

# New Literature on Old Age

EDITOR

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VOLUME  
**36**      NUMBER  
**216**

# 2012

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## **ABUSE, SAFEGUARDING AND PROTECTION**

216/1

Adult protective services and animal welfare: should animal abuse and neglect be assessed during adult protective services screening?; by Terry Peak, Frank Ascione, Jylisa Doney.

Journal of Elder Abuse & Neglect, vol 24, no 1, January-March 2012, pp 37-49.  
Previous research has explored the links between animal abuse, child maltreatment and intimate partner violence. This paper hypothesised that there might be a similar link between animal abuse and older adult welfare issues. As a first step in the earlier research was the development of a screening protocol that shed light on the link between domestic violence and animal abuse. The authors followed a similar route to explore this new topic by asking state government representatives about their experiences, if any, with animal and adult abuse. 41 US state Adult Protective Services agencies responded to the telephone survey regarding their protocols for assessing animal welfare issues in the context of older adult maltreatment. Findings revealed that most states only asked if pets were present in the home, and only one addressed the issue of animal abuse or neglect. The authors present a model assessment protocol developed in collaboration with the Utah Division of Aging and Adult Services to address the problems of animal abuse related to elder abuse. (JL)

ISSN: 08946566

From : <http://www.tandfonline.com/loi/wean20>

216/2

APS investigation across four types of elder maltreatment; by Shelly L Jackson, Thomas L Hafemeister.

Journal of Adult Protection, vol 14, no 2, 2012, pp 82-92.

Little empirical attention has been given to adult protective services (APS) investigations in the United States and the clients involved in those investigations. This study explored aspects of the APS investigation of, and response to, reported elder maltreatment, the perceptions of older victims and their refusal of services. The study also compared findings by the type of maltreatment involved (financial exploitation, physical abuse, neglect, and hybrid financial exploitation). Data were collected from two sources over a two-year period: in-depth interviews with 71 APS caseworkers and 55 of the corresponding elderly victims who experienced substantiated elder maltreatment; and a statewide database that contained 2,142 substantiated cases of elder abuse. Many aspects of the APS investigation and response differed by the type of maltreatment involved. While older victims were generally cooperative and satisfied with the APS intervention, 38 percent would have preferred APS not to investigate their case. Older clients responded differentially to offers of assistance, depending on the type of abuse involved, with victims of physical abuse most likely to refuse services. Future research will want to understand why older victims refuse services in order to develop appropriate interventions. New approaches may be required for intervening in physical abuse cases, including collaborations between APS and domestic violence advocates and the inclusion of services for perpetrators. This is the first large-scale study to examine older victims' refusal of services, and is further enhanced by the analysis of refusal of services by type of abuse, thereby revealing a group of victims for which changes in intervention strategies may be necessary. (RH)

ISSN: 14668203

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

216/3

Citizenship and adult protection in the UK: an exploration of the conceptual links; by Ailsa Stewart, Jacqueline Atkinson.

Journal of Adult Protection, vol 14, no 4, 2012, pp 163-175.

This article seeks to consider the links between emerging concepts of citizenship in the 21st century and the legitimisation of this agenda. It provides an overview of UK policy as it relates to adult protection, and considers concepts of citizenship and the links between the two areas. Having provided an overview of adult protection in the UK, the authors take the reader through concepts of vulnerability and citizenship, and consider the implications of these concepts on the citizenship of those most likely to be subject to adult protection procedures in the UK. This article shows how models of citizenship have altered over time to reflect societal norms and customs, and in particular how this paradigm shift has legitimised intervention in the lives of adults. It further highlights the

likely impact of adult protection procedures on the citizenship rights of those most likely to experience them. The paper brings together conceptual discourses on citizenship and adult protection. (RH)

ISSN: 14668203

From : www.emeraldinsight.com

216/4

The development and piloting of the Self-evaluation of Adult Support and Protection Activity in Scotland: resource handbook; by James Hogg, David May.

Journal of Adult Protection, vol 14, no 4, 2012, pp 176-187.

In October 2008, Scotland enacted legislation aimed at formalising adult protection procedures, the Adult Support and Protection (Scotland) Act 2007. Central to the provisions of the Act are duties placed on statutory agencies to co-operate in cases of allegations of harm or self-harm to vulnerable adults. This paper describes the development and evaluation of a resource for use by practitioners to self-evaluate their policy and practice in relation to this legislation. The self-evaluation resource presents key quality indicators relevant to stakeholders, the community, practitioners and their agencies. The quality indicators were selectively piloted by 15 of the 28 multi-agency partners in Scotland. Detailed questionnaires were completed for 49 cases. The findings cover: quality indicator or evaluation area employed in the self-evaluation; participating agencies in self-evaluation; characteristics of individuals at risk, alleged perpetrators and nature of harm; and ease or difficulty in the use of the resource. The findings demonstrate the utility of the resource. In some cases, the outcomes led to changes in policy and practice. The effect of resource restrictions was reported to have a bearing on the utility of the resource in some partnerships. (RH)

ISSN: 14668203

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216/5

Involvement of service users in adult safeguarding; by Janet Wallcraft.

Journal of Adult Protection, vol 14, no 3, 2012, pp 142-150.

This study investigated service user and carer involvement in safeguarding. The study involved a review of selected literature and a consultation exercise with experts in the field of adult safeguarding, and telephone interviews with 13 Adult Safeguarding Leads across England and Wales. Findings indicated that service users valued rights, independence, choice and support. While adult Safeguarding policy sets out an expectation of service user involvement in the process and expects agencies to balance rights to self-determination with properly managed risk, in practice, agencies tend to be risk-averse and service users often do not feel involved in their safeguarding processes. Processes such as collaborative risk enablement, training and capacity building, working with black and minority ethnic (BME) groups and evaluation of involvement help. The author recommends more involvement of service users in research, more effective forms of involvement of groups who may be more excluded, shared responsibility for risk, and more training in rights legislation. (RH)

ISSN: 14668203 From : www.emeraldinsight.com

216/6

Physical abuse of older adults in nursing homes: a random sample survey of adults with an elderly family member in a nursing home; by Lawrence B Schiamberg, James Oehmke, Zhenmei Zhang ... (et al).

Journal of Elder Abuse & Neglect, vol 24, no 1, January-March 2012, pp 65-83.

This study from Michigan examined the prevalence and risk factors of staff physically abusing older people receiving nursing home care. Participants included 452 adults with older relatives aged over 65 in nursing home care who completed a telephone survey regarding abuse and neglect experienced by their family member in the care setting. 20% of participants reported at least one incident of physical abuse by nursing home staff. Limitations in activities of daily living, older adult behavioural difficulties and previous victimisation by non-staff perpetrators were associated with a greater likelihood of physical abuse. The authors conclude that interventions that address risk factors may be effective in reducing physical abuse of older adults in nursing homes. Attention to the contextual or ecological character of nursing home abuse is essential, particularly in light of the findings of this study. (JL)

ISSN: 08946566 From : http://www.tandfonline.com/loi/wean20

- 216/7 Prevention of abuse: a brief review of the literature; by Alison Faulkner.  
Journal of Adult Protection, vol 14, no 1, 2012, pp 35-38.  
This short paper reviews the literature on prevention in adult safeguarding and identifies the themes that emerge, with particular reference to personalisation and the views of service users. It is part of a larger piece of work commissioned by the Social Care Institute for Excellence (SCIE); the full report is available on the SCIE website along with examples of prevention in practice. Primarily a literature review, the review began with a scoping exercise looking at the available data, literature, and best practice in relation to prevention in adult safeguarding. Using reference harvesting and expert recommendations, the author produced a final list of 52 documents. Many factors were identified that may contribute to preventing abuse in the context of adult safeguarding. However, it can be difficult to demonstrate with any certainty that abuse has been or is being prevented. The views of service users consulted for the review of No Secrets are that they would prefer to be empowered to make their own decisions with regard to safeguarding, rather than have the decisions made for them in an overly protective or risk-averse environment. It is recommended that local authorities consider risk enablement for service users as a parallel process to adult safeguarding. (RH)  
ISSN: 14668203  
From : [www.emeraldinsight.com](http://www.emeraldinsight.com)
- 216/8 Problems with the term and concept of 'abuse': critical reflections on the Scottish Adult Support and Protection study; by Fiona Johnson.  
British Journal of Social Work, vol 42, no 5, July 2012, pp 833-850.  
This paper critically reflects on the Scottish Adult Support and Protection (ASP) study, a research project conducted at a time when 'adult protection' was understood in Scottish policies to be the professional response to 'abuse'. During the course of analysing the ASP study data, it became apparent that concerns described by practitioners as alleged 'abuse' and concerns that they judged to require an 'adult protection' response did not always coincide. Some examples are recounted to illustrate the potentially more partial, less linear relationship between these categories in practice than in policy constructions. The paper concludes with suggestions for further research into professionals' constructions of 'adult protection' concerns. It explains why such research would have continuing, if not greater, relevance in the context of recent Scottish policy moves to reconceptualise adult protection as a response not to 'abuse', but to 'harm'. (JL)  
ISSN: 00453102  
From : <http://bjsw.oxfordjournals.org>
- 216/9 When self-directed support meets adult support and protection: findings from the evaluation of the SDS test sites in Scotland; by Susan Hunter, Jill Manthorpe, Julie Ridley (et al).  
Journal of Adult Protection, vol 14, no 4, 2012, pp 206-215.  
Promoting self-directed support (SDS) is part of the Scottish Government's policy programme to increase people's choice and control over their community care and support arrangements. Adult support and protection is also a high profile policy priority for the Scottish Government. This paper explores the connections between SDS and adult support and protection. The study was part of the national evaluation of the SDS test sites commissioned by the Scottish Government. Interviews were conducted at two time points a year apart with adult protection leads in the 3 test sites. The interview data are set in the context of Scottish developments in adult support and protection. The findings suggest that SDS and adult protection had not been joined up initially. In the test sites, those responsible for adult safeguarding had not been engaged with the changes relating to the implementation of SDS. They were unclear about the new systems and were concerned about the implications of reduced monitoring of risks. Shared training between those implementing SDS and those carrying out adult protection work was viewed as a way of bridging these different areas of practice through enhancing mutual understanding and communication. (RH)  
ISSN: 14668203  
From : [www.emeraldinsight.com](http://www.emeraldinsight.com)

## **ACTIVE AGEING**

(See Also 216/60)

216/10 Interactions at the elder-organization interface: elders' experiences; by Margaret Richardson, Theodore E Zorn.

Research on Aging, vol 34, no 6, November 2012, pp 738-757.

Optimising opportunities for older people's participation is a central tenet of active ageing policies. This article reports on a qualitative study that examined older people's interactions with a range of organisations, using a combination of diaries and focus groups, to identify factors that enabled or constrained their participation. Three organisational practices and three older people's practices were identified as key influences on positive interactions. Where older people perceived they were seen, listened to, and helped in an appropriate manner, or where they were able to negotiate for these outcomes, their participation was enabled and they enjoyed a sense of satisfaction and well-being. Where older people perceived they or their needs were overlooked, their voices silenced, and appropriate assistance denied them, or they were unable to intervene to change these conditions, their participation was constrained and a sense of dissatisfaction resulted. The findings point to positive interactions as the shared responsibility of older people and organisational representatives. (RH)

ISSN: 01640275

From : [www.roa.sagepub.com](http://www.roa.sagepub.com)

216/11 Outcomes of the Active at 60 Community Agent programme; by Areenay Hatamian, Daniel Pearmain, Sarah Golden, Community Development Foundation - CDF; Department for Work and Pensions - DWP. London: Department for Work and Pensions, 2012, 4 pp (Department for Work and Pensions Research summary).

The Active at 60 Community Agents programme, which ran from March 2011 until 31 December 2011, was a £1 million Department for Work and Pensions (DWP) fund that was administered nationally by the Community Development Foundation (CDF). The programme's overarching aim was for community groups and their volunteers to help people approaching and post retirement to stay or become more active and positively engaged with society, in particular those at risk of social isolation and loneliness in later life. This Research summary outlines the findings of Department for Work and Pensions Research report 808 (103 pp; ISBN 9781908523860), which reports on research by the CDF, based on surveys and interviews with local funders, funded group leaders, Community Agents and older people. It considers the role of the volunteer Community Agent; the ways in which Community Agents reached and engaged with older people; and how groups used the funding. It also comments on the difference that the programme made and its legacy. One of the lessons learned is that there was a value in someone taking a lead role to engage with and encourage older people to participate. (RH)

Price: download

From : <http://research.dwp.gov.uk/asd/asd5/rrs-index.asp>

## **AGE DISCRIMINATION**

216/12 Systematic practice with older people: collaboration, community and social movement; by Mandy Clayton, Glenda Fredman, Eleanor Martin (et al).

PSIGE Newsletter, no 121, October 2012, pp 20-26.

The authors outline the practices they have been developing with their Older People's Project in Camden and Islington to counteract the effects of discrimination and isolation. This article is based on a presentation at the National PSIGE Conference 2012 that is informed by Glenda Fredman's 'Systemic Cs' idea, in which Collaboration is central. The aim is for older people to have a voice and Choice, and focus on how people are Connected in Relationship. Also key to the approach are Communication, Conversation and Co-ordination. Attention to Context is essential, since that gives meaning to actions and beliefs. Circularity, Curiosity and Competence are seen as important in identifying problems and avoiding judgements. (RH)

ISSN: 13603671

From : [www.bps.org.uk](http://www.bps.org.uk)

## **ALCOHOL AND DRUG MISUSE**

216/13

Alcohol consumption in mild cognitive impairment and dementia: harmful or neuroprotective?; by Francesco Panza, Vincenza Frisardi, Davide Seripa (et al). International Journal of Geriatric Psychiatry, vol 27, no 12, December 2012, pp 1218-1238.

Several longitudinal studies have proposed light-to-moderate drinking of alcoholic beverages as being protective against the development of age-related changes in cognitive function, predementia syndromes, and cognitive decline of degenerative (Alzheimer's disease, AD) or vascular origin (vascular dementia). However, contrasting findings also exist. English literature published in this area before September 2011 was evaluated, and information about studies on the various factors that may influence the relationship between alcohol consumption and dementia or predementia syndromes is presented. Light-to-moderate alcohol consumption may be associated with a reduced risk of incident overall dementia and AD. However, protective benefits afforded to vascular dementia, cognitive decline, and predementia syndromes are less clear. The equivocal findings may relate to many of the studies being limited to cross-sectional designs, restrictions by age or gender, or incomplete ascertainment. Different outcomes, beverages, drinking patterns, and study follow-up periods or possible interactions with other lifestyle-related (e.g. smoking) or genetic factors (e.g. apolipoprotein E gene variation) may all contribute to the variability of findings. Thus, protective effects of moderate alcohol consumption against cognitive decline are suggested to be more likely in the absence of the AD-associated apolipoprotein E e4 allele and where wine is the beverage. At present, there is no indication that light-to-moderate alcohol drinking would be harmful to cognition and dementia. Attempts to define what might be deemed beneficial levels of alcohol intake in terms of cognitive performance would be highly problematic and contentious. (RH)

ISSN: 08856230

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## **ALTERNATIVE THERAPIES**

216/14

Use of complementary and alternative medicine for physical performance, energy, immune function, and general health among older women and men in the United States; by Elizabeth M Tait, Sarah B Laditka, James N Laditka ... (et al). Journal of Women & Aging, vol 24, no 1, 2012, pp 23-43.

The present study examined use of complementary and alternative medicine (CAM) for health and well-being by older women and men. Data were from the 2007 National Health Interview Survey, representing 89.5 million Americans aged 50 and above. Multivariate logistic regression accounted for the survey design. For general health, 52 million people used CAM. The numbers for immune function, physical performance, and energy were 21.6, 15.9, and 10.1 million respectively. In adjusted results, women were much more likely than men to use CAM for all four reasons, especially energy. Older adults, particularly women, could benefit from research on CAM benefits and risks. (JL)

ISSN: 08952841

From : <http://www.tandfonline.com/toc/wjwa20/current>

## **ANXIETY**

(See Also 216/63)

216/15

Anxiety symptoms and suicidal feelings in a population sample of 70-year-olds without dementia; by Mattias Jonson, Ingmar Skoog, Thomas Marlow (et al). International Psychogeriatrics, vol 24, no 11, November 2012, pp 1865-1871.

