

New Literature on Old Age

EDITOR

Gillian Crosby

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Centre for Policy on Ageing
28 Great Tower Street
London EC3R 5AT

Telephone: +44 (0) 20 7553 6500
Fax: +44 (0) 20 7553 6501
Email: cpa@cpa.org.uk
Web: www.cpa.org.uk

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Contents for vol 37 no 219, 2013

Subject Headings	Page
Abuse, safeguarding and protection	1
Active ageing	1
Advance directives	2
Age discrimination	2
Ageing (general)	2
Ageism and age discrimination	2
Anxiety	3
Arts and music	3
Assessment	3
Attitudes to ageing	5
Bereavement	6
Black and minority ethnic groups	6
Carers and caring	6
Centenarians	7
Continence	8
Death and dying	8
Dementia	8
Demography and the demographics of ageing	11
Depression	12
Design	13
Diet and nutrition	14
Disability	12
Employment	15
End-of-life care	15
Epidemiology	15
Falls	15
Family and informal care	16
Frailty	17
Government and policy	18

Continued...

Subject Headings	Page
Health care	18
History of ageing	19
Home care	19
Hospital care	19
Hospital services	20
Housing	20
Housing with care	21
Income and personal finance	22
Integrated care	23
Inter-generational issues	24
International and comparative	24
Life-long learning	25
Long term care	25
Mental health	27
Mental health care	31
Mental illness	32
Migration	32
Nursing	32
Pain	32
Pensions and benefits	33
Personalisation	34
Physical activity	35
Quality of life	35
Religion and spirituality	36
Research	36
Residential and nursing home care	37
Risk	38
Sleep	38
Social care	39
Social inclusion	39
Social networks	39
Social policy and theory	39
Suicide	39

ABUSE, SAFEGUARDING AND PROTECTION

- 219/1 A cognitive mask?: camouflaging dilemmas in street-level policy implementation to safeguard older people from abuse; by Angie Ash.: Oxford University Press. British Journal of Social Work, vol 43, no 1, January 2013, pp 99-115. National policy to safeguard older people from abuse in England and Wales gives social services the lead role in co-ordinating local multi-agency adult safeguarding procedures. With the exception of Lipsky's (1980) work on street-level bureaucracy, relatively little research attention has considered the day-to-day reality of social workers charged with implementing public policy. This article reports findings of multi-method research carried out in a social services department in Wales to identify the constraints and realities social workers faced when implementing policy to protect older people from abuse. Data sources were 33 social workers and managers and local adult safeguarding documentation and statistics. Methods included semi-structured interviews, focus groups, observed meetings, and documentary and statistical analysis of adult protection activity. The research found the dilemmas social workers grappled with were inherent in the structure of their work, as Lipsky had proposed. Dilemmas included known poor practice and quality in some care services, resource shortfalls and delays in investigating alleged elder abuse. The paper concludes by developing the metaphor of a 'cognitive mask' to describe how social workers manage the dissonance arising from dilemmas inherent in the context of their work to safeguard elders and it suggests how this 'mask' can be removed. (JL)
ISSN: 00453102
From : www.bjsw.oxfordjournals.org

- 219/2 Engaging community support in safeguarding adults from self-neglect; by Corinne May-Chahal, Roy Antrobus.: Oxford University Press. British Journal of Social Work, vol 42, no 8, December 2012, pp 1478-1494. Recent studies on self-neglect highlight the crucial role that community members play, not just as referrers to services, but as definers of what is and is not to be tolerated in their neighbourhood. In the context of social care policy development that promotes the role of local communities in social care and positions self-neglect as a safeguarding concern, this qualitative study addresses a gap in the evidence base _ that of improving understanding of public perceptions of self-neglect. Members of the public were recruited from a local further education college and a voluntary agency that involved older people as volunteers. Thirty-four people (32 females and 2 males) took part in eight focus groups, drawing on a visual and textual vignette. Overlapping themes emerging from the analysis of discussion included emotional reactions to the situation, concerns about dirt and hygiene, actions in relation to choice, impact on the neighbourhood and expectations of formal intervention. There was also evidence of highly negative and abusive standpoints, particularly amongst younger participants. A model for community intervention is proposed based on four principles: achieving agreement on the lowest living standards community members feel able to accept, co-ordinating community resources, facilitating contact, and monitoring to fill resource gaps. (RH)
ISSN: 00453102
From : www.bjsw.oxfordjournals.org

ACTIVE AGEING

- 219/3 The trend in sport participation among Dutch retirees, 1983-2007; by Rabina Cozijnsen, Nan L Stevens, Theo G Van Tilburg. Cambridge: Cambridge University Press. Ageing and Society, vol 33, no 4, May 2013, pp 698-719. Sport participation is important for retirees, because of its health benefits and the opportunities it offers for social interaction. This paper investigates the trend in sport participation among retirees in the Netherlands between 1983 and 2007. Factors that influence sport participation such as educational level, physical limitations, and occupational background have changed during the last decades, possibly accounting for changes in sport participation. Data are from the Amenities and Services Utilization Survey (AVO), a nationally representative Dutch survey with seven observations between 1983 and 2007. The trend in sport involvement, sports club membership and competition was investigated in a sample of 2,497 male and 1,559 female retirees aged 58-67 years. Increases in participation were observed in sport involvement and sports club membership.

This trend can partially be explained by increases in educational level, decreases in the number of retirees with physical limitations, and in those retiring from sedentary jobs. Yet, sport participation seems to have increased for all retirees, regardless of their socioeconomic background and health status. Alternative explanations for the observed trend are discussed. (RH)

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

ADVANCE DIRECTIVES

219/4

Advance care planning in the USA and UK: a comparative analysis of policy, implementation and the social work role; by Gary L Stein, Iris Cohen Fineberg.: Oxford University Press.

British Journal of Social Work, vol 43, no 2, March 2013, pp 233-248.

Advance care planning is important to promoting and communicating one's preferences, values and interests when one lacks capacity to make health care decisions, including those towards the end of life. A comparison of advance care planning between the USA and the UK reveals similarities and differences in policy, implementation and the social work role. The USA has a longer history of advance care planning and one that is oriented towards the general public, regardless of health status. The UK is newer to advance care planning and focuses its attention on the patient population, especially people with life-limiting illnesses. Who is meant to initiate advance care planning also differs between the USA and UK. The USA and UK have different legal and informal documents related to advance care planning, with variations and inconsistencies within the USA and UK as well. As the key member of the hospice and palliative care team concerned with psychosocial care, social workers can assume vital roles, including patient and family education; promoting meaningful communication among patients, family members and health care providers; assisting people facing illness in documenting their preferences; and advocating for patients' wishes. As strong advocates, communicators and counsellors, social workers can be leaders in encouraging and facilitating advance care planning. (JL)

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AGE DISCRIMINATION

(See 219/50)

AGEING (GENERAL)

219/5

Agenda for later life 2013: improving later life in tough times; by Jane Voss, Age UK. London: Age UK, 2013, 131 pp.

The report is Age UK's overview of how society is meeting the needs of people in later life, and Age UK's agenda for public policy for 2013. While the indicators show that overall we are living longer, with increasing healthy life expectancy, and in better financial health, there are signs of growing inequality in respect of health and care. The report presents indicators on: money and work; health and well-being; home and care; and travel and lifestyle. It comments on the gap in funding for social care and how this results in pressures on family and informal carers. A chapter on international action sets out the key priorities of Age International. Updated statistical information is available on Age UK's website (see: www.ageuk.org.uk/professional-resources-home/knowledge-hub-evidence-statistics). (RH)

[From : Age UK, Tavis House, 1-16 Tavistock Square, London WC1H 9NA. Website: www.ageuk.org.uk](http://www.ageuk.org.uk)

219/6

Why are the oldest old less generous?: explanations for the unexpected age-related drop in charitable giving; by Pamala Wiepking, Russell N James.: Cambridge University Press. Ageing and Society, vol 33, no 3, April 2013, pp 486-510.

Previous research has demonstrated that the generally positive relationship between age and the presence of charitable giving becomes negative at the oldest ages. The authors investigate potential causes of this drop in charitable giving among the oldest old including changes in health, cognition, egocentric networks, religious attendance, and substitution of charitable bequest planning. A longitudinal analysis of data from the United States Health and Retirement Survey indicates that the drop in charitable giving is mediated

largely by changes in the frequency of church attendance, with only modest influences from changes in health and cognition. (RH)
ISSN: 0144686X From : journals.cambridge.org/aso

ANXIETY

- 219/7 Physicians' practice and familiarity with treatment for agitation associated with dementia in Israeli nursing homes; by Jiska Cohen-Mansfield, Atarah Juravel-Jaffe, Aaron Cohen ... (et al): Cambridge University Press.
International Psychogeriatrics, vol 25, no 2, February 2013, pp 236-244.
The purpose of this study was to clarify physicians' actual practice in treating agitation in the nursing home and to elucidate the relationship between background factors, familiarity with interventions and practice. A survey of actual practice for agitation in persons with dementia was administered to 67 physicians working in nursing homes in Israel. Questionnaires were administered by personal interview, self-completed or a combination of the two. Results showed that psychotropic medications are prescribed by 92.5% of physicians for treating agitation, most notably, Haloperidol (39%). Non-pharmacological treatment was also reported to be common, though to a lesser extent, with environmental change being the most prevalent non-pharmacological intervention. Generally physicians showed low familiarity levels with non-pharmacological interventions, with higher levels noted for physicians with a speciality in geriatrics compared to those who were non-specialised. Physicians who were non-Israeli and younger also reported higher familiarity levels compared to their respective counterparts (i.e. Israeli and older) but this difference did not reach significance. The findings indicate that, despite current guidelines, psychotropic medications are the treatment of choice among nursing home physicians in Israel. While rates of use of non-pharmacological interventions are substantial, their in-practice application may be hindered by lack of familiarity as well as system barriers. The results have implications for system and education changes. (JL)
ISSN: 10416102 From : journals.cambridge.org/ipg

ARTS AND MUSIC

- 219/8 Ages and Stages: the place of theatre in representations and recollections of ageing; by Miriam Bernard, David Amigoni, Lucy Munro (et al), New Dynamics of Ageing Programme - NDA; Department of Sociological Studies, University of Sheffield. Sheffield: New Dynamics of Ageing - NDA, 2012, 8 pp (NDA Findings 15).
Ages and Stages is a collaboration between Keele University and the New Vic Theatre, Newcastle-under-Lyme. Between October 2009 and July 2012, the researchers explored historical representations of ageing within the Vic's social documentaries; and they interviewed 95 older people who have been involved with the theatre as volunteers, actors and employees, audience members, and sources for the documentaries. The research was drawn together to create a new piece of documentary drama called Our Age, Our Stage and the associated Ages and Stages Exhibition. The research demonstrates the importance of challenging stereotypes that creativity declines or ceases with age. The importance for older people of inclusion and participation through volunteering and involvement in creative activities is highlighted. (RH)
From : NDA Research Programme, Department of Sociological Studies, University of Sheffield, Elmfield, Northumberland Road, Sheffield S10 2TU.
www.newdynamics.group.shef.ac.uk

ASSESSMENT

(See Also 219/44, 219/72)

- 219/9 Age and synchrony effects in performance on the Rey Auditory Verbal Learning Test; by Claire A Lehmann, Anthony D G Marks, Tanya L Hanstock.: Cambridge University Press.
International Psychogeriatrics, vol 25, no 4, April 2013, pp 657-665.
There is evidence that individuals perform better on some memory tasks when tested at their preferred time of day, a phenomenon named the synchrony effect. There is also

evidence of a predictable change from evening to morning preference during the adult life span. Together, these findings suggest that age effects on memory measures may be overestimated when time of testing is ignored. The aim of this study was to investigate whether synchrony effects could partially explain the well-documented age-related decline in performance on the Rey Auditory Verbal Learning Test (RAVLT). Groups of 42 younger adults (aged 18_33 years) and 42 older adults (aged 55_71 years) were administered the RAVLT at either their optimal or non-optimal time of day. Although both age groups benefitted moderately from being tested at their optimal time, this effect was greater for older participants and extended to all facets of RAVLT performance except proactive interference. However, younger adults outperformed older adults on three of the five RAVLTs. These findings add to existing evidence of synchrony effects, particularly in memory functioning of older adults, and highlight the need for clinicians to consider optimal time of testing when administering and interpreting the RAVLT. (JL)

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From : journals.cambridge.org/ipg

219/10

Developing an integrated assessment tool for the health and social care of older people; by Brian J Taylor.: Oxford University Press.

British Journal of Social Work, vol 42, no 7, October 2012, pp 1293-1314.

