

# New Literature on Old Age

EDITOR

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## ABUSE, SAFEGUARDING AND PROTECTION

- 217/1 Adult protection and effective action in tackling violence and hostility against disabled people: some tensions and challenges; by Chih Hoong Sin, Annie Hedges, Chloe Cook (et al).  
Journal of Adult Protection, vol 13, no 2, 2011, pp 63-74.  
This paper aims to discuss the sensible management of risk for disabled people, which can turn into disproportionate steps to attempt to completely eliminate risk, leading to diminished opportunities across life. Instincts to protect are heightened in the context of disabled people as potential victims of targeted violence and hostility. Individual-, organisational- and systemic-level responses can often be orientated towards protection and/or the minimisation of risk rather than towards providing access to justice and effective redress. The paper draws on evidence generated through a literature review, interviews with disabled people and interviews with representatives from a number of key organisations. For many disabled people, incidents can be persistent and ongoing. Common responses by disabled victims include avoidance and/or acceptance strategies. They are also advised by those around them and by agency staff they come in contact with to ignore perpetrators or to avoid putting themselves at risk. Criminal justice agencies may be more concerned about a victim's disability than about taking action to provide access to justice and effective redress. The protectionistic approach underpinning much of policy, legislation and guidance can be at odds with the positive promotion of disability equality. The paper examines the need to move away from a protectionist paradigm to a rights-based paradigm. It calls for a more inclusive approach where disabled people are involved meaningfully in the process of risk management and in other decisions around combating targeted violence and hostility against them. (RH)  
ISSN: 14668203 From : [www.emeraldinsight.com](http://www.emeraldinsight.com)
- 217/2 Adult safeguarding: early messages from peer reviews; by Richard Humphries.  
Journal of Adult Protection, vol 13, no 2, 2011, pp 89-99.  
This report summarises the main conclusions from the pilot reviews and key learning points to assist the improvement of safeguarding policy and practice. Local Government Improvement and Development carried out a pilot programme of peer reviews of adult safeguarding arrangements in four English local authorities in 2009-2010. The pilot programme sought to customise, test and adapt this established peer review methodology to adult safeguarding. Key messages from these peer reviews include: outcomes and experience of people who use services; leadership, strategy and commissioning; service delivery, effective practice and performance and resource management; and working together. Councils may need to revisit how they develop their safeguarding arrangements in the light of major policy, financial and demographic shifts over the next few years. (RH)  
ISSN: 14668203  
From : [www.emeraldinsight.com](http://www.emeraldinsight.com)
- 217/3 The effectiveness of educational programs to improve recognition and reporting of elder abuse and neglect: a systematic review of the literature; by Kim L Alt, Annie L Nguyen, Linda N Meurer.  
Journal of Elder Abuse & Neglect, vol 23, no 3, July-September 2011, pp 213-233.  
The first methodological estimate of elder abuse and neglect, conducted in the United States in 1996, found that nearly 550,000 adults over 60 experienced some form of abuse. This figure is believed to be rising. However health professionals lack adequate protocols or knowledge to detect, manage and prevent elder abuse. This review evaluates existing literature on the effectiveness of educational interventions to improve health professionals' recognition and reporting of elder abuse and neglect. 14 articles described 22 programmes ranging from short didactics to experiential learning and targeted a variety of health and social service audiences. Most evaluations were limited to satisfaction measures. These programmes may result in increased awareness, collaboration and improved case finding. However using the published literature to guide new programme planning is constrained by lack of details and limited evaluations. The authors conclude that published literature should be expanded upon and used as a basis to developing new curricula in health education programmes. (JL)  
ISSN: 08946566 From : <http://www.tandfonline.com/loi/wean20>

- 217/4 Elder abuse research: a systematic review; by Jeanette M Daly, Mary L Merchant, Gerald J Jogerst.  
Journal of Elder Abuse & Neglect, vol 23, no 4, October-December 2011, pp 348-365. Elder abuse has been defined as emotional, nutritional or physical maltreatment of an older person, generally by family members or by social care workers. The purpose of this study was to provide a systematic review of, and assign an evidence grade to, research articles on elder abuse. A review of health sciences literature including electronic database searches was used to identify English language articles reporting completed research on abuse of people aged 55 years or older from any country. 590 publications were reviewed, annotated and graded. The article discusses the key findings, scope and limitations of elder abuse research. It notes that elder abuse research is minimal and difficult to discern across disciplines, and that none of the publications identified was given the top grade. A table providing details of 14 research intervention studies is included, and the article reports that the 590 annotated publications are available online at the Department of Family Medicine, Carver College of Medicine University of Iowa website at <http://www.medicine.uiowa.edu/familymedicine/>. (JL)  
ISSN: 08946566  
From : <http://www.tandfonline.com/loi/wean20>
- 217/5 The four situations: a framework for responding to concerns of adult abuse or neglect; by Ruth Ingram.  
Journal of Adult Protection, vol 13, no 2, 2011, pp 75-86.  
This paper aims to present a simple conceptual framework, outlining four pathways for guiding multi-agency involvement in different situations of adult abuse. The essential elements of best practice for each pathway are described. The "four situations" is a framework that, together with the seven-stage safeguarding adults pathway, has been evidenced through practice to provide a conceptual tool on which to base multi-agency activity in response to a large variety of concerns about safeguarding adults. The four situations framework creates a straightforward template that provides guidance to all concerned as to which organisations will be involved in the steps of developing the safeguarding pathways and what their roles and responsibilities will be. (RH)  
ISSN: 14668203  
From : [www.emeraldinsight.com](http://www.emeraldinsight.com)
- 217/6 Health care and adult safeguarding: an audit informing the relationship of the UK vetting and barring scheme with the NHS; by Lynne Phair, Jill Manthorpe.  
Journal of Adult Protection, vol 13, no 5, 2011, pp 251-258.  
The authors report on an audit undertaken in 2010 to support implementation of the Independent Safeguarding Authority (ISA) processes by National Health Service (NHS) Trusts. The ISA was set up under the Safeguarding Vulnerable Groups Act 2006 (SVGA). Concern has been expressed that some NHS employers are not familiar with their new obligations to consider making referrals to the ISA. The audit was designed to provide an estimate of possible NHS referrals to the enhanced vetting and barring scheme run by the ISA in England and Wales. It also explored two self-selected NHS Trusts' potential decision-making and referrals to the ISA following disciplinary action or adverse events. The two participating Trusts engaged in a detailed review of incidents and their relationship to harm as defined by the 2006 Act. The simple number of how many incidents have been reported to the ISA by an NHS Trust will not equate to the number of cases of individual patients being harmed or the number of events that have placed them at risk of harm. There are considerable differences in how reporting an incident is viewed, managed and dealt with among NHS Trusts. Following this audit, the best estimate of the number of potential NHS referrals from England, Wales and Northern Ireland to the ISA over one year is about 712. While the information from this small audit has not been examined in detail, the results suggest a need for further work on what is most helpful in making the differential decisions about the type of harm that has occurred from an incident. NHS Trusts may need to assure themselves that their duties under the SVGA are fully understood and implemented. (RH)  
ISSN: 14668203  
From : [www.emeraldinsight.com](http://www.emeraldinsight.com)

- 217/7 Reforming the legal framework for adult safeguarding: the Law Commission's final recommendations on adult social care; by Tim Spencer-Lane.  
Journal of Adult Protection, vol 13, no 5, 2011, pp 275-284.  
The author outlines the Law Commission's final recommendations for the reform of adult social care. He discusses each of the Law Commission's recommendations for a new legal framework for adult safeguarding in England and Wales, and contrasts them with the proposals put forward at the consultation phase of the review. He argues that a single legal framework for adult social care, including adult safeguarding, will have substantial benefits in terms of legal clarity, consistency and efficiency. In order to that their entitlements are fully understood, it is important for older and disabled people and their carers to have a clear and single legal framework, and likewise for local authorities and partnership agencies (such as the NHS and the police) fully understand their responsibilities. (RH)  
ISSN: 14668203  
From : [www.emeraldinsight.com](http://www.emeraldinsight.com)
- 217/8 Safeguarding adults at risk in the NHS through inter-agency working; by Simon Williams.  
Journal of Adult Protection, vol 13, no 2, 2011, pp 100-113.  
Professional practice in safeguarding vulnerable adults is appraised, by examining the mechanisms in place. The author discusses how future policy will affect multi-agency working in this field. He examines recent consultations, policy development, inspectorate reports and legal guidance surrounding the issue of safeguarding adults in England and Wales, and suggests ways in which inter-agency working can be strengthened. Safeguarding systems need to be timely, rigorous and transparent to increase levels of public confidence and to ensure that the people who are at most risk of being abused are safe when accessing public services. The concept of safeguarding adults is increasingly being integrated into government policy: there are many successful examples of safeguarding partnership working in England and Wales. However, there are also substantial barriers that hinder organisations from working together effectively, such as different cultures, practices and ideologies. The paper explores the fact that there needs to be clarification of roles and responsibilities and integration of processes, and acceptance of true multi-agency working. There is a danger that instead of providing extra protection for adults at risk, multiple routes will result in a lack of co-ordination. (RH)  
ISSN: 14668203 From : [www.emeraldinsight.com](http://www.emeraldinsight.com)
- 217/9 A study of adult protection referrals in two local authorities: an overview of findings for managers and practitioners; by Paul Cambridge, Jim Mansell, Julie Beadle-Brown (et al).  
Journal of Adult Protection, vol 13, no 5, 2011, pp 238-250.  
Key findings are presented from a study of adult protection referrals collected by two English local authorities from 1998 until 2005. Referrals were analysed for patterns relating to risk with client level data supplemented by information from local authority databases and from the Care Quality Commission (CQC). The analysis also examined associations between adult protection processes and outcomes, and looked at how adult protection monitoring data could be improved to better inform safeguarding management and practices at local and national levels. Sexual abuse was most frequently reported for people with intellectual disabilities who were also at higher risk of abuse when living out of area. Older people were most at risk of financial abuse in community settings and of neglect in residential care. The study identifies patterns of risk of abuse of older people and those with intellectual disabilities, and informs preventative interventions. It also indicates priorities for improving the quality and compatibility of adult protection monitoring data. (RH)  
ISSN: 14668203  
From : [www.emeraldinsight.com](http://www.emeraldinsight.com)
- 217/10 Training, knowledge and confidence in safeguarding adults: results from a postal survey of the health and social care sector in a single county; by Lindsey Pike, Tony Gilbert, Corinne Leverton (et al).  
Journal of Adult Protection, vol 13, no 5, 2011, pp 259-274.  
Following the first major multi-agency UK survey of its kind, this paper aims to clarify the relationship between safeguarding adults training, staff knowledge and confidence. The survey analysed 647 responses from a cross-sectional postal sample survey of the health

and social care sector in Cornwall. Differences in knowledge and confidence around safeguarding were observed between staff groups and agencies. Training contributed to around a 20 per cent increase in knowledge; a ceiling effect was noted. Confidence linked knowledge and action: staff who were more confident offered more sophisticated responses regarding improving safeguarding processes. A low response rate (17%) and the specific context limit generalisability. Knowledge and confidence measures were simplistic. Further research is needed on the mechanism of action by which safeguarding adults training is effective. Safeguarding adults training and a targeted approach to the analysis of learning needs should be debated in the context of training transfer. Training should be evaluated to ascertain its effectiveness. This research was undertaken as part of a Knowledge Transfer Partnership project between the University of Plymouth and Cornwall Council, which ended in June 2010. (RH)  
ISSN: 14668203 From : [www.emeraldinsight.com](http://www.emeraldinsight.com)

### **AGEING (GENERAL)**

- 217/11 Improving later life: understanding the oldest old; by Age UK.: Age UK, [2013], 90 pp. Reports research into the health and welfare needs of the oldest old \_ i.e. people aged 85 and over \_ in Britain today, arguing that this population are increasing in number and vary widely in terms of demography, social and health characteristics. After showing the need to overcome ageism and other preconceptions about the oldest old, the authors explore ways of enhancing the quality of life in this population. In particular they highlight some key messages under the following headings: ignoring age and looking at the whole person, understanding the importance of social relationships, focusing of social care outcomes, use of the six senses, listening to the oldest old, loneliness is not inevitable, the need for care homes, maintaining personhood, treating depression, allowing for other hard thinking, helping people with dementia, the importance of exercise, maintaining vision, the importance of oral health and nutrition, sleep management, managing multiple health issues, minimising age as a barrier to health services, planning for better hospital care, managing incontinence, digital inclusion and prevention of elder abuse. (JL)  
From: <http://www.ageuk.org.uk/Documents/EN-GB/For-professionals/Research/Improving%20Later%20Life%202%20WEB.pdf?dtrk=true>
- 217/12 Older people in the UK: under attack from all directions; by Martin McKee, David Stuckler.: Oxford University Press.  
Age and Ageing, vol 42, no 1, January 2013, pp 11-13.  
Older people in the UK are facing threats on four fronts: there is a crisis of social care and no prospect of resolution; pensions are inadequate; tax changes are creating greater hardship; and universal benefits are under threat. (JL)  
ISSN: 00020729  
From : <http://ageing.oxfordjournals.org/>  
<http://www.bgs.org.uk/>

### **AGEISM AND AGE DISCRIMINATION**

- 217/13 Getting to know you: using documentary video-making to challenge ageist stereotypes; by Terry Lee.  
Gerontology & Geriatrics Education, vol 33, no 3, July-September 2012, pp 272-286.  
The article theorises that augmenting traditional humanities course work with documentary video-making can enhance and motivate learning. The author begins by reviewing scholarly research on using digital video in classrooms, from primary school level to college. The author then describes his own documentary video project which focused on ageing and the lives of older people in an adult daycare centre and a retirement community. Students documented older people's stories in video over 15 weeks. The instructor's goal was to use the immediacy of video to challenge and dismantle ageist stereotypes. The writer concludes that documentary video-making is a simple and enticing technology that gives students a powerful tool for getting to know older people. Scholarship on classroom uses of digital video-making is discussed and critical comments from the five reflective essays students wrote during the semester are used to track changes in student perceptions of older people. (JL).  
ISSN: 02701960 From : <http://www.tandfonline.com/loi/wgge20>



## ALTERNATIVE THERAPIES

- 217/14 A pilot study of the effects of meditation on regional brain metabolism in distressed dementia caregivers; by Kelsey L Pomykala, Daniel H S Silverman, Cheri L Geist ... (et al).  
Aging Health, vol 8, no 5, October 2012, pp 509-516.  
Caregiver distress can affect mood and cognition, however meditation can be used to reduce stress. This pilot study explored whether yogic meditation could change regional cerebral metabolism in distressed caregivers. Nine dementia caregivers were randomised to undergo meditation training compared with relaxation for 12 minutes per day for eight weeks. Caregivers received neuropsychiatric assessments and brain FDG-PET scans at baseline and postintervention. Results showed that the groups did not differ on measures of mood, mental and physical health, and burden at baseline and follow-up. When comparing the regional cerebral metabolism between groups, significant differences over time were found in the bilateral cerebellum, right inferior lateral anterior temporal, right inferior frontal, left superior frontal, left associative visual and right posterior cingulate cortices. The authors conclude that meditation practice in distressed caregivers results in different patterns of regional cerebral metabolism from relaxation. These pilot results should be replicated in a larger study. (JL)  
ISSN: 1745509X  
From : <http://www.futuremedicine.com/loi/ahe>

