactional approaches that are primarily concerned with identifying motives for resource transfers across generational lines. The authors propose the concept of moral capital - defined as the stock of internalised social norms that obligate children to care for and support their older parents - the transmission of which lies at the intersection of self-interest (for parents) and altruism (for children). Using data from a multigenerational family study, an empirical analysis is presented showing that a strong positive correspondence in the filial obligations of adult children and their older mothers - arguably the result of intergenerational transmission - elevated the supportive behaviour of children. It is suggested that moral capital may be a useful unifying concept that bridges disciplinary and theoretical divides in the study of intergenerational transfers to older people by helping resolve the paradox of how self-interest and selflessness can co-exist within families. (JL)
ISSN: 0144686X
From : <http://www.journals.cambridge.org/aso>

INTERMEDIATE CARE

- 215/73 National audit of intermediate care report 2012; by NHS Benchmarking Network. Manchester: NHS Benchmarking Network, 2012, 70 pp (Ref. NAIC2012).
This is the first report of the National audit of intermediate care. It covers patients discharged from intermediate care services during 2011/12, and includes organisational level data for the period 2011/12 and, for comparison, 2010/11. It defines intermediate care as "a range of integrated services to promote faster recovery from illness, prevent unnecessary acute hospital admission and premature admission to long-term residential care, support timely discharge from hospital, and maximise independent living." The audit is a partnership project between the British Geriatrics Society (BGS), the Association of Directors of Adult Social Services (ADASS), AGILE (Chartered Physiotherapists working with older people), the College of Occupational Therapists - Specialist Section Older People, the Royal College of Physicians (RCP), the Royal College of Nursing (RCN), and the NHS Benchmarking Network. The audit highlights a wide variation in service models being used nationally, with differences in the extent of multi-agency integration, the scale of services provided, and how intermediate care fits in within a locality's full range of health and community services. (RH)
From : http://www.nhsbenchmarking.nhs.uk/docs/NAIC_report_20120912.pdf
NHS Benchmarking Network, 3000 Aviator Way, Manchester M22 5TG.
www.nhsbenchmarking.nhs.uk

INTERNATIONAL AND COMPARATIVE

(See Also 215/3, 215/39, 215/53, 215/61, 215/76, 215/77, 215/78, 215/105)

- 215/74 Help from spouse and from children among older people with functional limitations: comparison of England and Finland; by Jenni Blomgren, Elizabeth Breeze, Seppo Koskinen, Pekka Martikainen.
Ageing and Society, vol 32, part 6, August 2012, pp 905-933.
This study, using nationally representative data from England and Finland, investigated receipt of help from spouse and children among community-dwelling people aged 70 years and above with functional limitations. In both countries, women and those with more functional limitations had higher odds of receiving spousal and filial help. In England, but not in Finland, those receiving formal public help had lower odds of

receiving spousal help than those with no formal help. Those with low education received more filial help in England, but no association was found between formal and filial help. In Finland, the effect of education was not significant but those receiving formal help had higher odds of also receiving filial help. The results suggest that in a liberal market-led state, the role of children may be to help their parents living alone and with low financial resources. The authors conclude that in the context of a generous welfare state, children may function more as active agents bridging the gap between their parents and traditional services. (JL)

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

LONELINESS AND SOCIAL ISOLATION

(See Also 215/106)

- 215/75 Loneliness and vascular biomarkers: the Dublin Healthy Ageing Study; by C O'Lunaigh, H O'Connell, A V Chin ... (et al).
International Journal of Geriatric Psychiatry, vol 27, no 1, January 2012, pp 83-88.
Loneliness has been associated with poor physical health and a link has been suggested between the presence of loneliness, cardiovascular health and inflammatory markers. The present study aimed to investigate the association between vascular disease biomarkers and loneliness in a community-dwelling non-demented population of older adults. 466 volunteers with a mean age of 75.45 years took part in the study. Of these, 208 (44.6%) were male. Study findings revealed that higher levels of HbA1c, but not other vascular biomarkers were independently associated with being lonely. The authors conclude that loneliness was associated with raised levels of HbA1c in a community dwelling older population. The mechanism for this association has yet to be elucidated but may reflect an abnormal stress response in people who are lonely. (JL)
ISSN: 08856230 From : <http://www.interscience.wiley.com/journal/gps>