The association between anxiety symptoms and suicidal feelings was explored in a population sample of 70-year-olds without dementia, and to test whether associations would be independent of depression. Data for this study derive from the H70 longitudinal study initiated in Gothenburg, Sweden in 1971. Face-to-face interviews with 560 people born in 1930 were carried out by psychiatric nurses. Past month

symptoms were rated with the Comprehensive Psychopathological Rating Scale (CPRS). The Brief Scale for Anxiety (BSA) was derived from the CPRS to quantify anxiety symptom burden. Past month suicidal feelings were evaluated with the Paykel questions. Anxiety symptom burden was associated with suicidal feelings. The association remained after adjusting for major depression. One individual BSA item (Inner tension) was independently associated with suicidal feelings in a multivariate regression model. The association did not remain, however, in a final model in which depression symptoms replaced depression diagnosis. Results from this population study suggest an association between anxiety and suicidal feelings in older adults. The role of anxiety and depression symptoms needs further clarification in the study of suicidal behaviour in late life. (RH)

ISSN: 10416102

From : [www.journals.cambridge.org/ipg](http://www.journals.cambridge.org/ipg)

216/16

The frequency and correlates of anxiety in patients with first-time diagnosed mild dementia; by Minna J Hynninen, Monica H Breitve, Arvid Rongve (et al). International Psychogeriatrics, vol 24, no 11, November 2012, pp 1771-1778. In this observational cross-sectional study, the authors investigated the frequency of anxiety and associations between anxiety and socio-demographic and clinical variables. The study sample comprised 169 outpatients with first-time diagnosed mild dementia recruited from clinics in geriatric medicine and old age psychiatry for a longitudinal dementia study in Western Norway (DEMVEST). Symptoms of anxiety were rated by a caregiver on the Neuropsychiatric Inventory (NPI) and by the patient on the anxiety tension item on the Montgomery and Åsberg Depression Rating Scale (MADRS). Measures of caregiver stress, dementia-related impairment (Clinical Dementia Rating (CDR) scale), and cognitive functioning were also included. According to caregiver reports, 19.5% had clinically significant anxiety, and an additional 22.5% had subclinical anxiety. Half of the patients reported experiencing anxiety from time to time. Patients with Lewy-body dementia (LBD) reported anxiety more often compared to patients with Alzheimer's disease. Anxiety was associated with depression, higher caregiver stress, and more dementia-related impairment, but not with cognitive test performance. Caregiver stress and higher CDR score increased the odds for anxiety significantly, even when controlling for depression. Anxiety is common in patients with mild dementia, and seems to be associated not so much with cognitive test performance than with caregiver distress and the patient's ability to function in daily life. Anxiety should be taken into account when assessing dementia, as well as screened for when examining patients with known dementia. (RH)

ISSN: 10416102

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216/17

The potential of volunteers to implement non-pharmacological interventions to reduce agitation associated with dementia in nursing home residents; by Eva S van der Ploeg, Tapiwa Mbakile, Sandra Genovesi (et al).

International Psychogeriatrics, vol 24, no 11, November 2012, pp 1790-1797.

Advanced dementia may be accompanied by behavioural and psychological symptoms of dementia (BPSD). BPSD stemming from pain, depression, or psychosis benefit from treatment with drugs, but in other cases, medications have limited efficacy and may elicit adverse effects. Therefore, more attention has been paid to non-pharmacological interventions, which have fewer risks and can be successful in reducing agitation and negative mood. However, these interventions are frequently not implemented in nursing homes due to staffing constraints. This study explores the potential of volunteers to further assist staff. The authors interviewed 18 staff members and 39 volunteers in 17 aged care facilities in southeast Melbourne, Australia. Three-quarters of the facilities in this region worked with at least one regular volunteer. Both self-interest and altruistic reasons were identified as motives for volunteering. Volunteers were perceived by facility representatives as helpful to residents through provision of stimulation and company. However, they were discouraged from engaging with individuals with prominent BPSD. A majority of facility representatives and volunteers had experienced some difficulties in negotiating working relationships but most were easily resolved. A large majority of volunteers expressed an interest in learning new methods of interacting with residents. Despite their beneficial effects for

agitated residents, non-pharmacological interventions are often not implemented in aged care facilities. Staff members often lack time; but current volunteers in the sector are available, experienced and interested in learning new methods of interacting. Volunteers have the potential to be a valuable resource in assisting with the application of new treatments. (RH)

ISSN: 10416102 From : [www.journals.cambridge.org/ipg](http://www.journals.cambridge.org/ipg)

216/18 Predictors of health anxiety among older and young adults; by Lindsay A Gerolimatos, Barry A Edelstein.

International Psychogeriatrics, vol 24, no 12, December 2012, pp 1998-2008.

Many older adults have at least one chronic disease and experience greater health problems than young adults. However, little is known about factors other than health that account for health anxiety (HA) among older adults. This American study aimed to develop a better understanding of HA among older and young adults. The authors examined how anxiety-related constructs (anxiety sensitivity, intolerance of uncertainty, anxiety control, and emotion regulation) predict two core components of HA described in the cognitive-behavioural model of HA (illness likelihood and negative consequences) in older and young adults. They also examined the extent to which the predictor variables differentially account for HA in both age groups. Older and young adult participants completed several self-report surveys. Young adults reported higher levels of HA than older adults. Anxiety sensitivity and reappraisal predicted illness likelihood for older and young adults. Intolerance of uncertainty predicted negative consequences in both age groups. Anxiety sensitivity predicted negative consequences for older adults only. Anxiety control did not predict illness likelihood or negative consequences for either age group. Results suggest that anxiety sensitivity and intolerance of uncertainty may predispose older and young adults to HA, which is influenced by reappraisal. Implications for the cognitive-behavioural model of HA in both age groups are discussed. (RH)

ISSN: 10416102 From : [journals.cambridge.org/ipg](http://journals.cambridge.org/ipg)

## **ARTS AND MUSIC**

216/19 Does music make the ward go round?: the role of staff attitudes and burnout in the use of music for people with dementia; by Emilia Papageorgiou.

PSIGE Newsletter, no 121, October 2012, pp 44-48.

While there is a large evidence base on the effects of music on people with dementia, conclusions about the effectiveness of the music on people with dementia and their caregivers. This study investigates what formal dementia caregivers think about the use of music for people with dementia. It also considers whether attitudes to dementia and staff burnout predict positive attitudes toward the use of music. The author distributed three questionnaires to 323 staff across 16 NHS wards across Lothian that accommodate people with dementia: the Approaches to Dementia Questionnaire (ADQ); the Mastach Burnout Inventory - Human Services Survey (MBI-HSS); and the Staff Attitudes to Music - Dementia version (SAM-D). She presents preliminary results based on a just under 32% response rate, and finds that these caregivers have positive attitudes to music, but that more than half never or rarely attend music concerts. One surprising finding was that formal dementia caregiver burnout rates were not directly correlated to staff attitudes to music. (RH)

ISSN: 13603671

From : [www.bps.org.uk](http://www.bps.org.uk)

216/20 Does theatre improve the quality of life of people with dementia?; by A Marijke van Dijk, Julia C M van Weert, Rose-Marie Droe.

International Psychogeriatrics, vol 24, no 3, March 2012, pp 367-381.

The "Veder method" is a recently developed communication method used in dementia care in the Netherlands. Caregivers are trained to apply this method in a group activity ("living-room theatre activity") for people with dementia in which theatrical stimuli are used in combination with proven emotion-oriented care methods. This Dutch exploratory study evaluates the added value of the Veder method group activity compared to a regular reminiscence group activity, the aim being to investigate whether professional carers can achieve the same effects with the Veder method as

professional actors. A quasi-experimental three-group design was used. Experimental group E1 (n=65) joined a living-room theatre activity offered by trained professional caregivers. Experimental group E2 (n=31) joined a living-room theatre activity offered by professional actors. The control group (n=55) received a usual reminiscence group activity. Behaviour, mood and aspects of quality of life were measured using standardized observation scales at three points in time: (T1) pre-test; (T2) during the intervention; and (T3) post-test, two hours after the intervention. During the intervention, significant differences were found in favour of the group that was offered a living-room theatre activity by actors (E2) on different aspects of behaviour, mood and quality of life. At post-test, people in E2 were more alert compared to the control group. Moreover, they recalled more memories and showed less socially isolated behaviour compared to the control group. This study shows that the Veder method has some clear positive effects on behaviour and mood of people with dementia when applied by professional actors. (RH)

ISSN: 10416102 From : [www.journals.cambridge.org/ipg](http://www.journals.cambridge.org/ipg)

## **ASSESSMENT**

(See Also 216/79)

216/21

The Nottingham Health Profile: a feasible questionnaire for nursing home residents?; by Manuela Tabali, Elke Jesche, Theo Dassen (et al).

International Psychogeriatrics, vol 24, no 3, March 2012, pp 416-424.

The Nottingham Health Profile (NHP) assesses perceived emotional, social, and physical health problems and the extent to which such problems affect daily activities. The feasibility of the NHP for nursing home residents was determined in a prospective multi-centre observational study conducted in 11 nursing homes from April 2008 to December 2009, in which 286 newly admitted residents were included. Cognitive status was evaluated using the Mini-Mental State Examination (MMSE). The feasibility of the NHP was determined by administration rate, time and type of administration, and missing items. A cut-off point stating the MMSE score up to which the NHP can be applied was determined with receiver operating characteristics curves (ROC). Internal consistency (Cronbach's alpha) and test-retest reliability (intraclass correlation; ICC) were evaluated. Administration rate was 44.4% (n=127), ranging from 76.1% for normal residents to 5.9% for residents with a severe cognitive impairment. An average of 12.6 (SD + 6.0) minutes was required for data collection; 92.1% (n=117) of the questionnaires were completed during an interview. Frequently missing items were in the domain "Pain" (47.2). MMSE scores were significantly higher in the group with a completed NHP ( $P < 0.001$ ) and analyses of ROC curves indicated a cut-off point of  $>16$  on the MMSE score. Cronbach's  $\alpha$  was  $>0.7$  in four domains and  $>0.6$  in two domains, while the ICC in all domains was  $>0.7$ . The NHP is a feasible questionnaire for residents with normal cognitive function and moderate cognitive impairment, and can be administered in nursing homes. (RH)

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## **ASSISTIVE TECHNOLOGY**

(See 216/66)

## **ATTITUDES TO AGEING**

(See Also 216/33, 216/101)

216/22

Interruptions to cultural life scripts: cancer diagnoses, contextual age, and life narratives; by Loretta L Pecchioni.

Research on Aging, vol 34, no 6, November 2012, pp 758-780.

Serious illnesses serve as an interruption to the idealised life script, and can create a tension between this ideal and the real, lived experience. This study explores the nature of interrupted life narratives by analysing comments related to ageing made by people diagnosed with cancer and their spousal caregivers. Their comments reveal the ways in which ageing expectations, chronological age, and health are intertwined. Because

a serious illness is typically expected in very old age, when it occurs at a younger age both the individual with cancer and his or her caregiver struggle to make sense of this interruption to their anticipated life narratives. Poor health status leads to age relativism, that is, perceptions that the individual is not acting his or her chronological age. For married couples, adapting to illness as a couple operates in similar ways as it does for the individual. Their identity as a couple is challenged by the illness, and they struggle to redefine their relationship to each other and to their social world. (RH)

ISSN: 01640275

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216/23

The relationship between attitudes to aging and physical and mental health in older adults; by Christina Bryant, Bei Bei, Kim Gilson (et al).

International Psychogeriatrics, vol 24, no 10, October 2012, pp 1674-1683.

Attitudes are known to exert a powerful influence on a range of behaviours. The authors investigated the contribution of attitudes toward one's own ageing to satisfaction with life and physical and mental health measured in a sample of community-dwelling older adults. 421 people aged 60+ who were part of a larger study of health and well-being in rural and regional Australia completed a cross-sectional postal survey comprising the Attitudes to Aging Questionnaire, the 12-Item Short Form Health Survey (SF-12), the Satisfaction with Life Scale, the Geriatric Anxiety Inventory, and the Center for Epidemiological Studies Depression Scale. Overall, attitudes to ageing were positive in this sample. More positive attitudes to ageing were associated with higher levels of satisfaction with life, better self-report physical and mental health on the SF-12, and lower levels of anxiety and depression, after controlling for confounding variables. Better financial status and being employed were both associated with more positive attitudes to aging and better self-reported physical health. Relationship status was also significantly associated with mental health and satisfaction with life, but not physical health.

The promotion of successful ageing is increasingly becoming important in ageing societies. Having positive attitudes to ageing may contribute to healthier mental and physical outcomes in older adults. Overcoming negative stereotypes of ageing through change at the societal and individual level may help to promote more successful ageing. (RH)

ISSN: 10416102

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## CARE MANAGEMENT

(See 216/38, 216/39)

## CARERS AND CARING

(See Also 216/37, 216/45, 216/80, 216/88)

216/24

The problem with 'problem behaviors': a systematic review of the association between individual patient behavioral and psychological symptoms and caregiver depression and burden within the dementia patient-caregiver dyad; by Katherine Ornstein, Joseph E Gaugler.

International Psychogeriatrics, vol 24, no 10, October 2012, pp 1536-1552.

Behavioural and psychological symptoms of dementia (BPSDs) are routinely cited as important predictors of caregiver burden and depression. Although BPSDs include a wide variety of patient behaviours, they are routinely grouped together as one construct to differentiate them from cognitive symptoms of dementia. Determining the specific BPSDs that result in increased depression and burden for caregivers may elucidate the stress process for caregivers and facilitate the development of effective interventions for caregivers. The authors conducted a systematic review of English language articles published from 1990 to 2010, to determine whether there are known symptoms or symptom clusters which exert undue negative impact on caregiver depression and burden. They also review systems used for classifying BPSD symptom clusters, and determine whether there have been any mechanisms studied by which individual BPSD symptoms negatively affect caregivers. Lastly, they examine how the

role of timing of symptoms has been examined within the literature. 35 original research articles examined the impact of an individual behaviour symptom on caregiver burden or depression or depressive symptoms. The studies had no consistent system for categorising symptoms. Although depression, aggression and sleep disturbances were the most frequently identified patient symptoms to affect caregivers negatively, a wide range of symptoms was associated with caregiver burden and depression. The evidence is not conclusive as to whether some symptoms are more important than others. The studies reviewed were largely exploratory, relative to the differential impact of individual BPSDs and did not focus on testing causal mechanisms by which specific symptoms exert more impact on caregiver mental health than others. (RH)

ISSN: 10416102

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216/25

Sense of Competence in Dementia Care Staff (SCIDS) scale: development, reliability, and validity; by Astrid Kristine Schepers, Martin Orrell, Niamh Shanahan (et al).

International Psychogeriatrics, vol 24, no 7, July 2012, pp 1153-1162.

Sense of competence in dementia care staff (SCIDS) may be associated with more positive attitudes to dementia among care staff and better outcomes for those being cared for. This study describes the development and evaluation of a measure to assess "sense of competence" in dementia care staff, and reports on its psychometric properties. The systematic measure development process involved care staff and experts. For item selection and assessment of psychometric properties, a pilot study (N=37) and a large-scale study (N=211) with a test-retest reliability (N=58) sub-study were undertaken. The final measure consists of 17 items across four sub-scales; there was acceptable to good internal consistency and moderate to substantial test-retest reliability. As predicted, the measure was positively associated with work experience, job satisfaction, and person-centred approaches to dementia care, giving a first indication for its validity. The SCIDS scale provides a useful and user-friendly means of measuring sense of competence in care staff. It has been developed using a robust process and has adequate psychometric properties. Further exploration of the construct and the scale's validity is warranted. It may be useful to assess the impact of training and perceived abilities and skills in dementia care. (RH)

ISSN: 10416102

From : [www.journals.cambridge.org/ipg](http://www.journals.cambridge.org/ipg) DOI: 10.1017/S104161021100247X

216/26

What predicts whether caregivers of people with dementia find meaning in their role?; by Catherine Quinn, Linda Clare, Robert T Woods.

International Journal of Geriatric Psychiatry, vol 27, no 11, November 2012, pp 1195-1202.

Informal dementia caregiving has traditionally been perceived as an extremely stressful process.