- 217/15 A pilot study of yogic meditation for family dementia caregivers with depressive symptoms: effects on mental health, cognition, and telomerase activity; by H Lavretsky, E S Epel, P Saddarth ... (et al): Wiley-Blackwell.  
International Journal of Geriatric Psychiatry, vol 28, no 1, January 2013, pp 57-65.  
This study examined the effects of brief daily yogic meditation on mental health, cognitive functioning and immune cell telomerase activity in family dementia caregivers with mild depressive symptoms. 39 family dementia caregivers (mean age 60.3 years old) were randomised to practising Kirtan Kriya or listening to relaxation music for 12 minutes per day for eight weeks. The severity of depressive symptoms, mental and cognitive functioning were assessed at baseline and follow-up. Telomerase activity in peripheral blood mononuclear cells (PMBC) was examined in peripheral PMBC pre-intervention and post-intervention. Study results showed that the meditation group showed significantly lower levels of depressive symptoms and greater improvement in mental health and cognitive functioning compared with the relaxation group. In the meditation group, 65.2% showed 50% improvement on the Hamilton Depression Rating scale and 52% of the participants showed 50% improvement on the Mental Health Composite Summary score of the Short Form-36 scale compared with 31.2% and 19%, respectively, in the relaxation group. The meditation group showed 43% improvement in telomerase activity compared with 3.7% in the relaxation group. This pilot study found that brief daily meditation practices by family dementia caregivers can lead to improved mental and cognitive functioning and lower levels of depressive symptoms. This improvement is accompanied by an increase in telomerase activity suggesting improvement in stress-induced cellular ageing. These results need to be confirmed in a larger sample. (JL)  
ISSN: 08856230  
From : [www.orangejournal.org](http://www.orangejournal.org)

## ANXIETY

(See Also 217/86)

- 217/16 Who worries most?: worry prevalence and patterns across the lifespan; by Daniela C Goncalves, Gerard J Byrne.: Wiley-Blackwell.  
International Journal of Geriatric Psychiatry, vol 28, no 1, January 2013, pp 41-49.  
The purpose of this study was to examine the age-related worry patterns in a population-based sample of self-reported worriers. A sample of participants was extracted from the National Survey of Mental Health and Well-Being, a multistage stratified epidemiological survey of mental health conducted in Australia in 2007. Participants were surveyed using the Composite International Diagnostic Interview. All 3,735 participants who reported a period of pervasive worry were included in this study. Their ages ranged

from 16-85 years of age, and 61% were female. Study results showed that compared with younger adults, older adults reported fewer worries and a lower likelihood of worrying about interpersonal relations, health, work and miscellaneous topics, but a higher likelihood of worrying about the health and welfare of loved ones after adjusting for socio-demographic and clinical factors. Similar patterns were seen in older persons with and without a lifetime history of generalised anxiety disorder as diagnosed by the Diagnostic and Statistical Manual of Mental Disorders. The findings indicated an overall decrease in worry count with advancing age, as well as a developmental distribution of worry content, and a quantitative but not qualitative distinction between normal and pathological worriers. Overall these findings might contribute to the understanding of worry processes and the phenomenology of generalised anxiety disorder in older cohorts. (JL)

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## **ARTS AND MUSIC**

(See 217/27)

## **ASSESSMENT**

(See 217/33)

## **ASSISTIVE TECHNOLOGY**

217/17 Telehealth care: essential information for health and social care professionals and carers [DVD]; by Tunstall Healthcare (UK) Ltd. v.2 Whitley Bridge, Yorkshire: Tunstall Healthcare (UK) Ltd, [2008], DVD.

Telehealthcare combines the best of telecare and telehealth technology to effectively and economically deliver care services in people's homes, using solutions that can manage the risks associated with independent living. Tunstall has developed this DVD as a training and education tool for health, housing and social care professionals and those involved in providing care and support in the community. The DVD includes: an introduction by John Ransford, deputy chief executive of the Local Government Association (LGA); an interview with Sunderland City Council; a tour of a home outlining telehealthcare in the home; also, installation tutorials and case studies. (RH)

From : Tunstall Healthcare (UK) Ltd, Whitley Lodge, Whitley Bridge, Yorkshire DN14 0HR. [enquiries@tunstall.co.uk](mailto:enquiries@tunstall.co.uk)

## **ATTITUDES TO AGEING**

217/18 Over the hill: promoting positive attitudes towards older people; by Southwark Pensioners Centre. London: Southwark Pensioners Centre, [2013], 19 pp.

'Over the Hill' is a Southwark Pensioners Centre project, in which a team of older volunteers has contributed to the development of workshop sessions, challenging ageism and promoting positive attitudes to older people. This guide has been compiled by people involved in the project. It suggests ideas for discussion, and lists things that the workshop participants consider as key in promoting positive attitudes to older people. (RH)

From : Southwark Pensioners Centre, 305-307 Camberwell Road, London SE5 0HQ. E-mail: [mail@southwarkpensioners.org.uk](mailto:mail@southwarkpensioners.org.uk)

## **BEREAVEMENT**

(See Also 217/20)

217/19 Spousal bereavement as a triggering mechanism for a loss of residential independence among Canadian seniors; by Lisa Strohschein.

Research on Aging, vol 33, no 5, September 2011, pp 576-597.

It is well known that unmarried seniors are more likely to experience instability in their living arrangements compared with their married counterparts, however few studies have tested whether spousal bereavement alone operates as a triggering mechanism for a subsequent loss of residential independence. The purpose of this study was to investigate

whether Canadian seniors are at greater risk for institutionalisation or sharing a residence with others in the period immediately following spousal bereavement and whether this risk declines as acute responses to the crisis of bereavement become tempered with time. Data came from six waves of the Canadian National Population Health Survey (1994-2004), with the sample restricted to married or cohabiting adults who, at initial interview, were 65 years of age or older and living in a couple-only household. Results from a competing risks analysis for time to first event, where first event was either moving into an institution or sharing a residence with others, confirm the time-dependent consequences of spousal bereavement. Relative to seniors whose spouse was still living 10 years later, respondents who experienced the death of a spouse or partner between 1994 and 2004 were at significantly greater risk for both institutionalisation and coresidence in the period immediately following bereavement, with risk attenuating over time. (JL)

ISSN: 01640275

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

## **CARERS AND CARING**

217/20

Grief reactions in dementia carers: a systematic review; by Diana Chan, Gill Livingston, Louise Jones, Elizabeth L Sampson.: Wiley-Blackwell.

International Journal of Geriatric Psychiatry, vol 28, no 1, January 2013, pp 1-17.

Supporting dementia carers is an identified target of the UK government, yet little is known about such family carers' grief before and after the death of the person with dementia for whom they care. In this article the authors carried out a systematic review of the existing literature on characteristics, prevalence, predictors and associations of grief in dementia carers before and after death. 31 publications were found that met predetermined criteria. These showed that grief in dementia carers, which may be normal or complicated, is a complex reaction to losses occurring before and after death. Carers experience anticipatory grief as multiple losses for themselves (companionship, personal freedom and control) and the person with dementia. Anticipation and ambiguity about the future, anger, frustration and guilt are core features. Anticipatory grief is greatest in moderate to severe stage dementia and spouse carers, especially when the person with dementia is institutionalised. There was poor quality evidence about the prevalence of grief: studies reported anticipatory grief between 47% and 71%, and complicated grief after death is estimated around 20%. Carer depression increases with anticipatory grief. Being a spouse carer and being depressed are the strongest predictors of complicated and normal grief after death. Grief in dementia carers can be expected. However those at risk of distressing anticipatory and complicated grief may be identified and targeted for intervention when necessary. Higher quality research from a wider range of samples and countries is needed to explore this complex and emergent topic. (JL)

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## **CENTENARIANS**

(See 217/72)

## **CRIME**

(See 217/87)

## **DEMENTIA**

(See Also 217/14, 217/15, 217/20, 217/55, 217/84, 217/91)

217/21

Advance care planning for people with dementia: a review; by Karen Harrison Denning, Louise Jones, Elizabeth L Sampson.

International Psychogeriatrics, vol 23, no 10, December 2011, pp 1535-1551.

Few people with dementia have made advance plans for their health care. Advance care planning (ACP) is a process of discussion between an individual and their care providers that takes account of wishes and preferences for future care. The authors aimed to examine the facilitators and inhibitors to ACP in people with dementia. They also aimed

to identify key themes in the literature and to critically review the methodologies used. They conducted a systematic search of English language databases including PubMed, CINAHL, AMED, PsychINFO, EMBASE and BNI. They included empirical studies which reported the characteristics of the patient population, the type of advance care planning used and the study setting, and which involved people with dementia, family members or professional carers. 17 studies were identified (11 quantitative methods, one qualitative and five mixed methods). One ACP intervention which changed outcomes for people with dementia was found. Four key themes were identified. First, there is a point at which cognition decreases critically so that an advanced care plan can no longer be made. Second, factors present in family carers and professionals can influence decision-making and the ACP process. Third, ACPs are affected by preferences for life sustaining treatments; ACP in dementia may differ from other illness groups. Lastly, there is a need for education relating to ACP. The current evidence base for ACP in dementia is limited. Since UK government policy recommends that all people should engage in ACP, more evidence is needed to understand the feasibility and acceptability of advanced care plans for people with dementia. (RH)

ISSN: 10416102

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

217/22 Dementia: a journey of trust; by Marion Salvoni.: Institute of Ageing and Health, West Midlands.

Ageing & Health, no 18, 2012, pp 37-40.

Although trust is a word that is used in everyday language, it is also to be found in the professional codes of practice that underpin the care given to an individual in any health or social care environment. For care workers, trust is about the therapeutic relationship which demonstrates compassion, dignity, and respect for a person needing care. The author considers the "journey of trust" from the perspectives of the person living with dementia, the nurses and carers on whom that person becomes more dependent during the "losing phases", and the family who are also reliant on trust. (RH)

ISSN: 13649752

From : [www.iah-wmids.org.uk](http://www.iah-wmids.org.uk)

217/23 Dementia care: why it's essential to ensure a safe home environment; by Jennifer Roberts. Homecarer, September 2012, pp 12-13.

This article looks at the importance of a safe home environment for people living with dementia and offers some practical tips for staff who care for them. These tips include the importance of good lighting, appropriate use of colour and design, minimising background noise and repositioning or removing mirrors. (JL)

From : <http://www.ukhca.co.uk/homecarer.aspx?1=1>

217/24 Genetic and environmental factors in late onset dementia: possible role for early parental death; by Lawrence J Whalley, Roger T Staff, Alison D Murray ... (et al): Wiley-Blackwell.

International Journal of Geriatric Psychiatry, vol 28, no 1, January 2013, pp 75-81.

This study aimed to investigate three reports of a possible role of early parental death in late onset dementia. The authors tested a multivariate model of risk factors for late onset dementia that included established (female sex, a family history of dementia) and putative influences (vascular risk factors, years of full-time education, parental ages at death, and childhood IQ) on dementia risk. They examined contributions of early life and late life risk factors for dementia by using childhood social and family data and blood samples obtained at interview at age 78 years. In 1997-1999 281 subjects without dementia were recruited from a 1932 Scottish IQ survey of children born in 1921 who were later followed up in 2010 (at age 88). Binary logistic regression and Bayesian structural equation modelling were used to model dementia risk. Results showed that dementia risk was associated with increasing age from 77 to 88 years, female sex, death of either parent before age 11 and APOE e-4 genotype. A family history of dementia, childhood IQ, years of education and vascular risk factors did not contribute to the model. Multivariate models of the possible causes of late onset dementia confirm previous associations of dementia with female sex and APOE e-4 genotype and support earlier reports of a role for early parental death. (JL)

ISSN: 08856230

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

- 217/25 The role of family caregivers and inappropriate medication use in the community-dwelling older adults with dementia; by Helen Lavretsky.  
Aging Health, vol 8, no 5, October 2012, pp 457-460.  
The risk of potentially inappropriate medication (PIM), both prescription and over-the-counter use, in dementia patients is high. Furthermore informal caregivers often facilitate patients' use of such medications. The aim of this study was to examine PIM use in dementia patients and caregivers, and identify caregiver risk factors for PIM use in dementia patients. The authors conducted a secondary data analysis of the baseline wave of the Resources for Enhancing Alzheimer's Caregiver's Health study. The sample comprised 566 persons with dementia aged 65 years and older and their co-residing family caregiver. PIM was defined using the 2003 Beers criteria and was examined in both dementia patients and their caregivers. Caregiver and patient risk factors included a range of sociodemographic and health variables. In dementia patients, 33% were taking at least one PIM and 39% of their caregivers were also taking a PIM. In fully adjusted models, the following caregiver factors were associated with an increased risk of dementia patient PIM use: caregiver's own PIM use, spouse caregivers, Hispanic caregivers and greater number of years that the caregiver had lived in the USA. Increased caregiver age was associated with a decreased risk of PIM use in patients. PIM use may be higher in dementia patients and their informal caregivers compared with the general older adult population. Furthermore patterns of medication use in one member of the dyad may influence PIM risk in the other dyad member. These results suggest that interventions to increase appropriate medication use in dementia patients and their caregivers should target both members of the dyad and target over-the-counter agents along with prescription medications. (JL)  
ISSN: 1745509X  
From : <http://www.futuremedicine.com/loi/ahc>
- 217/26 Six for lunch: a dining option for residents with dementia in a special care unit; by Emily Roberts.  
Journal of Housing for the Elderly, vol 25, no 4, October-December 2011, pp 352-379.  
Recent research has focused on the design of special care units for residents with dementia, often identifying the social benefits of residentially scaled kitchen and dining areas. This qualitative case study examines how the environmental design features of two dining settings in one special care unit impacted residents' patterns of socialisation and interaction at meal times. The first setting was a central dining room for 50 to 60 residents. The second setting was a small office with a residentially scaled kitchen where the activity director invited six residents for lunch once a week. Within an ecological theoretical framework the study findings reveal that while mealtimes in both settings were highly anticipated, it was the complex relational ties between the operational, managerial and environmental features of the settings which determined residents' social interaction and satisfaction with their mealtime experiences. (JL)  
ISSN: 02763893  
From : <http://www.tandfonline.com/toc/wjhe20/current>
- 217/27 Use of the arts in dementia care; by Bernie Keenan.: Institute of Ageing and Health, West Midlands.  
Ageing & Health, no 18, 2012, pp 31-34.  
Discussion encompasses the use of art in activities and in arts therapies. The opportunities that the arts hold to meet the needs identified by Tom Kitwood (in 'Dementia reconsidered: the person comes first', 1997) in terms of belonging, attachment, occupation, recognition, identity and love are discussed. Examples of interventions are given, with particular reference to application in the acute general hospital environment. Challenges to the use of these interventions are identified in the lack of evidence as to the effectiveness of various forms of intervention, and in the ideological perspectives of those coordinating the activities. (RH)  
ISSN: 13649752  
From : [www.iah-wmids.org.uk](http://www.iah-wmids.org.uk)