LONG TERM CARE

- 215/76 'Many helping hands': a review and analysis of long-term care policies, programs, and practices in Singapore; by Philip A Rozario, Amanda Leigh Rosetti.
Journal of Gerontological Social Work, vol 55, no 7, October 2012, pp 641-658.
Using the political economy perspective to examine key long-term care policies and provisions, this study aims to uncover some ideological underpinnings of policy-making in Singapore. Family involvement, an inherent part of the long-term care system, is overtly reinforced by legislations and policy imperatives. Further, the government encourages and expects the participation of nonstate actors in the provision of services as part of its Many Helping Hands approach to welfare provision. In their analysis the authors argue that the government's emphasis of certain ideology, such as self-reliance and cultural exceptionalism, allows it to adopt a residual and philanthropic approach in support of its macro-economic and legitimacy concerns. (JL)
ISSN: 01634372
From : <http://www.tandfonline.com/toc/wger20/current>
- 215/77 Balancing long-term care in Japan; by Mie Ohwa, Li-Mei Chen.
Journal of Gerontological Social Work, vol 55, no 7, October 2012, pp 659-672.
This article discusses Japan's long-term care (LTC) from the perspective of balancing the provision and financing of care. Specifically the article provides an overview of the long-term care insurance (LTCI) system in Japan and analyses the current state of Japan's LTC with current statistical data as to whether the supply meets the demand for care by frail older people and their families. (JL)
ISSN: 01634372 From : <http://www.tandfonline.com/toc/wger20/current>
- 215/78 Long-term care in China: issues and prospects; by Yu Cheung Wong, Joe Leung.
Journal of Gerontological Social Work, vol 55, no 7, October 2012, pp 570-586.
One of the major socioeconomic challenges China faces is its rapidly ageing population. China is now an ageing society, even though it is still regarded as a middle-income economy. Coupled with the market-driven reform of social services and rapid erosion of family support, the provision of affordable and accessible social care services to older

people has already become an urgent issue for the government to address. Looking into the future, the formulation of a sustainable position on long-term care (LTC) will increasingly become the major focus of social policy. This article sets out the background to the demographic shifts resulting in the emerging need for LTC in China. It analyses the issues facing LTC services and reviews their prospects, including the structure, operation, financing, and interfacing of residential and community-based home care services. (JL)

ISSN: 01634372

From : <http://www.tandfonline.com/toc/wger20/current>

MEDICAL ISSUES

215/79

Oxford handbook of geriatric medicine; by Lesley K Bowker, James D Price, Sarah C Smith. 2nd ed Oxford: Oxford University Press, 2012, 707 pp (Oxford medical handbooks).

The handbook's coverage includes diseases and conditions of older people that medical staff are likely to encounter. The first few chapters explain issues of ageing and current policies with regard to geriatric services in the UK, while the last few include death and dying, and ethics. This second edition updates sections of the 2006 edition where there have been advances in evidence and practice. (RH)

Price: £29.99

From : Oxford University Press, Great Clarendon Street, Oxford OX2 6DP. Website: www.oup.com

MEDICATION

(See 215/98)

MENTAL HEALTH

(See Also 215/37, 215/100)

215/80

'Keeping your brain active': the activities of people aged 50-65 years; by Alison Bowes, Louise McCabe, Mike Wilson, David Craig.

International Journal of Geriatric Psychiatry, vol 27, no 3, March 2012, pp 253-261.

This article aimed to construct a baseline of knowledge about current activities, attitudes and motivations of a sample of people aged 50-65 years in relation to 'keeping one's brain active', with a particular focus on activities suggested in the literature and in popular parlance to have positive effects. An online survey of people aged 50-65 years concerning their activities and motivations in relation to 'keeping one's brain active' was conducted with a sample of people employed in Scotland and in two online discussion forums. The survey ascertained respondents' background demographic data, data on health and lifestyle factors, activities they engaged in and reasons for engagement, including any concerns about dementia and experience of dementia. The activities examined included reading, writing, word and number puzzles, games, playing musical instruments, new 'brain training' technology, and computer games. In all, 402 responses were received. Dementia prevention was a motivating factor for 21% of the respondents. More women and more of those living alone reported this motivation. It was linked with experience of dementia and future fears of developing the condition. New 'brain-training' technologies were used by younger people in higher socio-economic groups, and dementia prevention was cited as a motivation. The findings indicate that dementia prevention motivates activities perceived to keep the brain active, despite there being a virtual absence of scientific evidence showing that the desired effects will follow. Given the existence of evidence suggesting that other activities, particularly physical exercise, may be more important and the possibility that stress itself may promote the development of dementia, further research is urgently needed. (JL)