Recent research has started to focus on the positive aspects of providing care. Studies indicate that caregivers who derive something positive out of caregiving have better well-being. However, there has been little exploration of the factors linked to caregivers identifying positive aspects of providing care. This cross-sectional questionnaire study explored the predictors of finding meaning in caregiving. Respondents were 447 caregivers of people with dementia who were in receipt of a specialist nursing service. The questionnaire contained measures of meaning, relationship quality, caregivers' motivations to provide care, role captivity and caregiving competence. Correlational analyses showed that higher meaning was associated with being a spousal caregiver, providing greater hours of care, higher religiosity, a better pre-caregiving and current relationship quality, higher competence, lower role captivity, higher intrinsic motivations and higher extrinsic motivations. Hierarchical regression analyses indicated that variance in finding meaning was significantly predicted by high religiosity, high competence, high intrinsic motivations and low role captivity. From these findings, it is recommended that interventions should help caregivers focus on positive aspects of providing care and enhance their feelings of competence. (RH)

ISSN: 08856230

From : [www.orangejournal.org](http://www.orangejournal.org)

## **CONSUMER PERSPECTIVES**

216/27

Older consumers and celebrity advertising; by Hyunsun Yoon, Helen Powell. *Ageing and Society*, vol 32, part 8, November 2012, pp 1319-1336.  
Older consumers have long been the 'invisible majority' in advertising. A significant proportion of this population have high levels of disposable income, even in times of recession, but advertisers are not encouraging them to part with it. This paper aims to find out why advertisers have been slow or struggle to target older consumers effectively. The aims of the study are two-fold. First, it explores the portrayal and representation of older consumers in Tesco's 'Dotty' campaign and Marks & Spencer's (M&S) 'Twiggy' campaign, with special reference to the use of celebrities. The second aim is to demonstrate how the focus has shifted from the more traditional, negative stereotyping (Tesco campaign) to a more progressive approach, presenting aspirational images that older consumers can identify with (M&S campaign). Although both campaigns were effective in terms of increasing profits, this paper suggests that the ongoing M&S example of using older celebrities in advertising campaigns demonstrates a more effective creative strategy that is in tune not only with a growing population of older consumers but is also especially applicable in times of economic uncertainty. (JL)  
ISSN: 0144686X  
From : <http://www.journals.cambridge.org/aso>

## **DEATH AND DYING**

(See Also 216/40)

216/28

'The calendar is just about up': older adults with multiple chronic conditions reflect on death and dying; by Laura Hurd Clarke, Alexandra Korotchenko, Andrea Bundon. *Ageing and Society*, vol 32, part 8, November 2012, pp 1399-1417.  
Drawing on data from in-depth interviews with 35 people aged 73-91, this article examines ways in which older adults with multiple chronic conditions talk about and prepare for death and dying. While the focus of the original study did not include questions concerning the end-of-life, most participants made unprompted remarks regarding their own and others' mortality. The participants discussed the prevalence of death in their lives as it related to the passing of significant others, as well as their own eventual demise. Additionally, the men and women expressed hopes and fears about their impending death, in particular with respect to prolonged pain and suffering, institutionalisation, and a loss of mental acuity and independence. Many of the participants also described their end-of-life plans, which included making funeral arrangements, obtaining living wills, and planning their suicides. They further reported a number of barriers to their planning for death, including a lack of willingness on the part of family members to discuss their wishes as well as a scarcity of institutional resources and support. The authors discuss their findings in relation to the extant research concerning older adults' experiences of death and dying, as well as Glaser and Strauss' (1971) theory of status passage and Marshall's (1986) conceptualisation of authorship and the legitimation of death. (JL)  
ISSN: 0144686X  
From : <http://www.journals.cambridge.org/aso>

## **DEMENTIA**

(See Also 216/13, 216/16, 216/17, 216/19, 216/20, 216/24, 216/25, 216/26, 216/47, 216/49, 216/50, 216/51, 216/59, 216/80, 216/93, 216/98, 216/99, 216/105, 216/108)

216/29

Application of the Frankish Model of Emotional Development in the therapeutic holding of people with dementia: a pilot study; by Liz Trubshaw. *PSIGE Newsletter*, no 121, October 2012, pp 56-64.  
Traditionally, the management of dementia has been behaviourally and chemically based, with disturbed behaviours often explained in terms of the stage of the dementia rather than as an expression of meaning for the individual. This can result in a loss of real and meaningful human contact. This paper presents findings on the application of the Frankish Model of Emotional Development (1989) in assessing the emotional

development level of 15 older patients with dementia (mean age 74.67 years, SD=7.61) and in monitoring any changes every 4 months for a year. House Tree Person (HTP) tests were carried out at the beginning and end of the study. The researcher spent 5 minutes engaging with each patient two days each week in an attempt to therapeutically hold them. Tentative support for the Frankish Model was demonstrated. The emotional level was at least stable for the patients. HTP drawings showed development between Time 1 and the end of the 12 months. Engaging and providing emotional holding of the patients with dementia potentially slowed down their deterioration and enabled them to be present for longer. Even in advanced dementia, the ability to make relationships is retained, making therapeutic attachments possible. It is therefore important to teach staff how to provide the right environment that will facilitate the emotional security of people living with dementia. (RH)

ISSN: 13603671

From : www.bps.org.uk

216/30

An audit of memory assessment services through immediate feedback on service user experience; by Ian Asquith, Reinhard Guss.

PSIGE Newsletter, no 121, October 2012, pp 49-55.

A questionnaire was designed to assess the experiences of service users and their supporters immediately after attending appointments at memory assessment services in five localities in East Kent. The intention was to identify good practice and identify areas for improvement in respect of five key delivery principles of the NHS. Answers to four of the questions suggest that the memory clinics are providing a good service, the main doubt being on answers of "somewhat" or "no" to the question, "Do you have a clear idea of what the next steps will be?". In total, 236 people completed the questionnaire. Of the 111 qualitative comments made on the questionnaire, 12 provided suggestions for improvement. Following this audit, the memory services are implementing improvements around information giving. The questionnaire is being re-evaluated, and a re-audit is planned after one year. (RH)

ISSN: 13603671

From : www.bps.org.uk

216/31

Building capacity and resilience in the dementia care workforce: a systematic review of interventions targeting worker and organizational outcomes; by Kate-Ellen J Elliott, Jennifer L Scott, Christine Stirling (et al).

International Psychogeriatrics, vol 24, no 6, June 2012, pp 882-894.

Given that dementia is increasingly affecting every health and social care system in the world, it is paramount that the dementia care workforce is well-trained, particularly in light of problems of staff retention and turnover. Training interventions will need to increase worker and organisational capacity to deliver effective patient care; but it is not clear which training interventions best enhance workers' capacity. A review of the evidence for dementia care training interventions to enhance worker capacity and facilitate organizational change is presented.

A systematic literature review of randomised intervention studies aimed to enhance some aspect of dementia care worker or workforce capacity such as: knowledge of dementia; psychological well-being; work performance; and organisational factors, such as retention or service delivery in dementia care. 74 relevant studies were identified, but only six met inclusion criteria for the review. The six studies selected focused on worker and organisational outcomes in dementia care. All interventions were multi-component, with dementia education or instructional training most commonly adopted. No interventions were found for community settings. Variable effects were found for intervention outcomes, and methodological concerns are raised. The rigour of scientific research in training interventions that aim to build capacity of dementia care workers is poor, and a strong need exists for evaluation and delivery of such interventions in the community sphere. Wider domains of interest such as worker psychological health and well-being need to be examined further, to understand capacity-building in the dementia care workforce. (RH)

ISSN: 10416102

From : www.journals.cambridge.org/iph

- 216/32 Case conferences as interventions dealing with the challenging behavior of people with dementia in nursing homes: a systematic review; by Sven Reuther, Martin Nikolaus Dichter, Ines Buscher (et al). International Psychogeriatrics, vol 24, no 12, December 2012, pp 1891-1903. Challenging behaviours such as aggression, screaming and apathy are often encountered when caring for people with dementia in nursing homes. In this context, a case conference is often recommended for healthcare professionals as an effective instrument to improve the quality of care. However, the subject case conference has not had great consideration in scientific literature. The aim of this review is to describe the effects of case conferences on people with dementia and challenging behaviour and the staff in nursing homes. A search of intervention studies in nursing homes in the German or English language was performed in the following databases: Medline, Cinahl, PsycINFO, Cochrane library, Embase and Google Scholar. The selection and the methodological quality of the studies were assessed independently by two authors. The results were summarised and compared based on categories such as study quality or outcomes. Seven of 432 studies were included in the review. Four of the seven studies showed a reduction in the challenging behaviour of people with dementia; and five showed an influence on the competence, attitudes, and job satisfaction of the staff. However, due to the middle-range quality of several studies, the methodological heterogeneity and differences in the interventions, the results must be interpreted with caution. Thus, little evidence exists for the positive effects of case conferences in the care of people with dementia. This review highlights the need for methodologically well-designed intervention studies to provide conclusive evidence of the effects of case conferences. (RH)  
ISSN: 10416102 [From : journals.cambridge.org/ipg](http://journals.cambridge.org/ipg)
- 216/33 Dementia knowledge and attitudes of the general public in Northern Ireland: an analysis of national survey data; by Patricia McParland, Paula Devine, Anthea Innes (et al). International Psychogeriatrics, vol 24, no 10, October 2012, pp 1600-1613. This paper provides an overview of the findings from the dementia module of the 2010 Northern Ireland Life and Times (NILT) Survey, an annual survey recording public attitudes to major social policy issues. In 2011, Northern Ireland published a Dementia Strategy. Therefore, the opportunity to explore the knowledge and attitudes of the general public to dementia at a national level in Northern Ireland is timely. This paper reports on an initial exploration of these attitudes, based on bivariate analysis across demographic groups. Data were analysed using SPSS (Version 19). Descriptive and summary statistics were produced. A series of categorical bivariate relationships were tested (chi-square) and tests of association (Cramer's V) were reported. The authors discuss both knowledge-related findings and attitudinal findings. They found that the general public in Northern Ireland have a reasonably good level of knowledge about dementia. However, attitudinal measures indicate the stereotyping and infantilisation of people with dementia. This NILT module provides a unique source of data on attitudes to, and knowledge of, dementia. A key strength is that it provides statistically representative data with national level coverage. This information can be used to target public health education policies more effectively, and to inform delivery of health and social services. The success of the module leads the authors to believe that it stands as a blueprint for collecting information on dementia in other social surveys. (RH)  
ISSN: 10416102 [From : www.journals.cambridge.org/ipg](http://www.journals.cambridge.org/ipg)
- 216/34 Determinants of quality of life in Alzheimer's disease: perspective of patients, informal caregivers, and professional caregivers; by Maria Gomez-Gallego, Jesus Gomez-Amor, Juan Gomez-Garcia. International Psychogeriatrics, vol 24, no 11, November 2012, pp 1805-1815. Alzheimer's disease (AD) is a chronic medical condition with symptoms that compromise patients' quality of life (QoL). The identification of the factor predicting QoL in AD is essential to the development of more effective interventions. This study explores the QoL predictors considering three different sources of information: patients, caregivers, and healthcare staff. In this cross-sectional study in Murcia, Spain, a sample of 102 patients, their primary caregivers, and 15 members of the healthcare staff evaluated patients' QoL (QoL-AD Scale). Patients' and caregivers' demographic and clinical data (cognitive function, neuropsychiatric symptoms, depression, and

caregivers' burden) were considered as QoL predictors. In multivariate-adjusted linear regression analyses, the authors observed that patients' ratings were mainly affected by their mood, whereas caregivers' ratings were also negatively influenced by patients' irritability and burden. According to staff ratings, both psychotic symptoms and neuroleptics were associated with lower QoL. These findings suggest that depression is the main variable related to patients' QoL, and that more careful management of neuropsychiatric disorders is necessary. Both proxies' ratings are not equivalent to patients' reports in terms of predictors, but they are complementary. Thus, a thorough QoL assessment should consider separately the perspectives of the different informants. (RH)

ISSN: 10416102 [From : www.journals.cambridge.org/ipg](http://www.journals.cambridge.org/ipg)

216/35

The effect of exercise on behavioral and psychological symptoms of dementia: towards a research agenda; by I C V Thune-Boyle, S Iliffe, A Cerga-Pashoja (et al).

International Psychogeriatrics, vol 24, no 7, July 2012, pp 1046-1057.

Behavioural and psychological symptoms of dementia (BPSD) are common and are core symptoms of the condition. They cause considerable distress to the person with dementia and their carers and predict early institutionalisation and death. Historically, these symptoms have been managed with anxiolytic and antipsychotic medication. Although potentially effective, such medication has been used too widely and is associated with serious adverse side-effects and increased mortality. Consequently, there is a need to evaluate non-pharmacological therapies for behavioural and psychological symptoms in this population. One such therapy is physical activity, which has widespread health benefits. This review summarises the current findings of the efficacy of physical activity on BPSD. Published articles were identified using electronic and manual searches; and a rapid critical interpretive approach was adopted to synthesize the literature. Exercise appears to be beneficial in reducing some BPSD, especially depressed mood, agitation and wandering, and may also improve night-time sleep. Evidence of the efficacy of exercise on improving other symptoms such as anxiety, apathy and repetitive behaviours is currently weak or lacking. The beneficial effect of exercise type, its duration and frequency is unclear, although some studies suggest that walking for at least 30 minutes, several times a week, may enhance outcome. (RH)

ISSN: 10416102

[From : www.journals.cambridge.org/ipg](http://www.journals.cambridge.org/ipg) DOI: 10.1017/S1041610211002365

216/36

Identity, mood, and quality of life in people with early-stage dementia; by Lisa S Caddell, Linda Clare.

International Psychogeriatrics, vol 24, no 8, August 2012, pp 1306-1315.

There is little empirical research regarding the relationships between identity and well-being in people with dementia. The aim of this cross-sectional questionnaire-based study was to explore the relationship of identity with mood and quality of life (QoL) in the people in the early stages of dementia. 50 people in the early stages of dementia completed measures pertaining to different aspects of identity, mood, and QoL. Multiple regression analyses were carried out to determine whether it was possible to predict any of the variance in mood and QoL from aspects of identity. It was possible to predict 12.8% of the variance in anxiety, 23.4% of the variance in depression, and 25.1% of the variance in QoL from different aspects of identity. Predictors varied for each dependent variable. Thus, aspects of identity predict a modest proportion of the variance in anxiety, depression, and QoL. This suggests that supporting identity in people with dementia who are experiencing difficulties in this regard might have a positive impact on mood and QoL. However, the majority of the variance in mood and QoL must be accounted for by other variables. (RH)

ISSN: 10416102 [From : www.journals.cambridge.org/ipg](http://www.journals.cambridge.org/ipg)

216/37

The impact of relationships, motivations, and meanings on dementia caregiving outcomes; by Catherine Quinn, Linda Clare, Ted McGuinness (et al).

International Psychogeriatrics, vol 24, no 11, November 2012, pp 1816-1826.

Numerous theoretical models have been developed to explore how caregiving can impact on caregiving outcomes. However, limited attention has been given to the effects of caregivers' motivations for providing care, the meaning they find in

caregiving, and the nature of their relationship with the care-recipient. The current study explored the associations between intrinsic and extrinsic motivations, ability to find meaning in caregiving, and pre-caregiving and current relationship quality, and the way in which these variables interact to influence caregiving outcomes. This was a cross-sectional questionnaire study, in which the respondents were 447 caregivers of people with dementia who were in receipt of a specialist nursing service. The results showed that intrinsic motivations, meaning, and pre-caregiving and current relationship quality were significantly related to each other, while extrinsic motivations were only related to intrinsic motivations and meaning. All these factors were significantly related to caregiving outcomes as measured by caregiver burden, role captivity, and competence. Based on these findings, it is recommended that interventions aimed at reducing caregiving stress should take into account the impact of the quality of the relationship and the caregivers' motivations for providing care. More longitudinal research is needed to explore how meanings, motivations, and relationship quality change over the caregiving career. (RH)

ISSN: 10416102

From : [www.journals.cambridge.org/ipg](http://www.journals.cambridge.org/ipg)

216/38

Individualized guidelines for the management of aggression in dementia - part 1: key concepts; by Victor Vickland, Natalie Chilko, Brian Draper (et al).

International Psychogeriatrics, vol 24, no 7, July 2012, pp 1112-1124.

Clinical guidelines have the potential to assist in the management of aggression in dementia. This study aims to develop a conceptual framework for the construction of individualised guidelines for this group. A concept map of the topic "How to manage aggression in dementia" was developed by reviewing research papers, clinical guidelines, and grey literature. Titles and abstracts of papers that met search criteria were manually scanned in an iterative process for the extraction of key ideas and terminology commonly used to describe the field. Essential ideas and concepts were recorded on a concept map and hierarchically arranged. The concept map was converted into an interactive PDF document for easy distribution and sharing. Ten key concepts were found to be important when managing aggression in dementia clustered along three major dimensions: Patient, Disorder and Treatment. The dimension Patient was defined by the "Patient's individual characteristics," the "Personal life story" and the "Patient's environment." Disorder was defined by the "Presentation of symptoms" and "Theory of causation." Treatment was defined by "Goals and expectations," "Non-pharmacological interventions," "Pharmacological interventions," "Ethics and Restraint Use," and "Emergency treatment." Concepts relating to clinical guidelines themselves were also included in the interactive map, including "Support from evidence-based medicine," "Regular updates," "Disclosures," and "Usability." Managing aggression in dementia requires consideration of a wide range of factors relating to the patient, the dementia and behavioural disturbance, and possible treatment options. An interactive and hierarchical concept map provides a framework to develop individualized clinical guidelines. (RH)

ISSN: 10416102

From : [www.journals.cambridge.org/ipg](http://www.journals.cambridge.org/ipg)

216/39

Individualized guidelines for the management of aggression in dementia - Part 2: appraisal of current guidelines; by Victor Vickland, Natalie Chilko, Brian Draper (et al).

International Psychogeriatrics, vol 24, no 7, July 2012, pp 1125-1132.

Individualized guidelines have the potential to offer clinicians assistance in decision-making at the point of consultation to improve health outcomes for patients. This project aims to develop individualised guidelines for the management of aggression in dementia. In Part 1, the authors developed a map of concepts to consider when managing aggression. The present study appraises paper-based guidelines for their representation of these concepts. Two reviewers used a four-point scale (absent, weak, moderate, strong) to rate the guidelines on their representation of concepts relating to the patient, the aggression and dementia disorder, the treatment, and the guidelines themselves. Consensus was reached on inconsistent scores. 16 guidelines published since 2005 were evaluated for their representation of 13 key concepts. Pharmacological and non-pharmacological interventions were strongly represented overall in the guidelines, in conjunction with a consideration of the individual

characteristics of the patients and their environment. Recommendations based on the presentation of the aggressive symptoms, goals of treatment, and theory of the cause of the aggression were moderately represented in the guidelines. Recommendations for the principles of restraint use and emergency treatment, as well as a consideration of the personal history of the patient, were poorly represented. Only 6 of 16 guidelines gave details of the expected review. Concepts important to the management of aggression in dementia are missing in the majority of published guidelines on dementia. This limits the ability of these tools to guide clinical practice effectively. (RH)

ISSN: 10416102 [From : www.journals.cambridge.org/ipg](http://www.journals.cambridge.org/ipg)

216/40

Older people dying with dementia: a nationwide study; by Koen Meeussen, Lieve Van den Block, Michael Echteld (et al).

International Psychogeriatrics, vol 24, no 10, October 2012, pp 1581-1591.