Assessment tools have a key function in relation to co-ordinating care, communication between professionals and gathering data for monitoring and service improvement. There are challenges facing co-ordinated assessment processes in health and social care of older people because of the wide variety of care pathways in primary, acute, 'intermediate' and community care settings. This paper outlines the development of the Northern Ireland Single Assessment Tool (NISAT) for the health and social care of older people. The purpose of the tool is to facilitate access to appropriate health and social care interventions ranging from non-complex to complex co-ordinated care and to be suitable for use in primary, acute and community health and social care including intermediate care. The development involved stakeholders from a wide range of professions, older people and carers. The process included a survey of existing care management assessment tools, various working groups and testing reliability using vignettes and trained actors. Older people were engaged in a music, dance and visual arts project on the theme of assessment to inform the tool development. The components of the tool and their development are reviewed, including considering the role of social work in contributing to specialist assessment as distinct from the role of co-ordinating a holistic assessment process. (JL)

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From : www.bjsw.oxfordjournals.org

219/11

Functional assessments utilised in emergency departments: a systematic review; by Michell Bissett, Anne Cusick, Natasha A Lannin.: Oxford University Press.

Age and Ageing, vol 42, no 2, March 2013, pp 163-172.

Functional assessment is an important component of the management of older adults in the emergency department (ED) as the function level has been identified as a predictor of adverse events including ED re-presentation. The purpose of this systematic review aimed: (i) to identify functional assessments that have been utilised in ED settings; (ii) to examine what psychometric properties analysis has been completed and (iii) to establish recommendations for practice. Articles were reviewed using pre-determined inclusion criteria. Each study was appraised using quality criteria for aspects of validity and reliability in addition to clinical utility, interpretability and responsiveness. Recommendations for practice were determined on the basis of the extent of psychometric data generated in ED settings and whether or not the assessment was specifically developed for ED use. In all, 332 articles were identified of which 43 articles utilising 14 functional assessments were retained. Psychometric testing was scarce. Functional assessment has been reported internationally and only with older adults. Following appraisal four assessments were recommended for practice with moderate reservations, namely: the Identification of Seniors at Risk (ISAR), Triage Risk Stratification Tool (TRST), Older Adult Resources and Services (OARS) and Functional Status Assessment of Seniors in Emergency Departments (FSAS-ED). The study concludes that the ISAR or TRST are suitable for fast screening, whereas the OARS or FSAS-ED are more suitable for a comprehensive understanding of functional performance. Further research is warranted and recommendations for ED assessment may change as more becomes

known about psychometric properties and clinical applications of other assessments. (JL)
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From : www.ageing.oxfordjournals.org

ATTITUDES TO AGEING

(See Also 219/70)

219/12

How do older people describe others with cognitive impairment?: a multiethnic study in the United States; by Sarah B Laditka, James A Laditka, Rui Lui (et al): Cambridge University Press.

Ageing and Society, vol 33, no 3, April 2013, pp 369-392.

The authors studied how older people describe others with cognitive impairment. 42 focus groups represented African-Americans, American Indians, Chinese Americans, Latinos, Vietnamese Americans and Whites other than Latinos (n=396, ages 50+) in nine locations in the United States. Axial coding connected categories and identified themes. The constant comparison method compared themes across ethnic groups. African-Americans, American Indians and Whites emphasised memory loss. African-Americans, American Indians, Latinos and White stressed withdrawal, isolation and repetitive speech. African-Americans, American Indians, Vietnamese Americans and Whites emphasised "slow thinking". Only Whites described mood swings and personality changes. Many participants attributed dementia to stress. Terms describing others with dementia included "Alzheimer's", "dementia", "senile", and "crazy". Euphemisms were common ("senior moment", "old timer's disease"). Responses focused on memory, with limited mention of other cognitive functions. Differences among ethnic groups in descriptions of cognitive health and cognitive impairment underscore the need to tailor public health messages about cognitive health to ways that people construe its loss, and to their interest in maintaining it, so that messages and terms used are familiar, understandable and relevant to the groups for which they are designed. Health promotion efforts should develop ethnically sensitive ways to address the widely held misperceptions that even serious cognitive impairment is a normal characteristic of ageing, and also to address stigma associated with cognitive impairment. (RH)

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From : journals.cambridge.org/aso

219/13

Reliability and validity of the Attitudes to Ageing Questionnaire (AAQ) in older people in Spain; by Ramona Lucas-Carrasco, Ken Laidlaw, Juana Gomez-Benito, Michael J Power.: Cambridge University Press.

International Psychogeriatrics, vol 25, no 3, March 2013, pp 490-499.

As ageing is a personal experience, an attitude to ageing questionnaire is essential for capturing the most realistic appraisal of this important stage of life. The aim of this study was to look at the psychometric properties of the Attitudes to Ageing Questionnaire (AAQ) in a sample of Spanish older people. 242 participants aged 60 years and older were recruited from community centres, primary care centres and family associations for the mentally ill and dementia. In addition to the AAQ, participants provided information on demographics, self-perception of health, comorbidity, health status, depressive symptoms and quality of life. Analysis was performed using standard psychometric techniques with SPSS v15.0. No floor and ceiling effects were found, and missing data were low. The internal consistency measured by Cronbach's alpha for AAQ subscales were 0.59, 0.70 and 0.73. Exploratory Factor Analysis produced a three-factors solution accounting for 34% of the variance. A priori expected associations were found between some AAQ subscales with WHOQOL-BREF domains, with WHOQOL-OLD, SF-12, and the GDS-30 indicating good construct validity. In general, AAQ subscales differentiated between participants with lower and higher levels of education, and between a priori defined groups of older people (non-depressed vs. depressed, those with higher vs. lower physical comorbidities, and non-carers vs. carers). Overall the Spanish version of the AAQ questionnaire showed acceptable psychometric properties in a convenience sample of Spanish older people. It is a useful measure of attitude for use with older people in social and clinical services. (JL)

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BEREAVEMENT

(See Also 219/38)

- 219/14 Bodies-in-life/bodies-in-death: social work, coronial autopsies and the bonds of identity; by John Drayton.: Oxford University Press.
British Journal of Social Work, vol 43, no 2, March 2013, pp 264-281.
This paper addresses an aspect of bereavement which has received scant attention: the various meanings of the dead body for the bereaved person and the practical implications of these for social workers in the field of grief and loss. The discussion is embedded within a consideration of the role of social work in the field. The practice context is discussed and the literature of attachment in bereavement and conceptualisations of the dead body briefly reviewed. The core of the paper derives from a series of interviews with relatives of people whose bodies underwent autopsy-based coronial investigations involving the retention of whole organs in Queensland, Australia. A number of emergent themes are identified regarding the resonance of identity and the ways it is contained, asserted and incorporated into the life and grief of the bereaved. Conflicts and concurrences between the perspectives of interviewees and dominant medico-legal perspectives are also considered. The paper concludes by discussing the role of social work in bringing the perspectives of the bereaved person to the fore. It suggests the profession, by virtue of its familiarity with the Ambiguous and Contradictory, is well placed to develop practical understandings of death and bereavement and to enhance the various governmental systems in which they are enacted. (JL)
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From : www.bjsw.oxfordjournals.org

- 219/15 Lessons I have learned; by Phyllis R Silverman.: Oxford University Press.
British Journal of Social Work, vol 43, no 2, March 2013, pp 216-232.
In this article the author reviews her many decades of research and practice with bereaved people including her original work with the Widow-to-Widow programme, her work with the development of the concept of 'continuing bonds' and her work with grieving children. The author outlines some of the many lessons she has learned as follows: death is a part of life; mourning is not something we do alone; people we wish to help are our best teachers; grief is not an illness but a life-altering event; grief is about dealing with change; gender makes a difference; different relationships lead to different ways of grieving; how children experience the death of a parent; remembering the deceased; adjusting to a changed world; leaving behind preconceived ideas about what help might look like; and the Widow-to-Widow initiative as a self-help programme. (JL)
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From : www.bjsw.oxfordjournals.org

BLACK AND MINORITY ETHNIC GROUPS

(See 219/16, 219/24, 219/47, 219/80, 219/92)

CARERS AND CARING

(See Also 219/41, 219/43)

- 219/16 Care relationships, quality of care and migrant workers caring for older people; by Kieran Walsh, Isabel Shutes.: Cambridge University Press.
Ageing and Society, vol 33, no 3, April 2013, pp 393-420.
Migrant care workers make a substantial contribution to older adult care in Ireland and the United Kingdom (UK). However, little is known about the relational aspects of care involving migrant care workers and older people. Given that the care relationship is closely linked to quality of care, and that the Irish and UK sectors are increasingly restricted by economic austerity measures, the lack of information is a concern for care practice and policy. This paper explores the relationship between migrant care workers (in this instance registered nurses and care assistants) and older people in Ireland and the UK. It draws on data collected in both countries, including focus groups with older people (n=41), interviews with migrant care workers (n=90) and data from a survey of and

interviews with employers. The findings illustrate the complexity of the migrant care workers-older person relationship; the prevalence of need-orientated, friendship and familial-like, reciprocal, and discriminatory interlinking themes; and the role of the individual structural and temporal factors in shaping these relationships. (RH)

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From : journals.cambridge.org/aso

219/17

The importance of the supervisor for the mental health and work attitudes of Australian aged care nurses; by John Rodwell, Angela Martin.: Cambridge University Press.

International Psychogeriatrics, vol 25, no 3, March 2013, pp 382-389.

The work attitudes and psychological well-being of aged care nurses are important factors impacting on the current and future capacity of the aged care workforce. Expanding our understanding of the ways in which the psychosocial work environment influences these outcomes is important in order to enable organisations to improve the management of human resources in this sector. Using survey data from a sample of 222 Australian aged care nurses, regression analyses were employed to test the relative impact of a range of psychosocial work environment variables derived from the demand-control-support (DCS) model and organisational justice variables on satisfaction, commitment, well-being and depression. The expanded model predicted the work attitudes and well-being of aged care nurses, particularly the DCS components. Specifically, demand was related to depression, well-being, and job satisfaction, job control was related to depression, commitment and job satisfaction, and supervisor support and interpersonal fairness were related to well-being. The contributions of informational and interpersonal justice, along with the main and interaction effects of supervisor support, highlight the centrality of the supervisor in addressing the impact of job demands on aged care nurses. Psychosocial variables have utility beyond predicting stress outcomes to the work attitudes of nurses in an aged care setting and thus present further avenues of research for the retention of nurses and improved patient care. (JL)

ISSN: 10416102

From : www.journals.cambridge.org/ipg

CENTENARIANS

219/18

Cardiovascular diseases are largely underreported in Danish centenarians; by Karen Andersen-Ranberg, Kaare T Fjederholt, Adnan Madzak ... (et al.): Oxford University Press.

Age and Ageing, vol 42, no 2, March 2013, pp 249-253.

The substantial decline in oldest old mortality has led to more people surviving to very old age. As morbidity and disability generally increases with age epidemiological research in ageing has focused on the health of oldest olds. However most studies are based on self-reported or physician-reported information and not objective health information. The objective of the present study was to estimate and compare the prevalence of cardiovascular diseases (CVDs) in Danish centenarians using three different sources of information: self-reported, physician-reported and objective data. The research used the population-based clinical-epidemiological study of 100-year-old Danes. All eligible participants were interviewed (self-report) in their own homes and offered a clinical examination, including an electrocardiogram (ECG) and blood pressure measurement. Further health information was retrieved from general practitioners' medical files and the Danish National Discharge Register (physician report). Out of 276 eligible, 207 (75%) participated. Blood pressure and ECG were measured in 76 and 69%, respectively. There was poor agreement between self-reported and physician-reported CVDs, and between physician-reported CVDs and clinical objective CVD diagnoses. Only angina pectoris reached a Kappa value of 0.5. ECG revealed twice as many cases of myocardial infarction and ischaemia compared with physician-reported. Using both physician-reported and ECG 95 (46%) of the centenarians suffered from at least one of the diseases myocardial infarction, angina pectoris or atrial fibrillation. Adding physician-reported heart failure and hypertension increased the prevalence of CVD to 80%. The study concludes that self-reported information largely underestimates the CVD life-time prevalence in Danish centenarians. Objective clinical examinations are necessary to evaluate true disease prevalence in the oldest old. (JL)

ISSN: 00020729 From : www.ageing.oxfordjournals.org

CONTINENCE

- 219/19 Tackling ageing continence through theory, tools and technology (TACT3); by Eleanor van den Heuvel, Mary Gilhooly, Ian Sutherland (et al), New Dynamics of Ageing Programme - NDA; Department of Sociological Studies, University of Sheffield. Sheffield: New Dynamics of Ageing - NDA, 2012, 8 pp (NDA Findings 12).
In a world where we experience ever-decreasing Levels of social inhibition, continence problems remain taboo. The overall aim of the TACT3 project was to reduce the impact of continence difficulties for older people. Three themes were identified from interviews with older people in respect of continence services: accessibility; establishing a positive relationship with the continence service professional; and reducing the impact of urinary incontinence (UI) on everyday life. Professionals surveyed stressed the importance of patient education, creating a friendly and welcoming environment for patients, and involving patients and carers about the choice of treatments. These findings outline progress in respect of the TACT3 project, such as developing and maintaining the Great British Public Toilet Map (<http://greatbritishpublictoiletmap.rea.ac.uk>). (RH)
From : NDA Research Programme, Department of Sociological Studies, University of Sheffield, Elmfield, Northumberland Road, Sheffield S10 2TU.
www.newdynamics.group.shef.ac.uk