ISSN: 08856230

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

- 215/81 Too thin, too fat or too old to matter?: eating disorders in adults: an invisible problem?; by Clare Wells, Tessa Franken, Alistair Smith.: Psychologists' Special Interest Group in Elderly People - PSIGE, British Psychological Society.
PSIGE Newsletter, no 119, April 2012, pp 63-67.
Research on anorexia nervosa has tended to focus on those aged under 65; and the lack of research on those aged 65+ has meant that prevalence of eating disorders in older people is yet to be determined. This article draws attention to evidence on abnormal eating attitudes, the effects of conditions such as osteoporosis, and characteristics of eating disorders in older people generally. The authors suggest that future research needs to consider whether treatments used for younger people would also be appropriate for older people, as well as examining factors that contribute poor nutrition. (RH)
ISSN: 13603671 From : <http://www.psige.org.uk>
- MENTAL HEALTH CARE
- 215/82 The 'little things' that make a big difference on an older adults psychiatric ward; by Ross Watson, Charlie Jones.: Psychologists' Special Interest Group in Elderly People - PSIGE, British Psychological Society.
PSIGE Newsletter, no 119, April 2012, pp 74-81.
The authors aimed to explain the psychological needs of 5 patients and 5 staff within an older adults psychiatric ward. They used an ethnographic approach to explore the 'little things' that contribute towards psychological well-being: keeping busy; interaction; family; home comforts; simple pleasures; and personal needs. (RH)
ISSN: 13603671
From : <http://www.psige.org.uk>
- 215/83 Continued learning post-training in psychological therapies for older people: utilising the various functions of an online learning network; by Jacqueline Wilson, Angela Harris.: Psychologists' Special Interest Group in Elderly People - PSIGE, British Psychological Society.
PSIGE Newsletter, no 119, April 2012, pp 82-87.
In Scotland, older people are a priority group for receipt of psychological therapies. The authors provide information on the access and practical uses of an online learning network for staff working with older people who have been trained as part of a Scottish Government initiative to improve access to psychological therapies for older people. (RH)
ISSN: 13603671
From : <http://www.psige.org.uk>
- 215/84 Predictors of emergency commitment for nursing home residents: the role of resident and facility characteristics; by Marion A Becker, Timothy L Boaz, Anne DeMuth, Ross An del.
International Journal of Geriatric Psychiatry, vol 27, no 10, October 2012, pp 1028-1035.
The ability of nursing homes to manage the mental health needs of their residents is crucial to providing high quality care. An important element is preventing exacerbations of psychiatric conditions that trigger discharge from the nursing home (NH) because of an emergency commitment (EC) for an involuntary psychiatric examination. The objective of this retrospective cohort study was to examine the relationship between resident and facility characteristics and the risk of EC for involuntary psychiatric examination among Medicaid-enrolled NH residents in Florida. The study employed 2.5 years (31 December 2002 through 30 June 2005) of Medicaid enrolment and fee-for-service, pharmacy, and involuntary commitment data to examine resident characteristics. NH characteristics were obtained from the Online Survey Certification and Reporting database. Results of the study showed that younger age, male gender, having dementia, having a serious mental illness (SMI), and residing in a for-profit facility were all independently associated with the greater risk of EC. Although most residents with EC were prescribed psychotropic medication, less than half received non-pharmacological behavioural health outpatient services before or after their involuntary psychiatric examination. The findings highlight the association between resident and facility characteristics and the risk of EC for involuntary psychiatric

examinations. Hence there is a need for increased education, communication, and future research on the predictive factors as well as the consequences of these adverse events. (JL)

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

MENTAL ILLNESS

215/85 Ageing in people with autistic spectrum disorder; by E B Mukaetova-Ladinska, E Perry, M Baron ... (et al).

International Journal of Geriatric Psychiatry, vol 27, no 2, February 2012, pp 109-118. There is a gap in clinical and research knowledge relating to autism in older individuals. The aim of this article is to review the evidence relating to ageing in people with autistic spectrum disorder (ASD), focusing on those with disability. The article reviews the evidence in relation to: demographics; experiences of relatives or carers; anticipated residential care needs; requirement for specifically designed cognitive assessment tools; and the importance of initiating new brain ageing research initiatives in this area. It shows that the provision of care for the escalating number of ASD individuals with disability reaching old age is a paramount issue that is only beginning to be addressed in a few European communities and in the USA. How ageing affects cognition in these individuals as they reach an age no longer consistent with parental care is unknown. There is also a clear need to design cognitive and behavioural assessment tools appropriate to ageing in ASD individuals with disability. Although there is a growing body of evidence on pathological, imaging, neuropharmacological and other key brain abnormalities in ASD, these are confined to children and young adults. The authors conclude that the need for new initiatives in research into ageing in ASD is urgent. (JL)

ISSN: 08856230

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

215/86 Posttraumatic stress disorder in older adults: an overview of characteristics and treatment approaches; by Maria Bottche, Philipp Kuwert, Christine Knaevelsrud.

International Journal of Geriatric Psychiatry, vol 27, no 3, March 2012, pp 230-239. Research on posttraumatic stress disorder (PTSD) in older adults can be assigned to categories based on the period of life in which the trauma occurred. The first category covers older adults who were traumatised decades ago, such as veterans of World War II. The second category covers older adults traumatised more recently, such as victims of violence. The aim of this article is to review the available data on how the timing of the trauma impacts the prevalence and symptoms of late-life PTSD and to review current treatment approaches. It demonstrates that the course and severity of PTSD symptoms in older adults depends on the time the trauma occurred. In the case of acute traumatisation, lower prevalence rates and symptom severities are generally observed in older rather than younger populations. In the case of early-life traumatisation, a decline in PTSD symptom severity can be observed over the life course. Research on treatment approaches has produced promising results, indicating that disorder-specific interventions, such as trauma confrontation and cognitive restructuring, can be effectively combined with an age-specific narrative life-review approach. (JL)

ISSN: 08856230

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

MIGRATION

215/87 International migration and health inequalities in later life; by Donatella Lanari, Odoardo Bussini.

Ageing and Society, vol 32, part 6, August 2012, pp 935-962.