## DEMOGRAPHY AND THE DEMOGRAPHICS OF AGEING

- 217/28 Life expectancy at birth and at age 65 by local areas in the United Kingdom, 2004-06 to 2008-10; by Office for National Statistics - ONS.  
Population Trends, no 146, Winter 2011, pp 10-29.  
This bulletin presents male and female period life expectancy at birth and at age 65 in the UK, constituent countries, regions, counties and local areas. New figures are presented for 2008-10 with previously released figures for 2004-06 to 2007-09 for comparison purposes. The tables included show life expectancies for UK countries and regions in England, local areas with the highest and lowest life expectancies, and the life expectancies for all local areas in rank order. Information is also given about the context, calculation and interpretation of life expectancy figures. Glasgow City had the lowest life expectancy at birth: in 2008-10 it was 71.6 years for men, 13.5 years lower than in Kensington and Chelsea, and 78.0 years for females, 11.8 years lower than in Kensington and Chelsea, the locality with the highest life expectancy. (RH)  
ISSN: 03074463  
From : <http://www.statistics.gov.uk>

- 217/29 Mortality of the "golden generation": what can the ONS Longitudinal Study tell us?; by Shayla Goldring, Nigel Henretty, Julie Mills (et al).  
Population Trends, no 145, Autumn 2011, pp 199-228.  
It is well documented that the generation born around 1930 are consistently exhibiting higher rates of mortality improvement than the generation either side of them. There is currently no evidence that these differentials are declining. In current ONS Population Projections, it is assumed that these cohorts will continue to experience higher rates of improvement. However, it is not yet precisely clear why this is so. This article details preliminary research carried out using the ONS Longitudinal Study to try to understand better why the members of the generation born around 1930 have been enjoying higher rates of mortality improvement throughout their adult life. (RH)  
ISSN: 03074463  
From : <http://www.statistics.gov.uk>

## DEPRESSION

(See 217/15)

## DIET AND NUTRITION

- 217/30 Adult macronutrient intake and physical capability in the MRC National Survey of Health and Development; by U Zeinab Mulla, Rachel Cooper, Gita D Mishra ... (et al): Oxford University Press.  
Age and Ageing, vol 42, no 1, January 2013, pp 81-87.  
Poor physical capability is associated with higher subsequent risk of disability and mortality in older people. Energy and macronutrient intakes may play a role in the maintenance of physical capability. This analysis aimed to examine the role of intakes of energy and the macronutrients, protein, carbohydrate and fat in early and mid-adulthood on objective measures of physical capability in later adulthood in the MRC National Survey of Health and Development (1946 British birth cohort). In the present study adult diet was assessed by a five-day diary at 36 years (1982) and 43 years (1989). Physical capability was assessed at 53 years. Objective measures were height, weight and three measures of physical capability: grip strength, standing balance time and chair rises. Using multiple linear regression analysis, modest positive associations were found between energy intake at 36 and 43 years and grip strength at 53 years. Results for macronutrients were mixed although there was some indication of relationships of protein intake with grip strength and standing balance time. The authors conclude that higher energy intake in midlife may play a role in the prevention of muscle weakness in later life. Higher protein intakes may also be related to physical capability but further research is needed. (JL)  
ISSN: 00020729  
From : <http://ageing.oxfordjournals.org/>  
<http://www.bgs.org.uk/>

## DIGNITY

- 217/31 Policy factors underpinning the Welsh Dignity in Care Programme, 2007-2012; by Gareth Morgan.  
Eurohealth, vol 18, no 3, 2012, pp 28-31.  
Dignity in care is one of the key themes of the National Service Framework for Older People in Wales (NSF). In the Welsh NSF, dignity relates to issues such as person-centred approaches to care and holistic care based on individual needs. The Welsh Dignity in Care Programme was launched on 1 October 2007. This paper offers a summary of the programme and evaluates the implementation against six evidence-based policy factors. (RH)  
ISSN: 13561030  
From : [www.euro.who.int/en/who-we-are/partners/observatory/eurohealth](http://www.euro.who.int/en/who-we-are/partners/observatory/eurohealth)
- 217/32 Right place - wrong person: dignity in the acute care of older people; by Win Tadd, Alex Hillman, Sian Calnan (et al).  
Quality in Ageing and Older Adults, vol 12, issue 1, March 2012, pp 33-43.  
This ethnographic study explores the experience of dignity in the acute care of older people in four acute hospital trusts, and the prevalent view that acute care is not the right place for older people. There has been a failure to acknowledge that the largest group of users of acute care services are the very old, the frail and the dependent; and that such environments are not friendly to older people generally, and are especially hostile to those with cognitive impairments. Added to this, the acute hospital trust is a culture that is risk averse and defensive, where care is undervalued, and where professional accountability and discretion are replaced by standardised checklists, pathways and audits, which cultivate the attitude that if an aspect of care can't be measured it doesn't matter. Overall, getting the job done appears to matter more than how the job is done, so that the focus is primarily on the task rather than seeing the person. This article describes how the failure of acute trusts to respond to the needs of the majority of their users - older people - results in the failure to provide dignified care, and the impact of this on both the quality of care and patient outcomes. (OFFPRINT) (RH)  
ISSN: 14717794  
DOI: 10.5042/qiaoa.2011.0143 <http://www.emeraldinsight.com/journals.htm?articleid=1935683&show=abstract>

## DISABILITY

- 217/33 The assessment of cognition in visually impaired older adults; by Alison Killen, Michael J Firbank, Daniel Collerton ... (et al).: Oxford University Press.  
Age and Ageing, vol 42, no 1, January 2013, pp 98-102.  
Visual and cognitive impairments are common in later life, however there are very few cognitive screening tests for the visually impaired. The objective of the present study was to screen for cognitive impairment in the visually impaired. The research used a case-control study including 150 older participants with visual impairment and a control group without visual impairment using vision-independent cognitive tests and cognitive screening tests. The tests consisted of MMSEs (mini mental state examinations) and clock drawing tests (CDTs), the latter being in part vision dependent. Results showed that the scoring of the two groups did not differ in the vision-independent cognitive tests. Visually impaired patients performed poorer than controls in the vision-dependent items of the MMSE and CDT. No group difference was found when vision-independent items were added to MMSE and CDT. The test score gain by the use of vision-independent items correlated with the severity of visual impairment. The authors conclude that visually impaired patients benefit from cognitive tests which do not rely on vision. The more visually impaired the greater the benefit. (JL)  
ISSN: 00020729  
From : <http://ageing.oxfordjournals.org/> <http://www.bgs.org.uk/>

## ECONOMIC ISSUES

(See Also 217/107, 217/108)

- 217/34 The cost of our ageing society; by Daniela Silcock, David Sinclair, International Longevity Centre UK - ILC-UK. London: International Longevity Centre UK, December 2012, 27 pp.  
Populations are ageing in countries across the world, and the proportions of older people relative to working-age people are growing. In the UK, the old-age dependency ratio is expected to rise from around four to fewer than two people of working age for every person aged 65+ between 2010 and 2060. Shifts in the proportion of older people to working-age people have ramifications for state spending on pensions, health care, long-term care and unemployment benefits. This briefing reviews current global projections of the cost of ageing over the next few decades, and draws on the European Commission's 2012 Ageing Report and the Office for Budget Responsibility's Fiscal Sustainability Report, July 2012. It looks at the macroeconomic factors that affect the costs of ageing, and the projected costs of an ageing society including age-related expenditure. While being mindful of the fiscal problems, governments must recognise older people's contribution to society and the economy when considering policy interventions. Policies must focus on enabling active, healthy ageing, and not just tackling the costs of ageing. Milliman LLP sponsored this report and a "cost of ageing" event at the Actuarial Profession in October 2012. (RH)  
From : ILC-UK, 11 Tufton Street, London SW1P 3QB. Download from: <http://www.ilcuk.org.uk/index.php/publications/year/2012>

## EDUCATION AND TRAINING

- 217/35 Why and how should we teach geriatric medicine?; by R Parikh, K Wardle, R Westwood ... (et al).  
Continuing Medical Education Journal, vol 14, no 1, 2012, pp 16-24.  
Currently a gulf exists in the U.S. between the care frail older people receive and that which they need. In order to create services that can meet complex needs doctors are needed who appreciate the specific challenges that older people face. There is a need to develop undergraduate and post-graduate programmes that focus on the complexities of real life practice and the commonly encountered challenges faced when caring for older adults. Early exposure to complex frail older people and experiences that challenge negative attitudes are important. Most care delivered to older people is delivered by non-geriatricians, and thus geriatricians have an important role in training. Training should be available for trainers as well as trainees. (JL)  
ISSN: 14751453  
From : <http://www.rila.co.uk/site/modules.php?name=Journals&func=journal&jid=005>

## EMPLOYMENT

- 217/36 Managing older workers during a period of tight labour supply; by Philip Taylor, Christopher McLoughlin, Elizabeth Brooke (et al).  
Ageing and Society, vol 33, part 1, January 2013, pp 16-43.  
This article reports on a recent survey of employer attitudes and policies towards older workers in Australia at a time of sustained economic growth and ongoing concerns about labour shortages. Findings from a survey of 590 employers with more than 50 employees in the State of Queensland point to an unusually strong orientation towards the recruitment of older workers among respondents, although the retraining of older workers is not prioritised by the majority. The issue of workforce ageing is viewed as being of medium-term importance by the majority of respondents, although for a substantial number the issue is of immediate concern. Both sector and organisation size are predictive of the application of a broad range of policies targeting older workers, with public-sector and larger organisations more likely to be active. Concerns about workforce ageing and labour supply are predictive of employer behaviours regarding older workers. Sustained policy-making may be emerging in response to population ageing over and above more immediate concerns about labour shortages, and that this broad thrust of organisational policy-making may be immune to the point in the economic cycle. This study found no



evidence that the flexible firm will not countenance an ageing workforce.  
ISSN: 0144686X From : <http://www.journals.cambridge.org/aso>

### **END-OF-LIFE CARE**

- 217/37 Dying out-of-hours: 24/7 care at the end of life: conference report: a joint conference hosted by the National Council for Palliative Care and Macmillan Cancer Support, 3 march 2011; by National Council for Palliative Care - NCPC; Macmillan Cancer Support. London: National Council for Palliative Care, 2011, 12 pp.  
There is wide acceptance that high-quality care can make a large difference for patients nearing the end of life, and to their families, carers and friends. Round the clock care (now referred to as 24/7) was recognised in the 2008 End of Life Care Strategy for England as a cornerstone of palliative and end-of-life care best practice. This report summarises the main points from the 'Dying out-of-hours: 24/7 care at the end of life' conference, including examples of good practice. (RH)  
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)
- 217/38 End-of-life care in elderly cancer patients; by Sophie Pautex, Gilbert B Zulian.  
Aging Health, vol 7, no 3, June 2011, pp 469-475.  
In spite of increased life expectancy at the dawn of the 21st century, chronic disorders in older people are still taking their toll, with cancers being the most prevalent. The question of how to approach the end of life remains largely unresolved, however the development of palliative care may provide some answers. Although the deficits in providing good palliative care are well known in many areas, dramatic improvements have been made to allow healthcare professionals to achieve impeccable symptom control, through sedation, chemotherapy and other means. However, patients' existential suffering remains, and many are likely to become cognitively impaired. The use of advance directives may be appropriate in order to ensure patients' autonomy as they become incapable of making their own decisions. However the practice of assisted suicide and euthanasia (which are considered acceptable in some countries) are of great professional and ethical concern. Education, training and research are key elements for the development of palliative care and for the general improvement of care delivered to older patients approaching the end of their lives. (JL)  
ISSN: 1745509X From : <http://www.futuremedicine.com/loi/ahe>
- 217/39 Failing to plan is planning to fail: advance care planning for people nearing the end of life; by Rachel Newman, Keri Thomas.  
Aging Health, vol 7, no 5, October 2011, pp 677-680.  
This article briefly summarises proceedings of the second International Society of Advance Care Planning and End of Life Care (ACPEL) conference, held in London on 22-24 June 2011. With over 400 delegates from across the world representing 22 different countries, this conference represents the increasing international recognition of the importance of holding and recording advance care planning discussions with older people nearing the end of their lives. (JL)  
ISSN: 1745509X From : <http://www.futuremedicine.com/loi/ahe>
- 217/40 Palliative and end-of-life care in psychogeriatric patients; by Abhilash K Desai, George T Grossberg.  
Aging Health, vol 7, no 3, June 2011, pp 395-408.  
An increasing number of older adults and their families are burdened by one or more terminal illnesses in the later years of their lives. How best to support their quality of life is a major challenge for healthcare teams. Palliative and end-of-life (PEOL) care is well positioned to respond to this challenge. While the evidence of PEOL is just beginning, much of the suffering can be relieved by what is already known. PEOL care for older adults needs to go beyond the focus on the patient and should rest on a broad understanding of the nature of suffering that includes family and professional caregivers. The dissemination of PEOL care principles should be a public health priority. This article aims to improve understanding of appropriate PEOL care and discuss future perspectives. (JL)  
ISSN: 1745509X From : <http://www.futuremedicine.com/loi/ahe>

## EXERCISE

- 217/41 A pilot randomised controlled trial of supported community exercise in people with Parkinson's disease; by Charmaine Meek, Catherine M Sackley, Smitaa Patel (et al.): Institute of Ageing and Health, West Midlands.  
Ageing & Health, no 18, 2012, pp 3-8.  
Exercise is a potentially important component within the management of Parkinson's disease (PD), but people within this population exhibit lower levels of physical activity and often report barriers to participation in exercise. This pilot study aimed to investigate the feasibility of delivering a supported community exercise programme to people with PD. An exploratory randomised controlled trial (RCT) was conducted within community leisure centres across Oxfordshire and Birmingham. Participants were 39 adults with idiopathic PD, who were randomised to receive either a 3-month, individualised supported exercise programme (intervention group, n=20) or to the control group (n=19). Participants were assessed at baseline, three and six months. The primary outcome measure was the Physical Activity Scale for the Elderly. Step count, mobility speed and endurance, strength, fatigue, cognition, quality of life and falls were also recorded. 87% of the participants completed the exercise programme, and the gym was attended well (median of 12 visits). There were no significant changes in any of the outcome measures. The study confirmed the feasibility of delivering the exercise programme for people with PD. To confirm the effectiveness of the intervention, a full-scale trial is required. (RH)  
ISSN: 13649752  
From : [www.iah-wmids.org.uk](http://www.iah-wmids.org.uk)

## FALLS

- 217/42 Central nervous system medications and falls risk in men aged 60-75 years: the Study on Male Osteoporosis and Aging (SOMA); by Tahir Masud, Morten Frost, Jesper Ryg ... (et al.): Oxford University Press.  
Age and Ageing, vol 42, no 1, January 2013, pp 121-124.  
Drugs acting on the central nervous system (CNS) increase falls risk. Most data on CNS drugs and falls are in women/mixed-sex populations. This study assessed the relationship between CNS drugs and falls in men aged 60-75 years. A questionnaire was sent to randomly selected Danish men aged 60-75 years. Cross-sectional data on CNS drugs and falls in the previous year were available for 4,696 men. Logistic regression investigated the relationship between falls and CNS drugs. The median age of the sample was 66.3 years and 21.7% of participants were fallers. The following were associated with fallers: opiates, other analgesics, antiepileptics, antidepressants and anxiolytics/hypnotics. Effects of opiates interacted strongly and significantly with age, with a marked association with falls in the older half of the subjects only. No significant associations were found between antipsychotics and fallers. Selective serotonin reuptake inhibitors and tricyclics were significantly associated with fallers. The authors conclude that several CNS drug classes are associated with an approximately two- to threefold increase risk of falls in men aged 60-75 years randomly selected from the population. Further longitudinal data are now required to confirm and further investigate the role of CNS drugs in falls causation in men. (JL)  
ISSN: 00020729  
From : <http://ageing.oxfordjournals.org/>  
<http://www.bgs.org.uk/>

- 217/43 Changes in falls prevention policies in hospital in England and Wales; by Frances Healey, Jonathan Treml.: Oxford University Press.  
Age and Ageing, vol 42, no 1, January 2013, pp 106-109.  
In 2007 the National Patient Safety Agency (NPSA) published 'Slips trips and falls in hospital' and 'Using bedrails safely and effectively'. This observational study aimed to identify changes in local policies in hospitals in England and Wales following these publications. Policies in place during 2006 and 2009 were requested from 50 randomly selected acute hospital trusts and their content was categorised by a single reviewer using defined criteria. 37 trusts responded. Trusts with an inpatient falls prevention policy increased from 65 to 100%, the use of unreferenced numerical falls risk assessments

reduced from 50 to 19%, and trusts with a bedrail policy increased from 49 to 89%. It was concerning to find that by 2009 advice on clinical checks after a fall was available in only 51% of trusts, and only 46% of trust policies included specific guidance on avoiding bedrail entrapment gaps. The observed changes in policy content were likely to have been influenced not only by the NPSA publications but also by contemporaneous publications from the Royal College of Physicians' National Audit of Falls and Bone Health, and the Medicines and Healthcare Products Regulatory Agency. Most areas of local policy indicated substantial improvement but further improvements are required. (JL)

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

217/44

Prevention and management of falls: falling into place?; by Cameron G Swift.