DEATH AND DYING

(See Also 219/14, 219/15)

- 219/20 Death and dying [in England]: understanding the data; by Marie Curie Cancer Care.: Marie Curie Cancer Care, February 2013, 31 pp.
As we seek to improve local end of life care services and to ensure that everyone can access the best quality care, it is important that we look at a range of data sources to examine patterns, experiences and outcomes in end of life care across different services and localities.
This report presents data (mainly as bar charts) drawn from the Marie Curie End of Life Care Atlas (see: <http://www.mariecurie.org.uk/en-GB/Commissioners-and-referrers/Resources/Marie-Curie-Atlas/>) a tool that has been designed to help commissioners, health and social care providers, policy makers and the public across the UK to identify gaps in end of life care in their areas. It draws attention to data from reports and studies examining different aspects of end of life care, in particular the variations in experiences, in spending on end of life care, in recognising palliative care and end of life care needs, and in hospital use prior to death. (RH)
From : http://www.mariecurie.org.uk/Documents/press-and-media/R018_P110-MC-Atlas-Report_V13_SD.pdf
- 219/21 Decriminalising an expected death in the home: a social work response; by Margaret E Hughes.: Oxford University Press.
British Journal of Social Work, vol 43, no 2, March 2013, pp 282-297.
An issue yet to be examined in the social work research literature concerns an expected death at home and the experiences of informal carers being subjected to a police investigation following a request for help. While research in this area is scant, sufficient mention of unnecessary police involvement is made in the palliative care literature to show that incidents like these have occurred throughout Australia, America, Canada and the UK. This article examines the Australian context, analysing the practice of reporting deaths to the police in instances where a doctor is not immediately available to attend the home to certify the death of a person diagnosed with a terminal condition. Personal accounts from three research participants derived from a subset of data analysed for a larger qualitative study are used as empirical evidence to illuminate the impact of unnecessary police involvement. Using critical social work theory to examine unnecessary end-of-life intervention, this paper argues for greater social work activity within the context of home-based palliative care, so that the rights of informal carers to relevant information is improved, and expected deaths at home are no longer considered crime scenes warranting police investigation. (JL)
ISSN: 00453102
From : www.bjsw.oxfordjournals.org

DEMENTIA

(See Also 219/7, 219/41, 219/43)

- 219/22 Cognitive stimulation therapy (CST): neuropsychological mechanisms of change; by Louise Hall, Martin Orrell, Joshua Stott, Aimee Spector.: Cambridge University Press. *International Psychogeriatrics*, vol 25, no 3, March 2013, pp 479-489.
Cognitive stimulation therapy (CST) is an evidence-based psychosocial intervention for people with dementia consisting of 14 group sessions aiming to stimulate various areas of cognition. This study examined the effects of CST on specific cognitive domains and explored the neuropsychological processes underpinning any effects. 34 participants with mild to moderate dementia were included. A one-group pretest-posttest design was used. Participants completed a battery of neuropsychological tests in the week before and after the manualised seven-week CST programme. Results showed that there were significant improvements pre- to post-CST group on measures of delayed verbal recall (WMS III logical memory subtest - delayed), visual memory (WMS III visual reproduction subtest - delayed), orientation (WMS III information and orientation subscale) and auditory comprehension (Token Test). There were no significant changes on measures of naming (Boston Naming Test-2), attention (Trail Making Test A/Digit Span), executive function (DKEFS verbal fluency/Trail Making Test B), praxis (WMS III visual reproduction - immediate) or on a general cognitive screen (MMSE). Memory, comprehension of syntax and orientation appear to be the cognitive domains most impacted by CST. One hypothesis is that the language-based nature of CST enhances neural pathways responsible for processing of syntax, possibly also aiding verbal recall. Another is that the reduction in negative self-stereotypes due to the de-stigmatising effect of CST may impact on language and memory, domains that are the primary focus of CST. Further research is required to substantiate these hypotheses. (JL)
ISSN: 10416102 [From : www.journals.cambridge.org/ipg](http://www.journals.cambridge.org/ipg)
- 219/23 Communication skills training in dementia care: a systematic review of effectiveness, training content, and didactic methods in different care settings; by Eva Eggenberger, Katharina Heimerl, Michael I Bennett.: Cambridge University Press. *International Psychogeriatrics*, vol 25, no 3, March 2013, pp 345-358.
Caring for people with dementia require specific communication skills. Healthcare professionals and family caregivers usually receive little training to enable them to meet the communication needs of people with dementia. The purpose of this review was to identify existing interventions to enhance communication in dementia care in various settings. A literature search was carried out in order to identify scientific articles reporting interventions in both English and German. An intervention was defined as training by means of face-to-face interaction with the aim of improving basic communication skills. Both professional and family caregivers were included. The effectiveness of such training was analysed. Different types of training were defined. Didactic methods, training content and additional organisational features were qualitatively examined. The review included 12 trials totalling 831 persons with dementia, 519 professional caregivers and 162 family caregivers. Most studies were carried out in the USA, the UK and Germany. Eight studies took place in nursing homes while four studies were located in a home care setting. No studies could be found in an acute care setting. Following the review, some basic principles for good communication in dementia care are set out. This review shows that communication skills training in dementia care significantly improves the quality of life and wellbeing of people with dementia and increases positive interactions in various care settings. Communication skills training shows significant impact on professional and family caregivers' communication skills, competencies and knowledge. Additional organisational features improve the sustainability of communication interventions. (JL)
ISSN: 10416102 [From : www.journals.cambridge.org/ipg](http://www.journals.cambridge.org/ipg)
- 219/24 Cross-cultural differences in dementia: the Sociocultural Health Belief Model; by Philip Sayegh, Bob G Knight.: Cambridge University Press. *International Psychogeriatrics*, vol 25, no 4, April 2013, pp 517-530.
Many minority ethnic (ME) older adults face several culturally associated and systemic barriers to timely dementia diagnoses that may result in delays to dementia care-seeking.

The present study aimed to develop and propose a model illustrating variables that influence dementia care-seeking among ME older adults. The authors conducted a literature review on the effects of these barriers on diagnostic delays and impairment levels at initial evaluation. They also aimed to provide a basis for the Sociocultural Health Belief Model (SHBM) to guide future research and service planning pertaining to culture and dementia care-seeking. Study findings revealed consistent evidence that ME older adults with dementia tended to have greater diagnostic delays and higher levels of cognitive impairment and behavioural and psychological symptoms of dementia at initial evaluation than their non-Hispanic White counterparts. Also several barriers to dementia care-seeking were found among ME groups. These barriers included lower levels of acculturation and accurate knowledge about dementia, more culturally associated beliefs about dementia, such as the perception of memory loss as normal ageing and stigma associated with dementia, and health system barriers. The SHBM provides an empirically based conceptual framework for examining cross-cultural differences in dementia care-seeking among diverse groups. The authors outline recommendations for future research, such as the need for research with more diverse ethnic subgroups and the examination of group-specific cultural values. The study concludes with a discussion of the clinical and service implications of this review, including potential interventions aimed at facilitating timely dementia diagnoses among ME older adults. (JL)

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219/25

The effectiveness of control strategies for dementia-driven wandering, preventing escape attempts: a case report; by Daniel Valle Padilla, Maria Teresa Daza Gonzalez, Inmaculada Fernandez Agis ... (et al): Cambridge University Press.

International Psychogeriatrics, vol 25, no 3, March 2013, pp 500-504.

One of the most complicated aspects of caring for patients with dementia is dementia-driven wandering due to its adverse ramifications. This article reports a case of an 80-year-old man who had been previously diagnosed with dementia with a score of 6 on the Reisberg Global Deterioration Scale (GDS). The patient went to an adult day care centre on a daily basis where he demonstrated wandering behaviour with a high rate of escape attempts (the number of times the centre's glass exit door was approached). The objective of this study was to present effective non-pharmacological intervention strategies for dementia-driven wandering. Assessed strategies included: environmental (subjective barriers), cognitive/behavioural (cognitive training with differential reinforcement), and combined (subjective barriers with cognitive/behavioural). The results showed that all of these three strategies significantly decreased the number of escape attempts. (JL)

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219/26

Factors associated with quality of life in dementia patients in long-term care; by María Crespo, Carlos Hornillos, Mónica Bernaldo de Quirós.: Cambridge University Press.

International Psychogeriatrics, vol 25, no 4, April 2013, pp 577-585.

The aim of this study was to describe and determine factors associated with the quality of life (QoL) of patients with dementia living in nursing homes as perceived by themselves and by proxies (both family and staff). Data on residents with dementia were collected in 11 nursing homes. The Quality of Life-Alzheimer's Disease Scale (QoL-AD) residential version was directly applied to residents with dementia diagnosis and Mini-Mental State Examination score of less than 27, randomly selected in each centre. Residents' QoL was further assessed from the perspective of some close relatives and staff members. Altogether 102 data sets from residents, 184 from relatives, and 197 from staff members were collected. Stepwise multiple linear regression analysis showed that depression and cognitive function were the best predictors of self-rated QoL. Predictors of family-rated QoL were resident's functional capacity to carry out activities of daily living (ADL), the family member paying for the nursing home fees and use of feeding tubes as part of the resident's care. Predictors of staff-rated QoL were resident's functional capacity to carry out ADL, cognitive impairment and depression, staff-member's work pattern of shifts (rotating versus permanent) and type of centre administration (public versus private). Explained variance for the three models was 42%, 25% and 41% respectively. The QoL perception by persons with dementia living in a nursing home is mainly affected by their emotional state (depression level), while proxies' perceptions (both family and staff) are

mainly associated with patients? functional autonomy in daily living. Therefore, perspectives of persons with dementia and their informants are not congruent. Moreover facility features and family and staff members? personal features do not affect QoL ratings. (JL)

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219/27

Relationship between delirium and behavioral symptoms of dementia; by Philippe Landreville, Philippe Voyer, Pierre-Hugues Carmichael.: Cambridge University Press. International Psychogeriatrics, vol 25, no 4, April 2013, pp 635-643.

People with dementia frequently present behavioural and psychological symptoms as well as delirium. However the association between these has received little attention from researchers and current knowledge in this area is limited. The purpose of this study was to examine the relation between delirium and behavioural symptoms of dementia (BSD). Participants were 155 people with a diagnosis of dementia, 109 (70.3%) of whom were found delirious according to the Confusion Assessment Method. BSD were assessed using the Nursing Home Behavior Problem Scale. Participants with delirium presented significantly more BSD than participants without delirium. More specifically, they presented more wandering/trying to leave, sleep problems and irrational behaviour after controlling for cognitive problems and use of antipsychotics and benzodiazepines. Most relationships between participant characteristics and BSD did not differ according to the presence or absence of delirium, but some variables, notably sleep problems, were more strongly associated to BSD in persons with delirium. Although correlates of BSD in persons with delirium superimposed on dementia are generally similar to those in persons with dementia alone, delirium is associated with a higher level of BSD. Results of this study have practical implications for the detection of delirium superimposed on dementia, the management of behavioural disturbances in patients with delirium and caregiver burden. (JL)

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DEMOGRAPHY AND THE DEMOGRAPHICS OF AGEING

(See Also 219/95)

219/28

Modelling ageing populations to 2030 (MAP2030); by M Murphy, E Grundy, R Hancock (et al), New Dynamics of Ageing Programme - NDA; Department of Sociological Studies, University of Sheffield. Sheffield: New Dynamics of Ageing - NDA, 2012, 4 pp (NDA Findings 14).

Projection models of the older population, their resources and needs in decades to come are required to provide indications of future demand and to inform long-term care and pensions policy. The research project 'Modelling Needs and Resources of Older People to 2030 (MAP2030)' developed a set of projection models to estimate future numbers of older people, their family circumstances, income, pensions, savings, disability, and formal and informal care needs. It produced compatible projections of public and private expenditure on pensions, disability benefits and care services under different reform scenarios for pensions and long-term care funding under a range of alternative population futures that continue to contribute to ongoing policy debate. This issue of NDA Findings outlines the MAP2030 project's key findings, approach and methods, and key policy relevance and implications. (RH)

From : NDA Research Programme, Department of Sociological Studies, University of Sheffield, Elmfield, Northumberland Road, Sheffield S10 2TU.

www.newdynamics.group.shef.ac.uk

219/29

Population ageing and development 2012; by Population Division, Department of Economic and Social Affairs, United Nations - UN. New York, NY: United Nations - UN, 2012, wall chart (ST/ESA/SER.A/323).

This wall chart summarises the global position of the ageing population in 2012. Key facts and figures are given about various aspects of this population group, e.g. life expectancy, sex ratio, old age support ration (persons aged 15-64 per person aged 65 or over), statutory retirement age. In 2012, an estimated 310 million persons were aged 60

years or over (one in nine of the world's population). Population pyramids for less developed and more developed regions for 1970, 2010, and 2050 indicate changes in size and age composition. (RH)

Price: FOC

From : Website: <http://www.unpopulation.org>

DEPRESSION

(See Also 219/68)

219/30

Direct costs associated with depressive symptoms in late life: a 4.5-year prospective study; by Melanie Luppá, Hans-Helmut König, Dirk Heider ... (et al.): Cambridge University Press.