This paper examined differences in self-perceived health and depression between immigrants and native-born populations aged 50 years and older living in Western and Northern European countries. It examined the effect of country of origin, length of time in the host country and citizenship on the health of adults, using data from the Survey on Health, Ageing and Retirement in Europe (SHARE). Findings revealed that some immigrant groups were more likely to perceive worse self-rated health and to suffer from depression than native-born groups, even when demographic and socio-economic

variables were taken into account. In particular, people born in Eastern Europe living in Germany, France and Sweden had the highest chances of poor health with respect to natives. Also the perception of poor health rose as the length of stay increased. Results indicate that greater efforts by policy makers are needed in order to improve the health of specific middle-aged and older groups of immigrants. (JL)

ISSN: 0144686X

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

NEIGHBOURHOODS AND COMMUNITIES

(See 215/105)

OLDER MEN

215/88

Ageing and identity dilemmas for men; by Tony Coles, Therese Vassarotti.

Journal of Religion, Spirituality & Aging, vol 24, nos 1-2, 2012, pp 30-41.

As men's bodies age and shift further from the cultural ideal and as chronic disease and illness become a more common reality for older men, little is known about how men come to negotiate masculinity and the identity dilemmas that they may experience over the life course. This article considers the complexities involved in how older men construct identities and develop strategies to negotiate masculinity and ageing. While ageing can be identified with diminishment, especially as one comes to terms with changes associated with physical ageing, it can also be associated with realised potential within the arenas of the psychological, emotional, and spiritual life. (JL)

ISSN: 15528030

From : <http://www.tandfonline.com/loi/wrsa20>

OLDER WOMEN

215/89

Older women and their representations of old age: a qualitative analysis; by Anne Quéniart, Michele Charpentier.

Ageing and Society, vol 32, part 6, August 2012, pp 983-1007.

This study examined the views of three generations of older women with different life stories (single, married, children and childless) in Quebec, Canada. Based on a qualitative analysis of 25 in-depth interviews conducted with three generations of older women, findings revealed their refusal to define themselves as 'older or elderly women', largely due to persistent stereotypes linking old age to dependency, social isolation and fragility. Aware of the social prejudice regarding women and old age, they rejected it unanimously. Older women were found to represent a challenge to these homogenising preconceptions of old age, which they, on the contrary, experienced in a multitude of ways, often enjoyable. Their conceptions of 'ageing well' were diverse and did not correspond to a clinical definition of ageing. On the contrary their representations of ageing expressed positive values of autonomy, independence, consistency and integrity, maintenance of physical and intellectual health, and being socially active, rather than breaking with contemporary life or existing on the margins of society. (JL)

ISSN: 0144686X

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

PAIN

215/90

A collaborative expert literature review of pain education, assessment and management; by Pat Schofield, Beatrice Sofaer-Bennett, Thomas Hadjistavropoulos ... (et al).

Ageing Health, vol 8, no 1, February 2012, pp 43-54.

Pain assessment and management in older adults requires a special emphasis on the needs of this population, which is often not considered within general education. The purpose of this study was twofold: to determine the availability of education on pain in older adults around the world, and to present a review and synthesis of published guidelines and key papers on pain assessment and management in older adults. A key recommendation from this work was to develop collaboration and a review of key

evidence on which future research may be developed so an educational focus may be highlighted. This article presents a summary of the research along with recommendations for improved and consistent education informed by the guidelines currently developed, and consistent evidence-based assessment and management of chronic pain in older adults. (JL)

ISSN: 1745509X

From : <http://www.futuremedicine.com/loi/ahe>

PARTICIPATION

215/91 'The Taste Buddies': participation and empowerment in a residential home for older people; by Vivianne Baur, Tineke Abma.

Ageing and Society, vol 32, part 6, August 2012, pp 1055-1078.

The active participation and autonomy of older people living in residential homes is considered to be problematic. The purpose of this action research project conducted in a Dutch residential care organisation was to seek ways to enhance residents' direct participation. This form of participation was grounded in deliberative and participatory approaches to democracy. In this article the authors describe how a group of seven women residents, calling themselves 'The Taste Buddies', developed a joint vision on how meals could be improved. The facilitation of this process enhanced this group's empowerment, building interpersonal trust, social identity and joint purpose. The authors describe this process and discuss the developments of these older women against the background of relational empowerment. They argue that resident participation as partnership with employees and managers starts with relational empowerment among residents themselves (enclave deliberation). This process is non-linear and requires time and constructive facilitation. (JL)

ISSN: 0144686X

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

PENSIONS AND BENEFITS

215/92 Welfare systems and adequacy of pension benefits in Europe; by Orla Gough, Roberta Adami.

Social Policy & Society, vol 11, pt 1, January 2012, pp 41-53.

The public pension system is one of the major components of the welfare state in Europe. However the extent to which public pensions are seen as a means of social and economic equality varies from country to country. The aim of this study was to explore the link between pension systems belonging to different welfare models and the adequacy of retirement income. The countries used in the analysis (all part of the European Union) were Austria, Belgium, Denmark, France, Germany, Greece, the Netherlands, Spain, Sweden and the UK. Data is taken from the Survey of Health, Ageing and Retirement in Europe and from the English Longitudinal Study of Ageing. The study analyses the mix of public and private pensions and considers the impact of different policies on poverty rates amongst pensioners. The findings suggest that only a few European countries have been successful in providing combinations of private and public pensions that improve the adequacy of retirement income. (JL)

ISSN: 14747464

From : <http://journals.cambridge.org/action/displayJournal?jid=SPS>

QUALITY OF LIFE

215/93 Interpreting and evaluating the CASP-19 quality of life measure in older people; by Denise Howel.