*Aging Health*, vol 7, no 4, August 2011, pp 539-549.

The knowledge base of falls prevention, including numerous systematic reviews, is now very extensive. Clear evidence-based guidance covers three main stages of risk assessment, namely the primary (stage 1) assessment of risk, the detailed (stage 2) assessment of risk status and risk factors, and recommended single and/or factorial interventions to prevent falls. By contrast, progress in the systematic implementation of falls prevention services has been painfully slow and inconsistent, at both national and international level. A clearer perception and presentation of the broader significance of age-related falls is now required. This includes ageing processes, suboptimal physical fitness, stable specific impairment, unstable systemic illness, preventable injury and disability, dependency and mortality. Key residual research questions include the proportional contribution of falls risk reduction to fracture prevention, and the epidemiology of falls-related comorbidity. Falls researchers need to come together and collaborate strategically in evaluating agreed best prevention models. (JL)

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

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

217/45

The return of the family?: welfare state retrenchment and client autonomy in long-term care; by Ellen Grootegoed, Diane Van Dijk.

*Journal of Social Policy*, vol 41, part 4, October 2012, pp 677-694.

European welfare states are cutting back their responsibilities for long-term care, emphasising 'self-reliance' and replacing care as an entitlement of citizenship with targeted services. But we do not know how former long-term care recipients cope with such retrenchment and whether they are able to negotiate support from their family and friends. Through an analysis of 500 telephone interviews and 30 face-to-face interviews with long-term care recipients facing reduced care rights in the Netherlands, the authors found that disabled and older people resist increased dependence on their personal networks. Despite their perceived need, most clients who face reduced access to public long-term care do not seek alternative help. They feel trapped between the policy definition of self-reliance and their own ideals of autonomy. (RH)

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From : DOI: <http://dx.doi.org/10.1017/S0047279412000311>

#### **FRAILITY**

217/46

The frailty syndrome: a comprehensive review; by Roschelle A Heuberger.

*Journal of Nutrition in Gerontology and Geriatrics*, vol 30, no 4, 2011, pp 315-368.

Frailty in older adults has only recently been defined as a clinical syndrome with criteria for diagnosis. It includes unintentional weight and muscle loss, exhaustion, declines in grip strength, gait speed and activity. The condition is often correlated with the presence of illness and disease including anaemia, weight loss, heart disease, diabetes etc., as well as declines in cognitive functioning. This article reviews evidence with respect to clinical definitions of frailty, epidemiology, mechanisms, interaction of chronic disease with frailty, assessment, prevention and treatment. The study concludes that frailty is a complex syndrome resulting in an increased vulnerability to stressors, which may propel the progression to disability, comorbidity and death. Adequate assessment, prevention and

treatment involving nutrition, physical activity and other modalities is required to reduce health care burdens and improve quality of life for older adults who are frail. (JL)  
ISSN: 21551197  
From : <http://www.tandfonline.com/loi/wjne21>

## **GOVERNMENT AND POLICY**

- 217/47 The politics of ageing: what matters to older people; by Age UK.  
Reportage, vol 20, no 8, September 2012, pp 4-9.  
This six-page pullout briefly sets out Age UK's priorities for change that are needed to improve later life for all. These are organised into a number of key issues that matter most to older people including money matters, work and learning, health and wellbeing, home and care, travel and lifestyle. Some key economic facts and statistics about the ageing population in the UK are set out including the labour market, social care expenditure, price rises and inflation, savings and pensions. Age UK's full Politics of Ageing report can be downloaded at [www.ageuk.org.uk/partyconferences](http://www.ageuk.org.uk/partyconferences). (JL)  
From : [www.ageuk.org.uk](http://www.ageuk.org.uk)

## **GRANDPARENTS**

(See 217/92)

## **HEALTH SERVICES**

(See Also 217/68)

- 217/48 The association of geographical location and neighbourhood deprivation with older people's use of NHS Direct: a population-based study; by Wen-Chin Hsu, Peter A Bath, Shirley Large, Sarah Williams.: Oxford University Press.  
Age and Ageing, vol 42, no 1, January 2013, pp 57-62.  
The purpose of the research was to investigate how older people's use of NHS Direct, the 24-hour telephone health advice and information service in England and Wales, varies according to geographical location and deprivation. The study aimed to describe the geographic pattern of older people's use of NHS Direct and examine the relationship between service use and deprivation. Study participants were people aged 65 years and above who used NHS Direct between 1 December 2007 and 30 November 2008. Differences in older people's use of NHS Direct were observed in England and Wales. In England, the call rate was highest in Yorkshire and the Humber and was lowest in the West Midlands. At the postcode level, the rate of calls ranged from 0.167 (Blackburn) to 0.011 (Carlisle) per person per annum. In England, but not in Wales, the level of deprivation was associated with the rate of calls, with older people living in the most deprived areas having the highest rate of calls to NHS Direct. These results are useful for future planning to meet the needs of older people, and in informing national policies for the development of NHS Direct. (JL)  
ISSN: 00020729  
From : <http://ageing.oxfordjournals.org/>  
<http://www.bgs.org.uk/>

- 217/49 Evaluation of an in-patient multidisciplinary unit at Leek Moorlands Cottage Hospital for admissions of older people directly from the community; by Dawn Moody, Barnabas Panayiotou.: Institute of Ageing and Health, West Midlands.  
Ageing & Health, no 18, 2012, pp 17-20.  
The authors describe the inception, implementation and expansion of an Early Assessment Service for direct admission of patients from the community to Leek Moorlands Cottage Hospital, aiming to reduce admissions to the acute hospital in Stoke-on-Trent. Formal evaluations demonstrated the service to be safe and to have favourable outcomes. It avoiding the high tariffs of acute hospital admission, it was found to be cost-effective. Importantly, it proved very popular with patients, their families and GPs. Elements underlying the success of the service included an emphasis on staff education to cope with new demands, attention to care quality, and good mutual understanding between primary care staff and the Unit. The development of new service was made possible by redeploying

more productively existing manpower and resources, rather than hoping for extra funding. There are thus advantages to having Units in cottage hospitals that are able to quickly admit, assess and manage direct admission of patients from their local community. In future, their role will probably widen further in the pressure of acute hospital continues to escalate. (RH)

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From : [www.iah-wmids.org.uk](http://www.iah-wmids.org.uk)

217/50

Evaluation of two different levels of routine medical cover at a community hospital rehabilitation unit and their association with utilisation of on-call medical services out of normal working hours; by Emily Wersocki, Dawn Moody, Barnabas Panayiotou.: Institute of Ageing and Health, West Midlands.

Ageing & Health, no 18, 2012, pp 21-24.

Rehabilitation units based in community hospitals traditionally care for medically stable patients requiring less medical cover than acute hospitals. However, with increasing pressure on acute units, patients with active medical problems are now transferred to rehabilitation units. The authors evaluated the association between two levels of routine medical cover and the effect on patient care at Leek Moorlands Cottage Hospital,. The sme 6-month period (1st September to 28th February) in two consecutive years, the first with 5 medical sessions per week (mornings only) and the next with 10 sessions per week (9am to 5pm Monday to Friday) were analysed. The compared the out of normal working hours call-out consultations (evenings and weekends provided by a local doctors' cooperative and paramedic service) that were required in the two periods. Out-of-hours utilisation Monday to Friday decreased significantly in the second period by 43%, but was unchanged at weekends. The type of call-out consultations also changed, with a significant decrease of 70% in paramedic contacts. The introduction of greater routine medical cover benefited patient care. (RH)

ISSN: 13649752

From : [www.iah-wmids.org.uk](http://www.iah-wmids.org.uk)

#### **HIV AND AIDS**

217/51

Ageing, HIV and wellness: augmenting the components of successful aging; by David E Vance, Howard Bayless, Mirjam-Collette Kempf ... (et al).

Ageing Health, vol 7, no 3, June 2011, pp 435-446.

Pharmaceutical advances in suppressing AIDS and HIV have resulted in improved prognoses for those infected with the disease. As a result, adults infected with HIV are approaching nearly normal life expectancies. In fact by 2015, nearly half of those with HIV will be 50 years of age and older. Although the increase in life expectancy among HIV-positive patients heralds optimism in treating this disease in the long term, HIV remains incurable and may complicate one's ability to age successfully. In this article, eight components necessary for successful ageing (i.e., length of life, biological health, mental health, cognitive efficiency, social competence, productivity, personal control and life satisfaction) are delineated and described as they are compromised by HIV. In particular the authors highlight prevention and intervention strategies to facilitate successful ageing. Implications for future research are then discussed. (JL)

ISSN: 1745509X

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

#### **HOME CARE**

(See Also 217/90)

217/52

An investigation into which individual instrumental activities of daily living are affected by a home visiting nurse intervention; by Yanen Li, Dianne Veronica Liebel, Bruce Friedman.: Oxford University Press.

Age and Ageing, vol 42, no 1, January 2013, pp 27-33.

The present study aimed to investigate the effects of a home visiting nurse (HVN) intervention on individual instrumental activities of daily living (IADL). The research included a secondary analysis of a randomised controlled study comparing an HVN intervention with usual care at 22 months after study entry. Study participants comprised

of 499 Medicare patients needing or receiving help with at least three IADLs or two ADLs, who had recent significant health-care use. The intervention consisted of monthly home visits by trained nursing staff. Unadjusted and adjusted (binary and multinomial logistic regression) analyses were performed. Unadjusted analyses found less difficulty or dependence for the HVN group for meal preparation, telephone use, shopping and ordinary housework, and more difficulty or dependence for medication management. After adjustment, in addition to an effect through health-care services use, the HVN group had less difficulty or dependence for meal preparation and shopping and more difficulty or dependence for medication management. In conclusion the HVN intervention had mixed results for individual IADLs. The negative effect on medication management questions the validity of a total IADL score as an outcome measure, and implies that other medication management measures should be considered for outcome evaluation. Future research is needed to confirm and better understand these findings. (JL)

ISSN: 00020729

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

- 217/53 Physical state of old people living at home: chapter 5 [of *The social medicine of old age: report of an inquiry in Wolverhampton (1948)*]; by J H Sheldon.: Institute of Ageing and Health, West Midlands.

Ageing & Health, no 18, 2012, pp 41-44.

Ageing & Health presents another excerpt from Joseph Sheldon's 'The social medicine of old age: report of an inquiry in Wolverhampton' (1948). The excerpt is itself one section of Chapter 5 (Domestic structure), and presents findings of the 1948 study in respect of relatives living close at hand, two or more households functioning as one, and the importance of proximity of relatives. (RH)

ISSN: 13649752

From : [www.iah-wmids.org.uk](http://www.iah-wmids.org.uk)

#### **HOSPITAL CARE**

- 217/54 Scale, nature, preventability and causes of adverse events in hospitalised older patients; by Hanneke Merten, Marieke Zegers, Martine C de Bruijne, Cordula Wagner.: Oxford University Press.

Age and Ageing, vol 42, no 1, January 2013, pp 87-93.

The present study aimed to gain insight into the scale, nature, preventability and causes of adverse events in hospitalised older patients. The study used a three-stage retrospective, structured, medical record review study of 7,917 records of patients admitted to 21 Dutch hospitals in 2004. It looked at the incidence, preventability, clinical process category, consequences and causes of adverse events in hospitalised patients of 65 years and older, compared with patients younger than 65. Study results showed that adverse events and preventable adverse events occur significantly more often in older patients than in younger patients. In older patients, the adverse events were more often related to medication. An exploration of the causes revealed that the inability to apply existing knowledge to a new and complex situation contributes more often to the occurrence of adverse events in older patients than in younger patients. The authors argue that in order to reduce the number of adverse events in older patients in the future, more particular training of hospital staff in geriatric medicine is required, with a specific focus on medication. (JL)

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

#### **HOSPITAL SERVICES**

(See Also 217/32, 217/79)

- 217/55 The care of older people with dementia and other mental disorders when they are admitted to general hospitals: learning from a network of mental health liaison teams; by Karan Jutla, Sandra Graham, David Jolley.: Institute of Ageing and Health, West Midlands.

Ageing & Health, no 18, 2012, pp 29-30.