International Psychogeriatrics, vol 25, no 2, February 2013, pp 292-302.

Depression in old age is common. Few studies have examined the association of depressive symptoms and direct costs in older people in a cross-sectional way. This study aims to investigate prospectively health service use and direct costs over a course of 4.5 years considering also different courses of depressive symptomatology. 305 primary care patients aged 75 and above were assessed face-to-face regarding depressive symptoms (Geriatric Depression Scale), and service use and costs at baseline and 4.5 years later. Resource utilisation was monetarily valued using 2004/2005 prices. The association of baseline factors and direct costs after 4.5 years was analysed by multivariate linear regression. Mean annual direct costs of depressed individuals at baseline and follow-up were almost one-third higher than of non-depressed, and highest for individuals with chronic depressive symptoms. Most relevant cost drivers were costs for inpatient care, pharmaceuticals and home care. Costs for home care increased at most in individuals with chronic depressive symptoms. Baseline variables that were associated with direct costs after 4.5 years were number of medications as a measure of comorbidity, age, gender and depressive symptoms. Presence and persistence of depressive symptoms in old age seems to be associated with future direct costs even after adjustment for comorbidity. The findings deign a look to the potential economic consequences of depressive symptoms in older people for the healthcare system in the future. (JL)

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From : journals.cambridge.org/ipg

219/31

Incidence and predictors of depression in non-demented primary care attenders aged 75 years and older: results from a 3-year follow-up study; by Siegfried Weyerer, Sandra Eifflaender-Gorfer, Birgitt Wiese ... (et al.): Oxford University Press.

Age and Ageing, vol 42, no 2, March 2013, pp 173-180.

The present study aimed to determine incidence and predictors of late-life depression. The study was part of a three-year observational cohort study of 3,214 non-demented patients aged 75 and over completing three waves of assessment. The patients were recruited in 138 primary care practices in six urban areas in Germany. Depressive symptoms were measured at baseline, and 18 months and 36 months later using the GDS-15 Geriatric Depression Scale with a cut-off 0_5/6_15. Cox proportional hazard regression models were applied to examine predictors of incident depression, adjusting for sex, age, education, living situation, activities of daily living and instrumental activities of daily living impairment, somatic comorbidity, alcohol consumption, smoking, mild cognitive impairment and apoE4 status. Study results showed that the incidence of depression was 36.8 per 1,000 person-years in men and 46.0 in women. The incidence increased from 35.4 per 1000 person-years between the ages of 75 and 79 to 75.2 for subjects aged 85 years and older. After full adjustment for confounding variables, hazard ratios (HR) for incident depression were significantly higher for subjects 85 years and older and those with mobility impairment, vision impairment, mild cognitive impairment, subjective memory impairment and current smoking. The authors conclude that the incidence of depression increased significantly with age. In designing prevention programmes, it is important to call more attention on functional impairment, cognitive impairment and smoking. (JL)

ISSN: 00020729

From : www.ageing.oxfordjournals.org

219/32 Role of severity and gender in the association between late-life depression and all-cause mortality; by Hyun-Ghang Jeong, Jung Jae Lee, Seok Burn Lee ... (et al): Cambridge University Press.
International Psychogeriatrics, vol 25, no 4, April 2013, pp 677-684.
Mortality associated with depression may be influenced by the severity of depression and gender. This study aimed to investigate the differential impacts on all-cause mortality of late-life depression by the type of depression (major depressive disorder, MDD; minor depressive disorder, MnDD; subsyndromal depression, SSD) and gender after adjusting for comorbid conditions in a random sample. 1,000 community-dwelling older individuals were enrolled. Standardised face-to-face clinical interviews, neurological examination and physical examination were conducted to diagnose depressive disorders and comorbid cognitive disorders. Depressive disorders were diagnosed according to the Diagnostic and Statistical Manual of Mental Disorders-IV (DSM-IV) criteria and SSD to study-specific operational criteria. Five-year survivals were compared between groups using Cox proportional hazards models. By the end of 2010, 174 subjects (17.4%) had died. Depressive disorder and its interaction term with gender were significant in predicting five-year survival. MDD was an independent risk factor for mortality in men whereas MnDD and SSD were not when other risk factors were adjusted. These findings show that MDD may directly confer the risk of mortality in older men whereas non-major depression may be just an indicator of increased mortality in both genders. (JL)
ISSN: 10416102
From : journals.cambridge.org/ipg

219/33 Stability and change in level of probable depression and depressive symptoms in a sample of middle and older-aged adults; by Richard A Burns, Peter Butterworth, Mary Luszcz, Kaarin J Anstey.: Cambridge University Press.
International Psychogeriatrics, vol 25, no 2, February 2013, pp 303-309.
Findings from studies investigating depression in adults in later life are mixed due to a lack of large longitudinal studies with the power necessary to yield reliable estimates of stability or change. The purpose of this study was to examine the long-term stability of probable depression and depressive symptomology over a 13-year period in the Dynamic Analyses to Optimize Ageing (DYNOPTA) project. The 35,200 community-living participants were aged 45-103 at baseline, predominantly female (79%), partnered (73%), and educated to secondary school only (61%) and followed for up to 13 years. At baseline increased age was associated with lower prevalence of probable depression and depressive symptomology. Over time prevalence of probable depression was stable while levels of depressive symptomology reported a small decline. However this finding was not consistent for all age groups: there was evidence of increasing levels of depressive symptomology, but not probable depression, as individuals aged. This effect was particularly notable among males aged 70 plus years. These results answer important questions relating to the longitudinal prevalence of probable depression and depressive symptomology in a sample of older Australians. The findings have policy implications for mental health service provision for older adults. (JL)
ISSN: 10416102
From : journals.cambridge.org/ipg

DESIGN

219/34 Transitions in kitchen living; by Sheila Peace, John Percival, Martin Maguire (et al), New Dynamics of Ageing Programme - NDA; Department of Sociological Studies, University of Sheffield. Sheffield: New Dynamics of Ageing - NDA, 2012, 8 pp (NDA Findings 13).
For people of all ages, the kitchen can be the hub of the home and a centre of person-environment interaction. The overall aim of this research was to investigate the experience of the kitchen for people currently in their 60s, 70s, 80s and 90s living in a variety of mainstream and supportive housing in England. Participants were 48 people living in urban and semi-rural areas of Bristol and Loughborough. Each person was asked to relate their "kitchen history". The research provides an insight into the ergonomic problems that older people currently face, and how it would be preferable for kitchens to be designed to be truly flexible and meet older people's changing needs as they grow older. The research was both collaborative and multidisciplinary, involving social gerontologists from the Faculty of Health and Social Care at the Open University, and ergonomists at

Loughborough University's Design School. (RH)
From : NDA Research Programme, Department of Sociological Studies, University of Sheffield, Elmfield, Northumberland Road, Sheffield S10 2TU.
www.newdynamics.group.shef.ac.uk

DIET AND NUTRITION

(See Also 219/62)

- 219/35 Patterns of dietary intake and psychological distress in older Australians: benefits not just from a Mediterranean diet; by Allison Hodge, Osvaldo P Almeida, Dallas R English ... (et al).: Cambridge University Press.
International Psychogeriatrics, vol 25, no 3, March 2013, pp 456-466.
Anxiety and depression contribute to morbidity in older adults and may be associated with diet. The purpose of this study was to investigate the association between diet and psychological distress as a marker for depression. Dietary patterns were defined by factor analysis or the Mediterranean Diet Score (MDS); depression and anxiety were assessed 12 years later. A total of 8,660 generally healthy men and women born in Australia and aged 50_69 years from the Melbourne Collaborative Cohort Study were included. At baseline (1990_1994), diet (food frequency questionnaire), education, Socio-Economic Indexes for Areas (SEIFA) _ Index of Relative Socio-economic Disadvantage, medication use, social engagement, physical activity, smoking status, alcohol use and health conditions were assessed; at follow-up (2003_2007), psychological distress was assessed using the Kessler Psychological Distress Scale (K10). Logistic regression was used to identify associations between diet and a K10 score of 20 or more, indicative of psychological distress. Study results showed that the MDS was inversely associated with psychological distress, with the odds ratio in the top-scoring group relative to the lowest scoring group being 0.72. Stronger adherence to a traditional Australian-style eating pattern was also associated with a lower K10 score at follow-up, with the odds ratio for having a K10 score indicative of psychological distress for the top 20% of adherence to this pattern relative to the lowest being 0.61. Hence a Mediterranean-style diet was associated with less psychological distress, possibly through provision of a healthy nutrient profile. The Australian dietary pattern, which included some foods high in fat and sugar content along with whole foods, also showed a weak inverse association. Adherence to this pattern may reflect a feeling of belonging to the community associated with less psychological distress. (JL)
ISSN: 10416102
From : www.journals.cambridge.org/ipg

DISABILITY

- 219/36 Quality of life among disabled older adults without cognitive impairment and its relation to attendance in day care centres; by Esther Iecovich, Aya Biderman. Cambridge: Cambridge University Press.
Ageing and Society, vol 33, no 4, May 2013, pp 627-643.
Day care centres intend to improve the quality of life of disabled older adults. The aims of this paper are: (a) to examine the extent to which users of day care centres experience higher levels of quality of life compared to their peers who are non-users; and (b) to explore the relationships between the length of use and frequency of weekly attendance at day care centres and quality of life. This is a case-control study with a sample of 817 respondents, of whom 417 were users of day care centres and 400 were non-users, matched by age, gender and family physician. The study was conducted in 12 day care centres in the southern region of Israel. Data collection included face-to-face interviews using a structured questionnaire. Quality of life was found to be significantly related to the use of day care centres, but length and frequency of attendance were insignificant in explaining quality of life among users of day care centres. The study demonstrated that users of day care centres have a higher quality of life, but in a cross-sectional study causality cannot be proved. Therefore, more research using quasi-experimental and longitudinal research designs is necessary, to assess causality between use and attendance at day care centres on users' quality of life. (RH)
ISSN: 0144686X From : journals.cambridge.org/aso

EMPLOYMENT

219/37

Survey of jobseekers aged 50+; by Chris Ball, Wendy Loretto, TAEN - The Age and Employment Network; University of Edinburgh Business School; European Social Fund. [3rd ed] London: TAEN, 2013, 44 pp.

It is widely recognised that older workers can offer experience and skills which could be put to good use, so it is in the interests of Britain's economic prosperity that employers successfully tap this potential. However, previous surveys by TAEN have showed older people struggling to overcome prejudices against them. This third edition of the 'Survey of jobseekers aged 50+' is based on findings from 792 respondents, of whom 326 (41%) were aged 55-59. Results are presented as tables and comments. Back to work support was widely seen as unsuited to the task of helping the over 50s back into work. 37% of older jobseekers are suffering from long term unemployment, more than any other age category of the unemployed. While eight in ten of respondents were aware that the default retirement age had been abolished, it was clear that many felt that jobseeking was not any easier. The results point to mismatches of older jobseekers' needs with the actions and policies of the labour market. (RH)

From : TAEN, 207-221 Pentonville Road, London N1 9UZ. E-mail: info@taen.org.uk
Web: www.taen.org.uk <http://taen.org.uk/resources/view/191>

END-OF-LIFE CARE

219/38

Developing emotional competence of social workers of end-of-life and bereavement care; by Amy Y M Chow.: Oxford University Press.

British Journal of Social Work, vol 43, no 2, March 2013, pp 373-393.

Facing an excessive number of deaths and the intense emotions of bereaved family members, social workers who work with dying and bereaved persons are confronted with exceptional emotional challenges. Based on two models of death anxiety, an education programme was developed with different experiential exercises with the aim of enhancing the emotional competence of social workers in Hong Kong. Through working with regrets and meaningfulness, the programme aims at reducing personal death anxiety, hopefully reducing the distress and non-empathetic responses of the social workers. An effectiveness study with 385 participants was carried out. Data were collected at three time points (pre, post and follow-up) to capture the changes over time. The programme is considered successful as, according to the statistics gathered, the major outcomes of work comfort and competence level improved. Statistically significant changes across time were found in death anxiety and meaningfulness. Moreover, correlations were found between death anxiety and competence and comfort level. It is anticipated that the programme can be used and tested by social work educators and other helping professionals in other parts of the world. (JL)

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From : www.bjsw.oxfordjournals.org

EPIDEMIOLOGY

(See 219/32)

FALLS

219/39

Fall determinants in older long-term care residents with dementia: a systematic review; by Tobias F Kropelin, Jacques C L Neyens, Ruud J G Halfens ... (et al): Cambridge University Press.

International Psychogeriatrics, vol 25, no 4, April 2013, pp 549-563.