Large-scale nationwide data describing the end-of-life characteristics of older people with dementia are lacking. This paper describes the dying process and end-of-life care provided to older people with mild or severe dementia in Belgium, compared to older people dying without dementia. A nationwide retrospective mortality study was conducted, via a representative network of general practitioners (GPs) in 2008 in Belgium, with weekly registration of all deaths (aged 65+) using a standardised form. GPs reported on diagnosis and severity of dementia, aspects of end-of-life care and communication, and on the last week of life in terms of symptoms that caused distress as judged by the GP, and the patients' physical and cognitive abilities. 31% of the sample (1,108 deaths) had dementia (43% mildly, 57% severely). Of these, 26% died suddenly, 59% in care home, and 74% received palliative treatment, versus 37%, 19%, and 55% in people without dementia. GP-patient conversations were less frequent among those with (45%) than those without (73%) dementia, and 11% of both groups had a proxy decision-maker. During the last week of life, physical and psychological distress was common in both groups. Of older people with dementia, 83% were incapable of decision-making and 83% were bedridden, both significantly higher percentages than found in the group without dementia (24% and 52%). Several areas of end-of-life care provision could be improved. Early communication and exploration of wishes and appointment of proxy decision-makers are important components of an early palliative care approach which appears to be initiated too infrequently. (RH)

ISSN: 10416102 [From : www.journals.cambridge.org/ipg](http://www.journals.cambridge.org/ipg)

216/41

The potential of case management for people with dementia: a commentary; by T Koch, S Iliffe, J Manthorpe (et al).

International Journal of Geriatric Psychiatry, vol 27, no 12, December 2012, pp 1305-1314.

A recent review of studies of case management in dementia argues that lack of evidence of cost-effectiveness should discourage the use of this approach to care. The authors argue that this is too conservative a stance, given the urgent need worldwide to improve the quality of care for people with dementia and their caregivers. The authors propose a research agenda on case management for people with dementia. They made a critical comparison of the studies identified in two systematic reviews of trials of case management for dementia, with selective inclusion of non-trial studies and economic evaluations. Their interpretation of the literature leads them to four provisional conclusions. First, studies with long follow-up periods tend to show delayed relocation of people with dementia to care homes. Second, the quality of life of people with dementia and their caregivers may also influence the likelihood of relocation. Third, different understandings of what constitutes case management make interpretation of studies difficult. Fourth, they agree that the population most likely to benefit from case management needs to be characterised. Earlier intervention may be more beneficial than intervening when the condition has progressed and the individual's situation is highly complex. However, this runs counter to some definitions of case management as an administrative, professional, and systemic focus on people with high needs and where expensive support is accessed or in prospect. More work needs to be carried out in a more focused way in order to establish the value of case management for people with dementia. Since care home residence is such a sizeable contributor to the costs of dementia care, studies need to be long enough to capture possible postponed relocation. However, case management studies with shorter

follow-up periods can still contribute to our understanding, since they can demonstrate improved quality of life. Future research should be built around a common, agreed definition of types of case management. (RH)  
ISSN: 08856230 From : [www.orangejournal.org](http://www.orangejournal.org)

- 216/42 The relationship between small-scale care and activity involvement of residents with dementia; by Dieneke Smit, Jacomine de Lange, Bernadette Willemse (et al). International Psychogeriatrics, vol 24, no 5, May 2012, pp 722-732.  
Nursing home care for people with dementia is increasingly organised in small-scale care settings. This study focuses on the question of how small-scale care is related to the overall activity involvement of residents with dementia, and their involvement in different types of activities. As several studies have indicated, activity involvement is important for the quality of life of residents. Data were derived from the first measurement cycle (2008/2009) of the Dutch Living Arrangements for people with Dementia (LAD) study, in which 136 care facilities and 1,327 residents participated. The relationship between two indicators of small-scale dementia care (group living home care characteristics, and the total number of residents with dementia in the facility) and activity involvement (Activity Pursuit Patterns of the Resident Assessment Instrument Minimum Data Set, RAI-MDS) were studied with multilevel multiple regression analyses. All analyses were adjusted for the residents' age, sex, neuropsychiatric symptoms, and dependency on the activities of daily living (ADLs). Residents of care facilities with more group living home care characteristics were more involved in overall and preferred activities. Furthermore, they were involved in more diverse activities. Overall, no relationship was found between the number of residents at the facility and activity involvement. These results indicate that small-scale dementia care has a positive effect on activity involvement of residents. This study also sheds light on the lack of activity involvement of many residents with dementia, especially those who are older, male, and with higher dependency. (RH)  
ISSN: 10416102  
From : [www.journals.cambridge.org/ipg](http://www.journals.cambridge.org/ipg)
- 216/43 Self-reported quality of life ratings of people with dementia: the role of attitudes to ageing; by Richard Trigg, Simon Watts, Roy Jones (et al). International Psychogeriatrics, vol 24, no 7, July 2012, pp 1085-1093.  
Attitudes to ageing have not previously been assessed in people with dementia. The possession of positive life attitudes into older age has the potential to induce resilience to health changes and may explain the discrepancy between self-reported and proxy ratings of quality of life (QoL). 56 people with dementia from a memory clinic setting were recruited to this study which explored their attitudes to ageing, to determine the main factors that predict these attitudes and any relationship that exists with self-reported QoL. The Bath Assessment of Subjective Quality of Life in Dementia, Attitudes to Aging Questionnaire (AAQ), Memory Functioning Scale, Alzheimer's Disease Cooperative Study Activities of Daily Living Inventory, and Mini-Mental State Examination (MMSE) were administered. The AAQ was also completed by 86 community-dwelling older adults without dementia. Compared to those without dementia, the participants with dementia displayed a significantly stronger endorsement of the negative attitude that ageing is a time of psychosocial loss. Regression analyses suggest this negative attitude acts as a partial mediator in the relationship between the person's level of insight and self-reported QoL. Negative attitudes to ageing had a direct impact on the self-reported QoL ratings of people with dementia. In order to promote QoL, care should focus on abilities that the person retains rather than what has been lost. (RH)  
ISSN: 10416102  
From : [www.journals.cambridge.org/ipg](http://www.journals.cambridge.org/ipg)
- 216/44 Systematic review of the effectiveness of non-pharmacological interventions to improve quality of life of people with dementia; by Claudia Cooper, Naaheed Mukadam, Cornelius Katona (et al). International Psychogeriatrics, vol 24, no 6, June 2012, pp 856-870.  
People with dementia report lower quality of life, but we know little about what interventions might improve it. The authors systematically reviewed 20 randomized

controlled trials (RCTs) reporting the effectiveness of non-pharmacological interventions in improving quality of life or well-being of people with dementia meeting predetermined criteria. They used a checklist to rate study validity, and contacted authors for additional data. Standardized mean differences (SMD) were calculated; and for studies reporting similar interventions, pooled standardized effect sizes (SES). Pooled analyses found that family carer coping strategy-based interventions (four studies, which did not individually achieve significance; n=420; SES 0.24 (range 0.03-0.45)) and combined patient activity and family carer coping interventions (two studies, not individually significant; n=191; SES 0.84 (range 0.54-1.14)) might improve quality of life. In one high-quality study, a care management system improved quality of life of people with dementia living at home. Group Cognitive Stimulation Therapy (GCST) improved quality of life of people with dementia in care homes. Preliminary evidence indicateS that coping strategy-based family carer therapy with or without a patient activity intervention improved quality of life of people with dementia living at home. GCST was the only effective intervention in a higher quality trial for those in care homes, but no such evidence was found in the community. Few studies explored whether effects continued after the intervention stopped. Future research should explore the longer-term impact of interventions on, and devise strategies to increase life quality of people with dementia living in care homes or at home without a family carer. (RH)

ISSN: 10416102

From : [www.journals.cambridge.org/ippg](http://www.journals.cambridge.org/ippg) DOI: 10.1017/S1041610211002614

216/45

When the profession becomes personal: dementia care practitioners as family caregivers; by Jill Manthorpe, Kritika Samsi, Joan Rapaport.

International Psychogeriatrics, vol 24, no 6, June 2012, pp 902-910.

Little is known about the impact of caring experience on the practice of dementia care professionals. Few research studies covering dementia practice ask about personal experiences of providing care or having a family member with dementia. In England and Wales, the Mental Capacity Act 2005 (MCA) provided a new legal framework for planning and decision-making in the event of possible loss of capacity. Professional activities in this area include advice and assistance with arranging proxy decision-making, establishing wishes, and advance decisions. The aim of this paper is to present interview data from dementia care professionals with family experiences of dementia and their reflections on decision-making frameworks. 123 dementia care professionals working in community and care home settings were interviewed (2007-2010) about their experiences and expectations of the MCA 2005. Additional questions covered experiences of being family members or carers of a person with dementia, also any use of the planning and decision-making provisions of the MCA in personal and family contexts. Data were analysed thematically. 70 practitioners had experience of family members with dementia and family caring. Decision-making and planning were viewed as easier under the MCA, but tensions could arise around loss of decision-making capacity or family dispute. Empathy for caregiving situations and how things could have been different were reflected upon. Trainers, clinical supervisors and researchers in dementia care may build upon personal experience of some practitioners to promote empathy with other family carers and the provision of timely information and advice. (RH)

ISSN: 10416102

From : [www.journals.cambridge.org/ippg](http://www.journals.cambridge.org/ippg)

## DEPRESSION

(See Also 216/63, 216/82)

216/46

Activity scheduling as a core component of effective care management for late-life depression; by Genevieve Riebe, Ming-Yu Fan, Jurgen Unutzer (et al).

International Journal of Geriatric Psychiatry, vol 27, no 12, December 2012, pp 1298-1304.

Activity scheduling is an established component of evidenced-based treatment for late-life depression in primary care. We examined participant records from the Improving Mood-Promoting Access to Collaborative Treatment (IMPACT) trial to

identify activity scheduling strategies used in the context of successful depression care management (CM), associations of activity scheduling with self-reported activity engagement, and depression outcomes. This study used observational mixed methods analysis of 4335 CM session notes from 597 participants in the intervention arm of the IMPACT trial. Grounded theory was used to identify 17 distinct activity categories from CM notes. Logistic regression was used to evaluate associations between activity scheduling, activity engagement, and depression outcomes at 12 months. All relevant institutional review boards approved the research protocol.

Seventeen distinct activity categories were generated. Most patients worked on at least one social and one solitary activity during their course of treatment. Common activity categories included physical activity (32%), medication management (22%), active-non-physical (19%), and passive (14%) activities. The authors found significant, positive associations between activity scheduling, self-reported engagement in activities at 12 months, and depression outcomes at 12 months. Older primary care patients in CM for depression worked on a wide range of activities. Consistent with depression theory that has placed emphasis on social activities, the data indicate a benefit for intentional social engagement versus passive social and solitary activities. Care managers should encourage patients to balance instrumental activities (e.g. attending to medical problems) with social activities targeting direct interpersonal engagement. (RH)

ISSN: 08856230

From : [www.orangejournal.org](http://www.orangejournal.org)

216/47

Correlates of agitation and depression in nursing home residents with dementia; by Tomislav Majic, Jan P Pluta, Thomas Mell (et al).

International Psychogeriatrics, vol 24, no 11, November 2012, pp 1779-1789.

The authors investigated the relationship between dementia severity, age, gender, and prescription of psychotropics, and syndromes of agitation and depression in a sample of nursing home residents with dementia. The study was part of the Leuchtturm Projekt Demenz, a service research programme on dementia funded by the German Federal Ministry of Health. The Cohen-Mansfield Agitation Inventory (CMAI) was administered to residents with dementia (N = 304) of 18 nursing homes in Berlin. Agitation symptoms were clustered using factorial analysis. Depression was estimated using the Dementia Mood Assessment Scale (DMAS). Dementia severity was assessed categorically using predefined cut-off scores derived from the Mini-Mental State Examination (MMSE). The relationship between agitation and its sub-syndromes, depression, and dementia severity was calculated using chi squared statistics. Linear regression analyses were used to calculate the effect of dementia severity and psychotropic prescriptions on agitation and depression, controlling for age and gender. Increasing stages of dementia severity were associated with higher risk for physically aggressive ( $p < 0.001$ ) and non-aggressive ( $p < 0.01$ ) behaviours, verbally agitated behaviour ( $p < 0.05$ ) and depression ( $p < 0.001$ ). Depressive symptoms were associated with physically aggressive ( $p < 0.001$ ) and verbally agitated ( $p < 0.05$ ) behaviours, beyond the effects of dementia severity. Prescription of antipsychotics was correlated with depression and all agitation sub-syndromes except hiding and hoarding. Dementia severity is a predictor for agitation and depression. Beyond that, depression increased with dementia severity, and the severity of depression was associated with both physically and verbally aggressive behaviours, indicating that in advanced stages of dementia, depression in some patients might underlie aggressive behaviour. (RH)

ISSN: 10416102

From : [www.journals.cambridge.org/ipg](http://www.journals.cambridge.org/ipg)

216/48

Cultural differences in depression-related stigma in late-life: a comparison between the USA, Russia, and South Korea; by Carolyn L Turvey, Gerlad Jogerst, Mee Young Kim (et al).

International Psychogeriatrics, vol 24, no 10, October 2012, pp 1642-1647.

Depression is a common and treatable illness in late-life. However, many do not seek treatment and may suffer from the stigma of the illness, which may vary across cultures. This cross-sectional study compared attitudes about depression in primary care practices in South Korea, Russia, and the USA. The study was undertaken using a self-administered questionnaire and PHQ-9 diagnosticsurvey with 1,094 patients aged

60-93 years (mean age 71 years; 61% female) who attended a primary care clinic in Korea, Russia, or the USA. American patients were older and had higher education levels. Russian participants were more likely to be widowed and had lower self-rated health. The majority of participants agreed that depression is a kind of disease (Korea 77%, Russia 61%, USA 79%). Only 6% of US patients believed depression means a person is weak, compared to 78% (Korea) and 61% (Russia). Fewer US patients endorsed depression as a normal part of aging (29% vs. Korea at 42% and Russia at 54%). Among participants in the USA, age correlated negatively with endorsement of a medical model of depression ( $p = 0.001$ ). Although there was wide variation between countries in attitudes about depression, the majority for each item endorsed reflected a medical model of depression. Korean and Russian participants endorsed the view of depression as a personal weakness more than participants in the USA. Demographic correlates of negative attitudes about depression were moderate to weak. (RH)

ISSN: 10416102

From : [www.journals.cambridge.org/ipg](http://www.journals.cambridge.org/ipg)

## **EDUCATION AND TRAINING**

(See Also 216/84)

- 216/49 'Your Story Matters': narrative approaches in delivering life story training; by Polly Kaiser.  
PSIGE Newsletter, no 121, October 2012, pp 35-38.  
The Life Story Network (LSN) was established in 2010 to promote the value of using of life stories to improve the quality of life and well-being of people and communities who would otherwise feel marginalised. The LSN received a grant from the Department of Health (DH) Dementia Strategy to train 500 people in life story work, which became the Your Story Matters (YSM) project. This article outlines the aims and structure of this training in the use of life stories; also feedback from the participating trainers, volunteers and carers. (RH)  
ISSN: 13603671  
From : [www.bps.org.uk](http://www.bps.org.uk)
- 216/50 Reflections on training staff in systemic approaches for everyday practice in memory services; by Liz Curtis, Marion Dixon.  
PSIGE Newsletter, no 121, October 2012, pp 27-34.  
The authors describe their experience of providing a 3-day training course, 'Systemic practice with cognitively impaired older people and their families', which was commissioned by the manager of Memory Services of their mental health trust. The aim of the training was to meet the specific needs of memory service professionals in undertaking assessments of cognitive impairment, giving diagnoses of dementia, and providing post-diagnostic support. This article outlines the course structure and its evaluation by participants. (RH)  
ISSN: 13603671  
From : [www.bps.org.uk](http://www.bps.org.uk)
- 216/51 Staff training using STAR: a pilot study in UK care homes; by Judith Goyder, Martin Orrell, Jennifer Wenborn (et al).  
International Psychogeriatrics, vol 24, no 6, June 2012, pp 911-920.  
Symptoms such as depression, anxiety, and behavioural problems are very common in people with dementia living in care homes. Staff training has been identified as a promising psychosocial intervention. This pilot study investigated the feasibility of implementing Staff Training in Assisted Living Residences (STAR) in UK care homes. The eight-week STAR training course was delivered in two care homes; 25 care staff attended the training. 32 residents with dementia and clinically significant anxiety, depression or behavioural problems, were included in the study. Residents and staff were assessed at baseline and eight-week follow-up. Residents demonstrated significantly reduced symptoms of depression and behavioural problems following the implementation of STAR, although resident-rated quality of life and anxiety symptoms did not improve significantly. Staff sense of hopefulness towards people with dementia also improved significantly; and staff rated themselves as significantly more competent

at forming relationships with residents. Delivering the STAR training course to care staff can have an impact on the behavioural and psychological symptoms of dementia displayed by care home residents. The training course was feasible to implement and was rated highly by care staff. A large-scale randomised controlled trial (RCT) is now required to evaluate the effectiveness of this training intervention. (RH)

ISSN: 10416102

From : [www.journals.cambridge.org/ipg](http://www.journals.cambridge.org/ipg) DOI: 10.1017/S1041610211002559

## EMPLOYMENT

216/52

Understanding the older entrepreneur; by Malcolm Small.

Working with Older People, vol 16, no 3, 2012, pp 132-140.

Older workers facing redundancy or retirement may decide to start and run their own business. The purpose of this paper was to gain insight into the prevalence of entrepreneurial activity amongst older people, and whether such activity may be an option for them to extend their working lives. An e-mail survey was distributed which included a series of questions relating to age and business activities. Older respondents (aged 55 years or over) were also asked to answer three or more open-ended questions in more depth. Over 1,200 responses to the survey were received. The findings showed that starting, running or continuing in individual business or entrepreneurial activity was surprisingly commonplace amongst the research sample, suggesting that there might be more older entrepreneurs amongst the population as a whole than might have previously been supposed. For those with the requisite skills and personal attributes, entrepreneurship in later life would appear to be a valid option for extending working lives. (JL)

ISSN: 13663666

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

## END-OF-LIFE CARE

(See Also 216/40, 216/103)

216/53

Dying to know: [DVD]; by Helen Reading, National Council for Palliative Care - NCPC; Red TIE (theatre company); pFlix Films. London: pFlix Films, for the National Council for Palliative Care, 2012, 1 DVD (Dying Matters).