The authors, representing Dementia UK West Midlands, have begun to support regular

network meetings with staff involved in niche services such as memory clinics and the Mental Health Liaison Service for older people. New Cross Hospital in Wolverhampton has been developing responsibility for services for dementia and other mental disorders. The aim is to encourage other general hospitals to follow this lead in the West Midlands. (RH)

ISSN: 13649752

From : [www.iah-wmids.org.uk](http://www.iah-wmids.org.uk)

## HOUSING

(See Also 217/19)

- 217/56 The cost of cold: why we need to protect the health of older people in winter; by Age UK. London: Age UK, November 2012, 21 pp (Spread the warmth).  
Launched in 2010, Spread the Warmth (<http://www.ageuk.org.uk/get-involved/spread-the-warmth/>) is Age UK's annual winter campaign, which aims to help stop unnecessary suffering and preventable winter deaths. In 'The cost of cold', Age UK calls for excess winter deaths to be made a health priority in England. If services are funded that enable older people to keep warm during the winter months, this will protect their health and save costs in the NHS and adult social care. Age UK also calls for the energy efficiency of older people's homes to be improved: to have an impact on excess winter death rates, the Government needs to provide substantial new investment in home energy efficiency, possibly funded from carbon revenues coming on-stream in 2013. This publication includes case studies illustrative of the problems discussed. (RH)  
From : Age UK, Tavis House, 1-16 Tavistock Square, London WC1H 9NA.  
[www.age.uk.org.uk](http://www.age.uk.org.uk)
- 217/57 Housing conditions and risk: reporting on a European study of housing quality and risk of accidents for older people; by Matthias Braubach, Andrew Power.  
Journal of Housing for the Elderly, vol 25, no 3, July-September 2011, pp 288-305.  
The declining capacities in older people often lead to limitations in activities of daily living and a simultaneous rising demand for care services. Many of these limitations in daily activities are to a varying degree caused, enhanced or facilitated by disadvantageous housing and environmental conditions. Home modifications have been credited as an important part of the solution, allowing for an extended and safer use of the home. In order to examine this issue in more detail, this paper provides empirical evidence on the type and extent of risks associated with accidents around the home. It reports on findings from a European case study on the difficulties using the home and risks of accidents which may lead to injury. It is argued that healthy housing conditions for older people are important to maximise the supportive capacity of one's home, to stimulate an active and healthy lifestyle, and to avoid unnecessary institutionalisation. (JL)  
ISSN: 02763893  
From : <http://www.tandfonline.com/toc/wjhe20/current>
- 217/58 Impacts of home modifications on aging-in-place; by Eunju Hwang, Linda Cummings, Andrew Sixsmith, Judith Sixsmith.  
Journal of Housing for the Elderly, vol 25, no 3, July-September 2011, pp 246-257.  
The purpose of the present study was to analyse the relationship between home modifications and ageing-in-place, or living in the same residence where one has spent one's earlier years into old age. The study used a UK subsample of the ENABLE-AGE project ('Enabling Autonomy, Participation and Well-Being in Old Age: the Home Environment as a Determinant for Healthy Ageing'). The purpose of this project, comprising five European nations including the UK, was to examine the home environment and its importance in quality of life. The authors hypothesised that older people who modified their homes were likely to have lived longer in their current properties. Study findings revealed that there was a positive relationship between home modifications and ageing-in-place. The results underscore the importance of a supportive environment to prolong living in housing settings. (JL)  
ISSN: 02763893  
From : <http://www.tandfonline.com/toc/wjhe20/current>

- 217/59 Living apart (or) together?: coresidence of elderly parents and their adult children in Europe; by Bettina Isengard, Marc Szydlik.  
Research on Aging, vol 34, no 4, July 2012, pp 449-474.  
Coresidence of older parents and their adult children is a living pattern not uncommon in European societies. The present study aimed to explore such questions as: Why do adult children and parents live together? In what way do individual characteristics, family structures and cultural contexts play a crucial role? How can differences between countries be explained? Are there discrepancies between adult generations sharing the same household and those who live in separate homes within the same building (near coresidence)? The empirical analyses reported in this article were based on the Survey of Health, Ageing and Retirement in Europe (SHARE). The findings highlighted the importance of individual needs and opportunities of children and parents as well as the relevance of family structures. Country comparisons showed that welfare state arrangements have a substantial effect. Coresidence appears to be a response to economic insecurities at both individual and societal levels. (JL)  
ISSN: 01640275  
From : <http://roa.sagepub.com/>

### INHERITANCE

- 217/60 The impact of inheritance on the distribution of wealth: evidence from the UK; by Eleni Karagiannaki, ESRC Centre for Analysis of Social Exclusion - CASE, Suntory-Toyota International Centres for Economics and Related Disciplines - STICERD, London School of Economics and Political Science. London: STICERD, 2011, 35 pp (CASEpaper 148).  
The author uses data on the value of housing wealth and other property and land from the British Household Panel Survey (BHPS) to examine how the distribution of wealth has been changing in the UK over the period 1995 to 2005. Also examined is how the sum of inheritance received between 1996 and 2005 contributed to observed trends in wealth accumulation and wealth inequality. The BHPS data confirms the substantial growth in net worth and of a substantial decrease in wealth inequality recorded in the survey. The main driver behind both trends was the rise in house prices and the resulting increase in the housing equity of middle wealth-holders. Inheritances were highly unequal and had a positive (but rather small) correlation with pre-inherited wealth. This meant that inherited wealth accounted for part of the observed inequality of net worth in 2005. However, some significant inheritors started with low initial wealth (and this was true within each age group). (RH)  
Price: FOC  
From : Centre for Analysis of Social Exclusion, London School of Economics, Houghton Street, London WC2A 2AE. <http://sticerd.lse.ac.uk/case>
- 217/61 Recent trends in the size and the distribution of inherited wealth in the UK; by Eleni Karagiannaki, ESRC Centre for Analysis of Social Exclusion - CASE, Suntory-Toyota International Centres for Economics and Related Disciplines - STICERD, London School of Economics and Political Science. London: STICERD, 2011, 31 pp (CASEpaper 146).  
The evolution of the annual flow of inheritances in the UK during the period 1984-2005 is documented, along with estimates for the overall magnitude and the distribution of inherited wealth. The analysis uses: Her Majesty's Revenue and Customs (HMRC) published statistics on estates passing on death (1984-2005); the 2004 Attitudes to Inheritance Survey (AIS) which provides information on lifetime transfers; the 1995/96 General Household Survey (GHS) and the British Household Panel Survey (BHPS) which provide respectively information on inheritance received during the period 1986-1995 and 1996-2005. The focus is on intergenerational inheritance, since these are more directly relevant in debates about the intergenerational transmission of wealth inequality. The results indicate that the annual flow of inheritance increased markedly, from £22 billion in 1984 to £56 billion in 2005. The main reasons behind this increase were the rise in house prices, and, to a lesser extent, the increase in the proportion of inheritances which included housing assets. The results, based on analysis of survey data, show that the distribution of inheritances is characterised by a very high degree of inequality and that this has increased over time. The results also show that inheritance is positively associated with socio-economic status, and that the disparities between groups became slightly more pronounced over time (mainly across educational groups). However, the evidence is that



for the majority of recipients inheritance is fairly small, and that large inheritances are limited to a very small minority of the population. (RH)

Price: FOC

From : Centre for Analysis of Social Exclusion, London School of Economics, Houghton Street, London WC2A 2AE. <http://sticerd.lse.ac.uk/case>

## INTERGENERATIONAL ISSUES

(See Also 217/59)

- 217/62      The hive in the cliff: a case study of intergenerational relations and culturally led regeneration; by Eileen Fairhurst, Sarie Mairs Slee.: Routledge.  
Journal of Intergenerational Relationships, vol 10, no 3, 2012, pp 246-260.  
This paper reports on a current programme, the Hive in the Cliff, geared toward initiating social and economic renewal in Broughton, Salford, through culturally led regeneration and conservation. Case studies examined included a focus on activities and relationships between individuals at different stages of the life course, but they were not branded as intergenerational activities. Intergenerational relations outlined are implicit outcomes of cultural activities in which knowledge about people, life stories, and evolution of a community are shared and preserved between and across generations. The focus on shared spaces and places shows how intergenerational solidarity may be made knowable through activities involving different generations. (JL)  
ISSN: 15350770  
From : <http://www.tandfonline.com/toc/wjir20/current>
- 217/63      Innovations for intergenerational neighborhoods; by Iris Ammann, Meike Heckenroth.: Routledge.  
Journal of Intergenerational Relationships, vol 10, no 3, 2012, pp 228-245.  
Strengthening the quality of life in cities and incorporating progressive and aesthetically appealing urban design features are central concerns in Germany. But how can the interests of multiple generations be served through urban design? It is in this context that the initiative 'Innovations for Appropriate Urban Neighbourhoods for Families and the Elderly' was established by the Federal Government in Germany. The project's main questions were how inner-city neighbourhoods can be transformed into places to live and reside for all generations and how construction initiatives can be framed to adapt these neighbourhoods to meet changing demographic and social needs. (JL)  
ISSN: 15350770  
From : <http://www.tandfonline.com/toc/wjir20/current>
- 217/64      Intergenerational solidarity and old-age support for the social inclusion of elders in Mainland China: the changing role of family and government; by Peng Du.  
Ageing and Society, vol 33, part 1, January 2013, pp 44-63.  
China's population has been ageing rapidly since the 1980s, with 178 million older people aged 60+ in 2010 and 450 million expected by 2050. The sheer size of the ageing population means that there is an urgent need to tackle ageing issues and improve social policies in order to achieve intergenerational solidarity, sustainable development and a harmonious society. This paper summarises the issues and debates of the past decade on social exclusion, and discusses the progress of policies and practices with respect to social inclusion. The focus of discussion is on ways to improve the social security system so as to achieve a better balance of formal and informal supports; and development of community services for meeting the needs of older people living alone or having special needs in daily living'. Also discussed are new initiatives for balancing formal support and filial piety which take into account the younger generation's expectation that in order to maintain the important role of filial piety in modern China, the ability to fulfil filial obligations must be supported by the development of formal support beyond the family. (RH)  
ISSN: 0144686X  
From : <http://www.journals.cambridge.org/aso>

- 217/65 Older adult mentors and youth at risk: challenges for intergenerational mentoring programs in family-centered cultures; by M Angeles Molpeceres, Sacramento Pinazo, Rafael Aliena.: Routledge.  
Journal of Intergenerational Relationships, vol 10, no 3, 2012, pp 261-275.  
This article poses some preliminary reflections about the viability of youth mentoring schemes in family-centred cultural contexts based on a pilot experience developed in Spain within the framework of a project aiming to train older adults as youth mentors in five European countries. After an introduction to the field of intergenerational mentoring, a description of the pilot programme follows, with special attention paid to the development of the Spanish local project. Drawing on the project evaluation, some open questions are posed regarding (a) the optimal institutional framing for an intergenerational mentoring programme and (b) the challenge with social representation of the mentor role. (JL)  
ISSN: 15350770  
From : <http://www.tandfonline.com/toc/wjir20/current>
- 217/66 Population aging and intergenerational solidarity: international policy frameworks and European public opinion; by Asghar Zaidi, Katrin Gasior, Robert Manchin.: Routledge.  
Journal of Intergenerational Relationships, vol 10, no 3, 2012, pp 214-227.  
The population ageing challenges facing the European Union countries have been articulated in two ways, namely the financial sustainability of public welfare systems and the adequacy of retirement incomes and social services. The ideas underlying social sustainability, though less clearly defined, encompass not just both of these challenges but also address the need to ensure intergenerational solidarity, formally or informally, in countries experiencing ageing populations. This paper identifies policy challenges put forward by the United Nations and by the European Union regarding that need while also reporting on the opinions of European citizens on various aspects of intergenerational solidarity. (JL)  
ISSN: 15350770  
From : <http://www.tandfonline.com/toc/wjir20/current>
- 217/67 The role of childhood relationships with older adults in reducing risk-taking by young adults; by Shelia M Kennison, Elisabeth Ponce-Garcia.: Routledge.  
Journal of Intergenerational Relationships, vol 10, no 1, 2012, pp 22-33.  
The research aimed to investigate whether young adults' relationships with older adults during childhood predicted their current risk-taking. The authors tested the hypothesis that those who experienced close, positive childhood relationships with older adults would be less likely to hold negative attitudes toward ageing and be less likely to engage in risk-taking than would others. The results obtained in a study involving 473 participants confirmed the hypothesis. The results add to the literature, showing that childhood relationships with older adults can have long-term, positive impacts on individuals. The links between childhood relationships with older adults, ageism and risk-taking are consistent with terror management theory. (JL)  
ISSN: 15350770  
From : <http://www.tandfonline.com/toc/wjir20/current>

## **INTERNATIONAL AND COMPARATIVE**

(See Also 217/64, 217/100, 217/112)

- 217/68 Geriatric medicine: services and training in Africa; by Catherine Louise Dotchin, Rufus Olusola Akinyemi, William Keith Gray, Richard W Walker.: Oxford University Press.  
Age and Ageing, vol 42, no 1, January 2013, pp 124-128.  
The population is ageing globally and developing countries are experiencing the most rapid increase in the number of older persons. By 2045 the United Nations estimate that for the first time in history more people will be over 65 than under 15 years of age. The World Health Organization predicts that deaths from non-communicable diseases will rise by 24% in Africa in the next decade. The aim of this survey was to determine the specialist medical services available for older persons and the undergraduate and postgraduate training systems in place for geriatrics in each African country. A short survey was developed and sent to representatives from every country. Where appropriate, French and Portuguese translations were available. Responses were received from 40/54

countries (74%). Data were obtained via an internet search for a further three countries. Out of 43 countries, 25 had no geriatricians. Out of 40 countries, 35 had no formal undergraduate training for medical students on geriatrics and 33 of 40 countries reported no national postgraduate training scheme for geriatrics. Having at least one geriatrician in the country was associated with a World Bank upper middle-income status, but there was no significant association with the population size. Despite increasing numbers of older people and the increasing burden of chronic disease there are few geriatricians in Africa. Without undergraduate training, even general medical physicians will have limited knowledge of specialist geriatric needs. This is an area that will require development and investment in the future. (JL)

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## **LEGAL ISSUES**

(See 217/80, 217/110)

## **LIVING ALONE**

(See 217/70)

## **LONELINESS AND SOCIAL ISOLATION**

217/69

Use of direct versus indirect approaches to measure loneliness in later life; by Sharon Shiovitz-Ezra, Liat Ayalon.

Research on Aging, vol 34, no 5, September 2012, pp 572-591.

The aim of the present study was to compare a direct versus indirect approach for measuring loneliness by comparing the one-item Center for Epidemiologic Studies Depression Scale, representing the direct approach, with the shortened version of the Revised UCLA Loneliness Scale, representing the indirect approach, using approximately 2,000 observations from the 2002 Health and Retirement Study. The authors artificially identified a cut point of 6 or over on the three-item Revised UCLA Loneliness Scale to potentially yield the most similar results to the single-item scale and demonstrate the best sensitivity and specificity. Nonetheless a high rate of respondents (57%) who reported being lonely on the direct item were classified as not lonely on the indirect scale. Inconsistency between the two approaches was also evident with regard to the associations between loneliness and age, as well as with education. These findings indicate that the different measures of loneliness provide a somewhat different picture of both the prevalence of loneliness and the characteristic of the people who suffer from it. (JL)

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## **LONG TERM CARE**

(See 217/45)

## **LONG TERM CONDITIONS**

217/70

Chronic illness self-management while living alone in later life: a systematic integrative review; by Jorg W Haslbeck, Ruth McCorkle, Doris Schaeffer.

Research on Aging, vol 34, no 5, September 2012, pp 507-547.

Older people living alone (OPLA) are considered vulnerable because of fewer resources such as social support. As self-management becomes increasingly important in chronic care, evidence is needed on how to better support OPLA. This literature review synthesises evidence from 32 publications on the challenges as well as strategies of OPLA in managing chronic conditions. On the basis of a systematic database search and review process, being independent and being at home were identified as crucial when living alone in later life - both involve decision making and the adjustment of routines to manage everyday life and chronic conditions. These findings show that OPLA are vulnerable because of difficult living situations, limited resources or a lack of support, and they

actively manage their conditions using various strategies to remain independent. However these may cause fragile arrangements that can jeopardise independence. Awareness of these strategies is a starting point to develop interventions for self-management support in chronic illness. (JL)

ISSN: 01640275

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

217/71

What matters to patients and carers in the care and management of rare long-term neurological conditions?: a study using the Delphi technique; by Catherine Sackley, Thomas Hoppit, Sonal Shah (et al).: Institute of Ageing and Health, West Midlands.