Persons with dementia are 2-3 times more likely to fall compared to persons without dementia. In long-term care settings the dementia prevalence is highest. Therefore older long-term care residents with dementia can be considered a high risk group for falls. The purpose of this study was to identify fall determinants among older long-term care residents with dementia or cognitively impaired persons in long-term care by conducting a systematic literature review. 8 studies were found which met the inclusion criteria. Of these 3 were excluded from detailed analysis because of insufficient quality. Use of

psychotropic drugs, a 'fair or poor' general health, gait impairments and age were associated with an increased fall risk. Also trunk restraints were associated with an increased number of falls while full bedrails and wandering behaviour were protective against falls. Fall risk factors known from other populations, e.g. use of psychotropic drugs, physical restraints and health conditions are found in long-term care residents with dementia as well. Due to the limited evidence available, future studies with adequate sample sizes and prospective designs are required to determine specific fall risk factors and verify existing results in this population. (JL)

ISSN: 10416102

From : journals.cambridge.org/ipg

219/40

Falls prevention interventions for community-dwelling older persons with cognitive impairment: a systematic review; by Heidi Winter, Kerriane Watt, Nancy May Peel.: Cambridge University Press.

International Psychogeriatrics, vol 25, no 2, February 2013, pp 215-227.

Globally, falls in older people are a leading cause of injury-related mortality and morbidity. Cognitive impairment is a well-known risk factor for falls in this population group. While there is now a large body of evidence to support effective interventions for falls reduction across care settings, very little is known about interventions in the vulnerable but increasing population of cognitively impaired community-dwelling older people. The aim of this systematic review was to investigate interventions designed to reduce falls in community-dwelling, cognitively impaired older adults. A literature search of databases was conducted to identify original research published in English, which met predefined inclusion and exclusion criteria for effective (non-pharmacological) falls prevention interventions in cognitively impaired community-dwelling people over 65 years of age. Data from the selected papers were extracted into tables and analysed according to study characteristics, measures, results and quality. The review identified 11 studies providing data from 1,928 participants. Interventions included exercise, health assessment and management of risk, multi-component and cognitive behavioural programmes and hip protectors as falls risk reduction strategies. Seven of the selected studies showed an intervention effect in decreasing falls risk, however only two of these showed a significant improvement in physical performance measures specifically in a cognitively impaired group. The diversity of interventions, study designs, populations and quality of the studies which met inclusion criteria resulted in conflicting evidence and inconclusive results for falls prevention interventions in this highly complex population. (JL)

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From : journals.cambridge.org/ipg

FAMILY AND INFORMAL CARE

219/41

The Birmingham Relationship Continuity Measure: the development and evaluation of a measure of the perceived continuity of spousal relationships in dementia; by Gerard A Riley, Gemma Fisher, Barbara F Hagger ... (et al.): Cambridge University Press.

International Psychogeriatrics, vol 25, no 2, February 2013, pp 263-274.

Qualitative research has suggested that spousal carers of someone with dementia differ in terms of whether they perceive their relationship with that person as continuous with the pre-morbid relationship or as radically different, and that a perception of continuity may be associated with more person-centred care and the experience of fewer of the negative emotions associated with caring. The aim of the study was to develop and evaluate a quantitative measure of the extent to which spousal carers perceive the relationship to be continuous. An initial pool of 42 questionnaire items was generated on the basis of the qualitative research about relationship continuity. These were completed by 51 spousal carers and item analysis was used to reduce the pool to 23 items. The retained items, comprising five subscales, were then administered to a second sample of 84 spousal carers, and the questionnaire's reliability, discriminative power and validity were evaluated. The questionnaire showed good reliability, and initial psychometric evaluation of the measure was encouraging. The measure provides a quantitative means of investigating ideas from qualitative research about the role of relationship continuity in influencing how spousal carers provide care and how they react emotionally to their caring role. (JL)

ISSN: 10416102 From : journals.cambridge.org/ipg

219/42 Changes in adult children's participation in parent care; by Maximiliane E Szinovacz, Adam Davey. Cambridge: Cambridge University Press.
Ageing and Society, vol 33, no 4, May 2013, pp 667-697.
Care-giving research has focused on primary care-givers and relied on cross-sectional data. This approach neglects the dynamic and systemic character of care-giver networks. The authors' analyses use pooled data from the US Health and Retirement Study (HRS), 1992-2000, to examine changes in care-givers and care networks over a two-year period. Based on a matrix of specific adult-child care-givers across two consecutive time-points, they assess changes in any adult-child care-giver and examine the predictors of change. A change in care-giver occurred in about two-fifths of care-giving networks. Ability to provide care based on geographical proximity, availability of alternative care-givers, and gender play primary roles in the stability of care networks. Results underline the need to shift care-giving research toward a dynamic and systemic perspective. (RH)
ISSN: 0144686X
From : journals.cambridge.org/aso

219/43 Do changes in coping style explain the effectiveness of interventions for psychological morbidity in family carers of people with dementia?: a systematic review and meta-analysis; by Ryan Li, Claudia Cooper, Allana Austin, Gill Livingston.: Cambridge University Press.
International Psychogeriatrics, vol 25, no 2, February 2013, pp 204-214.
Observational studies find that family carers of people with dementia who use more emotional support and acceptance-based coping, and less dysfunctional coping, are less depressed and anxious. In this study it was hypothesised that interventions effective in reducing psychological symptoms would increase emotional support and acceptance-based coping, or decrease dysfunctional coping. A systematic review was carried out of randomised controlled trials published up to July 2011 of interventions for carers of people with dementia measuring coping and psychological morbidity in which study validity and reported findings were reported. Fixed-effect meta-analyses for interventions were also carried out where possible. Eight of 433 papers identified by the search met inclusion criteria. All measured coping immediately after intervention. Two interventions significantly decreased depressive or anxiety symptoms: the smaller study found no change in dysfunctional coping. Neither measured emotional support and acceptance-based coping. Meta-analysis found that both group coping skills interventions alone and with behavioural activation significantly increased dysfunctional coping, while significantly reducing depressive symptoms. Positive coping (a mix of emotional and solution-focused strategies) increased with group coping skills interventions and behavioural activation. Contrary to the study hypothesis, dysfunctional coping increased when carer depressive symptoms improved. There was preliminary evidence that emotional support and acceptance-based coping increased, as positive coping increased although solution-focused coping alone did not. More research is needed to elucidate whether successful interventions work through changing coping strategies immediately and in the longer term. (JL)
ISSN: 10416102 From : journals.cambridge.org/ipg

FRAILTY

219/44 The identification of frail older adults in primary care: comparing the accuracy of five simple instruments; by Emiel O Hoogendijk, Henriette E van der Horst, Dorly J H Deeg ... (et al): Oxford University Press.
Age and Ageing, vol 42, no 2, March 2013, pp 262-265.
Many instruments are available to identify frail older adults who may benefit from geriatric interventions. Most of those instruments are time-consuming and difficult to use in primary care. In order to select a valid instrument to identify frail older adults in primary care, five simple instruments were compared. The instruments included clinical judgment of the general practitioner, prescription of multiple medications, the Groningen frailty indicator (GFI), PRISMA-7 and the self-rated health of the older adult. Fried's frailty criteria and a clinical judgment by a multidisciplinary expert panel were used as reference standards. Data were used from the cross-sectional Dutch Identification of Frail Elderly Study consisting of 102 people aged 65 and over from a primary care practice in

Amsterdam. In this study, frail older adults were oversampled. The study estimated the accuracy of each instrument by calculating the area under the ROC curve. The agreement between the instruments and the reference standards was determined by kappa. Frailty prevalence rates in this sample ranged from 11.6 to 36.4%. The accuracy of the instruments ranged from poor (AUC = 0.64) to good (AUC = 0.85). PRISMA-7 was the best of the five instruments with good accuracy. Further research is needed to establish the predictive validity and clinical utility of the simple instruments used in this study. (JL) ISSN: 00020729 From : www.ageing.oxfordjournals.org

GOVERNMENT AND POLICY

(See Also 219/101)

- 219/45 Ready for ageing?: report of session 2012-13; by Select Committee on Public Service and Demographic Change, House of Lords. London: TSO, 14 March 2013, 93 pp (HL 2012/3 140).
The Committee on Public Service and Demographic Change (chairman Lord Filkin) was appointed on 29 May 2012, to consider public service provision in the light of demographic change. In this report, the Committee warns that the Government and our society are woefully underprepared for ageing. While longer lives can be a great benefit, there has been a collective failure to address the implications; and without urgent action this great boon could turn into a series of miserable crises. The report identifies how England will see a 51% rise in those aged 65+ and a 101% increase in those aged 85+ from 2010 to 2030. The report considers later working, reforming pensions and savings, and using the value in our homes as ways of supporting ourselves through later life. It also outlines issues relating to living independently and well: the increasing pressures on health and social care; care at home (wherever possible); personalised care; and housing and wider public services. Most of the report comprises annexes on matters raised in the report, including demographic change, attitudes to ageing, economic and fiscal aspects of the ageing population, fairness within and between the generations, informal care, and service design and delivery. There is more information in the oral and written evidence and written evidence to the Committee from organisations and eminent gerontologists (1022 pp; see: <http://www.parliament.uk/documents/lords-committees/Demographicchange/PublicServiceVol2.pdf>). (RH)
Price: Electronic format
From : <http://www.publications.parliament.uk/pa/ld201213/ldselect/ldpublic/140/140.pdf>

HEALTH CARE

- 219/46 Patients' experiences of their healthcare in relation to their expectations and satisfaction: a population survey; by Ann Bowling, Gene Rowe, Martin McKee.
Journal of the Royal Society of Medicine, vol 106, no 4, April 2013, pp 143-149.
The researchers conducted surveys of patients before and after their consultations in general practice and hospital outpatients departments. In total, 833 patients attending 21 hospitals (434 patients; 52%) and 22 general practices (399 patients; 49%) across Greater London and Essex were sampled in clinics and in a population survey. Compared with younger people, and those in black and ethnic minority groups, older people (aged 65+) and White British people had significantly higher overall realistic expectations of their care (pre-visit realistic expectations score: age 60+: mean 53.26 [standard deviation 13.73]; age 60: 56.20 [15.17]; White British: 54.41 [13.50]; Black and other ethnic groups: 56.90 [16.15]) and greater satisfaction post-consultation (satisfaction score age 60+: 1.71 [0.80]; age 60: 1.97 [0.97]; White British: 1.79 [0.89]; Black and other ethnic groups: 2.01 [0.95]). Pre-visit ideal and realistic expectations of care was not significantly associated with patient satisfaction, although met expectations (post-visit experiences) were. Elements of these which were predictive of satisfaction were communication with the doctor, information conveyed, and clinical outcomes. Factors associated with satisfaction included having a sense of control over one's life, being older, female, White British, and attending general practice, compared with hospital outpatient clinics. It is the ability of the system to meet patients' expectations in respect of the emotional and human features of the consultation, and the clinical outcomes, that matter most to people. This research also questions prevailing stereotypes of older age. It is not the case that older

patients are more satisfied with their care because their expectations are lower. In fact, they are higher, but they believe that they are being met. (RH)
From : <http://jrsm.rsmjournals.com/content/106/4/143.full>
doi: 10.1258/jrsm.2012.120147

- 219/47 Revealing the shape of knowledge using an intersectionality lens: results of a scoping review on the health and health care of ethnocultural minority older adults; by Sharon Koehn, Sheila Neysmith, Karen Kobayashi (et al).: Cambridge University Press. Ageing and Society, vol 33, no 3, April 2013, pp 437-464.
The authors use an intersectionality theoretical lens to interrogate selected findings of a scoping review of published and grey literature on the health and healthcare access of ethnic minority older adults. Their focus was on Canada and countries with similar immigrant populations and healthcare systems. Some 3.300 source documents were reviewed covering the period 1980-2010, of which 816 met the eligibility criteria; 183 were Canadian. Summarised findings were presented to groups of older adults and care providers for critical review and discussion. In this article, the authors discuss the extent to which the literature accounts for the complexity of categories such as culture and ethnicity. They recognise the compounding effects of multiple intersections of inequity that include social determinants of health, as well as the specificities of immigration; and they place the experience of these inequities within the context of systematic oppression. They found that Canada's two largest immigrant groups - Chinese and South Asians - had the highest representation in Canadian literature; but, even for these groups, many topics remain unexplored and the heterogeneity within them is inadequately captured. Some qualitative literature - particularly in the health promotion and cultural competency domains - essentialises culture at the expense of other determinants and barriers, whereas the quantitative literature suffers from oversimplification of variables and their effects, often due to the absence of proportionally representative data that captures the complexity of experience in minority groups. (RH)
ISSN: 0144686X From : journals.cambridge.org/aso

HISTORY OF AGEING

(See 219/50)

HOME CARE

- 219/48 Older people's experiences of care at home; by Avril Craig, Romana Khaoury. Health Service Journal, 28 March 2013, 5 pp.
The authors interviewed older people in Northern Ireland to gauge their experiences of domiciliary care, and to make practical recommendations for how it can improve. A mixed methods approach was used combining qualitative and quantitative methods, with the aim of investigating the older person's and carer's perspectives and to increase the comprehensiveness of the overall findings. While the research found that most of those interviewed rated the service highly, both for quality of care and the supportiveness of the care workers, issues such as continuity of care, time pressure and service inflexibility continue to cause concern. Establishing a multi-agency group providing a holistic approach to care is suggested. The article includes a link to 'Domiciliary care services for adults in Northern Ireland 2011' (http://www.dhsspsni.gov.uk/domiciliary_care_services_for_adults_2011.pdf). (OFFPRINT). (RH)
From : <http://www.hsj.co.uk/home/innovation-and-efficiency/older-peoples-experiences-of-care-at-home/5055770.article#>