Age and Ageing, vol 41, no 5, September 2012, pp 612-617.

The present study aimed to investigate how to interpret changes on the CASP-19 (Control, Autonomy, Self-realization and Pleasure) quality of life scale for older people, and whether it discriminates between, and is responsive to, relevant differences or changes in participants' circumstances. Data was used from the English Longitudinal Study of Ageing for those completing CASP-19 in both Wave 1 and Wave 2. Cross-sectional and longitudinal comparisons were then made using multiple linear regression, of CASP-19 scores with respect to eight anchor variables. Cross-sectional

comparisons found differences in mean CASP-19 scores at Wave 1 between categories of anchor variables, from 1.9 for living alone to 8.0 for being able to walk a quarter of a mile with difficulty. Longitudinal comparisons of changes in CASP-19 found that subjects that had moved between categories of the anchor variables over 28 months, had changed their mean CASP-19 score by about 1 unit in the expected direction, compared with the unchanged category. These changes were statistically significant for six of the eight anchors. The cross-sectional comparisons help interpret differences and indicate that CASP-19 has discriminatory power. The longitudinal changes show that CASP-19 is responsive to changes in most anchor variables that reflect some aspects of quality of life. (JL)

ISSN: 00020729

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

REABLEMENT AND REHABILITATION

215/94

Personalising reablement: inserting the missing link; by Clive Newton.

Working with Older People, vol 16, no 3, 2012, pp 117-121.

Home-based reablement has been shown to be both effective and cost-effective. This paper argues that reablement services would be even more effective if they were to identify and work towards goals that are important and meaningful to the individual by applying learning from personalisation and person-centred planning. It draws on evidence from a large prospective longitudinal study carried out in 2008-2010 that demonstrates that the success of reablement varies considerably at the individual level. The study finds that motivation is key to the success of reablement. Person-centred approaches can ensure that motivation supports the achievement of outcomes. Reablement staff should be trained to identify personal goals with service users and use task-centred approaches to achieve them. Partnership with voluntary organisations can help to deliver improved outcomes. (JL)

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

215/95

The user voice: older people's experiences of reablement and rehabilitation; by Tessa Trappes-Lomax, Annie Hawton.

Journal of Integrated Care, vol 20, issue 3, 2012, pp 181-194.

Effective reablement is dependent on service users' co-operation and motivation. It therefore needs to be highly responsive to their needs and views. This qualitative study offers specific user views about their experiences in different settings and at different stages of reablement, together with their ideas for how it might work better. The study describes the experiences of 42 older people in rehabilitation services in community hospitals and local authority short-term residential units followed by 'usual care' services at home across Mid and East Devon. Findings revealed four main themes: the complexity of rehabilitative need; the influence of the setting; the role of the staff; and the availability of reablement support back at home. The authors conclude that the findings demonstrate changing rehabilitative needs along the care pathway, with implications for commissioners and providers of reablement services. (JL)

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From : <http://www.emeraldinsight.com/products/pier/>

RESEARCH

(See 215/57)

RESIDENTIAL AND NURSING HOME CARE

(See Also 215/20, 215/60, 215/84, 215/91, 215/112)

215/96

Bridging the gap: ensuring local authority fee levels reflect the real costs of caring for older people; by Bupa; Laing and Buisson.: Bupa, 2012, 14 pp.

Over the last 20 years, the viability of care homes looking after publicly-funded residents has largely been determined by the decisions on fees made by 152 councils

with social services responsibilities in England. Based on research carried out by Laing and Buisson in June 2012, this report notes that for the last three years of annual fee setting, local authorities have not raised the fees they pay to care homes sufficiently to cover increased costs. The current average is £477 per week; and local authority fee levels have fallen by 5.1% in real terms in the years 2010/11 to 2012/13. Based on the figures presented, the report shows that local authorities in England must raise the average weekly fees paid by between 5% and 8% per year (up to £42 per person per week) to enable care homes to operate to Care Quality Commission (CQC) Essential Standards. (RH)

From : Bupa, 15-19 Bloomsbury Way, London WC1A 2BA. Website: www.bupa.com

215/97

The use of naturally-occurring objects within nursing homes by residents with dementia; by Alex Stephens, Richard Cheston, Kate Gleeson.: Psychologists' Special Interest Group in Elderly People - PSIGE, British Psychological Society. PSIGE Newsletter, no 118, January 2012, pp 20-28.

The authors presents material from 30 hours of observations within a nursing home in south-west England. The residents' use of objects is evaluated in terms of a framework developed from D W Winnocott's description of transitional objects. The authors conclude that there is evidence that a number of residents were using objects in ways that met Winnicott's criteria, and that other instances of attachment-related behaviour were also observed. The implications of these findings for dementia care are discussed. (RH)

ISSN: 13603671

From : <http://www.psige.org.uk>

215/98

Working with care homes to increase the use of non-pharmacological interventions in managing challenging behaviour in people with dementia; by Susannah Thwaites.: Psychologists' Special Interest Group in Elderly People - PSIGE, British Psychological Society.