'Dying to know' is an intergenerational drama about the difficulties and benefits of talking about the end of life. It tells the story of a family trying to come to terms with the imminent death of a much-loved and close relative. The film is based on a play commissioned by the Earl Mountbatten Hospice on the Isle of Wight and written by Helen Reading, Director of the Isle of Wight Red TIE theatre company. The script was adapted by Dying Matters and pFlix Films to further promote the importance of end of life discussions. Dying Matters is a national coalition led by the National Council for Palliative Care (NCPC), which aims to ask such questions and to change public knowledge, attitudes and behaviours towards death, dying and bereavement (see [www.dyingmatters.org](http://www.dyingmatters.org)). (RH)

Price: £6.00 for Dying Matters members

From : National Council for Palliative Care, The Fitzpatrick Building, 188-194 York Way, London N7 9AS. E-mail: [enquiries@ncpc.org.uk](mailto:enquiries@ncpc.org.uk) Website: [www.ncpc.org.uk](http://www.ncpc.org.uk)

216/54

Managing multiple goals in family discourse about end-of-life health decisions; by Allison M Scott, John P Caughlin.

Research on Aging, vol 34, no 6, November 2012, pp 670-691.

Previous research on end-of-life communication in families has largely considered whether family members have talked about end-of-life healthcare (quantity of talk) but not whether certain characteristics of that discourse matter (quality of talk). In this study, the authors adopted a multiple goals theoretical perspective to examine discursive features that individuals use to manage goal dilemmas in family conversations about end-of-life health choices. Discourse analysis of end-of-life conversations between 121 older adults and their adult children showed that participants attended to relevant task, identity, and relational goals in ways that affirmed or threatened these goals, and the ways in which certain goals were

accomplished had implications for how (and whether) other goals were pursued. Findings suggest that end-of-life talk in families is most effective when family members are able to address the task of discussing end-of-life decisions, while also attending to the relevant identity and relational implications of such conversations. (RH)

ISSN: 01640275

From : [www.roa.sagepub.com](http://www.roa.sagepub.com)

216/55

Preferences for end-of-life treatment: concordance between older adults with dementia or mild cognitive impairment and their spouses; by Liat Ayalon, Yaakov G Bachner, Tzvi Dwolatzky (et al).

International Psychogeriatrics, vol 24, no 11, November 2012, pp 1798-1804.

There is considerable debate about the ability of proxies to adequately reflect patients' preferences regarding end-of-life care, when patients are no longer capable of stating their preferences. This Israeli study evaluated concordance in end-of-life preferences between patients with mild cognitive impairment (MCI) or dementia and their spouses. A cross-sectional sample of 106 respondents (53 couples) was recruited in two psychogeriatric clinics. Bivariate analyses were conducted to evaluate the degree of agreement between the patients' preferences and those of their spouses. Patients were more likely to opt for more treatment than their spouses. Moderate agreement between patients and spouses was evident for preferences regarding end-of-life decisions for the patients. There was little concordance between the wishes of spouses regarding their own preferences and what they wanted for the patient or what the patient wanted. When incorrectly predicting patients' preferences, spouses were more likely to ask for treatment. The results show that regarding end-of-life preferences for patients, there is moderate agreement between patients and their spouses, but limited evidence for projection of spouses' preferences on patients (i.e. the spouse making a prediction based on own wishes). Potential differences in end-of-life preferences between older adults with MCI or mild dementia and their caregivers should be taken into consideration in the preparation of advance care planning. (RH)

ISSN: 10416102

From : [www.journals.cambridge.org/ipg](http://www.journals.cambridge.org/ipg)

## ENVIRONMENTAL ISSUES

(See Also 216/99)

216/56

Cities, environmental stressors, ageing and chronic disease; by Deborah Black, Kate O'Loughlin, Hal Kendig (et al).

Australasian Journal on Ageing, vol 31, no 3, September 2012, pp 147-151.

The authors attempt to identify any association between length of exposure to urban environmental risk and non-infectious chronic disease in a group of Australian residents who lived in the same location for at least 20 years. They used data for 1256 such participants aged 45+ from the Household Income and Labour Dynamics in Australia (HILDA) survey. The used logistic regression and survival analysis to identify factors associated with the presence of non-infectious chronic disease at baseline and after 7 years. Results show that increasing age, living in an urban area and living in area with a lower socioeconomic status increases the odds of having a long-term health condition. This study provides empirical evidence that older long-term Australian urban residents are more likely to have a chronic disease, which may be associated with environmental exposure, than those living in rural locations. (RH)

ISSN: 14406381

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

216/57

Environmental gerontology for the future: community-based living for the third age; by Lyn Geboy, Keith Diaz Moore, Erin Kate Smith.

Journal of Housing for the Elderly, vol 26, nos 1-3, January-September 2012, pp 44-61.

The viability of the field of environmental gerontology depends upon whether it can make itself practically relevant by helping to resolve some of the urgent, real-world problems facing older adults. Many of the problems relate to which and how residential environments might best forward the goals and aspirations of an ageing population. More attention should be directed toward improving the environments of choice of

older adults, which are not institutional settings, but rather their own homes located in neighbourhoods and communities. To help direct attention, this article begins by linking the concept of the Third Age with theories of environmental gerontology and summarises key empirical understandings of autonomy and security at the community level because these are the essential environmental attributes for the Third Age. Taking into account contextual issues for community-based living for ageing suggests that relocation in the pursuit of residential normalcy ought to produce a diversity of environmental responses. Different ways in which three models of community-based living in the Third Age are sketched out, namely: the leisure-oriented retirement community, the naturally occurring retirement community and the villages model. The authors show how these models reflect contextual issues as they relate to residential environments for the Third Age. (JL)

ISSN: 02763893

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

216/58

Out of their residential comfort and mastery zones: toward a more relevant environmental gerontology; by Stephen M Golant.

Journal of Housing for the Elderly, vol 26, nos 1-3, January-September 2012, pp 26-43. To advance the field of environmental gerontology and make it more relevant to other social and behavioural scientists, this paper proposes a holistic, emotion-based theoretical model to judge whether older adults occupy residential environments that are congruent with their needs and goals. The model theorises that older people achieve this individual-environment fittingness or 'residential normalcy' when they have two overall favourable and relevant sets of emotional experiences: (1) pleasurable, hassle-free, and memorable feelings - and are in their residential comfort zones; and (2) competence and in control feelings - and are in their residential mastery zones. Older people often find that their residential environments have become emotional battlefields because although they are in their comfort zones, they are out of their mastery zones, or vice versa. Distinguishing these constructs becomes critical as residential settings are increasingly judged not only for their home-like qualities, but also for their ability to provide long-term care. (JL)

ISSN: 02763893

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

216/59

Validation of the Environmental Audit Tool in both purpose-built and non-purpose-built dementia care settings; by Ronald Smith, Richard Fleming, Lynn Chenoweth (et al).

Australasian Journal on Ageing, vol 31, no 3, September 2012, pp 159-163.

The Environmental Audit Tool (EAT) has been designed specifically to evaluate environments for people with dementia. 56 Australian residential aged care facilities (RACFs) were assessed with the EAT. EAT scores for 24 purpose-built environments were compared 32 non-purpose built environments using a Wilcoxon rank-sum test. Descriptive data on EAT scores are presented across all facilities. Facilities scored well on safety and security, familiarity, highlighting useful stimuli, and privacy. Purpose-built unit scores were significantly higher than those for non-purpose-built environments for nine of ten sub-scales of the EAT. The EAT can assess the quality of homelike environments in residential aged care facilities for people with dementia, differentiate between the quality of design in various types of facilities, and provide an evidence base for devising improvements. (RH)

ISSN: 14406381

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

## EXERCISE

(See Also 216/35)

216/60

Psychological functioning and adherence to the recommended dose of physical activity in later life: results from a national health survey; by Yael Netz, Ayelet Dunsky, Sima Zach (et al).

International Psychogeriatrics, vol 24, no 12, December 2012, pp 2027-2036.

Official health organisations have established the dose of physical activity needed for preserving both physical and psychological health in old age. This study explores

whether adherence to the recommended criterion of physical activity accounted for better psychological functioning in older adults in Israel. A random sample of 1,663 (799 men) Israelis reported their physical activity routine. Based on official guidelines, they were divided into sufficiently active, insufficiently active, and inactive groups. The General Health Questionnaire (GHQ) was used for assessing mental health, and the Mini-Mental State Examination (MMSE) for assessing cognitive functioning. Factor analysis performed on the GHQ yielded two factors - positive and negative. Logistic regressions for the GHQ factors and for the MMSE were conducted for explaining their variance, with demographic variables entered first, followed by health and then physical activity. The explained variance in the three steps was Cox and Snell R<sup>2</sup> = 0.022, 0.023, 0.039 for the positive factor; 0.066, 0.093, 0.101 for the negative factor; and 0.204, 0.206, 0.209 for the MMSE. Adherence to the recommended dose of physical activity accounted for better psychological functioning beyond demographic and health variables; however, the additional explained variance was small. More specific guidelines of physical activity may elucidate a stronger relationship, but only randomised controlled trials (RCTs) can reveal cause-effect relationship between physical activity and psychological functioning. More studies are needed focusing on the positive factor of psychological functioning. (RH)

ISSN: 10416102

From : journals.cambridge.org/iphg

#### **FALLS**

216/61

Falls: measuring the impact on older people: researched by PCP market research consultants; by Women's Royal Voluntary Service - WRVS; PCP. Cardiff: WRVS, 2012, 16 pp.

PCP conducted interviews with 500 older people in England, Scotland and Wales and asked them about their experiences of falls. 43% of those surveyed had fallen in the last five years, with 26 per cent of those living alone suffering a fall in the last year. Over one fifth (21%) of respondents who had suffered a fall in the last five years lost their confidence as a result. Of those aged over 80, 17% of those having a fall said it made them worried about leaving the house; and 5% of those aged 75 and over will not leave the house alone. This report considers the practical impact and challenges: the vulnerability of respondents; the severity and impact of the fall; the loss of independence; and the response of statutory services. The report describes the national policies and guidelines to prevent falls in England, Wales and Scotland.

From: [http://www.wrvs.org.uk/Uploads/Documents/Reports%20and%20Reviews/Falls%20report\\_web\\_v2.pdf](http://www.wrvs.org.uk/Uploads/Documents/Reports%20and%20Reviews/Falls%20report_web_v2.pdf)

#### **FAMILY AND INFORMAL CARE**

(See 216/45, 216/54, 216/76)

#### **FRAILTY**

216/62

'Happily independent': configuring the Gwent frailty support and wellbeing worker; by Kevin Barber, Carolyn Wallace.

Journal of Integrated Care, vol 20, no 5, 2012, pp 308-321.

The health and social care Gwent Frailty programme used a configuration approach by adopting "frailty" as its unifying theme across the seven agencies involved. In order to configure this role, the Frailty Workforce Group (FWG) identified three tasks: staff engagement, identifying the SWB worker training needs, and scoping the employment options for the new role. The authors report on the configuration of the integrated Support and Wellbeing Worker (SWB) role in this innovative programme from 2009 until April 2011, when the multi-agency Gwent Frailty Service (GFS) began.

For those facing the same challenges as in Gwent, there are three key principles. The first is that having a unifying concept underpinned by the commissioned "Happily independent" study legitimately enabled the FWG to deliver on its three tasks identified by the Frailty Board. The second is that time spent on early staff and trade union engagement gives positive messages about their value within the role configuration. Finally, that developing an integrated role meant that core training and development

had to be consistent, so that registered staff were confident they could delegate safely.  
(RH)  
ISSN: 14769018  
From : www.emeraldinsight.com

- 216/63 Frailty, depression, and anxiety in later life; by Aine M Ni Mhaolain, Chie Wei Fan, Roman Romero-Ortuno (et al).  
International Psychogeriatrics, vol 24, no 8, August 2012, pp 1265-1274.  
Anxiety and depression are common in older people but are often missed; to improve detection, we must focus on those elderly people at risk. Frailty is a geriatric syndrome inferring increased risk of poor outcomes. The authors explore the relationship between frailty and clinically significant anxiety and depression in later life. This study has a cross-sectional design and involved the assessment of 567 community-dwelling people aged 60+ recruited from the Technology Research for Independent Living (TRIL) Clinic, Dublin. Frailty was measured using the Fried biological syndrome model; depressive symptoms were assessed using the Center for Epidemiological Studies Depression Scale (CESD); and anxiety symptoms measured using the Hospital Anxiety and Depression Scale (HADS). Higher depression and anxiety scores were identified in both pre-frail and frail groups compared to robust older people (three-way factorial ANOVA, p =0.0001). In a logistic regression model, the odds ratio for frailty showed a significantly higher likelihood of clinically meaningful depressive and anxiety symptoms even controlling for age, gender and a history of depression or anxiety requiring pharmacotherapy (OR = 4.3; 95% CI 1.5, 11.9; p = 0.005; OR = 4.36; 95% CI 1.4, 13.8; p = 0.013 respectively). The findings suggest that even at the earliest stage of pre-frailty, there is an association with increased symptoms of emotional distress. Once frailty develops, there is a higher likelihood of clinically significant depression and anxiety. Frailty may be relevant in identifying older people at risk of deteriorating mental health. (RH)  
ISSN: 10416102  
From : www.journals.cambridge.org/ipg

#### **GERONTOLOGY (GENERAL)**

(See 216/57, 216/58)

#### **GOVERNMENT AND POLICY**

- 216/64 Draft Care and Support Bill: Carers UK response to Government consultation; by Carers UK. London: Carers UK, October 2012, (Consultation response).  
Carers UK has welcomed the draft Care and Support Bill and the new rights that it contains for carers. This response to the consultation on the draft Bill comments on each clause in turn and suggests where redrafting is required, for example on the varying definitions used for "carer". It recommends new clauses on NHS continuing care, consolidated assessments, free services, and NHS duties to promote the health and welfare of carers. (RH)  
From : Carers UK, 20 Great Dover Street, London SE1 4LX.  
<http://www.carersuk.org>

#### **HOME CARE**

(See Also 216/66)

- 216/65 Integrating public and private home care services: the Kotitori model in Tampere, Finland; by Liina-Kaisa Tynkkynen, Kari Hakari, Tinno Koistinen (et al).  
Journal of Integrated Care, vol 20, no 5, 2012, pp 284-295.  
This case study aims to introduce a novel home care service integrator model called "Kotitori". In the model, the City contracts with a private provider, which, in turn, works with public, private, and third sector providers in order to meet the customer needs in a personalised way. The case study draws from key policy documents and stakeholder interviews. The study introduces a unique form of public-private partnership in Finland, and describes the basic elements of Kotitori, the development process of the model, and the model's distinctive features compared with more traditional ways of home care

service delivery. The Kotitori model is still in its early stages of implementation, and reliable data on performance are limited. The transferability potential of the Kotitori model is good both nationally and internationally. The model is potentially beneficial for countries with an interest in developing integrated care in general, as it reflects a form of "accountable care organisation". (RH)

ISSN: 14769018

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

## HOUSING

216/66

Assessing and adapting the home environment to reduce falls and meet the changing capacity of older adults; by Jon Pynoos, Bernard A Steinman, Anna Quyen Do Nguyen, Matthew Bressette.

Journal of Housing for the Elderly, vol 26, nos 1-3, January-September 2012, pp 137-155. Falls are a serious problem for older adults and their families. This article describes research regarding fall risk assessment, risk reduction interventions and public policy aimed at reducing the risk of falls for older adults in home settings. Assessments for frail older adults should include observations of not only the physical environment but also the interactions among the environment, behaviour and physical functioning so that interventions are tailored to the specific situation of the individual. Home modification and technology can prove useful when designing interventions aimed at reducing fall risks. Problems such as cost, reluctance to adopt or implement suggestions and a lack of knowledge may present barriers to effective home modification. Programme and policy options for the future include improved training for service personnel who visit the homes of older adults, increased awareness of and coordination between programmes or interventions aimed at reducing the risk of falls, new sources of funding and building more housing that follows the principles of universal design. (JL)

ISSN: 02763893

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

216/67

Warm homes for older people: a resource for Age Action Alliance members; by NEA - National Energy Action; Age Action Alliance; Department for Energy and Climate Change - DECC. Version 2 Newcastle upon Tyne: NEA, October 2012, 27 PP.

The Age Action Alliance is a practical development of concept initially devised by the Department for Work and Pensions (DWP) and Age UK. Its purpose is to engage a wide range of partners from civil society, and from the private and public sectors to collaborate in improving older people's lives, particularly on issues relating to deprivation and disadvantage. NEA chairs the Safe, Warm Homes Working Group of the Age Action Alliance. This new version of the 'Warm homes for older people' resource (previously issued March 2012) sets out the measures and benefits available to help older people to stay warm in their homes, and to ensure that their health and welfare is not compromised by living in cold, damp housing. Sections on reducing energy costs are supplemented by further information on sources of assistance on energy-related problems. (RH)

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<http://www.nea.org.uk/policy-and-research/publications/publications-2012/age-action-alliance-v2>

## HOUSING WITH CARE

216/68

The dark side: stigma in purpose-built senior environments; by Regina Hrybyk, Robert L Rubinstein, J Kevin Eckert ... (et al).