*Ageing & Health*, no 18, 2012, pp 9-16.

Long-term neurological conditions (LTNC) are a group of disorders that have no known cure. Consequently, interventions generally focus on symptom management to enhance quality of life and maintain independence for as long as possible. Many rare LTNCs such as motor neurone disease (MND) and Huntingdon's disease are progressive with short survival time after diagnosis. Other conditions such as Charcot Marie Tooth, whilst extremely limiting, are non-progressive and non life-shortening. Despite overlap in symptoms of different conditions, patients' needs vary, depending on the conditions they have and in progressive disease, the stage of disease progression they are at. Although the National Service Framework for Long term Neurological Conditions (NSF) identifies 11 quality requirements, there has been little research exploring services received by patients with rare LTNC. This study aims to identify the priorities of an expert panel of patients and carers, in terms of health and social care and management of rare LTNC; and to establish how such priorities differ to patients with more common neurological conditions. (RH)

ISSN: 13649752 From : [www.iah-wmids.org.uk](http://www.iah-wmids.org.uk)

## **LONGEVITY**

217/72

Making sense of extreme longevity: explorations into the spiritual lives of centenarians; by Lydia K Manning, Jessie A Leek, M Elise Radina.

*Journal of Religion, Spirituality and Aging*, vol 24, no 4, 2012, pp 345-359.

As older adults live into advanced age the oldest-old segment will continue to increase in number. In this study the authors analysed data gathered using in-depth interviewing in order to explore the spiritual and religious lives of 16 centenarians. Results showed the importance that spirituality has for older adults, particularly those in advanced age. Spirituality and religion were found to be a key factor of support, an important resource in later life, and maintained continuity over the life course for the centenarians. The findings support the need for researchers and practitioners to consider the importance of spirituality in later life, particularly for those in their last decades. (JL)

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## **MEDICAL ISSUES**

217/73

Effectiveness of osteoporosis therapy among frail, older adults: should we carry out more trials?; by Richard H Lee, Cathleen Colon-Emeric.

*Ageing Health*, vol 8, no 5, October 2012, pp 461-470.

Despite the increasing number of treatment options for osteoporosis, healthcare providers continue to face clinical conundrums when deciding if and how to treat frail older adults. The under-representation of this population in randomised controlled trials makes evidence-based decision-making difficult. Furthermore frail older adults have multiple medical comorbidities and other competing factors that impact fracture risk prediction. For clinicians to fully assess the potential risks and benefits of treatment, further studies that include frail older adults are necessary. However significant feasibility and ethical considerations may complicate trials in this population. Other complementary methodological approaches have been and will need to be utilised. With further understanding of treatment interactions with comorbidities and improvements in risk prediction models, treatment decisions may be better individualised and treatment rates improved in this population at high risk of fracture. (JL)

ISSN: 1745509X From : <http://www.futuremedicine.com/loi/ahe>

217/74

Guidelines for people not for diseases: the challenges of applying UK clinical guidelines to people with multimorbidity; by Lloyd D Hughes, Marion E T McMurdo, Bruce Guthrie.: Oxford University Press.

Age and Ageing, vol 42, no 1, January 2013, pp 62-69.

One of the major challenges now facing clinical guidelines is multimorbidity, as current guidelines are not designed to consider the cumulative impact of treatment recommendations on people with several conditions. The objective of this study was to examine the extent to which National Institute of Health and Clinical Excellence (NICE) guidelines address patient comorbidity, patient centred care and patient compliance to treatment recommendations. Five NICE clinical guidelines were selected for review (type-2 diabetes mellitus, secondary prevention for people with myocardial infarction, osteoarthritis, chronic obstructive pulmonary disease and depression) as these conditions are common causes of comorbidity and the guidelines had all been produced since 2007. Two authors extracted information from each full guideline and noted the extent to which the guidelines accounted for patient comorbidity, patient centred care and patient compliance. The cumulative recommended treatment, follow-up and self-care regime for two hypothetical patients were then created to illustrate the potential cumulative impact of applying single disease recommendations to people with multimorbidity. Results of the study showed that comorbidity and patient adherence were inconsistently accounted for in the guidelines, ranging from extensive discussion to none at all. Patient centred care was discussed in generic terms across the guidelines with limited disease-specific recommendations for clinicians. Explicitly following guideline recommendations for the two hypothetical patients would lead to a considerable treatment burden, even when recommendations were followed for mild to moderate conditions. In addition, the follow-up and self-care regime was complex potentially presenting problems for patient compliance. The authors conclude that clinical guidelines have played an important role in improving healthcare for people with long-term conditions. However, in people with multimorbidity current guideline recommendations rapidly cumulate to drive polypharmacy, without providing guidance on how best to prioritise recommendations for individuals in whom treatment burden will sometimes be overwhelming. (JL)

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## **MEDICATION**

(See Also 217/42, 217/74, 217/77)

217/75

An observational study of psychotropic drug use and initiation in older patients resident in their own home or in care; by Colin McCowan, Parker Magin, Stella Anne Clark, Bruce Guthrie.: Oxford University Press.

Age and Ageing, vol 42, no 1, January 2013, pp 51-56.

The study aimed to compare the prescription of psychotropic medications for patients living in care homes with that for patients living at home. The setting was a retrospective population database study in the Tayside region of Scotland. Study participants were 70,297 patients aged 65-99 who were followed until their deaths or the end of the study. Prescriptions for a 12-week period were examined and psychotropic drug use compared by their place of residence – i.e. living in care versus at home. Comparisons of prescriptions pre- and post-admission were performed for people admitted to a care home from January 2005 to December 2006. Study results showed that people living in care received 9.80 more prescribed items from 1.63 more British National Formulary (BNF) categories than people living at home over a 12-week period. They were more likely to receive any psychotropic medication (42 versus 16%, odds ratio (OR) 3.09, 95% CI: 2.79\_3.41). Over 70% of 1,715 people admitted to care homes during the study who received psychotropic medication commenced the medication prior to admission. Patients who started anti-psychotics in the 30 days prior to admission were less likely to have stopped them (OR: 0.53, 95% CI: 0.30-0.94). The authors conclude that prolonged prescription of psychotropic medications is commonplace in care home residents. Almost half of the people prescribed antipsychotic drugs received them for a minimum of six months. Systematic medication reviews must be established in all care homes to promote safe and effective prescription to this at-risk population. (JL)

ISSN: 00020729 From : <http://ageing.oxfordjournals.org/> <http://www.bgs.org.uk/>

- 217/76 Potentially inappropriate prescribing in older residents in Irish nursing homes; by Cristin Ryan, Denis O'Mahony, Julia Kennedy ... (et al).: Oxford University Press. Age and Ageing, vol 42, no 1, January 2013, pp 116-120. STOPP/START (Screening Tool of Older Person's Prescriptions/Screening Tool to Alert Doctors to Right Treatment) was formulated to identify potentially inappropriate prescribing (PIP) and potential prescribing omissions (PPOs) in older people. The purpose of this study was to determine the prevalence of PIP and PPO in older Irish patients in residential care using STOPP/START. Data were collected prospectively from seven publicly funded nursing homes within the Munster Region of Ireland over three weeks. Data recorded included: current medication, current medical conditions, previous medical conditions, biochemistry, sex and age. STOPP/START was applied to each patient record. Of the 313 patients recruited, 74.4% (233) were female, mean age 84.4 years. The total number of medicines prescribed was 2,555. STOPP identified 329 instances of PIP in 187 (59.8%) patients and START identified 199 PPOs in 132 (42.2%) patients. The number of medicines prescribed was positively associated with PIP identified by STOPP. Age, sex and the number of medicines prescribed were not associated with prescribing omissions using START. The study concludes that a high proportion of patients recruited were prescribed at least one potentially inappropriate medicine, or had an omission of a clinically indicated medicine. Incorporating these tools into everyday practice could play a pivotal role in improving prescribing in this cohort. (JL)  
ISSN: 00020729 From : <http://ageing.oxfordjournals.org/> <http://www.bgs.org.uk/>

## MENTAL CAPACITY

(See Also 217/80)

- 217/77 Covert medication administration to older people: systematic literature review, current guidance and clinical implications; by J AS Mair, S D Shenkin. Continuing Medical Education Journal, vol 14, no 1, 2012, pp 3-8. Covert medication is the administering of medications to patients without their knowledge or consent and in disguised form - usually by concealing or mixing them into food or drink. This controversial practice is commonly considered when a patient refuses medication and lacks capacity to consent to or refuse treatment for medical conditions (such as when the patient has dementia, is confused or has behavioural problems) but treatment is in his or her best interests. In the present study a systematic literature review identified eight studies of covert medication, mostly based in nursing homes or psychiatric units, reporting covert medication use in 30-71% of institutions and to 1.5\_17% of residents. Guidelines on the use of covert medication are reviewed, and practical guidance is provided for geriatric medicine specialists. Local policies should be clear to ensure: 1) covert medication is not given to patients with capacity; 2) the multidisciplinary team including pharmacist are involved; 3) the patients' capacity is assessed, documented and covert medication use agreed using the principles of appropriate legislation. (JL)  
ISSN: 14751453  
From : <http://www.rila.co.uk/site/modules.php?name=Journals&func=journal&jid=005>
- 217/78 Limits of Mental Capacity Act training for residential care homes; by Matthew Gough, Lianne Kerlin.: Emerald. Journal of Adult Protection, vol 14, no 6, 2012, pp 271-279. The Mental Capacity Act (MCA) was implemented in 2007 in order to empower and protect adults who require support making decisions. Many older adults in residential care homes are in this position due to disabilities associated with cognitive impairment. This paper set out to evaluate the impact of MCA training within older persons' care homes within an East Midlands local authority. Semi structured interviews were conducted with key informants who had strategic responsibility for implementation of MCA training as well as a focus group conducted with managers of care homes within the local authority. With a primary focus on training, data revealed issues surrounding the delivery and content of training, and the organisational factors relating to both training and the subsequent implementation of the knowledge learned. The paper suggests methods of delivery with the Mental Capacity Act which offer a tailored, engaging and cost effective alternative to conventional 'away day' training sessions. (JL)  
ISSN: 14668203 From : [www.emeraldinsight.com/jap.htm](http://www.emeraldinsight.com/jap.htm)

- 217/79 The use of the Mental Capacity Act among hospital patients: findings from a case study of one acute hospital trust in England; by Lynne Phair, Jill Manthorpe.: Emerald. *Journal of Adult Protection*, vol 14, no 6, 2012, pp 259-270.  
This study set out to present findings from a review of hospital policies and practices in one NHS Trust in England. The focus of the review was hospital staff policy and practice in safeguarding the rights of vulnerable patients. A sample of staff was surveyed to investigate their knowledge of the Mental Capacity Act 2005 (MCA) in 2010. Interviews, incorporating discussion of a vignette, were undertaken with a range of staff and findings were analysed thematically. Analysis of survey data and interviews revealed limited confidence and knowledge about the Mental Capacity Act 2005 and uncertainties about its relevance to clinical practice. In relation to safeguarding, there was limited realisation of the potential of the Act to uphold the rights of patients lacking capacity and staff responsibilities. MCA training had not made a great impression. Furthermore hospital policies were inconsistent and lacked coherence. This study reveals that there are opportunities to refresh MCA and safeguarding training strategies for hospital staff but these should be accompanied by changes to culture and attention to the coherence of different procedures. Audits of MCA and safeguarding compliance can be undertaken within hospitals and a systems approach could be adopted to address any issues identified and to sustain good practice. (JL)  
ISSN: 14668203  
From : [www.emeraldinsight.com/jap.htm](http://www.emeraldinsight.com/jap.htm)

## MENTAL HEALTH

(See Also 217/40, 217/85, 217/93)

- 217/80 Civil detentions of older adults under successive Scottish mental health legislation: a comparative analysis; by Gary S Stevenson. *International Psychogeriatrics*, vol 23, no 8, October 2011, pp 1344-1353.  
Many countries have adopted new mental health legislation, with the detention of adults for treatment of mental disorders remaining an integral part of such policies. However, there are relatively few publications on the use of mental health legislation in the detention of older adults. The author examines the civil detention of older adults in one Scottish region under successive mental health legislation. He used data relating primarily to clinician-based interviews on all emergency detentions under the Mental Health (Scotland) Act 1984 of older adults in 1994, and compared these with all emergency and initial short-term detentions under the Mental Health (Care and Treatment) (Scotland) Act 2003 of older adults during 2008 in the same Scottish region. There were a total of 124 detentions, with an initial rate of 68 increasing to 141 detentions per 100,000 of the respective over-65 year age populations, a two-fold increase. Compared to the 1994 patient cohort, the 2008 cohort had higher rates of over 85-year-olds (18.4% v 5.4%) and of organic mental disorders (74.7% v 56.8%). Patients were significantly more likely to be detained by consultant psychiatrists (73.6% v 18.9%) during working hours (87.4% v 48.6%) and proceed to six-month detention orders (31% v 10.8%). The observed higher rates and longer periods of detention in the 2008 cohort may reflect changes in clinical attitudes and legal requirements from a previous reliance on the common law doctrine of necessity, to the requirements of a more legalistic framework. Given the aging population, such factors may signal future clinical requirements and point towards the need for earlier recognition and management of clinical issues, in an attempt to minimise the "necessity" of clinico-legal intervention. (RH)  
ISSN: 10416102  
From : [www.journals.cambridge.org/ipg](http://www.journals.cambridge.org/ipg)

- 217/81 Self-neglect in old age; by James G O'Brien. *Aging Health*, vol 7, no 4, August 2011, pp 573-581.  
Self-neglect in older adults is complex and challenging and is likely to increase in the future as the population ages. This article presents three case studies of self-neglect in old age and offers a definition of the phenomenon before looking at its history and epidemiology. Diogenes syndrome, a disorder characterised by extreme self-neglect and domestic squalour, is also discussed briefly. Other behavioural characteristics associated

with self-neglect include alcoholism, hoarding and apathy. Dementia or other cognitive impairment may also be a factor. Ethical challenges may arise for health care providers as they attempt to balance patient autonomy, safety and an approach that emphasises beneficence, which may violate patient wishes. Given expected demographic trends, an increase in the older population, a decline in social service programmes, a decline in the economy and less family support, the incidence of self-neglect is likely to increase. However there have been few advances in the management of this condition. (JL)

ISSN: 1745509X

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

## **NEIGHBOURHOODS AND COMMUNITIES**

217/82 Ageing-friendly communities and social inclusion in the United States of America; by Andrew E Scharlach, Amanda J Lehning.

Ageing and Society, vol 33, part 1, January 2013, pp 110-136.