PSIGE Newsletter, no 120, July 2012, pp 33-39.

A 2-year project worked with care homes in the Hartlepool and Easington localities in north-east England. The project aimed to decrease the use of anti-psychotic medication and increase the use of non-pharmacological interventions to manage challenging behaviour in dementia. A range of standardised outcome measures were taken before the project commenced input, at the end of the 10-week input period and at a 6-month follow-up to measure sustainability. Input was agreed with the care home to ensure that a bespoke approach was taken. Skills to implement person-centred dementia care and environments that support older people with dementia improved in most of the care homes, but sustainability is limited. A decreasing trend of anti-psychotic use was observed, particularly at the 6-month follow-up. (RH)

ISSN: 13603671

From : <http://www.psige.org.uk>

RESILIENCE

(See Also 215/47)

215/99

Five years later: resiliency among older adult survivors of Hurricane Katrina; by Susan Hrostowski, Timothy Rehner.

Journal of Gerontological Social Work, vol 55, no 4, May-June 2012, pp 337-351.

Hurricane Katrina devastated the Mississippi Gulf Coast in August 2005, affecting more than 90,000 square miles of coastline. The purpose of this study was to examine the resilience of older adult survivors of Hurricane Katrina in light of their traumatic experiences and multiple losses. Ten Mississippi Gulf Coast residents who survived Hurricane Katrina and its aftermath were interviewed. The participants were 65 years old or older. Their responses were recorded and analysed and three major themes emerged: participants described finding personal gratification, realising their ability to cope and developing a new interest in life through their novel experiences. (JL)

ISSN: 01634372

From : <http://www.tandfonline.com/toc/wger20/current>

215/100 Psychological resilience in young and older adults; by P A Gooding, A Hurst, J Johnson, N Tarrier.
International Journal of Geriatric Psychiatry, vol 27, no 3, March 2012, pp 262-270.
The goal of this study was to investigate psychological resilience in older versus young adults. Participants were 60 community dwelling older adults aged 65 years or older, and 60 students aged between 18-25 years. Questionnaire measures of depression, hopelessness, general health and resilience were administered to the participants. The resilience measure comprised three sub-scales of social support, emotional regulation and problem solving. Study results showed that the older adults were the more resilient group especially with respect to emotional regulation ability and problem solving. The young adults had more resilience related to social support. Poor perceptions of general health and low energy levels predicted low levels of resilience regardless of age. Low hopelessness scores also predicted greater resilience in both groups. Experiencing higher levels of mental illness and physical dysfunction predicted high resilience scores especially for the social support resilience scale in the older adults. The negative effects of depression on resilience related to emotional regulation were countered by low hopelessness but only in the young adults. These results highlight the importance of maintaining resilience-related coping skills in both young and older adults but indicate that different psychological processes underlie resilience across the lifespan. (JL)
ISSN: 08856230
From : <http://www.interscience.wiley.com/journal/gps>

RISK

(See 215/66)

SEXUALITY

215/101 Training, geography and provision of aging services to lesbian, gay, bisexual, and transgender older adults; by K Abel Knochel, Catherine F Croghan, Rajean P Moone ... (et al).
Journal of Gerontological Social Work, vol 55, no 5, July 2012, pp 426-443.
Many lesbian, gay, bisexual and transgender (LGBT) older adults avoid needed medical, social and long-term care, and hide their identities when they do access such services. The aim of this study was to explore the readiness of providers of ageing services to provide culturally appropriate services to LGBT clients. An online survey was conducted of leaders of 320 area agencies on ageing to understand their services, training, and beliefs about serving LGBT older adults. The findings showed that few agencies provided LGBT services or outreach. One-third had trained staff around LGBT ageing and four-fifths were willing to offer training; these numbers were significantly higher for urban-based agencies. Agencies that had provided staff training and urban-based agencies were more likely: to provide LGBT outreach and services; to believe in addressing LGBT issues; and to receive LGBT assistance requests. Training, policy, organising, and research implications are discussed. (JL)
ISSN: 01634372 From : <http://www.tandfonline.com/toc/wger20/current>

SOCIAL CARE

(See Also 215/92)

215/102 One welfare state, two care regimes: understanding developments in child and elderly care policies in the Netherlands; by Franca van Hooren, Uwe Becker.
Social Policy & Administration, vol 46, no 1, February 2012, pp 83-107.
The different development of child and elderly care in the Netherlands reflects the hybrid character of its welfare system, which until the 1980s featured both social democratic and conservative elements. While public involvement in the provision of care services for older people rapidly increased after 1945, child care remained a family affair well into the 1980s. Under recent neo-liberal influences these trends have been reversed. Public investments in child care have grown exponentially, while several governments have attempted to cut expenses on care services for older people. This article descriptively compares these contrasting processes and puts them into historical

and comparative perspective. It is argued that pillarisation has contributed to the comparatively strong hybridisation of the Dutch system of welfare and social care. In addition, different cultures of child and elderly care contributed to different developments in both policy fields. (JL)