Journal of Housing for the Elderly, vol 26, nos 1-3, January-September 2012, pp 275-289. This paper focuses on stigma in collective living environments for older adults. Two design profiles are compared and contrasted - a purpose-built campus which opened in 1997, and an older setting that grew by accretion over decades. The separation by care levels in both sites is reflected in their cultures as residents and staff relate to levels of care through a vocabulary of fear. Residents of the independent living building on the purpose-built campus refer to the assisted living building as 'the dark side.' In this setting stigma is assigned to a place in the built environment. By contrast, the older

setting features a less structured clustering of independent living and assisted living. Less stigma associated with levels of care can be observed in this older building. Grounding their analysis in data drawn from ongoing ethnographic research, the authors focus on the built environment as it relates to stigma in the social environment. (JL)

ISSN: 02763893

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

### **IMAGES OF AGEING**

216/69

Unsettling ageing in three novels by Pat Barker; by Sarah Falcus.  
Ageing and Society, vol 32, part 8, November 2012, pp 1382-1398.

Within the growing body of interdisciplinary work on ageing, more attention is now paid to literary engagement with and representations of ageing, often in the form of literary gerontology. This field locates literature as part of the cultural discourses around ageing in society. Pat Barker's work is important here, because her texts offer detailed representations of the ageing subject, and engage with the often disturbing challenges that ageing presents to self and social identity. This paper considers three of Pat Barker's novels - Another World (1999), Liza's England (1986/1996), and Union Street (1982) - within one of the central debates in ageing studies: how far we are aged by culture and where culture might meet the material. In these novels, ageing characters are clearly at the mercy of cultural constructions of age. Nevertheless the texts also insist on the centrality of the body, forcefully reminding us of the limits of cultural ageing. The paper argues that these novels explore the interplay between cultural and corporeal ageing, forcing the reader to acknowledge the complexities of, and unsettle any easy assumptions about, ageing subjectivity. What fiction can offer to gerontology is, at least in part, an exploration of the ineluctability of 'contradictions' when it comes to ageing. (JL)

ISSN: 0144686X

From : <http://www.journals.cambridge.org/as0>

### **INCOME AND PERSONAL FINANCE**

216/70

Socioeconomic, psychological and demographic determinants of Australian baby boomers' financial planning for retirement; by Jack Noone, Kate O'Loughlin, Hal Kendig. Australasian Journal on Ageing, vol 31, no 3, September 2012, pp 194-197.

Research from around the Western World has shown that psychological, socioeconomic and demographic factors can influence levels of financial planning. This study uses data from the Ageing Baby Boomers in Australia Study to determine the effects of these factors on financial planning for 709 employed Australians nearing retirement. The results show that higher income, future time perspective (FTP) and financial knowledge independently predicted levels of retirement planning. The effects of FTP and financial knowledge on financial planning were consistent across levels of socioeconomic status. While similar issues in financial planning appeared across socioeconomic status, a 'one size fits all' approach to retirement policy may not be effective. Instead, policy should be targeted towards the diverse needs of different groups. Raising public awareness of FTP and financial knowledge may provide a useful starting point. (RH)

ISSN: 14406381

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

### **INEQUALITY AND HUMAN RIGHTS**

216/71

UK indices of multiple deprivation: a way to make comparisons across constituent countries easier; by Rupert A Payne, Gary A Abel.

Health Statistics Quarterly, no 53, Spring 2012, pp 22-37.

Deprivation is multi-dimensional, and as such can be challenging to quantify. In the UK, each of the four constituent countries measures deprivation using their own distinct index of multiple deprivation (IMD), designed to facilitate targeting of policies within that particular country. Although these four IMD scores are not directly comparable, there are circumstances where comparison across the whole of the UK may be desirable. A method of generating a UK-wide IMD score was developed using publicly

available data. An adjusted IMD score was generated using the employment and income domains of the individual country IMD scores, along with the coefficients and residual values from a linear regression of employment and income on the overall IMD score. The Scottish IMD was used as a baseline to generate an adjusted UK-wide score. The proportion of variance explained for the Scotland model was 0.972. The rank correlation coefficient (Kendall's tau) for the association between adjusted and original IMD was 0.97, 0.98 and 0.94 for England, Northern Ireland and Wales respectively. The absolute change in Welsh and English IMD scores was relatively small, although there was a considerable change in ranking in Wales. In contrast, the adjusted IMD score was considerably higher than the actual IMD score for Northern Ireland, but with minimal impact on the ranking within Northern Ireland. Overall, 4.9% (1606), 2.6% (23) and 10.3% (196) of areas were reclassified into different quintiles using the adjusted score for England, Northern Ireland and Wales respectively. An adjusted IMD score generated using this method might be used for UK-wide policy decisions, and allow tools developed for one country to be applied elsewhere. (RH)

ISSN: 20401574

From : [www.ons.gov.uk](http://www.ons.gov.uk)

### **INTEGRATED CARE**

216/72

The capacity of health services research to support integrated care in England; by Geoffrey Meads, Donna White, Matthew Westmore.

Journal of Integrated Care, vol 20, no 5, 2012, pp 270-283.

The capacity for research to support integrated care developments is examined, focusing on health service research agencies in English universities. This paper is designed to promote an understanding of alternative approaches as national research programmes offer new opportunities for larger and more rigorous studies. The approach draws on three analyses of different data from relevant programmes of the National Institute for Health Research (NIHR) over a 30 month period. The data are derived from commissioning briefs, monitoring reports and annual reviews. Relevant international comparisons indicate possible responses to deficits. The review points to a process of normalisation, through which integrated care has become an important standard dimension of health services research in England. While the commissioning of studies related to integrated care is shown to demonstrate a sustained and enhanced profile, the capacity of higher education providers appears to be changing. The growing emphasis on health services research corresponds with increased research leadership from clinical and public health academics, which raises questions regarding future multi-disciplinary and social sciences contributions and projects on lateral forms of integrated care. It should be noted that the findings are only derived from a single source from the NIHR portfolio, and at a time in which there were significant and structural changes in the NHS and administration of relevant NIHR programmes. (RH)

ISSN: 14769018

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

### **INTERGENERATIONAL ISSUES**

(See Also 216/53)

216/73

Intergenerational shared sites: an examination of socio-physical environments and older adults' behavior; by Nicole Ruggiano.

Research on Aging, vol 34, no 1, January 2012, pp 34-55.

Few studies have examined older adults' behaviour and attitudes within the context of intergenerational shared site (IGSS) environments, where children and older adults receive services at the same facility and typically share space and resources on an ongoing basis. This natural study examined the behaviours of older adults participating in two senior centre programmes that were co-located with child care facilities. Data collection involved participant observation and in-depth interviews with staff members at each IGSS. The data were systematically coded and analysed for themes. Although positive informal intergenerational interactions occurred at both centres, many older adults demonstrated negative behaviours and attitudes when their programmes shared space and/or relinquished resources to children's programmes. Implications for

research and practice are provided. (JL)

ISSN: 01640275

From : <http://roa.sagepub.com/>

216/74

Older parents and adult daughters: a comparison of communication and coping during the decision to move to a care facility; by Elizabeth A Gill, Melanie Morgan.

Research on Aging, vol 34, no 6, November 2012, pp 714-737.

This study sought to understand the ways that adult daughters and their parents make sense of the older adult's ageing and one another's changing roles within the context of the decision to move a parent to a care-related facility. In particular, the decision to move a parent to a care-related facility provides a context for the study of uncertainty, ambivalence, and other concerns connected with role transitions and decision-making difficulties. How older parents and adult daughters communicate about and cope with these challenges was compared. Babrow's problematic integration theory provides a framework for this research. A qualitative study employing in-depth interviews with 44 residents at continuum-of-care facilities and 12 adult daughters of residents was conducted. Findings indicate that both parents and daughters experience significant problematic integration. However, their attempts to cope are in marked contrast to one another. These differences, along with theoretical and practical implications, are discussed further. (RH)

ISSN: 01640275

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#### **INTERNATIONAL AND COMPARATIVE**

216/75

Access to residential care in Beijing, China: making the decision to relocate to a residential care facility; by Yang Cheng, Mark W Rosenberg, Wuyi Wang ... (et al).

Ageing and Society, vol 32, part 8, November 2012, pp 1277-1299.

The demand for residential care by older people is increasing in Beijing as a result of demographic and social change. In this study, qualitative data collected from interviews with residential care facility (RCF) managers, older residents and their family members in six RCFs in Beijing were transcribed and analysed using the constant comparative method. The findings included the following themes: geographical access to residential care, information access, economic access, socio-cultural access, and the socio-managerial environment. Geographical access was influenced by location, distance, and the micro-physical environment and amenities of RCFs. Information access referred to the capability to acquire related information on available resources. Economic access was the financial affordability for the resources. Socio-cultural access was affected by individual attitudes and aggregative cultural values on ageing and care of older people. Additionally, the social-managerial environment such as reputations of RCFs, quality of services, and management mechanisms were also important to the decision-making process. All these factors influenced older people and their family members' decision-making process of which RCF to choose. The research provides a multi-perspective analysis of access to residential care and suggestions on improving the accessibility of residential care for older people in Beijing. (JL)

ISSN: 0144686X

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

216/76

Remitting 'filial co-habitation': 'actual' and 'virtual' co-residence between Korean professional migrant adult children couples in Singapore and their elderly parents; by Jeehun Kim.

Ageing and Society, vol 32, part 8, November 2012, pp 1337-1359.

Based on in-depth interviews with middle-class Korean professional sojourner migrant married couples in Singapore and their older parents, this paper examines how the cultural meaning and social practice of filial co-habitation and support have been transformed in an international migration context. Transnational co-residence and visiting among these families are examined and a differentiated and patterned organisation of support by sons versus daughters for their own older parents is demonstrated. Although the immigration regulations and co-ethnic community environments for older Koreans in Singapore pose a challenge to older parents, the family remains the most important nexus of care and support. By adopting 'virtual' and

'actual' co-residence strategies and deploying multi-purpose long-term visits by wives and children in Singapore to their older parents in Korea, and by remitting regular financial contributions, these families are able to maintain the cultural ideal of filial co-residence and support. However, the gendered traditional co-habitation ideal differentiates between actual and virtual co-residence. The actual co-residence pattern was mainly adopted by first son/daughter-in-law couples and the older parents of the first sons, whereas the virtual co-residence pattern was mainly adopted by son-in-law/daughter couples and the older parents of daughters. These results show that patterned two-way transnational mobility for providing care and support is shaped by cultural norms and the practical negotiation of family obligations. (JL)

ISSN: 0144686X

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

216/77

Successful ageing: the case of Taiwan; by Yeong-Tsyr Wang, Wan-I Lin.

Australasian Journal on Ageing, vol 31, no 3, September 2012, pp 141-146.

A cross-sectional survey conducted in 2007 in Taiwan investigated the conditions of successful ageing in 1143 Taiwanese aged 45-64 and 1309 aged 65+. Older people faced more problems that cause depression than their younger counterparts. 11% of older people were in the labour market; neither age group were actively involved in volunteer services. Those who lived longer had less social support. Over 50% felt their financial preparations for later life were not adequate. Educational levels and family income were the significant factors affecting the levels of successful ageing. Improvement in the four dimensions of successful ageing (physical health, mental health, social/productive engagement, and economic security) must be re-emphasised for both age groups. (RH)

ISSN: 14406381

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

## LEGAL ISSUES

216/78

Reforming the professional regulatory bodies: the Law Commission's review of health and social care professional regulation; by Tim Spencer-Lane.

Journal of Adult Protection, vol 14, no 5, 2012, pp 237-243.

The Law Commission has been undertaking a review of the legal framework regarding regulation of health care professionals in the UK and social workers in England. This paper summarises the main provisional proposals from the consultation paper published in March 2012, which argued for the reform of the law in this area. The main problem is that there are 31 different health professions, which are represented by organisations whose legal frameworks have been established in different ways and at different times. (RH)

ISSN: 14668203

From : [www.emeraldinsight.com/jap.htm](http://www.emeraldinsight.com/jap.htm)

## LONELINESS AND SOCIAL ISOLATION

(See 216/12)

## MENTAL HEALTH

(See Also 216/13, 216/23, 216/87)

216/79

Assessing mood in older adults: a conceptual review of methods and approaches; by Laura J E Brown, Arlene J Astell.

International Psychogeriatrics, vol 24, no 8, August 2012, pp 1197-1206.

Accurate measures of mood state are important for understanding and optimising health and well-being in later life. The authors undertook a conceptual review of the literature relating to mood and its assessment in older populations. Moods are subjective states of mind that are typically described and quantified using self-report measures. Moods can be conceptually differentiated from the related psychological concepts of emotion, well-being, quality of life, and depression. Quantitative tools for assessing mood state include single-item mood ratings, composite factor scales, and

clinical depression assessments. Mood assessments may be administered retrospectively or contemporaneously to the mood state of interest. The method and temporal perspective used to assess mood state will impact on the nature and precision of the mood data that are collected, and the types of research questions that can be addressed. No single mood assessment technique can be considered optimal for all situations. Rather, both the type of tool and the temporal perspective taken must be selected according to the nature of the study design and the research question being addressed. More thorough and frank reporting of the rationale for, and limitations of, mood assessment techniques are also essential for continued development of mood research with older adults. (RH)

ISSN: 10416102

From : [www.journals.cambridge.org/ipg](http://www.journals.cambridge.org/ipg)

216/80

Caregiving burden and out-of-home mobility of cognitively impaired care-recipients based on GPS tracking; by Shirli Werner, Gail K Auslander, Noam Shoval (et al). International Psychogeriatrics, vol 24, no 11, November 2012, pp 1836-1845. Out-of-home mobility refers to the realization of trips outside the home, by foot or by other means of transport. Although out-of-home mobility is important for the well-being of older people with cognitive impairment, its importance for their caregivers is not clear. This Israeli study aims to clarify the relationship between caregiving burden and out-of-home mobility of care-recipients using Global Positioning Systems (GPS) technology. 76 dyads (care recipients and caregivers) were recruited from a psychogeriatric centre, where they underwent cognitive assessment, followed by psychosocial interviews at home. Care recipients received GPS tracking kits to carry for a period of four weeks, whenever they left home. Mobility data and diagnostic and psychosocial data were examined in relation to caregiver burden. The strongest predictors of burden were care recipients' lower cognitive status and more time spent walking out-of-home. An interaction was found between cognitive status and time spent walking in relation to caregiver burden. The relationship between walking and burden was stronger among caregivers of care recipients with dementia than caregivers of care recipients with no cognitive impairment or mild cognitive impairment. Care recipients' behavioural and emotional states were also positively related to caregiver burden. The findings stress the importance of maintaining older people's out-of-home mobility during cognitive decline.

ISSN: 10416102

From : [www.journals.cambridge.org/ipg](http://www.journals.cambridge.org/ipg)

216/81

Cognition, coping, and outcome in Parkinson's disease; by Catherine S Hurt, Sabine Landau, David J Burn (et al). International Psychogeriatrics, vol 24, no 10, October 2012, pp 1656-1663. Cognitive impairment and depression are common and disabling non-motor symptoms of Parkinson's disease (PD). Previous studies have shown associations between them but the nature of the relationship remains unclear. In chronic illness, problem- or task-oriented coping strategies are associated with better outcome, but often require higher level cognitive functioning. This study investigated the relationships between cognitive function, choice of coping strategies, and a broad index of outcome including depression, anxiety, and health-related quality of life (HRQoL). It was hypothesized that the coping strategy used could mediate the association between cognition and outcome. 347 patients with PD completed the Coping Inventory for Stressful Situations, the Hospital Anxiety and Depression Scale (HADS), the Parkinson's Disease Questionnaire-8, the Unified Parkinson's Disease Rating Scale, and the Addenbrooke's Cognitive Examination - Revised. Structural equation modelling was used to test the hypothesised model of cognition, coping, and outcome based on a direct association between cognition and outcome and an indirect association mediated by coping. Overall, poorer cognition predicted less use of task-oriented coping, which predicted worse outcome (a latent variable comprised of higher depression and anxiety and lower QoL). The analyses suggest a small indirect effect of cognition on outcome mediated by coping. (RH)

ISSN: 10416102

From : [www.journals.cambridge.org/ipg](http://www.journals.cambridge.org/ipg)

216/82

The effect of lifetime cumulative adversity on change and chronicity in depressive symptoms and quality of life in older adults; by Amit Shrira.

International Psychogeriatrics, vol 24, no 12, December 2012, pp 1988-1997.

Lifetime cumulative adversity (LCA) has a detrimental effect on mental health. However, it is less clear whether it also increases the risk for mental health deterioration across time, and whether it is related to a continuous impairment in mental health among older adults. This study examines whether LCA is related to deterioration and to continuous vulnerability in depressive symptoms and quality of life. 9154 older adults (mean age = 63 at Wave 1) who participated in the first three waves of the Survey of Health, Ageing and Retirement in Europe (SHARE) reported exposure to negative life events, depressive symptoms, and quality of life. Respondents with more LCA were at greater risk of high level of depressive symptoms and low level of quality of life. Those with more adversity were at greater risk of reporting an increase in depressive symptoms and a decrease in quality of life between waves. LCA was also related to continuous high level of depressive symptoms and low level of quality of life. The effect of LCA was stronger for depressive symptoms than for quality of life. Thus, LCA is associated with decline, as well as with continuous impairment, in major markers of mental health at the second half of life. The overall modest effects imply that resilience to LCA is widespread among older adults. Still, prevention and intervention programmes should target older people with cumulative adversity, as they are in risk for deterioration and chronic vulnerability in important components of mental health.