Synthesising the social capital and ageing-friendly communities literature, this paper describes how efforts to make communities more ageing-friendly can promote social inclusion among older adults. Making existing communities more ageing-friendly involves physical and social infrastructure changes that enable older adults to pursue lifelong activities, meet their basic needs, maintain significant relationships, participate in the community in personally and socially meaningful ways, and develop new interests and sources of fulfilment. Such efforts can enhance bonding, bridging and linking capital, and thereby promote social inclusion. The authors discuss the link between ageing-friendly communities and social inclusion. They provide examples of programmes in the United States of America that have the potential to change existing communities into ones that promote the social inclusion of older adults. (RH)

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

217/83 Experiences of neighbourhood exclusion and inclusion among older people living in deprived inner-city areas in Belgium and England; by Tine Buffel, Chris Phillipson, Thomas Scharf.

Ageing and Society, vol 33, part 1, January 2013, pp 89-109.

Conceptual and empirical aspects of the social exclusion/inclusion debate in later life are explored, with a particular focus on issues of place and space in urban settings. This article reports exploratory findings from two empirical studies in Belgium and England, which sought to examine experiences of social exclusion and inclusion among people aged 60 and over living in deprived inner-city neighbourhoods. Semi-structured interviews were conducted with an ethnically diverse sample of 102 older people in Belgium and 124 in England. Thematic analysis of interview data identifies four issues in relation to the neighbourhood dimension of social exclusion/inclusion in later life: experiences of community change; feelings of security and safety; the management of urban space; and strategies of control. The results suggest that neighbourhoods have a significant influence on shaping the experience of exclusion and inclusion in later life, with a number of similarities identified across the different study areas. The article concludes by discussing conceptual and policy issues raised by the research. (RH)

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

## **NURSING**

(See 217/52)

## **OLDER OFFENDERS**

217/84 Forget me not: dementia in prison; by Tina Maschi, Jung Kwak, Eunjeong Ko (et al).

The Gerontologist, vol 32, no 4, 2012, 441-451.

The number of older adults with dementia in prisons in America is rising rapidly. Yet the vast majority of this marginalised subgroup of the aging population is left neglected behind bars, without access to adequate medical and mental health care services. Urgently needed for this ageing population are proactive, interdisciplinary collaborative efforts to improve practice, policy and research, coupled with the development of a high-quality evidence-based continuum of care. This paper aims to raise awareness of the life and



experiences of people with dementia in prison; also to stimulate discussion, research, and advocacy efforts for this forgotten subgroup of older Americans. The authors provide evidence regarding the growing number of older adults with dementia in US prisons, the high-risk factors for dementia present in the prison population, and the life and experience of people with dementia in the culture and environment of prison that is not designed for them. They review the current state of services and programmes for dementia in prison. They conclude by proposing practice, policy and research-related priority areas and strategies for interdisciplinary gerontological responses. (OFFPRINT) (RH)  
ISSN: 00169013 From : <http://gerontologist.oxfordjournals.org/content/52/4/441.short>

217/85

Psychiatric morbidity in older prisoners: unrecognized and undertreated; by Paul Kingston, Nick Le Mesurier, Graeme Yorston (et al).  
International Psychogeriatrics, vol 23, no 8, October 2011, pp 1354-1360.  
The aging population in prison is growing rapidly in the United Kingdom, a trend also found in other countries worldwide. As this population increases, prison authorities will need to adjust the custody process to accommodate increasing mental and physical frailty. This study examined the prevalence of psychiatric and physical disorders, including dementia, in prisoners aged 50+ from four prisons in and around Staffordshire, to see whether detection and treatment rates have improved over the past decade during which there has been a dramatic increase in the number of older prisoners. Subjects were assessed using the Geriatric Mental State Examination (GMS), the Mini-Mental State Examination (MMSE), and Short Form 12 (SF-12) and their prison records. Sixty prisoners (50%) had a diagnosable mental disorder, with depression being most common; 15 (12%) prisoners had signs of cognitive impairment. Only 18% of those with a psychiatric diagnosis were prescribed medication from the appropriate class. Physical problems were also common in this population, with an average self-report of 2.26 problems per prisoner. Mental disorders in older prisoners are common, but despite recent training initiatives they often go undetected and untreated. Prisoners themselves accurately self-report mental disorder, but the best way of detecting dementia in the prison population remains unclear. The psychological and physical health of this prison population was poorer than that of their community-based peers.  
ISSN: 10416102 From : [www.journals.cambridge.org/ipg](http://www.journals.cambridge.org/ipg)

217/86

Trauma and stress among older adults in the criminal justice system: a review of the literature with implications for social work; by Tina Maschi, Kelly Sullivan Dennis, Sandy Gibson ... (et al).  
Journal of Gerontological Social Work, vol 54, no 4, May-June 2011, pp 390-424.  
Older adults in the criminal justice system often have more physical health problems than those in the general population. Unaddressed trauma and stress among ageing prisoners may have significant consequences on their physical and mental health. The purpose of this article was to review the research literature that investigated trauma and stress among older adults in prison. A comprehensive literature review was conducted to identify empirical studies published between 1988 and 2010 examining trauma or life stressors in adult prisoners aged 50 and above. A total of 19 articles were identified. These included 11 studies using mixed age samples of adjudicated older and younger adults and eight studies using older adult only samples. The article discusses the findings in the areas of: history of traumatic and stressful experiences; consequences and correlates of traumatic and stressful experiences; and coping resources as a protective factor. The implications and future directions for gerontological social work, research, and policy with older adults in the criminal justice system are discussed. (JL)  
ISSN: 01634372 From : <http://www.tandfonline.com/toc/wger20/current>

## **OLDER WOMEN**

217/87

An ecological synthesis of research on older women's experiences of intimate partner violence; by Lori E Weeks, Kristal LeBlanc.  
Journal of Women & Aging, vol 23, no 4, 2011, pp 283-304.  
The purpose of this systematic literature review was to synthesise the current knowledge of intimate partner violence experienced by older women. 32 studies were identified that included data collected from older women. The findings were then synthesised using the ecological model as an organising framework. Themes in the microsystem included the

immediate context in which the abuse took place and impacts on older women. The mesosystem included themes on the older woman's relationships with her social network. Themes in the exosystem encompassed community-based services. Finally themes in the macrosystem encompassed broad ideologies, mores and influences of the geographic location. The ecological model was used to frame a discussion of implications for future research, policy and practice. (JL)

ISSN: 08952841

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

## **PAIN**

217/88 Chronic pain in later life: a review of current issues and challenges; by Pat Schofield, Amanda Clarke, Derek Jones ... (et al).

*Aging Health*, vol 7, no 4, August 2011, pp 551-556.

Chronic pain is a major health condition associated with ageing whose management is generally unsatisfactory. This article reviews the relevance of existing and potential research on the assessment and management of chronic pain in older adults. Main issues addressed include the prevalence and impact of pain in older adults, age-related changes in pain perception, the undertreatment of pain, the attitudes and beliefs of carers and health professionals concerning pain, and the management of pain including self-management. Implications for policy, practice and research are discussed. (JL)

ISSN: 1745509X

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

## **PALLIATIVE CARE**

(See 217/37, 217/40)

## **PARTICIPATION**

217/89 Senior citizens and political participation: evidence from a Finnish regional Study; by Mikael Nygard, Gunborg Jakobsson.

*Ageing and Society*, vol 33, part 1, January 2013, pp 159-180.

The aim is to analyse political participation among senior citizens in the West-Finnish region Österbotten/Pohjanmaa, by using data from the 2005 GERDA (gerontological regional database) survey. The first research question related to patterns of political participation and the extent to which older people in this region engage in voting and non-institutionalised forms of participation. Secondly, using a modified variant of the civic voluntarism model as suggested by Verba and colleagues, the driving forces behind different dimensions of participation were assessed on an individual level. The results show a high propensity to vote among older people in this region, but they also suggest that so-called non-institutionalised participation is likely to become more common in the future. Moreover, even though the results support the so-called resource theory of political participation, the fit of the multivariate models were modest. In order to understand fully the driving forces behind political participation of older people in this specific region, further research is required. (RH)

ISSN: 0144686X

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

## **PERSONALISATION**

217/90 Individual service funds for homecare; by Caroline Tomlinson, Michele Livesley, in Control, Helen Sanderson Associates. Wythall, West Midlands: in Control, [2013], 34 pp. Individual service funds (ISFs) were the first way personal budgets were used in the UK in the late 1990s for people with learning difficulties living in supportive living settings in Scotland. Personalisation is a key element of government policy for public services. This project was initiated to help people to make progress in homecare, one of the most challenging areas of adult social care to truly personalise. This paper explores what developing an ISF means within homecare, and provides examples that illustrate its effectiveness. The paper is published alongside a companion tool, 'Progress for providers: checking your progress in delivering personalised support for people living at home'

(<http://www.helensandersonassociates.co.uk/media/80966/progressforproviderswebversion.pdf>), developed by the same group, which focuses on how providers can self-assess, plan and act to further personalise their support. (RH)  
From : in Control Support Centre, Carillon House, Chapel Lane, Wythall, W Midlands B47 6JX.  
Website: <http://www.in-control.org.uk>

## **PETS**

- 217/91 Animal assisted activities (AAA) for people living with dementia; by Marcus Fellows.: Institute of Ageing and Health, West Midlands.  
Ageing & Health, no 18, 2012, pp 25-28.  
Documentation on the use of Pet-facilitated therapy, and more recently Animal assisted activities (AAA) or animal assisted therapy (AAT) involving people with dementia is outlined. The charity Broadening Choices for Older People (BCOP), has been involved in animal therapy /activities in the care home which it runs. In 2009, BCOP identified one of its nursing care homes, Neville Williams House, as being suitable for establishing its "animal farm". The project started with small animals (rabbits and guinea pigs) followed by chickens and ducks, and later Kune Kune pigs, pygmy goats and aviary birds. This article notes the benefits such as mental stimulation and countering social isolation. (RH)  
ISSN: 13649752  
From : [www.iah-wmids.org.uk](http://www.iah-wmids.org.uk)

## **POVERTY**

(See Also 217/56)

- 217/92 The life course and cumulative disadvantage: poverty among grandmother-headed families; by Anastasia H Prokos, Jennifer Reid Keene.  
Research on Aging, vol 34, no 5, September 2012, pp 592-621.  
Using multivariate techniques the authors investigated how age, family type and race/ethnicity affect grandmother-headed families' economic resources. The authors examined four grandmother-headed family types that were classified on the basis of two features: parents' presence and the caregiving relationship of the grandmother and grandchild. Using data from the 2000 census (Public Use Microdata Sample 5%) to predict grandmother-headed families' official and relative poverty statuses, analyses indicated that age, race/ethnicity and family configuration were major explanations for poverty differences. The effects of race/ethnicity on official and relative poverty were greater among older cohorts than among the youngest cohorts. Additionally the effects of age on poverty varied by family type: the lower chances of poverty that were associated with older cohorts were not as great among two-generation families as they were among three-generation grandmother-headed families. The authors interpret these findings using a life-course perspective and cumulative disadvantage theory and discuss the implications for grandmother-headed families' economic security. (JL)  
ISSN: 01640275  
From : <http://roa.sagepub.com/>

## **RELATIONSHIPS (PERSONAL)**

(See 217/87)

## **RELIGION AND SPIRITUALITY**

- 217/93 Clergy perceptions of their preparation for counseling older adults; by Joseph G Pickard.  
Journal of Religion, Spirituality and Aging, vol 24, no 4, 2012, pp 276-288.  
This study used mental health literacy as a model for analysis in order to examine clergy members' perceptions of how prepared they felt to offer counselling services to older people. Logistic regression results indicated that more training specific to older adults and to mental illness, better relationships with mental health professionals and more knowledge of resources were associated with increased feelings of preparedness for counselling. Recommendations arising from the study included training to help increase clergy

members' abilities to recognise issues needing referral, improvement of relationships between clergy and mental health professionals and increasing clergy knowledge of available resources. (JL)

ISSN: 15528030

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

- 217/94 Ethical and spiritual concerns near the end of life; by Thomas R McCormick, Faith Hopp, Holly Nelson-Becker (et al).  
Journal of Religion, Spirituality and Aging, vol 24, no 4, 2012, pp 301-313.  
Case studies provide interesting windows into issues confronting patients in today's health care system. In this article the authors present two cases from their clinical experiences involving spiritual and ethical issues arising from the care of patients facing life-threatening illnesses. They also present two methods that introduce ways of talking about spiritual and ethical issues. In the first case study the HOPE mnemonic (Hope, Organised religion, Practice of religion, End of life) is introduced as a tool for facilitating open discussion regarding spiritual and religious matters when a patient is dying. The second case study describes a clinical ethics paradigm for organising and analysing ethical issues in the clinical context from a principled perspective. As growing numbers of older adults seek health care in the face of life-threatening illnesses, many will make decisions based upon values associated with their religious or spiritual beliefs. (JL)  
ISSN: 15528030  
From : <http://www.tandfonline.com/loi/wrsa20>
- 217/95 Jewish aging: model programs in social service, adult learning, intergenerational exchange, and research; by David Haber.  
Journal of Religion, Spirituality & Aging, vol 23, no 4, 2011, pp 304-317.  
This study looks at the importance of the older adult in Jewish life, and highlights the importance emphasised in scripture on the responsibility of caring for older parents as well as the association of old age with wisdom. A number of Jewish model programmes that serve older adults in the community are then highlighted, looking at the following areas: social service, adult education and lifelong learning, intergenerational exchange, and research. Gerontological educators and practitioners could well benefit from becoming familiar with Jewish model programmes that support quality of life in old age. (JL)  
ISSN: 15528030 From : <http://www.tandfonline.com/loi/wrsa20>
- 217/96 Pastoral care regarding losses for seniors: creating rituals, personal narratives, and practices to draw seniors closer to God; by Bridget N Casey.  
Journal of Religion, Spirituality and Aging, vol 24, no 4, 2012, pp 289-300.  
An increasing population of seniors provides pastoral caregivers the opportunity to affirm older people's value to family and society. This article begins by reviewing society's perspective of older people and the challenges they face. The study then presents the concept of creating rituals and personal narratives, along with biblical stories and the lives of biblical characters, to help seniors who need to find closure for losses and to find meaning in their lives, both past and future. The techniques are mainly targeted at Christian seniors, however they may also be adapted for older people of other faiths or none. (JL)  
ISSN: 15528030 From : <http://www.tandfonline.com/loi/wrsa20>
- 217/97 Religious and secular coping methods used by older adults: an empirical investigation; by Michael J Lewis, Albert J Jewell, Michael I Jackson, Robert Merchant.  
Journal of Religion, Spirituality & Aging, vol 23, no 4, 2011, pp 279-303.  
This study aimed to investigate the extent to which older men and women in the UK used specified religious and secular strategies to help them cope with life, and with thoughts on death and dying. Data were obtained from self-report questionnaires and telephone interviews. For general coping, 'recognising how much worse off others are' was ranked first and 'looking on the bright side' second. Literature was the highest ranked artistic pursuit, followed by instrumental music. A significant correlation was found between level of religious/spiritual beliefs and thoughts relating to death. Thematic analysis on qualitative comments yielded additional insights into how participants coped with both life and death issues. (JL)  
ISSN: 15528030 From : <http://www.tandfonline.com/loi/wrsa20>