ISSN: 01445596

From : <http://eu.wiley.com/WileyCDA/WileyTitle/productCd-SPOL.html>

215/103

Papering over the cracks: the impact of social care funding on the NHS; by NHS Confederation. London: NHS Confederation, September 2012, 8 pp (Briefing 248). Demand for both NHS and social care services is increasing rapidly, due to growing demographic pressure from an ageing population and an increasing number of people living with complex care needs. However, funding is not keeping pace with demand. This Briefing outlines the current demographic and financial realities of social care and how these impact upon the NHS. It shows the additional pressure that will be put upon the health and care system in the coming years. It sets out the NHS Confederation's recommendations for a lasting solution for the funding of social care (as set out in the proposals made by the Dilnot Commission), and a redoubling of efforts to integrate care. The Confederation calls for a cross-party consensus on solving the challenges raised. (RH)

From : NHS Confederation, 50 Broadway, London SW1H 0DB. Website: www.nhsconfed.org

http://www.dodsmonitoring.com/downloads/misc_files/NHSConfederationSocialCareFunding.pdf

215/104

Promoting empathy in social care for older people; by Thomas Strandberg, Jakob Eklund, Jill Manthorpe.

Working with Older People, vol 16, no 3, 2012, pp 101-110.

The aim of this paper was to identify connections between empathy and social care and to describe aspects of empathy in social care work, bringing together research from different fields. Five doctoral theses published between 1996-2007 which discussed empathy among care workers of older people in Sweden were analysed as a group. Methodologically, the examination underpinned an interpretive content analysis. The meta-analysis revealed conflicting feelings among care workers. Most experienced frustration when they were not able to express empathy in their working practices. Empathy was typically hindered by lack of time, care workers' own needs and inflexible home care systems. However, a key element of the job satisfaction reported by care workers appeared to be its empathic nature. Most care workers perceived encounters with older people as opportunities to respond empathically rather than indifferently. The implications of these findings are discussed. (JL)

ISSN: 13663666

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

SOCIAL EXCLUSION

(See Also 215/106)

215/105

Social exclusion and neighborhood support: a case study of empty-nest elderly in urban Shanghai; by Rui Yuan, Steven Sek-Yum Ngai.

Journal of Gerontological Social Work, vol 55, no 7, October 2012, pp 587-608.

The phenomenon of empty-nest elderly (ENE) has become a significant social issue in China. In this research on ENEs in urban Shanghai, case studies were undertaken through in-depth semistructured interviews to examine the social exclusion risks ENEs may face and the influence of neighbourhood support on such risks. The results show five aspects of social exclusion ENEs are experiencing, namely scant material resources, weakened social relationships, limited participation in civic activities, restricted basic services and poorly maintained accommodation. The authors discuss the effects of neighbourhood support towards alleviating social exclusion risks. The research and service implications of the study findings for promoting the holistic well-being of ENEs in China are then discussed. (JL)

ISSN: 01634372 From : <http://www.tandfonline.com/toc/wger20/current>

SOCIAL NETWORKS

215/106

Ageing sociably; by Louise Bazalgette, Phillida Cheetham, Matt Grist, Demos. London: Demos, 2012, 242 pp.

A major trend in our ageing society has been the increase in the numbers of older people living alone, with the possibility of increased risk of loneliness and social isolation. The central aim of this Demos project has been to explore how older people can make connections in their locality. The authors identify the business case for companies to develop more 'age friendly' ways of working, and to do more to support older people's participation in the local community. In respect of reducing the risk of loneliness and social isolation, they focus on identifying: existing good practice from which other businesses can learn; the key motivating factors for businesses to get involved in tackling social exclusion and loneliness in old age; and the challenges and barriers that businesses might need to overcome to become involved in this way. Three main research methods were used: "landscape mapping", developing case studies, and holding an "idea-swapping" workshop. (RH)

Price: £10.00 or download for free

From : Demos, Magdalen House, 136 Tooley Street, London SE1 2TU. E-mail: hello@demos.co.uk Website: www.demos.co.uk

SOCIAL POLICY AND THEORY

(See 215/55, 215/72, 215/92, 215/102)

SPIRITUALITY

(See 215/30, 215/47, 215/88)

SPRITUALITY

215/107

An exploration of health and religion in elderly people through the lens of scriptural reminiscence; by Elizabeth Mackinlay, Colin Dundon.

Journal of Religion, Spirituality & Aging, vol 24, nos 1-2, 2012, pp 42-54.

An extensive body of research associates well-being in later life with religious involvement. This article reports on a pilot study of one previously unexamined aspect of religious involvement, namely, Scriptural Reminiscence (SR). SR is the interpreting of biography in the light of scripture in recognition of its unique place in the self-as-narrative of older people of faith. In this small pilot study, two groups of older Christians met weekly over a six-week period with a follow-up focus group to explore SR, their faith journey, practice of religion, and mental health. All the participants reported that they found the sessions helpful in deepening their knowledge and understanding of scripture and engaging with it in living their daily lives. (JL)

ISSN: 15528030

From : <http://www.tandfonline.com/loi/wrsa20>

STROKE

215/108

Ecosystem focused therapy in poststroke depression: a preliminary study; by George S Alexopoulos, Victoria M Wilkins, Patricia Marino ... (et al).