ISSN: 10416102

From : journals.cambridge.org/ipg

216/83

Telepsychogeriatrics: a new horizon in the care of mental health problems in the elderly; by Ramon Ramos-Rios, Raimundo Mateos, David Lojo (et al).

International Psychogeriatrics, vol 24, no 11, November 2012, pp 1708-1724.

The use of telemedicine for the care of mental health problems has developed significantly over the last decade. Telemedicine has also targeted specific populations with higher difficulty in gaining access to mental health services such as older people, and is referred to in this article as telepsychogeriatrics. This application is expected to have an increasing role in providing care to geographically isolated rural communities, with a particular focus on long-term care facilities, where there is a high prevalence of psychiatric disorders and a lack of available specialised care. In a literature search of Medline, Web of Science, and PsychINFO databases, evidence was gathered on the applicability of telepsychiatry - specifically the use of videoconferencing for remote consultation - to older people with mental disorders. A succinct description of the selected studies is given, along with a general reflection on the state-of-the-art in the field of psychogeriatric clinical practice and research. Research on the use of telemedicine in this age group has taken into account their special characteristics, and has focused on demonstrating its applicability, the acceptance and satisfaction of older users and their healthcare providers, the possibility of carrying out cognitive and diagnostic assessments, and the efficiency of these programmes. Despite limited experience, telepsychogeriatrics appears to be a viable option, well-accepted by patients, including those having dementia. More systematised studies based on larger sample sizes, including comparison with traditional consultations and assessment of the clinical outcomes are needed. (RH)

ISSN: 10416102

From : www.journals.cambridge.org/ipg

#### **MENTAL HEALTH SERVICES**

216/84

A survey of geriatric psychiatry training across Europe; by Sandeep Toot, Martin Orrell, Joanna Rymaszewska (et al).

International Psychogeriatrics, vol 24, no 5, May 2012, pp 803-808.

Training, practice and continuing professional development in old age psychiatry varies across Europe. A survey sent to 38 European countries by email aimed to ascertain current practice to develop recommendations with a view to beginning a debate on harmonization. The survey was sent to members of the European Association of Geriatric Psychiatry (EAGP) Board, members of the World Psychiatric Association (WPA), and key old age psychiatrists or other psychiatrists with a special interest in the area for

countries where old age psychiatry was not formally a specialty. Through a process of networking, the authors identified a key individual from each country in Europe to participate in this study; 30 out of 38 (79%) representatives responded. Training courses and duration varied between countries. Eleven countries reported that they had geriatric psychiatry training courses; and most of these required geriatric psychiatry trainees to complete mandatory training for two years within old age psychiatry. Representatives from ten countries reported having specific Continuing Professional Development (CPD) for old age psychiatrists at consultant level. There is a clear indication that the recognition of geriatric psychiatry as a specialist discipline in Europe is on the rise. The training procedures and processes in place vary considerably between and sometimes within countries. There are several options for harmonizing old age psychiatry training across Europe, with advantages to each. However, support is required from national old age psychiatry bodies across Europe. Agreement needs to be reached on a training strategy that encompasses supervision, development, and appraisal of the knowledge and skills sets of old age psychiatrists. (RH)

ISSN: 10416102

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## **NEIGHBOURHOODS AND COMMUNITIES**

- 216/85 Age-friendly Philadelphia: bringing diverse networks together around aging issues; by Kate Clark, Allen Glicksman.  
*Journal of Housing for the Elderly*, vol 26, nos 1-3, January-September 2012, pp 121-136. Since 2009 a new initiative in Philadelphia, Pennsylvania, has transformed the city's traditional approach to serving older adults. Called Age-friendly Philadelphia (AfP), the scheme is an integrated policy, planning and research effort focused on the wider social and physical environment in which older people live. The purpose of the present study was to introduce this new strategy and to explore ways in which it might be replicated in other urban contexts. (JL)  
ISSN: 02763893  
From : <http://www.tandfonline.com/toc/wjhe20/current>
- 216/86 Communities of place and communities of interest?: an exploration of their changing role in later life; by Robin Means, Simon Evans.  
*Ageing and Society*, vol 32, part 8, November 2012, pp 1300-1318.  
Social gerontologists have long grappled with the meaning of 'community' to older people. This article looks at the extent to which the traditional emphasis upon communities of place needs to be rebalanced or rethought in the light of emerging evidence for the growing engagement of older people in communities of interest linked to friendships, enthusiasms and their increasing spending power. The paper highlights the traditional emphasis on the role of community and place in later life and explores the emergence of a debate about communities of interest linked to such factors as the 'discovery' of 'the Third Age', marketisation, consumerism, the importance of social interaction in the lives of many older people, and the impact of the internet and virtual communities. This debate is placed in an international policy context in which numerous governments are concerned about the greying of the global population and the consequent desire to promote 'ageing well' to offset resultant health and social care costs. The authors argue for a reconceptualisation of community through a more sophisticated view of 'place' and 'interest' that avoids false dichotomies between the two and acknowledges the impact of social, economic and cultural change upon the lives of older people. (JL)  
ISSN: 0144686X  
From : <http://www.journals.cambridge.org/as0>
- 216/87 The role of the social environment on physical and mental health of older adults; by Julie A Norstrand, Allen Glicksman, James Lubben, Morton Kleban.  
*Journal of Housing for the Elderly*, vol 26, nos 1-3, January-September 2012, pp 290-307. Understanding the complex relationship between the environmental context and the well-being of older adults is paramount as ageing in place is increasingly acknowledged as a policy goal. This study investigated how the social environment (measured by social capital) is related to both physical and mental health including depression. A sample of

3,219 older adults (60 years and older) from Philadelphia, Pennsylvania, and the surrounding area was obtained from the Philadelphia Health Management Corporation survey collected in 2006. Participation in groups, a sense of belonging and neighbours willing to help were associated with self-rated physical health, whereas trust in neighbours and sense of belonging and neighbours willing to help were associated with depressive symptoms even when sociodemographic indicators were controlled. This study furthers our understanding of how social capital may relate to the physical and mental health of older people and illustrates the usefulness of this important concept in environmental gerontology. (JL)

ISSN: 02763893

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

## NURSING

216/88

Job satisfaction and associated variables among nurse assistants working in residential care; by Anneli Orrung Wallin, Ulf Jakobsson, Anna-Karin Edberg.  
International Psychogeriatrics, vol 24, no 12, December 2012, pp 1904-1918.

While the work situation for nurse assistants in residential care is strenuous, they themselves often state that they are satisfied with their job. Clearly, more knowledge is needed of the interrelationship of variables associated with job satisfaction. This Swedish study aims to investigate job satisfaction, and to explore associated variables among nurse assistants working in residential care. 225 respondents completed a questionnaire measuring general job satisfaction, satisfaction with nursing-care provision and measures concerning person-centred care, work climate, leadership, and health complaints. Job satisfaction was the outcome measure, and comparisons were made among those reporting low, moderate, and high levels of job satisfaction; multiple regression analyses were used to explore associated variables. The caring climate and personalised care provision were associated with general job satisfaction. High levels of satisfaction with nursing-care provision were also associated with the general work climate, organisational and environmental support, and leadership. Low job satisfaction was mainly associated with health complaints. (RH)

ISSN: 10416102

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## OLDER OFFENDERS

216/89

The health and social needs of older male prisoners; by Adrian J Hayes, Alistair Burns, Pauline Turnbull, Jenny J Shaw.

International Journal of Geriatric Psychiatry, vol 27, no 11, November 2012, pp 1155-1162.

This study aimed to quantify the health and social needs of older male prisoners in the North West of England, to determine whether their needs were being met, and to explore an age cut-off for this group. Data were collected by interview and case note review. Areas covered included physical health, mental health, personality disorder, cognitive impairment and social need. 262 prisoners were included in the study. More than 90% had a physical health disorder, most commonly hypertension and osteoarthritis. 61% had a mental disorder, most commonly major depressive disorder and alcohol misuse disorder. There were few differences within age bands for physical health problem or health/social need, but those aged 50-59 had more mental disorder, including mental illness, substance misuse disorder and personality disorder. Older prisoners have a high level of health need and a different profile to the rest of the prison population. Age 50+ appears to be a useful age for defining this group; and service provision should reflect this in a national management strategy. (RH)

ISSN: 08856230

From : [www.orangejournal.org](http://www.orangejournal.org)

216/90

Homicide perpetrated by older people; by Ross Overshott, Cathryn Rodway, Alison Roscoe (et al).

International Journal of Geriatric Psychiatry, vol 27, no 11, November 2012, pp 1099-1105.

The circumstances in which older people commit homicide, the form of assessment

they undergo, and the proportion of those who suffer from mental illness are described and examined. This study was carried out as part of the England and Wales National Confidential Inquiry into Suicide and Homicide by People with Mental Illness, based on a five-year sample. The Inquiry was notified of the names of those aged over 60 convicted of homicide, together with details of the offence, sentencing and outcome in court by the Home Office. The Inquiry collected clinical data of those known to have had contact with mental health services from the responsible service, and also retrieved psychiatric reports of those convicted. Homicide incidents perpetrated by older people typically involve a man killing his partner in an impulsive manner. The most common method was by using a sharp instrument (34%), followed by the use of a blunt instrument (26%). The use of firearms was rare (11%). Perpetrators aged 65+ were significantly more likely to kill a current or former spouse/partner and less likely to kill an acquaintance. 44% of perpetrators aged over 65 suffered from depression at the time of the offence, whereas rates of schizophrenia and alcohol dependence were low. The characteristics and the circumstances of homicides perpetrated by older people are different to other age groups. Homicides of and by older people may be preventable if depression is identified early. (RH)

ISSN: 08856230

From : [www.orangejournal.org](http://www.orangejournal.org)

#### **OLDER WOMEN**

216/91

Critical feminist gerontology: in the back room of research; by Anna Freixas, Barbara Luque, Amalia Reina.

Journal of Women & Aging, vol 24, no 1, 2012, pp 44-58.

This article takes a feminist approach to gerontology. It examines the stereotypes of ageism that derive from the relationship between culture and old age. It establishes the requirements for a type of research that reflects women's own experience of growing older, as well as the social construction of values related to women's old age. It focuses on the sociocultural features of this population, which faces old age with certain limitations, but also with unparalleled assets. (JL)

ISSN: 08952841

From : <http://www.tandfonline.com/toc/wjwa20/current>

216/92

Red, Hot, Healthy Mommas: (un)conventional understandings of women, health, and aging; by Kimberly Field-Springer.

Research on Aging, vol 34, no 6, November 2012, pp 692-713.

There are 3.7 million people aged 65+ living in poverty in the United States; more than half are women. This article draws attention to what such women say about the aging process. It also critically examines issues regarding cultural/medical norms, mind/body duality, and healthcare advocacy. The author interviewed six women, ranging in age from 50 to 65, who frequently attended a healthcare programme called Red, Hot, Healthy Mommas. The author uses narrative analysis to explore two types of counter-stories they told, to understand how these women re-identify and resist the ageing process. The author suggests a third counter-story called "negotiated", because findings point to elements that both combat oppression while simultaneously reinforcing dominant meta-narratives. Despite the edifying potentials of these strategies for women, the findings also indicate that patient autonomy and responsibility for one's own healthcare is not necessarily the best solution in combating discrimination that ageing women now face in American society. (RH)

ISSN: 01640275

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#### **PAIN**

216/93

An exploration of nursing home managers' knowledge of and attitudes towards the management of pain in residents with dementia; by Heather E Barry, Carole Parsons, A Peter Passmore (et al).

International Journal of Geriatric Psychiatry, vol 27, no 12, December 2012, pp 1258-1266.

This study aimed to explore the knowledge, attitudes and beliefs that nursing home

managers hold with regard to the assessment and management of pain in residents with dementia; and to determine how these may be affected by the demographic characteristics of the respondents. A questionnaire comprising six sections was mailed, on two occasions during March and April 2010, to 244 nursing home managers in Northern Ireland (representing 96% of the nursing homes in Northern Ireland). The response rate was 39%. Nearly all respondents (96%) provided care to residents with dementia, yet only 60% of managers claimed to use pain treatment guidelines within their nursing home. Respondents demonstrated good knowledge about pain in residents with dementia and acknowledged the difficulties surrounding accurate pain assessment. Nursing home managers were uncertain about how to manage pain in residents with dementia, demonstrating similar concerns about the use of opioid analgesics to those reported in previous studies about pain in older people. Managers who had received recent training ( $p=0.044$ ) were less likely to have concerns about the use of opioid analgesia than those who had not received training. Respondents' beliefs about painkillers were largely ambivalent and were influenced by the country in which they had received their nursing education. The study has revealed that accurate pain assessment, training of nursing staff and a standardised approach to pain management (the use of pain management guidelines) within nursing homes all have a significant part to play in the successful management of pain in residents with dementia. (RH)  
ISSN: 08856230 From : [www.orangejournal.org](http://www.orangejournal.org)

## PENSIONS AND BENEFITS

216/94

Employers' Pension Provision Survey 2011; by John Forth, Lucy Stokes, Alice Fitzpatrick (et al), Department for Work and Pensions - DWP; National Institute of Economic and Social Research - NIESR; TNS-BMRB. London: Department for Work and Pensions, 2012, 3 pp (Department for Work and Pensions Research summary).

This Research summary outlines the findings of Department for Work and Pensions Research report 802 (176 pp; ISBN 9781908523723), the main aim of which is to describe the extent and nature of pension provision among private sector employers in Britain in 2011. It also considers employers' preparations for the forthcoming workplace provision reforms. It summarises: pension scheme status and eligibility criteria; employer contributions; and the expected impact of, and likely enrolment destinations and contribution rates following the workplace pension reforms. The main report presents findings from the 2011 Employers' Pension Provision survey (EPP 2011). The survey was the ninth in a series, with previous surveys having been conducted in 1994, 1996, 1998, 2000, 2003, 2005, 2007 and 2009. The report also outlines the main reasons for provision or non-provision of pensions. Comparisons are also made with findings from the 2007 and 2009 surveys. The research was carried out by National Institute of Economic and Social Research (NIESR) and TNS-BMRB on behalf of DWP. (RH)

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216/95

Pension landscape and charging: quantitative and qualitative research with employers and pension providers; by Andrew Wood, Dominika Wintersgill, Niall Baker, Department for Work and Pensions - DWP; Policy Research Institute. London: Department for Work and Pensions, 2012, 4 pp (Department for Work and Pensions Research summary).

The Pensions Act 2008 introduced measures aimed at encouraging greater private pension saving and making it easier for people to save for their retirement. Most of the measures in the Act are coming into force from 2012. In light of this, the Department for Work and Pensions (DWP) commissioned the Policy Research Institute to carry out quantitative research that was designed to explore and understand the charging levels and structures in trust-based and contract-based pension schemes. Qualitative research was carried out with leading pension providers. Interviews took place between September and November 2011.

This Research summary outlines the findings of Department for Work and Pensions Research report 804 (158 pp; ISBN 9781908523785), which reports on this research. It examines: charges paid by scheme members; fees paid for advice and other services; additional charges for specific funds; other member-specific charges; and providers'

costs of pension provision. The most common approach to charging is an Annual Management Charge (AMC), which covers a pension provider's costs in setting up and running a pension scheme. Employers' awareness of such charges was low; and the impact of the pension reforms on provider costs and charges are likely to result in small contributions. (RH)

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216/96

Workplace pension reforms: baseline evaluation reports; by Department for Work and Pensions - DWP. London: Department for Work and Pensions, 2012, 4 pp (Department for Work and Pensions Research summary).

Millions of individuals in the UK are not saving enough for their retirement. The workplace pension reforms are a response to some of the key challenges facing the UK pensions system. This Research summary outlines the findings of Department for Work and Pensions Research report 803 (114 pp; ISBN 9781908523754), which was prepared by the Department's Workplace Pension Reform Evaluation Team, with contributions from the Pensions Regulator and National Employment Savings Trust (NEST). The baseline report is the first following the Workplace Pension Reforms Evaluation Strategy and aims to describe the landscape before implementation of the reforms. The main report is structured around the eight key evaluation questions outlined in the Strategy. This summary covers: delivery of the reforms and employer awareness; increasing the number of savers; increasing the amount of savings; understanding the wider context; and the long-term impact of the reforms. Subsequent reports monitoring the effects of the reforms will be published on an annual basis during implementation. (RH)

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## **QUALITY OF LIFE**

(See 216/34, 216/36, 216/43, 216/44)

## **RELATIONSHIPS (PERSONAL)**

(See 216/37)

## **RESIDENTIAL AND NURSING HOME CARE**

(See Also 216/6, 216/17, 216/21, 216/42, 216/75, 216/88)

216/97

Choosing among residential options: results of a vignette experiment; by Francis G Caro, Christine Yee, Samantha Levien ... (et al).

Research on Aging, vol 34, no 1, January 2012, pp 3-33.

Older people who experience declining health are often faced with difficult decisions about possible residential relocation. The present study aimed to determine how five distinct dimensions - functional status, features of current housing, social networks, features of retirement communities and financial considerations - affect decisions to relocate to a retirement community. A vignette experiment with a factorial design was conducted involving both older people and adult children who were concerned with an ageing parent. Research participants were influenced by each of the dimensions. However functional status of the vignette participants had the greatest impact and financial considerations the least. Adult children were more likely to recommend moves than were older people themselves. The research is suggestive of the potential for use of vignette experiments for a fuller understanding of relocation decisions. (JL)

ISSN: 01640275 From : <http://roa.sagepub.com/>

216/98

Designing dementia nursing and residential care homes; by Karim Hadjri, Verity Faith, Maria McManus.