## RESEARCH

- 217/98 Improving older people's lives ... together: first year progress report; by Age Action Alliance. [London]: Age Action Alliance, [2012], 4 pp.  
The Age Action Alliance comprises more than 250 members from diverse public, private and voluntary sector organisations. The common vision is to improve later life, particularly for socially excluded and vulnerable older people, through engagement, partnership working and practical action. In this short report, Working Group Chairs outline the progress on: safe, warm homes; healthy work places; public health and active lifestyles; digital inclusion; improving the lives of excluded older people; attitudes to ageing; loneliness and isolation; and age friendly environments. The Alliance also announces three further Working Groups: UnLtd and CSV will lead a group to examine older people's social and economic contribution; the Joseph Rowntree Foundation (JRF) and the Centre for Policy on Ageing (CPA) have established a Research Group to share research and help the Alliance build on evidence of what works; and a Financial Inclusion Group is also meeting. (RH)  
From : Age Action Alliance, 1st Floor, Caxton House, Tothill Street, London SW1H 9NA. Email: [ageaction.alliance@dwp.gsi.gov.uk](mailto:ageaction.alliance@dwp.gsi.gov.uk)  
Website: <http://ageactionalliance.org/>

## RESIDENTIAL AND NURSING HOME CARE

(See Also 217/26, 217/76, 217/78)

- 217/99 The closure of care homes for older people in Wales: prevalence, process and impact; by Christian Beech.  
EnvisAge, no 2, 2012, pp 13-15.  
Looks at the potential harm that care home closure can cause to older people, and briefly sets out the Welsh Government's guidance on the responsibilities of local authorities, NHS trusts and other bodies when care home closures are considered. Summarises findings of a study of care home closures in Wales, and argues the need for clearer guidance. (JL)  
From : [www.ageuk.org.uk/cymru/](http://www.ageuk.org.uk/cymru/)
- 217/100 In search of a future for large-scale care homes in Flanders; by Koen Coomans, Henk de Smet, Ann Heylighen.  
Journal of Housing for the Elderly, vol 25, no 4, October-December 2011, pp 329-351.  
Housing for older people in Flanders is evolving toward small-scale facilities and better quality of life. Ageing population strains the means to achieve this to the limit. The authors investigate whether and how Flemish large-scale facilities can adapt to meet contemporary and future requirements of housing for older people. By analysing current tendencies, they depict what this housing should look like, both now and in the future. They then investigate how an existing large-scale care home could fit this picture by using design as a mode of knowledge production. They propose to redesign the site such that its actual evolution would be thoroughly redirected. Beyond the facility at issue, the study shows how Flemish large-scale facilities could develop to keep playing a role in the future. They should timely adapt their size with qualities of small-scale housing schemes, and integrate in the neighbourhood. (JL)  
ISSN: 02763893  
From : <http://www.tandfonline.com/toc/wjhe20/current>
- 217/101 Residential and nursing homes: how can they meet the challenge of an aging population?; by Ala Szczepura.  
Aging Health, vol 7, no 6, December 2011, pp 877-887.  
A rapidly ageing society presents important challenges to care homes. Faced with increasingly older residents and progressively more complex clinical and social care needs, nursing and residential homes will have to address a number of issues. These include: how to maintain residents' quality of life as well as quality of care; how to integrate health and social care provision; how best to manage their interface with hospitals in order to prevent avoidable hospitalisations and facilitate early discharges; and how to utilise new technology in a cost-effective manner. This review examines evidence from across the

world on how care home placements can evolve to meet these challenges, with discussion largely adopting a UK perspective. The evidence on innovative ways of working to achieve such aims is growing, although slowly. The potential for new technologies to maintain quality and contain costs is significantly under-developed. More research is now needed. (JL)

ISSN: 1745509X

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

- 217/102 Residential care and regulation: looking ahead in Wales; by Mark Drakeford. *EnvisAge*, no 9, 2012, pp 16-18. The Health and Social Care Committee of the National Assembly of Wales is conducting an Inquiry into residential care services for older people, with regulation as one of its core themes. A report of the Committee's findings is planned to be issued in Autumn 2013. (JL)  
From : [www.ageuk.org.uk/cymru/](http://www.ageuk.org.uk/cymru/)

- 217/103 Simulating geriatric home safety assessments in a three-dimensional virtual world; by Allen D Andrade, Pedro Cifuentes, Michael J Mintzer ... (et al). *Gerontology & Geriatrics Education*, vol 33, no 3, July-September 2012, pp 233-252. Virtual worlds could offer inexpensive and safe three-dimensional environments in which medical trainees can learn to identify home safety hazards. The goal of this pilot study was to evaluate the feasibility, usability and acceptability of an innovative 3D virtual world for geriatric home safety assessments and to correlate performance efficiency in hazard identification with spatial ability, self-efficacy, cognitive load and presence. In the study 30 medical trainees found the home safety simulation easy to use and their self-efficacy was improved. Men performed better than women in hazard identification. Presence and spatial ability were correlated significantly with performance. The authors conclude that educators should consider spatial ability and gender differences when implementing virtual world training for geriatric home safety assessments. (JL)  
ISSN: 02701960  
From : <http://www.tandfonline.com/loi/wgge20>

## **RESILIENCE**

- 217/104 Resilience: thoughts on the value of the concept for critical gerontology; by Kirsty Wild, Janine L Wiles, Ruth E S Allen. *Ageing and Society*, vol 33, part 1, January 2013, pp 137-158. Resilience is an increasingly popular concept within the social sciences. The authors explore some key ideas about individual and social resilience from varied fields, and propose new ways to conceptualise these in relation to resilience in later life. This article examines the history of the concept of resilience; explores some of the diverse ways that gerontologists are attempting to apply it to later life; and discusses the strengths and weaknesses of using resilience as a conceptual framework within critical ageing research. The authors also suggest ways of conceptualising resilience and ageing. They highlight the different scales of resilience that affect older people's ability to negotiate adversity, also some key areas of resilience relevant to later life. The example of mobility resilience is used to illustrate how different scales of resilience operate within an area of resilience central to the ageing experience. Finally, some key principles for the use of resilience within critical gerontology are outlined. The article provides guidance on how to maximise the potential of the concept, whilst avoiding some of the limitations associated with its historical usage. (RH)  
ISSN: 0144686X  
From : <http://www.journals.cambridge.org/aso>

## **SEXUALITY**

- 217/105 Older lesbians: experiences of aging, discrimination and resilience; by Paige Averett, Intae Yoon, Carol L Jenkins. *Journal of Women & Aging*, vol 23, no 3, 2011, pp 216-232. Older lesbians are at minimum subject to a triple threat of marginalisation due to ageism, heterosexism and sexism. A national survey specific to this often-invisible population has not occurred in the U.S. in over 25 years. The present study was completed to reveal the

needs, strengths and experiences of a new cohort of older lesbians. 456 older lesbians responded to an online survey on topics including sociodemographics, social activity, health, sexual identity, family relationships, romantic relationships, service/programme use, mental health, end-of-life care and discrimination. Overall findings of this latest survey showed that older lesbians are resilient and have much strength in the face of both oppression and the ageing process. A number of similarities and differences between the previous and current cohort of older lesbians are highlighted. (JL)

ISSN: 08952841

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

217/106

Promoting the sexual health of the older couple; by Johannes Bitzer.

Aging Health, vol 7, no 5, October 2011, pp 681-693.

Many studies show a deterioration of sexual health in men and women with increasing age. Each partner's sexual problems may negatively impact on the sexual life of the other but at the same time partners can serve as a help and resource to restore and maintain the sexual health of the other. Furthermore, sexual health is part of the quality of life of older people and may not only increase their general wellbeing but also their general health status. Taking into account the availability of medical treatment for sexual dysfunction in both genders and the increasing number of older couples, it becomes evident that a specialised field of sexual medicine focusing on older couples has to be developed. This field will have to include knowledge and skills coming from various disciplines and this multidisciplinary approach must also include one additional dimension, namely the couple and the possible influences each partner has on the other's health. Altogether this has to be integrated into a comprehensive model of sexual health promotion. (JL)

ISSN: 1745509X

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

## **SOCIAL CARE**

217/107

A case for sustainable funding for adult social care; by Anastasia Lungu-Mulenga, Judith Hendley, Aivaras Statkevičius, London Councils. London: London Councils, January 2013, 44 pp.

Local authorities in London spend about one third (some £2.8 billion) of their overall budgets on adult social care services; this is expected to increase as a result of demographic pressures. By 2017/18, the funding gap in adult social care in London is estimated to be at least £907 million. This report by London Councils and supported by Ernst and Young describes collaborative research undertaken in responding to increased financial pressures in adult social care and in understanding the funding gap. It explores the extent to which funding pressures could be mitigated through achieving greater efficiencies in how social care is managed, procured and delivered. The report uses examples of approaches where some boroughs are already achieving particular levels of savings, and extrapolates them across other boroughs in London. However, despite the most optimistic potential savings being achieved by boroughs, the current funding gap in adult social care would still not be addressed without the government increasing borough funding allocations. (RH)

<http://www.londoncouncils.gov.uk/policylobbying/healthadultservices/socialcare/fundingadultcare.htm>

217/108

Delivering Dilnot: paying for elderly care; by Paul Burstow (ed), CentreForum; Partnership. London: CentreForum, January 2013, 54 pp.

The recommendations in 'Fairer care funding', the report of the Commission on Funding of Care and Support chaired by Andrew Dilnot have received widespread support. The question is whether the government can find the resolve and the funding to deliver the reform required. Contributors to 'Delivering Dilnot' includes Lord Sutherland (chair of the Royal Commission on Long Term Care) and Paul Burstow MP (former Care Services Minister in the Coalition government), and the personal experiences of a carer and a pensioner. They consider the effects of a cap ranging from £50,000 to £100,000, and establish which pensioners would be affected. They propose that the Winter Fuel Payment should be linked to the Pension Credit; this would raise up to £1.5 billion a year, while protecting the poorest against cuts in their weekly income. A further annual pot of money, around £600 million, could be raised by establishing capital gains tax (CGT) at death. The

report also examines what would be required for the private sector to deliver insurance products. Whatever happens, tough political decisions are needed, coupled with fair and sustainable funding. (RH)

From : CentreForum, 6th Floor, 27 Queen Anne's Gate, London SW1H 9BU. Website: [www.centreforum.org](http://www.centreforum.org)

217/109 Measuring unmet need for social care amongst older people; by Athina Vlachantoni, Richard Shaw, Rosalind Willis (et al).

Population Trends, no 145, Autumn 2011, pp 56-72.

Recent spending cuts in the area of adult social care raise policy concerns about the proportion of older people whose need for social care is not being met. Such concerns are emphasised in the context of population ageing and other demographic changes. For example, the increasing proportion of the population aged 75 and over places greater pressure on formal and informal systems of care and support provision, while changes in the living arrangements of older people may affect the supply of informal care within the household. This article explores the concept of "unmet need" for support in relation to specific activities of daily living (ADLs) and instrumental activities of daily living (IADLs), using data on the receipt of support (informal, formal state or formal paid) from the General Household Survey (GHS), the English Longitudinal Study of Ageing (ELSA) and the British Household Panel Survey (BHPS). The results show that different kinds of need tend to be supported by particular sources of care, and that there is a significant level of "unmet need" for certain activities. (RH)

ISSN: 03074463

From : <http://www.statistics.gov.uk>

217/110 Reforming the law of social care in Wales; by John Williams.

EnvisAge, no 9, 2012, pp 19-21.

Argues the need for the reform of adult social care law in Wales, with particular reference to the Law Commission's Report on adult social care and the Social Services (Wales) Bill. (JL)

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

## **SOCIAL INCLUSION**

(See Also 217/82, 217/83)

217/111 Social inclusion in an ageing world: introduction to the special issue; by Jeni Warburton, Sik Hung Ng, Steven M Shardlow.

Ageing and Society, vol 33, part 1, January 2013, pp 1-15.

This paper provides an introduction to a special issue of Ageing and Society, focusing on diverse examples of policy practice in social inclusion and ageing across different regions of the world. These examples illustrate the multifaceted nature of the concept of social inclusion and how it is applied in the context of global demographic ageing. The paper begins with an exploration of the history and development of the concept of social inclusion, as applied to ageing policy, and how the concept has emerged following its initial association with economic disadvantage. Now commonly defined as relating to social participation in key activities of the society in which people live, a social inclusionary approach highlights the risks of social exclusion and isolation faced by older people. Social inclusion thus incorporates core issues in ageing such as civic engagement, an ageing workforce, age-friendly communities, and civic involvement. There are some particular challenges to implementing social inclusion policies within the current environment which are addressed within this special issue. These include the impact of social and cultural change, particularly across some of the East Asian countries, and the impact of global financial crises on work and retirement. (RH)

ISSN: 0144686X

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

217/112 Social inclusion of the older population in response to the 2008 financial tsunami in Hong Kong; by Chau-Kiu Cheung, Kwan-Kwok Leung.

Ageing and Society, vol 33, part 1, January 2013, pp 64-88.

Social inclusion of the older population in employment, housing, social protection and



other livelihood aspects was predicted to suffer because of the financial tsunami in Hong Kong in 2008. An expected mitigating factor of the impact on social inclusion was social cohesion, which is the focus of the present study. A total of 1,352 Hong Kong Chinese adults were surveyed in 2009. The results show that social cohesion is perceived in Hong Kong to have mitigated the negative impact of this financial crisis, in terms of support for public policy relating to social inclusion of the older population. These results have implications for sustaining social cohesion as a means to promote the social inclusion of the older population. (RH)

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

## **SOCIAL NETWORKS**

217/113

Age trends in daily social contact patterns; by Benjamin Cornwell.

Research on Aging, vol 33, no 5, September 2011, pp 598-631.

Research on older adults' social integration largely focuses on time-indefinite access to social support, community involvement and network connectedness, however little research has examined the actual amount of social contact older adults have on a typical day. This study used nationally representative data on 92,698 adults - collected in the 2003-2009 American Time Use Surveys - to examine age-related trends in rates of everyday contact. Study findings revealed that older adults have substantially lower rates of social contact compared with younger and middle-aged adults, especially among women. A significant portion, but not all, of the age-related variation in contact patterns was attributable to life-course factors like living arrangements. The author closes by considering several potential explanations for these trends and by urging social gerontologists to pay closer attention to the causes and consequences of microsocial contact patterns among older adults. (JL)

ISSN: 01640275

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

217/114

Social capital and feelings of unsafety in later life: a study on the influence of social networks, place attachment, and civic participation on perceived safety in Belgium; by Liesbeth de Donder, Nico de Witte, Tine Buffel ... (et al).

Research on Aging, vol 34, no 4, July 2012, pp 425-448.

The aim of this study was to examine the relation between social capital, defined in terms of social ties, place attachment and civic participation, and feelings of unsafety in later life. Survey data for 24,962 people aged 60 years and older from 85 municipalities across Belgium provided the empirical evidence for the analysis. The results of the multiple regression analysis revealed that a lack of opportunities for political participation was the most important factor in interpreting feelings of unsafety. In addition several features of place attachment proved to be associated with feelings of unsafety, such as neighbourhood satisfaction and neighbourhood involvement. Finally some recommendations to reduce feelings of unsafety among older people are discussed. The results point to the need to enhance opportunities to give older people a voice in the process of political decision making as an important action in reducing feelings of unsafety. (JL)

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## **SOCIAL SERVICES**

(See 217/56)



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