HOSPITAL CARE

- 219/49 I often worry about the older person being in that system: exploring the key influences on the provision of dignified care for older people in acute hospitals; by M Calnan, W Tadd, S Calnan (et al).: Cambridge University Press. Ageing and Society, vol 33, no 3, April 2013, pp 465-485.
Older age is one stage of the lifecourse where dignity may be threatened, due to the vulnerability created by increased incapacity, frailty and cognitive decline in combination

with a lack of social and economic resources. Evidence suggests that it is in contact with health and welfare services where dignity is most threatened. This study explored the experiences of older people in acute National Health Service (NHS) Trusts in relation to dignified care and the organisational, occupational and cultural factors that affect it. These objectives were examined through an ethnography of four acute hospital Trusts in England and Wales, which involved interviews with older people (age 65+) recently discharged from hospital, their relatives or carers, and Trust managers, practitioners and other staff, complemented by evidence from non-participant observation. The picture which emerged was of a lack of consistency in the provision of dignified care which appears to be explained by the dominance of priorities of the system and organisation tied together with the interests of ward staff and clinicians. The emphasis on clinical specialism meant that staff often lacked the knowledge and skills to care for older patients whose acute illness is often compounded by physical and mental co-morbidities. The physical environment of acute wards was often poorly designed, confusing and inaccessible, and might be seen as 'not fit for purpose' to treat their main users, those over 65 years, with dignity. Informants generally recognised this, but concluded that it was the older person who was in the 'wrong place', and assumed that there must be a better place for 'them'. Thus, the present system in acute hospitals points to an inbuilt discrimination against the provision of high-quality care for older people. There needs to be a change in the culture of acute medicine, so that it is inclusive of older people who have chronic co-morbidities and confusion as well as acute clinical needs. (RH)

ISSN: 0144686X

From : journals.cambridge.org/aso

HOSPITAL SERVICES

219/50

To regulate and confirm inequality?: a regional history of geriatric hospitals under the English National Health Service, c.1948-c.1975; by Martin Gorsky. Cambridge: Cambridge University Press.

Ageing and Society, vol 33, no 4, May 2013, pp 598-625.

The post-war history of hospital care for older people in Britain in the first phase of its National Health Service (NHS) emphasises a detrimental Poor Law legacy. This article presents a regional study, based on the South West of England, of the processes by which Victorian workhouses became the basis of geriatric hospital provision under the NHS. Its premise is that legislative and medical developments provided opportunities for local actors to discard the "legacy", and their limited success in doing so requires explanation. Theoretical perspectives from the literature are introduced, including political economy approaches; historical sociology of the medical profession; and path dependence. Analysis of resource allocation decisions shows a persistent tendency to disadvantage these institutions by comparison with acute care hospitals and services for mothers and children, although new ideas about geriatric medicine had some impact locally. Quantitative and qualitative data are used to examine policies towards organisation, staffing and infrastructural improvements, suggesting early momentum was not maintained. Explanations lie partly with national financial constraints and partly with the regional administrative arrangements following the NHS settlement which perpetuated existing divisions between agencies. (RH)

ISSN: 0144686X

From : journals.cambridge.org/aso

HOUSING

(See Also 219/34)

219/51

Supported housing for older people in the UK: an evidence review; by Jenny Pannell, Imogen Blood, Imogen Blood and Associates; Joseph Rowntree Foundation - JRF. York: Joseph Rowntree Foundation - JRF, December 2012, 4 pp (Inspiring social change; Ref: 2846).

Around 5% of the older population live in specialist housing with support. Across the UK there are almost 18,000 developments and around 550,000 units (480,000 in England) of such housing, built and managed by not-for-profit and private providers, and providing a wide range of accommodation and levels of support. This summary reports on a study

which is part of JRF's Better Life programme. The study included a literature search examining more than 100 publications (mainly since 2000). Analysis of official statistics in two English datasets was commissioned from the New Policy Institute for CORE (Continuous Recording of Lettings and Sales in Social Housing in England), and from the Centre for Housing Research, University of St Andrews, for Supporting People monitoring. The study examines the evidence and gaps in it, to consider what sheltered and retirement housing offers in terms of quality of life for those with high support needs. It notes that researchers have paid more attention to "housing with care" which comprises only 10% of the total supported housing stock, while sheltered housing has been largely ignored. Recent and forthcoming changes to funding and benefits for older people's housing and support services need underpinning by robust evidence, particularly on owner-occupied retirement housing, and on the growing private rented market. (RH)
From : Joseph Rowntree Foundation, The Homestead, 40 Water End, York YO30 6WP.

219/52

The trajectory towards marginality: how do older Australians find themselves dependent on the private rental market?; by Alan Morris.: Cambridge University Press.
Social Policy and Society, vol 12, no 1, January 2013, pp 47-59.
For older Australians, being dependent on the private rental market is usually associated with serious financial hardship and insecurity. The article examines the housing careers of older Australians who are dependent on the private rental market. After sketching the policy context, it uses in-depth interviews and a biographical approach to explore their trajectory into the private rental market. Divorce, separation and widowhood were key factors, especially for women, as were poor employment histories and ill-health. The crucial factor was an inability to access social housing. The neglect of this housing tenure has meant that supply is very limited and is reserved primarily for people with complex needs. (JL)
ISSN: 14747464
From : journals.cambridge.org/sps

HOUSING WITH CARE

219/53

Improving practice in communication with older people and support networks living in housing with care schemes: aspirations and ambitions; by Jill Manthorpe, Kritika Samsi.: Oxford University Press.
British Journal of Social Work, vol 42, no 8, December 2012, pp 1495-1512.
Options relating to housing with care will likely increase as they potentially promote choice and independence. If housing with care services offer end of life care to their service users, their staff will need to engage with social workers and other professional networks. These professionals will need to understand the context and ethos of housing with care provision. In order to investigate whether existing literature will assist professional communication across sectors, a scoping literature review was conducted incorporating three stages: database searches; harvesting further literature; and data extraction and analysis. Findings were grouped into themes according to the project brief, focusing on: confidence and skills; making decisions an plans; and access to support and training. Several elements were identified as potentially supportive of staff confidence, such as obtaining biographical information, mutually respectful working relationships, managerial support, and better understanding of specialist communication needs. Research gaps in knowledge and understanding of day-to-day communication and decision-making are acknowledged. (RH)
ISSN: 00453102
From : www.bjsw.oxfordjournals.org

219/54

What's in a name?: similarities and differences in international terms and meanings for older peoples' housing with services; by Anna L Howe, Andrew E Jones, Cheryl Tilse. Cambridge: Cambridge University Press.
Ageing and Society, vol 33, no 4, May 2013, pp 547-578.
The diversity of terms and meanings relating to housing with services for older people confounds systematic analysis, especially in international comparative research. This paper presents an analysis of over 90 terms identified in literature from the United Kingdom, the United States of America, Canada, Australia and New Zealand reporting types of housing with services under the umbrella of "service integrated housing" (SIH),

defined as all forms of accommodation built specifically for older people in which the housing provider takes responsibility for delivery of one or more types of support and care services. A small number of generic terms covering housing for people in later life, home and community care, and institutional care are reviewed first to define the scope of SIH. Review of the remainder identifies different terms applied to similar types of SIH, similar terms applied to different types, and different terms that distinguish different types. Terms are grouped into those covering SIH focused on lifestyle and recreation, those offering only support services, and those offering care as well as support. Considerable commonality is found in underlying forms of SIH, and common themes emerge in discussion of drivers of growth and diversification, formal policies and programmes, and symbolic meanings. In establishing more commonality than difference, clarification of terminology advances policy debate, programme development, research and knowledge transfer within and between countries. (RH)

ISSN: 0144686X

From : journals.cambridge.org/aso

- 219/55 Whose responsibility?: boundaries of roles and responsibilities in housing with care; by Imogen Blood, Jenny Pannell, Ian Caperman, Housing and Support Partnership; Joseph Rowntree Foundation - JRF. York: Joseph Rowntree Foundation - JRF, December 2012, 4 pp (Inspiring social change; Ref: 2842).

There is no single model of housing with care (HWC) for older people. A range of providers and other key players are involved in commissioning and delivering this hybrid of housing, care and support. In some schemes, there are multiple providers, each delivering different services. This is a summary of a qualitative study exploring the boundaries of roles and responsibilities in HWC, and how they impact on older residents' quality of life, particularly those with high support needs. The UK-wide study involved 20 schemes for rent and for sale, run by private and not-for-profit providers. The researchers interviewed 47 older tenants and leaseholders, 8 family carers, and 52 professionals, including providers, scheme staff, commissioners, regulators, and national organisations. The full report (same title) is available as a free PDF on the JRF website (www.jrf.org.uk). (RH)

From : Joseph Rowntree Foundation, The Homestead, 40 Water End, York YO30 6WP.

INCOME AND PERSONAL FINANCE

- 219/56 Behind closed doors: older couples and the gendered management of household money; by Dinah Bisdee, Tom Daly, Debora Price.: Cambridge University Press. Social Policy and Society, vol 12, no 1, January 2013, pp 163-174.

As couples survive longer and live together into older age they face many issues of financial management, including daily money management on reduced and/or reducing income, and paying for care or the additional costs of disability. Yet household money management is highly gendered, especially for older age groups. This has implications for the ability of women in particular to manage financial decisions in the face of their partner's illness or widowhood, as well as for their autonomy and well-being. This study analysed in depth qualitative data from 45 older couples across the socio-economic spectrum to show that women have varying emotional responses to money management in coupledom: 'accepters' who accept financial inequality and dominance by their husbands, 'resenters' who recognise these inequalities but resent them, and 'modifiers/resisters' who retain financial independence and power within their relationships. The study found that it was only the latter group, who had long histories of financial control and management, who were well placed for financial management and decisions in later life. By recognising the implications of different types of couple relationship, policies can be better designed to assist those navigating money in later life. (JL)

ISSN: 14747464

From : journals.cambridge.org/sps

- 219/57 Rethinking retirement incomes: inequality and policy change in the UK and Anglo Saxon countries; by David Lain, Sarah Vickerstaff, Wendy Loretto.: Cambridge University Press. Social Policy and Society, vol 12, no 1, January 2013, pp 73-75.

This article briefly introduces a special themed section to this journal which examines the nature, extent and direction of pension reforms in the UK and other Anglo Saxon nations. The seven articles together look at retirement pensions and their reform in the UK, USA, Canada, Australia and New Zealand. With population ageing on the increase, policy across all these nations has sought to encourage increased individual saving for retirement, although the way in which this has played out has differed from country to country. (JL)
ISSN: 14747464

From : journals.cambridge.org/sps

219/58 Saving for retirement: a review of ethnic minorities in the UK; by Orla Gough, Roberta Adami.: Cambridge University Press.

Social Policy and Society, vol 12, no 1, January 2013, pp 147-161.

The purpose of the present study was to look at the saving behaviour of ethnic minorities in the UK. Within the context of pension planning, the authors investigated saving for retirement patterns in relation to ethnicity, gender and age. The study used data from the Family Resources Survey (FRS) to analyse employment status, income, saving types and levels. Although study findings revealed profound heterogeneity, ethnic minorities showed higher levels of unemployment, lower income and consistently lower levels of saving for retirement compared to a white control group. Disadvantages of ethnic minorities during their working life were found to persist, especially for women, although to a lesser extent than in the past, and continued to affect private savings and prospective retirement income. Indian and Chinese men experienced the greatest improvements in terms of employment status and income and this was reflected in higher levels of saving for retirement since the mid 1990s. (JL)

ISSN: 14747464

From : journals.cambridge.org/sps

219/59 Some useful sources; by David Lain, Sarah Vickerstaff, Wendy Loretto.: Cambridge University Press.

Social Policy and Society, vol 12, no 1, January 2013, pp 175-177.

This list of bibliographical references and websites concludes a themed section of this journal issue entitled 'Rethinking retirement incomes: inequality and policy change in the UK and Anglo Saxon countries'. The list includes a website on 'rethinking retirement' as well as resources from the UK, USA and elsewhere on retirement income, pensions and reform. (JL)

ISSN: 14747464

From : journals.cambridge.org/sps

INTEGRATED CARE

(See Also 219/10)

219/60 The role of social work in cross-professional teamwork: examples from an older people's team in England; by Ulla Melin Emilsson.: Oxford University Press.

British Journal of Social Work, vol 43, no 1, January 2013, pp 116-134.