Journal of Integrated Care, vol 20, no 5, 2012, pp 322-340.

The design of nursing and residential care homes for people with dementia in Northern Ireland was appraised using the design audit checklist developed by the Dementia Services Development Centre (DSDC). Postal questionnaires based on the DSDC

essential design criteria were sent to facility managers. Questionnaire analysis aimed to establish the level of compliance with these criteria to achieve a dementia-friendly home, and to ascertain whether there are any noticeable differences between nursing homes and residential care homes. The study identified the types of homes that were seen as failing to meet most of the DSDC design criteria, particularly which criteria are not met according to their managers. Results from this sample suggest that nursing homes align better with DSDC criteria than do residential care homes. The study concludes that the majority of managers perceive their care homes to meet more than 50% of the essential criteria, with just over 5% percent below the 50% mark. Given that this study used postal questionnaires, more research is needed to validate results. More attention to dementia-friendly building design needs to be taken into consideration by residential care homes; and more improvement would still be required by nursing homes not meeting all criteria. This study highlights the importance of dementia-friendly building design and the requirements for more care in designing and fitting care environments for people with dementia. (RH)

ISSN: 14769018

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216/99

Perceptions of family and staff on the role of the environment in long-term care homes for people with dementia; by Linda J Garcia, Michele Hébert, Jean Kozak (et al).

International Psychogeriatrics, vol 24, no 5, May 2012, pp 753-765.

Disruptive behaviours are frequently the first predictor of institutionalisation. This Canadian multi-centre study explored families' and staff members' perceptions regarding the potential contribution of environmental factors that influence disruptive behaviours and quality of life of residents with dementia living in long-term care homes. Data were collected using 15 nominal focus groups with 45 family and 59 staff members from eight care units. Groups discussed and created lists of factors that could either reduce disruptive behaviours and facilitate quality of life or encourage disruptive behaviours and impede the quality of life of residents. Then each participant individually selected the nine most important facilitators and obstacles. Themes were identified from the lists of data and operational categories and definitions were developed for independent coding by four researchers. Participants from both family and staff nominal focus groups highlighted facility, staffing, and resident factors to consider when creating optimal environments. Human environments were perceived to be more important than physical environments and flexibility was judged to be essential. Noise was identified as one of the most important factors influencing behaviour and quality of life of residents. Specialized physical design features can be useful for maintaining quality of life and reducing disruptive behaviours, but they are not sufficient. Although they can ease some of the anxieties and set the stage for social interactions, individuals who make up the human environment are just as important in promoting well-being among residents. (RH)

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216/100

Study protocol for a randomized controlled trial of humor therapy in residential care: the Sydney Multisite Intervention of LaughterBosses and ElderClowns (SMILE); by Belinda Goodenough, Lee-Fay Low, Anne-Nicole Casey (et al).

International Psychogeriatrics, vol 24, no 12, December 2012, pp 2037-2044.

Humour therapy is a non-pharmacological intervention with potential to improve mood and quality of life for institutionalised older people, including those with dementia. The Sydney Multisite Intervention of LaughterBosses and ElderClowns (SMILE) is the first large rigorous study of humour therapy in aged care, its primary aim being to examine the effects of humour therapy on residents' mood, quality of life, social engagement, and agitation. SMILE is a single-blinded cluster randomised controlled trial (RCT) where 398 consented residents in 35 residential aged care facilities will be allocated to receive humour therapy or usual care. Residents allocated to the intervention group will engage in humour therapy with professional performers (ElderClowns) and trained facility staff (LaughterBosses) for a minimum of nine two-hour sessions over 12 weeks, as well as engaging humorously with LaughterBosses during the course of daily care. The usual care control group will not engage in any formal humour therapy. Researchers, blind to treatment allocation, will assess residents at baseline (week 0), post-intervention (week 13), and follow-up (week 26). The measurement suite includes the Cornell Scale

for Depression in Dementia, the Dementia Quality of Life Scale, the Multidimensional Observation Scale for Elderly Subjects, the Cohen-Mansfield Agitation Inventory, and the Neuropsychiatric Inventory. Observations of residents' engagement will be recorded at each humour therapy session.

ISSN: 10416102

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## **RESILIENCE**

(See 216/82, 216/107)

## **RETIREMENT**

(See Also 216/70)

216/101

Increased longevity from viewing retirement positively; by Deepak C Lakra, Reuben Ng, Becca R Levy.

Ageing and Society, vol 32, part 8, November 2012, pp 1418-1427.

The purpose of the present study was to examine whether attitudes toward retirement can impact longevity. The cohort consisted of 394 participants who were followed for 23 years. As predicted, participants with positive attitudes toward retirement at the start of the study lived significantly longer than those with negative attitudes toward retirement. The positive attitudes-toward-retirement group had a median survival advantage of 4.9 years. This survival advantage remained after controlling for relevant covariates, including age, functional health, socio-economic status, and whether employed or retired. Findings of the study suggest that psychological planning for retirement is as important as the more traditional forms of planning. (JL)

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## **SEXUALITY**

216/102

Communicating (St)ageism: exploring stereotypes of age and sexuality in the workplace; by Jenny Dixon.

Research on Aging, vol 34, no 6, November 2012, pp 654-669.

Older adults are often plagued with the stereotype that they have outgrown any semblance of sexual identity. This stereotype is prominent in the workplace, as older co-workers are assumed to be past the stage in their lives where sexuality is an aspect of one's identity. This study explored how age was a central factor in describing sexuality in the workplace. More specifically, active interviews unearthed age of organisation members as a prominent rationale for why sexual discussion is prohibited in the workplace. Results indicated a discursive divide separating older workers from their younger counterparts, reifying the notion that older co-workers are largely asexual. (RH)

ISSN: 01640275

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216/103

Open to all?: Meeting the needs of lesbian, gay, bisexual and transgender people nearing the end of life: [DVD]; by National Council for Palliative Care - NCPC; Consortium of Lesbian, Gay, Bisexual and Transgendered Voluntary and Community Organisations; pFlix Films. London: pFlix Films, for the National Council for Palliative Care, 2012, 1 DVD.

This DVD accompanies the 'Open to all?' report on end of life care for lesbian, gay, bisexual and transgender people (LGBT). The film comprises the personal experiences of LGBT people nearing the end of life and those caring for them. It highlights the importance of meeting everyone's end of life needs appropriately and sensitively, whatever their sexual orientation and/or gender identity. (RH)

Price: £5.00 (free to NCPC subscribers)

From : National Council for Palliative Care, The Fitzpatrick Building, 188-194 York Way, London N7 9AS. E-mail: enquiries@ncpc.org.uk Websites: www.ncpc.org.uk and www.pflixfilms.co.uk

- 216/104 Sexuality in institutionalized elderly persons: a systematic review of argument-based ethics literature; by Lieslot Mahieu, Chris Gastmans.  
International Psychogeriatrics, vol 24, no 3, March 2012, pp 346-357.  
Admission to a nursing home might challenge the way in which individuals experience their own sexuality, but it does not automatically diminish their need and desire for sexual fulfillment. Despite the fact that sexuality proves to be an intrinsic part of human existence, the sexual expression of geriatric residents remains a sensitive subject for many caregivers and family members. It evokes a variety of ethical issues and concerns, especially when dementia patients are involved. The overall objective of this review was to examine the ethical arguments and concepts about the debate on sexuality within a nursing home environment. A systematic search was conducted for argument-based ethics literature focusing on sexuality in institutionalised older people. A thematic analysis of the included literature led the authors to distinguish two major groups of ethical arguments, the first being principles of respect for autonomy and the concomitant notion of informed consent. Second, care: arguments related to care were also apparent within the research literature, although they received considerably less attention than the arguments related to the principles of respect for autonomy, beneficence, nonmaleficence and justice.  
The lack of clarity in the conceptualisation of the arguments referred to in the research literature indicates that there is a pressing need for a better defined, more fundamental philosophical-ethical analysis of the values at stake. (RH)  
ISSN: 10416102  
From : [www.journals.cambridge.org/ipg](http://www.journals.cambridge.org/ipg)
- 216/105 Sexuality, aging, and dementia; by Susan Mary Benbow, Derek Beeston.  
International Psychogeriatrics, vol 24, no 7, July 2012, pp 1026-1033.  
Sexuality in later life and its relationship to dementia is a neglected topic:. Greater understanding of the area has the potential to contribute to the quality of life of people with dementia, their family members, and formal carers. The authors undertook a review of the recent literature to examine: what is known about sexuality and ageing, and about attitudes to sexuality and aging; what is known about the relevance of sexuality and aging to people living with dementia and their care; and the management of sexual behaviours causing concern to others.  
Sexual activity decreases in frequency with increasing age, but many older people remain sexually active. There is no age limit to sexual responsiveness; and sexuality is becoming more important to successive cohorts of older people, including people living with dementia and gay, lesbian, bisexual, and transgender older people. Attitudes and beliefs toward sexuality and ageing are strongly influenced by stereotypes and myths, not only among the general public but also among those working in health and social care. The authors recommend that professional bodies should include sexuality, ageing, and dementia in their training curricula. More work is needed on the impact of environmental issues, particularly in group living situations, on older adults' sexuality, and on consent issues. Ethical decision-making frameworks can be useful in practice. Organisations should investigate how to support staff in avoiding a problem-orientated approach and focus on providing holistic person-centred care. (RH)  
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## SOCIAL CARE

(See Also 216/62)

- 216/106 Care trajectories through community and residential aged care services: disease effects; by Rosemary Karmel, Diane Gibson, Phil Anderson (et al).  
Ageing and Society, vol 32, part 8, November 2012, pp 1428-1445.  
Dementia, musculoskeletal conditions and cardiovascular disease affect a high proportion of older Australians, and the prevalence of these conditions increases significantly with age. People with these conditions may need to access a range of care services over time to enable them to remain living in their homes. Many eventually need to move into a nursing home. This paper explores the effect of disease on use of

community care services and nursing homes over time, focusing on people with dementia, cardiovascular disease and musculoskeletal conditions. Care-use transitions are identified using linked administrative client data for a cohort of 33,300 community-living Australians who had an aged care assessment in 2003-04 and who had not previously used aged care services. The different symptoms and courses of diseases meant that the patterns of aged care service use, both in terms of care services accessed and the timing of this access, varied considerably for people with different health conditions. These differences persisted across a range of client characteristics. In particular, people with dementia or cerebrovascular disease as their main health condition were more likely to enter nursing home care than those with heart disease or musculoskeletal conditions. In conclusion, the variation in use of aged care services according to disease group may need to be taken into account in any projections of demand for aged care. Such projections must allow for predictions of disease prevalence, or else they will yield inaccurate predictions of demand for both community and residential care. (JL)

ISSN: 0144686X

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## SPIRITUALITY

216/107

Spiritual resiliency and aging: hope, relationality, and the creative self; by Janet L Ramsey, Rosemary Blieszner. Amityville, NY: Baywood, 2013 (i.e. 2012), 266 pp. This is a follow-up to the authors' previous study of eight spiritually resilient older women, in which the lives of these women are revisited. The transcripts of interviews with these women (four Americans and four Germans) have been re-examined in the light of new interviews with eight older men. The book relates to "the polarities of life" and how these older people "negotiate these polarities creatively". The book is organised in three parts: the hopeful reality of spiritual resilient ageing; the interconnected personhood of spiritually resilient elders; and reflective co-creation and the dynamics of spiritually resilient lives. An appendix explains the research methods used. (RH)

Price: \$59.95

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216/108

Spirituality and self-efficacy in dementia family caregiving: trust in God and in yourself; by J Lopez, R Romero-Moreno, M Marquez-Gonzalez (et al).

International Psychogeriatrics, vol 24, no 12, December 2012, pp 1943-1952.

Research indicates that spirituality and self-efficacy have been associated with higher levels of caregivers' well-being. However, these two concepts have rarely been examined simultaneously. This Spanish cross-sectional study of 122 dementia family caregivers analyses the combined effect of spirituality and self-efficacy on the caregiving stress process. The caregivers were assessed in relation to the following variables: stressors (time since caregiving began, daily hours caring, frequency of behavioural problems, patient's functional status); appraisal (caregiver's appraisal of behavioural problems), caregiver's personal resources (self-efficacy, spiritual meaning, social support), and outcomes (depression and anxiety). Participants were divided into four groups corresponding to four profiles defined by their scores on spiritual meaning and self-efficacy: LEIS = Low self-efficacy and low spirituality; HELS = High self-efficacy and low spirituality; LEHS = Low self-efficacy and high spirituality; and HEHS = High self-efficacy and high spirituality. No differences were found between groups in stressors, appraisal, or personal resources. Caregivers in the HEHS group had significantly less depression compared to the LEHS group. Regression analysis showed that being a HEHS caregiver, low appraisal of behavioural problems and high social support were associated with low caregiver depression. Only high appraisal of behavioural problems was associated with high levels of anxiety. These results suggest that spirituality and self-efficacy had an additive effect on caregivers' well-being. A high sense of spiritual meaning and a high self-efficacy, in combination, was associated with lower levels of depression in caregivers. (RH)

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## **SUICIDE**

(See Also 216/15)

216/109

When elderly people give warning of suicide; by Ildri Kjolseth, Oivind Ekeberg. International Psychogeriatrics, vol 24, no 9, September 2012, pp 1393-1401.

The study has a dual objective. One is to investigate the extent to which, and how and to whom, older people gave warning (according to the definition of the term given by the American Association of Suicidology) prior to suicide. The other is to investigate how these warnings were perceived by the recipients of them, and what reactions the recipients had to the warnings. This is a psychological autopsy study based on qualitative interviews. 63 informants were interviewed about 23 suicides by individuals aged over 65 in Norway. The informants comprised relatives, general practitioners (GPs) and home-based care nurses. In general, the analysis of the interviews follows the systematic text condensation method. The interviews contained four main themes regarding reactions to the warnings: "not taken seriously", "helplessness", "exhaustion" and "acceptance". 14 of the 23 older people gave warning before the suicides occurred. The warnings were given to relatives (11), home-based care nurses (5), and GPs (2). Although more than half of the older people had given warning (most frequently to relatives) before the suicide, the warnings did not initiate preventive measures. Together with passive attitudes, the lack of recognition of both the risk of suicide and the opportunities for treatment prevented possible measures being implemented. The grounds for the reactions as well as how suicide warnings given by elderly people can be taken seriously are discussed. (RH)

ISSN: 10416102

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## **TRANSPORT**

(See Also 216/80)

216/110

Transportation behaviours of older adults: an investigation into car dependency in urban Australia; by Laurie Buys, Stephen Snow, Kimberley van Megen (et al). Australasian Journal on Ageing, vol 31, no 3, September 2012, pp 181-186.

Increased car dependency among Australia's ageing population may result in increased social isolation and older health impacts associated with the cessation of driving. While public transport represents an alternative to car usage, patronage remains low among older cohorts. This study investigates the facilitators and barriers to public transport patronage and the nature of car dependency among older Australians. Data were gathered from a sample of 24 adults (mean age 70 years) in southern Queensland through a combination of quantitative (remote behavioural observation) and qualitative (interviews) investigation. Findings suggest that relative convenience, affordability and health / mobility may dictate transport mode choices. The car is considered more convenient for the majority of suburban trips, irrespective of the availability of public transport. Policy attention should focus on providing better education and information regarding driving cessation and addressing older age-specific social aspects of public transport, including health and mobility issues. (RH)

ISSN: 14406381

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## **VOLUNTEERING**

216/111

How the lifecycle hypothesis explains volunteering during retirement; by Arie Sherman, Tal Shavit.

Ageing and Society, vol 32, part 8, November 2012, pp 1360-1381.

In this article the authors suggest two supplements to a lifecycle model in order to explain why people who have retired from paid work choose either to start volunteering or increase the amount of time they devote to volunteer work. First, total consumption consists of both the material and immaterial products of work. While people can save their income in order to maintain an even level of material consumption, they are unable to save a portion of the immaterial product. Second, at

the statutory retirement age people retire only from paid work. It is argued that older people substitute paid work for volunteering due to their inherent need to maintain immaterial consumption during retirement. (JL)

ISSN: 0144686X

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## **WELL-BEING**

216/112

Preparing for an ageing society: evaluating the Ageing Well programme Parts 1 and 2; by Victoria Harkness, Daniel Cameron, Jerry Latter (et al), Department for Work and Pensions - DWP; Ipsos MORI. London: Department for Work and Pensions, 2012, 4 pp (Department for Work and Pensions Research summary).

The Ageing Well programme (July 2010 to March 2012) was designed to provide sector-led support to assist local authorities in England to meet the challenges associated with an ageing population. The programme was delivered by the Local Government Association (LGA; previously Local Government Improvement and Development, and before that the Improvement and Development Agency, IDeA), and was funded by the Department for Work and Pensions (DWP). LGA and DWP commissioned Ipsos MORI to carry out an ongoing evaluation of the programme in May 2010. This Research summary outlines the findings of Department for Work and Pensions Research report 807 (90 pp; ISBN 9781908523853). It comments on the tailored support employed to deliver the programme, "which was designed with the needs of individual authorities in mind". Most criticised was the short timeframe, which made it difficult to assess the programme's true impact. Despite this, participating authorities did feel that there would be some lasting legacy, for example, taking issues of ageing more seriously. (RH)

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