International Journal of Geriatric Psychiatry, vol 27, no 10, October 2012, pp 1053-1060.

Poststroke depression (PSD) occurs in the context of abrupt, often catastrophic disability. It finds the patient and their family unprepared and can have a devastating effect. The authors developed the Ecosystem Focused Therapy (EFT), a systematic intervention that targets the ensuing 'psychosocial storm'. It consists of five integrated components: action orientated perspectives on recovery; enhanced treatment adherence; problem solving structures; reengineered family goals; and coordination of care. This paper looked at a preliminary study of the efficacy of EFT in reducing depression and disability in 24 patients with PSD. Patients were randomly assigned to receive weekly sessions of EFT or Education on Stroke and Depression alongside their treatment for 12 weeks. The results suggest that EFT may be more effective than Education on Stroke and Depression in reducing depressive symptoms and signs, in

leading to a higher remission rate, and in lessening disability in PSD. Reduction of disability in the early part of the trial mediated later improvement in depressive symptoms. The authors suggest that beyond its potential direct benefits in PSD, EFT may also provide an appropriate context for the timely administration of pharmacotherapy and of physical, speech and occupational therapy. (JL)

ISSN: 08856230

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

215/109

Relaxation resources and equipment for stroke patients; by Rosalind Pollard, Lucy Apps.: Psychologists' Special Interest Group in Elderly People - PSIGE, British Psychological Society.

PSIGE Newsletter, no 120, July 2012, pp 44-50.

In an ongoing project funded by the North of England Cardiovascular Network (NECVN) various relaxation resources are being developed specifically to benefit people who have suffered a stroke, and their carers. The relaxation uses spoken and musical techniques which are available for patients to keep as both CDs and MP3s, and the project has also secured an iPad to use with those who have experienced cognitive changes since their stroke. The aim is for relaxation to become an integrated part of stroke rehabilitation so that when appropriate, every stroke patient can benefit from relaxation during their stay in hospital once they are discharged. (RH)

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From : <http://www.psige.org.uk>

TRANSPORT

215/110

Most older pedestrians are unable to cross the road in time: a cross-sectional study; by Laura Asher, Maria Aresu, Emanuela Falaschetti, Jennifer Mindell.

Age and Ageing, vol 41, no 5, September 2012, pp 690-694.

The present study aimed to compare walking speed in the UK older population with the speed required to utilise pedestrian crossings and to determine health and socio-demographic associations with walking impairment. Study participants were a random population sample of 3,145 adults (including 1,444 men) aged 65 years and over. Walking speed was assessed by timing a walk of eight feet at normal pace. Walking impairment was defined as a walking speed of 1.2 metres per second or non-participation in the test due to being unsafe or unable. The mean walking speed was 0.9 metres per second in men and 0.8 metres per second in women; 84% of men and 93% of women aged 65 years and over had walking impairment. Female gender, increasing age, lower socio-economic status, poorer health and lower grip strength were predictors of walking impairment. The authors conclude that most older adults either cannot walk eight feet safely or cannot walk fast enough to use a pedestrian crossing in the UK. The health impacts on older adults include limited independence and reduced opportunities for physical activity and social interaction. An assumed normal walking speed for pedestrian crossings of 1.2 metres per second is inappropriate for older adults and revision of these timings should be considered. (JL)

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<http://www.bgs.org.uk/>

215/111

Voluntary and involuntary driving cessation in later life; by Moon Choi, Briana Mezuk, George W Rebok.

Journal of Gerontological Social Work, vol 55, no 4, May-June 2012, pp 367-376.

There is limited quantitative information about the differences between voluntary and involuntary driving cessation or the factors associated with these transitions. This study explored the decision-making process of driving cessation in later life, with a focus on voluntary decisions. The sample included 83 former drivers from the Baltimore Epidemiologic Catchment Area Study (mean age 75.3 years and 73.5% females). A majority of participants (83%) reported stopping driving voluntarily. However, many voluntary driving retirees reported external factors such as financial difficulty, anxiety about driving, or lack of access to a car as their main reasons for driving cessation. The authors conclude that the distinction between voluntary and involuntary driving cessation is in practice ambiguous and that factors beyond health status, including

financial strain, play a role in the transition to non-driving. (JL)
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WELL-BEING

(See Also 215/87)

215/112

Institutionalisation and subjective wellbeing for old-age individuals: is life really miserable in care homes?; by Petri Bockerman, Edvard Johansson, Samuli I Saarni. *Ageing and Society*, vol 32, part 7, October 2012, pp 1176-1192.

This Finnish study looked at whether there are systematic differences in quality of life and well-being among older adults living at home versus living in an institution, holding health status and income level constant. A nationally representative data set, the Health 2000 in Finland, was used. After controlling for health and functional status, demographics and income level, the study found that individuals who were living in old age homes actually reported significantly higher levels of subjective well-being than those who were living at home. The authors argue that this finding emerges from queuing for care homes. There are individuals living at home who are so frail that they should really be living in an old age institution. However because of the queues for that particular mode of living, they are living at home with a decreased quality of life as a consequence. (JL)

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

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