There are many challenges confronting social work with older people. In Sweden this is scarcely discussed, which is interesting in light of the radical organisational change in 1992, when all eldercare became a municipal responsibility governed by the Social Service Act. At this point in time a decisive change was also introduced in England. The legislative changes have had a major impact on the roles and tasks of social work with older people. The overarching aim of this paper is to discuss the role of social work in cross-professional teamwork focused on older people. A multidisciplinary older people's team in the English Midlands, consisting of 15 members from different professions, was followed. Theories of cross-professional teamwork and inter-professional rivalries were used. The findings demonstrated that collaborative cross-professional teamwork and the different roles were genuinely complementary and not competitive. Social work was an integrated part; thus, it seemed to have an impact on health care for older people in this context. The author suggests that it might be time to move on from the excessively pessimistic view and this statement may also be valid for the situation in Sweden. (JL)

ISSN: 00453102

From : www.bjsw.oxfordjournals.org

INTERGENERATIONAL ISSUES

219/61 Landscapes of cross-generational engagement; by Peter Wright, William Gaver, Mark Blythe (et al), New Dynamics of Ageing Programme - NDA; Department of Sociological Studies, University of Sheffield. Sheffield: New Dynamics of Ageing - NDA, 2013, 8 pp (NDA Findings 16).

How can new interactive digital technologies be used to increase older people's engagement with the communities and younger people around them? The focus of this research was two groups of older old people (aged 80+) growing older together in two contrasting institutions: a Roman Catholic convent, and a residential care home. The research concludes that instead of designing for ageing populations, we should design for ageing members of many populations. Technologies for the older old can be designed to support deeper human values as well as pressing physical and functional needs. Design-led research can help us to think in new ways about what it means to grow old in place and suggest new roles for technology. Engaging older people in the design process leads to more acceptable technologies. The web pages <http://di.ncl.ac.uk/blog/landscapes-of-cross-generational-engagement> and www.gold.ac.uk/interaction provide further details of the project. (RH)

From : NDA Research Programme, Department of Sociological Studies, University of Sheffield, Elmfield, Northumberland Road, Sheffield S10 2TU.
www.newdynamics.group.shef.ac.uk

INTERNATIONAL AND COMPARATIVE

(See Also 219/75, 219/84)

219/62 Migration, nutrition and ageing across the lifecourse in Bangladeshi families: a transnational perspective (MINA); by Janice L Thompson, Barry Bogin, Vanja Garaj (et al), New Dynamics of Ageing Programme - NDA; Department of Sociological Studies, University of Sheffield. Sheffield: New Dynamics of Ageing - NDA, 2013, 8 pp (NDA Findings 17).

The Bangladeshi population is one of the fastest growing ethnic groups within the UK, and are amongst the most socially disadvantaged. MINA was a 3-year NDA research project which addressed ageing, migration, and nutrition across two generations of Bangladeshi women. Participants included 40 Bangladeshi older women and their adult daughters (n=37) living in Cardiff, and 22 older women and their adult daughters (n=22) living in Sylhet, Bangladesh. Low levels of activity and dietary patterns are contributing to obesity in the UK participants. Although they recognised that food is critical to health and understand the importance of good nutrition, they were less inclined to alter food choices and cooking preparation methods unless they had been diagnosed with disease. There is a clear need for greater access to leisure facilities, day centres and other social opportunities that can consistently offer culturally appropriate physical and social activities. The findings indicate that providing a social component in conjunction with a physical activity may promote engagement, particularly for older UK-residing Bangladeshi women. Planning and provision of healthcare and social services also need to take into account the diverse care needs of this growing ageing population. (RH)

From : NDA Research Programme, Department of Sociological Studies, University of Sheffield, Elmfield, Northumberland Road, Sheffield S10 2TU.
www.newdynamics.group.shef.ac.uk

LEISURE

219/63 Grey nomads travelling in Queensland, Australia: social and health needs; by Wendy Hillman. Cambridge: Cambridge University Press.

Ageing and Society, vol 33, no 4, May 2013, pp 579-597.

At any time of the year, and particularly in the colder months of the southern part of the Australian continent, many caravans and mobile homes can be seen on the roads of northern Australia, and Queensland, in particular. Mainly during June, July, August and September, Grey Nomads frequent the northern half of Australia, to escape the colder climate of southern Australia. The term Grey Nomad is applied to the section of the older

Australian population who use their retirement years as a time to experience travel once freed from the constraints of work and family commitments. This paper draws on research conducted about the health and social needs of Grey Nomads holidaying in a Central Queensland, Australia, coastal location. Open-ended, semi-structured interviews were undertaken with 20 participants. Contingency plans concerning wellness, well-being and medical conditions all formed a part of the Grey Nomads' daily existence while travelling. Many important and lasting friendships and social support networks were formed during the journeying and sojourning phases of the travel. Many of the Grey Nomads interviewed felt the need to keep in contact with home, even though they willingly chose to leave it, and to be "away". Just as the Grey Nomad cohort have concerns and solutions about their health and related issues, so too they have concerns for social networks and family connectedness while travelling in Australia. (RH)

ISSN: 0144686X

From : journals.cambridge.org/aso

219/64 Outdoor adventure and successful ageing; by Mike Boyes. Cambridge: Cambridge University Press.

Ageing and Society, vol 33, no 4, May 2013, pp 644-665.

Outdoor adventures are seen as positive leisure experiences that include challenging physical activity, social engagement and the natural environment. This article explores how outdoor adventure activities in a New Zealand community-based programme are experienced and understood as successful ageing strategies. Using a sequential exploratory mixed-methods design, a combination of seven interviews and a survey were conducted with 80 individuals in a Third Age adventures group. The research outcomes confirmed the attraction of adventure for this cohort. Risk engagement and uncertainty were perceived as less important in favour of emotional, social and environmental engagement through fun, excitement and pleasure. The natural environment was considered integral and defining of the experience with the participants demonstrating a strong environmental ethos. Opportunities for building social capital were plentiful and well illustrated. The benefits of engagement for health, well-being and successful ageing are identified through the physical, social and psychological domains. The research supports adventure participation as a successful ageing strategy that is relatively low cost, community based, has many preventative health benefits, builds communities, and embraces the environment. (RH)

ISSN: 0144686X

From : journals.cambridge.org/aso

LIFE-LONG LEARNING

219/65 Older people's learning in 2012: a survey: summary report; by Stephen McNair, NIACE - National Institute of Adult Continuing Education. Leicester: NIACE, 2013, 11 pp.

This is the summary report of a survey of older people in Great Britain, carried out in spring 2012. The study aimed to understand how many older people (age 50+) are learning, what kind of people they are, what they study, why and with what benefits. It also examined whether, and how far, current patterns might be changed. This follows a similar survey in 2005, and reveals some significant changes since then, especially in the role of employment, the location of learning, and the role of computing and online learning. (RH)

From : NIACE, 21 De Montfort Street, Leicester LE1 7GE. Website: www.niace.org.uk

LONG TERM CARE

(See Also 219/26)

219/66 Residents with mental-physical multimorbidity living in long-term care facilities: prevalence and characteristics. A systematic review; by Anne M A van den Brink, Debby L Gerritsen, Richard C Oude Vashaar, Raymond T C M Koopmans.: Cambridge University Press.

International Psychogeriatrics, vol 25, no 4, April 2013, pp 531-548.

Ageing societies will be confronted with increased numbers of long-term care (LTC) residents with multimorbidity of physical and mental disorders other than dementia.

Knowledge about the prevalence rates, medical and psychosocial characteristics and care needs of this group of residents is mandatory for providing high-quality and evidence-based care. The purpose of this paper was to review the literature regarding these features. A systematic literature search was conducted for materials published between January 1988 and August 2011. 17 articles were found which met the inclusion criteria. Only one small study described multimorbidity of a wide range of chronic psychiatric and somatic conditions in LTC residents and suggested that physical-mental multimorbidity was the exception rather than the rule. All other studies showed prevalence rates of comorbid physical and mental illnesses to be roughly in line with reported prevalence rates among community-dwelling older people. LTC residents with mental-physical multimorbidity were younger than other LTC residents and had more cognitive impairment, no dementia and problem behaviours. Care needs of these residents were not described. Although exact figures are lacking, mental-physical multimorbidity is common in LTC residents. Given the specific characteristics of the pertaining residents, more knowledge of their specific care needs is essential. The first step now should be to perform research on symptoms and behaviour, which seem more informative than diagnostic labels as well as care needs of LTC residents with mental-physical multimorbidity. (JL)

ISSN: 10416102

From : journals.cambridge.org/ipg

219/67

Sense of community in long-term care: the views of family caregivers of elderly military veterans; by Ana Petrovic-Poljak, Candace Konnert.: Cambridge University Press.

International Psychogeriatrics, vol 25, no 3, March 2013, pp 390-402.

Family involvement in long-term care (LTC) is important but it can prove challenging and result in conflict with staff if families do not feel connected to the LTC facility or if they believe that their contributions are undervalued. According to McMillan & Chavis (1986), sense of community (SOC) refers to a feeling of belonging, having influence, having needs met and having an emotional connection to individuals in a community, and may be particularly essential for family caregivers of military veterans in LTC. This is the first study that evaluated SOC among family caregivers in LTC. Semi-structured interviews and self-report questionnaires assessing caregiver demographics, caregiving variables and SOC were administered to 46 family caregivers. Study results showed that caregivers endorsed a SOC that was positively related to key caregiving variables, such as family adjustment and satisfaction with care, and was negatively related to conflict with staff. Notably, caregivers' connections to the military community were positively related to SOC in LTC. Multiple regression analyses indicated that satisfaction with care accounted for the most variance in SOC (32.7%). This is the first study that examined SOC among family caregivers of military veterans in LTC, a subgroup of family caregivers with unique histories and needs. Although there were measures designed to assess family members' level of satisfaction with different facets of LTC, SOC provided unique information about whether family members felt part of the LTC community as valued partners in care. SOC is an important yet understudied construct that could contribute substantially to our understanding of family-focused care. (JL)

ISSN: 10416102

From : www.journals.cambridge.org/ipg

219/68

Trajectories of social engagement and depressive symptoms among long-term care facility residents in Hong Kong; by Vivian W Q Lou, Iris Chi, Chi Wai Kwan, Angela Y M Leung.: Oxford University Press.

Age and Ageing, vol 42, no 2, March 2013, pp 215-222.

Although social engagement and depressive symptoms are important concerns for long-term care facility residents, the dynamic relationship between them has not been adequately studied. This study aimed to examine the relationship between social engagement and depressive symptoms and changes in social engagement and depressive symptoms among Hong Kong Chinese residents of long-term care facilities over six years. A latent growth model was used to analyse six waves of data collected using the Resident Assessment Instrument Minimum Data Set 2.0 in the Hong Kong Longitudinal Study on Long-Term Care Facility Residents. Ten residential facilities with a total of 1,184 eligible older adults at baseline were included in the study. After controlling for demographic variables at baseline, a higher level of social engagement was associated with fewer depressive symptoms. Trajectories of social engagement were significantly related to

trajectories of depressive symptoms. Participants who recorded positive social engagement growth reported reduction in depressive symptoms. The findings of this study extend previous research by showing that increased social engagement is associated with decreased depressive symptoms over time. In long-term residential care settings it is important for services to engage residents in meaningful social activities in order to reduce depressive symptoms. (JL)

ISSN: 00020729

From : www.ageing.oxfordjournals.org

MENTAL HEALTH

(See Also 219/2, 219/12, 219/27, 219/30, 219/35, 219/43)

219/69

ADHD symptoms across the lifespan in a population-based Swedish sample aged 65 to 80; by Taina Guldborg-Kjar, Sally Sehlin, Boo Johansson.: Cambridge University Press. *International Psychogeriatrics*, vol 25, no 4, April 2013, pp 667-675.

The purpose of the study was to examine attention deficit hyperactivity disorder (ADHD) symptomatology across the lifespan by comparing older individuals' self-reports about current ADHD symptoms and symptoms in childhood. The 25-item Wender Utah Rating Scale (WURS) was initially administered in a population-based sample of 1,599 persons aged 65_80 years. The study also examined current health, memory and problems in childhood. Based on their WURS scores (below and above 36), the study randomly drew two subsamples, each with 30 individuals. They were followed up by the Wender Riktad ADHD Symptom Skala (WRASS)-scale, a Swedish version of the Targeted Attention Deficit Disorder Rating Scale (TADDS). The main finding of this study was that higher WURS scores were significantly related to higher scores on the WRASS scale, indicating persistence of self-reported ADHD symptoms over the whole lifespan. Among those with a WURS score of 36 or more, 16 (53.3%) individuals scored 70 or more, the clinical cut-off used in Sweden. None of the individuals with a WURS score below 36 scored higher than 70 on the WRASS scale. These findings support the idea of a significant persistence of ADHD symptoms from childhood to old age. The results encourage studies of ADHD using a lifespan perspective, particularly in examining ADHD symptoms in old age. (JL)

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219/70

Attitudes of UK psychiatrists to the diagnosis of MCI in clinical practice; by Joanne Rodda, Santhosh Dontham Gandhi, Naaheed Mukadam, Zuzana Walker.: Cambridge University Press.

International Psychogeriatrics, vol 25, no 2, February 2013, pp 286-291.

Mild cognitive impairment (MCI) may represent a transitional stage between normal functioning and dementia. Following the initial criteria developed by Petersen et al. in 1999, which focused on memory deficit in the context of otherwise normal cognition and general functioning, the concept has evolved with the introduction of subtypes of MCI and improved understanding of etiology. The aim of this study was to investigate current practice as well as familiarity with and attitudes toward the concept of MCI amongst UK old age psychiatrists. An anonymous postal survey was sent to all clinicians on the Royal College of Psychiatrists Old Age Psychiatry register. Questions covered attitudes toward the concept of MCI in addition to diagnostic criteria and assessment tools used. The survey response rate was 39% (453 of 1,154 questionnaires returned completed). The majority of respondents were consultants (83%) and 91% diagnosed MCI. Only 4.4% of the respondents thought that the concept of MCI was not useful and 79% of them required a memory complaint from either the patient or an informant for a diagnosis, but the majority did not have a specific cut-off on cognitive testing. 82% reported that they required no or minimal impairment in activities of daily living for a diagnosis of MCI. The two most frequently used tools for assessment were the Mini-Mental State Examination and the Addenbrooke's Cognitive Examination (Revised). Overall results of the survey show that in the United Kingdom, the term MCI has become part of everyday clinical practice in psychiatry, suggesting that clinicians find it a useful term to conceptualise the transitional stage between normal ageing and dementia. However there is variability in diagnostic practice. (JL)

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- 219/71 Benefits of training working memory in amnesic mild cognitive impairment: specific and transfer effects; by Barbara Carretti, Erika Borella, Silvia Fostinelli, Michela Zavagnan.: Cambridge University Press.
International Psychogeriatrics, vol 25, no 4, April 2013, pp 617-626.
A growing number of studies are attempting to understand how effective cognitive interventions may be for patients with amnesic mild cognitive impairment (aMCI), particularly in relation to their memory problems. The present study aimed to explore the benefits of a working memory (WM) training program in aMCI patients. Patients were randomly assigned to two training programmes: the experimental group practiced with a verbal WM task, while the active control group conducted educational activities on memory. Results showed that the aMCI patients completing the WM training obtained specific gains in the task trained with some transfer effects on other WM measures (visuospatial WM) and on processes involved in or related to WM, e.g. fluid intelligence (the Cattell test) and long-term memory. This was not the case for the aMCI control group, who experienced only a very limited improvement. This pilot study suggests that WM training could be a valuable method for improving cognitive performance in aMCI patients, possibly delaying the onset of Alzheimer's disease. (JL)
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From : journals.cambridge.org/ipg
- 219/72 Does tip-of-the-tongue for proper names discriminate amnesic mild cognitive impairment?; by Onésimo Juncos-Rabadán, David Facal, Cristina Lojo-Seoane, Arturo X Pereiro.: Cambridge University Press.
International Psychogeriatrics, vol 25, no 4, April 2013, pp 627-634.
Difficulty in remembering people's names is very common in the early stages of Alzheimer's disease and mild cognitive impairment. Such difficulty is often observed as the tip-of-the-tongue (TOT) phenomenon. The main aim of this study was to explore whether a famous people's naming task that elicited the TOT state can be used to discriminate between amnesic mild cognitive impairment (aMCI) patients and normal controls. 84 patients with aMCI and 106 normal controls aged over 50 years performed a task involving naming 50 famous people shown in pictures. Univariate and multivariate regression analyses were used to study the relationships between aMCI and semantic and phonological measures in the TOT paradigm. Univariate regression analyses revealed that all TOT measures significantly predicted aMCI. Multivariate analysis of all these measures correctly classified 70% of controls (specificity) and 71.6% of aMCI patients (sensitivity), with an AUC (area under curve ROC) value of 0.74, but only the phonological measure remained significant. This classification value was similar to that obtained with the Semantic verbal fluency test. TOTs for proper names may effectively discriminate aMCI patients from normal controls through measures that represent one of the naming processes affected, that is, phonological access. (JL)
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From : journals.cambridge.org/ipg
- 219/73 Effects of education on the progression of early-versus late-stage mild cognitive impairment; by Byoung Seok Ye, Sang Wan Seo, Hanna Cho ... (et al.): Cambridge University Press.
International Psychogeriatrics, vol 25, no 4, April 2013, pp 597-606.
Highly educated older individuals with normal cognition show lower incidence of Alzheimer's disease (AD) than poorly educated individuals, whereas longitudinal studies involving AD have reported that higher education is associated with more rapid cognitive decline. This study aimed to evaluate whether highly educated amnesic mild cognitive impairment (aMCI) participants showed more rapid cognitive decline than those with lower levels of education. 249 aMCI patients enrolled from 31 memory clinics using the standard assessment and diagnostic processes were followed with neuropsychological evaluation over 12-24 months. According to baseline performances on memory tests, participants were divided into early-stage aMCI and late-stage aMCI groups. Risk of AD conversion and changes in neuropsychological performances according to the level of education were evaluated. 62 patients converted to AD over a mean follow-up of 1.43 years. The risk of AD conversion was higher in late-stage aMCI than early-stage aMCI. Cox proportional hazard models showed that aMCI participants, and late-stage aMCI

participants in particular, with higher levels of education had a higher risk of AD conversion than those with lower levels of education. Late-stage aMCI participants with higher education showed faster cognitive decline in language, memory and Clinical Dementia Rating Sum of Boxes (CDR-SOB) scores. On the contrary, early-stage aMCI participants with higher education showed slower cognitive decline in MMSE and CDR-SOB scores. These findings suggest that the protective effects of education against cognitive decline remain in early-stage aMCI and disappear in late-stage aMCI. (JL)

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

219/74

Engagement in social activities and progression from mild to severe cognitive impairment: the MYHAT study; by Tiffany F Hughes, Jason D Flatt, Bo Fu ... (et al).: Cambridge University Press.

International Psychogeriatrics, vol 25, no 4, April 2013, pp 587-595.

It is of considerable public health importance to prevent or delay the progression of mild cognitive impairment (MCI) to more severely impaired cognitive states. This study examines the risk of progression from mild to severe cognitive impairment in relation to engagement in social activities while mildly impaired and the concurrence of subsequent change in engagement with MCI progression. Study participants were 816 older adults with cognitively defined MCI (mean age 78 years) from the Monongahela-Youghiogheny Healthy Aging Team (MYHAT) Study ? a prospective cohort study of MCI in the community. Over three years of follow-up, 78 individuals progressed from MCI to severe cognitive impairment, while 738 did not progress. Risk of progression was estimated using discrete time survival analyses. The main predictors were standardised composite measures of the variety and frequency of engagement in social activities. Results showed that lower risk of progression from mild to severe cognitive impairment was associated with both a greater level of frequency of engagement in social activities while mildly impaired and also with a slower rate of decline in the variety of activities over time. Greater engagement in social activities may potentially be beneficial for preventing or delaying further cognitive decline among older adults with MCI. Alternatively, lesser engagement in social activities may be a marker of impending cognitive decline in MCI. (JL)

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

219/75

The impact of forced displacement in World War II on mental health disorders and health-related quality of life in late life: a German population-based study; by Simone Freitag, Elmar Braehler, Silke Schmidt, Heide Glaesmer.: Cambridge University Press. International Psychogeriatrics, vol 25, no 2, February 2013, pp 310-319.

This study aimed to investigate the long-term effects of World War II experiences on the psychological and physical health of older adults. Previous research has shown that forced displacement as a traumatic event is associated with increased psychological burden even after several decades. The study investigated the contribution of forced displacement as a predictor for mental health disorders and added the aspect of health-related quality of life (QoL). A sample of 1,659 German older adults aged 60-85 years was drawn from a representative survey. Post-traumatic stress disorder (PTSD), somatoform symptoms, depressive syndromes, and health-related QoL were assessed as outcome variables. Chi-square and t-test statistics examined differences between displaced and non-displaced people. Logistic regression analyses were performed to examine the impact of forced displacement on mental health disorders and QoL. Displaced people reported higher levels of PTSD, depressive and somatoform symptoms and lower levels of health-related QoL. Displacement significantly predicted PTSD and somatoform symptoms in later life, but not depressive disorders. Health-related QoL was predicted by forced displacement and socio-demographic variables. The study concludes that forced displacement is associated with an elevated risk for PTSD and somatoform symptoms and lowered health-related QoL in older adults. Its unique impact declines after including socio-demographic variables. Long-term consequences of forced displacement need further investigations and should include positive aspects in terms of resilience and protective coping strategies. (JL)

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

- 219/76 Longitudinal relationships between subjective fatigue, cognitive function, and everyday functioning in old age; by Feng Lin, Ding-Geng Chen, David E Vance ... (et al): Cambridge University Press.
International Psychogeriatrics, vol 25, no 2, February 2013, pp 275-285.
The present study examined the prospective relationships between subjective fatigue, cognitive function and everyday functioning. A cohort study with secondary data analysis was conducted using data from 2,781 community-dwelling older adults without dementia who were enrolled to participate in the Advanced Cognitive Training for Independent and Vital Elderly (ACTIVE) randomised intervention trial. Measures included demographic and health information at baseline and annual assessments of subjective fatigue, cognitive function (i.e. speed of processing, memory and reasoning) and everyday functioning (i.e. everyday speed and everyday problem-solving) over five years. Four distinct classes of subjective fatigue were identified using growth mixture modelling: one group complaining of fatigue 'some of the time' at baseline but 'most of the time' at five-year follow-up (increased fatigue), one complaining of fatigue 'a good bit of the time' constantly over time (persistent fatigue), one complaining of fatigue 'most of the time' at baseline but 'some of the time' at five-year follow-up (decreased fatigue) and the fourth complaining of fatigue 'some of the time' constantly over time (persistent energy). All domains of cognitive function and everyday functioning declined significantly over five years and the decline rates (but not the baseline levels) differed by the latent class of subjective fatigue. Except for the decreased fatigue class, there were different degrees of significant associations between the decline rates of subjective fatigue and all domains of cognitive function and everyday functioning in other classes of subjective fatigue. Future interventions should address subjective fatigue when managing cognitive and functional abilities in community-dwelling older adults. (JL)
ISSN: 10416102
From : journals.cambridge.org/ipg
- 219/77 Reconceptualizing models of delirium education: findings of a Grounded Theory study; by Andrew Teodorczuk, Elizabetha Mukaetava-Ladinska, Sally Corbett, Mark Welfare.: Cambridge University Press.
International Psychogeriatrics, vol 25, no 4, April 2013, pp 645-655.
Effectiveness of educational interventions targeted at improving delirium care is limited by implementation barriers. Studying factors which shape learning needs can overcome these knowledge transfer barriers. This in-depth qualitative study aimed to explore the learning needs of hospital staff relating to care needs of the confused older patient. 15 research participants from across the healthcare spectrum working within an acute care setting were interviewed. Five focus groups were undertaken with patients, carers and mental health specialists. A Grounded Theory methodology was adopted and data were analysed thematically in parallel to collection until theoretical saturation was reached. Eight categories of practice gap emerged: ownership of the confused patient, negative attitudes, lack of understanding of how frightened the patient was in hospital, carer partnerships, person-centred care, communication, recognition of cognitive impairment and specific clinical needs (e.g. capacity assessments). Conceptually, the learning needs were found to be hierarchically related. Moreover a vicious circle relating to the core learning needs of ownership, attitudes and patient's fear emerged. A patient with delirium may be frightened in an alien environment and then negatively labelled by staff who subsequently wished for their removal, thereby worsening the patient's fear. These findings reconceptualise delirium education approaches suggesting a need to focus interventions on core level practice gaps. This fresh perspective on education, away from disease-based delirium knowledge toward work-based patient, team and practice knowledge, could lead to more effective educational strategies to improve delirium care. (JL)
ISSN: 10416102
From : journals.cambridge.org/ipg
- 219/78 Which older adults maintain benefit from cognitive training?: use of signal detection methods to identify long-term treatment gains; by J K Fairchild, L Friedman, A C Rosen, J A Yesavage.: Cambridge University Press.
International Psychogeriatrics, vol 25, no 4, April 2013, pp 607-616.
Cognitive training has been shown to improve memory in older adults, however little is known about which individuals benefit from or respond best to training in the long term.

Identification of responders? characteristics would help providers match cognitive interventions to individuals to improve their effectiveness. Signal detection methods may prove more informative than more commonly used analytic methods. The goal of the current study was to identify baseline characteristics of long-term treatment responders and of those able to maintain their initial benefit from cognitive training. Participants were 120 non-demented, community-dwelling older adults who had participated in a cognitive training intervention. Tested predictors included both demographic and neurocognitive variables. Primary outcome variables were performance on measures of memory at one-year follow-up. Results of the signal detection analysis indicated that different neurocognitive performances predicted long-term effects of memory training and maintenance of initial treatment response according to different types of to-be-remembered material. Higher baseline scores on tests of associative memory, delayed verbal memory, attention, episodic memory and younger age were found predictive of long-term response one year later. Higher associative memory scores and lower initial gains at the end of treatment (week 14) predicted successful maintenance of training gains at week 52. To derive long-term benefit from particular cognitive training programmes, it appears necessary for older adults to have specific neurocognitive profiles. Furthermore inclusion of booster sessions to cognitive training programmes may assist in maintenance of initial treatment gains. (JL)

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From : journals.cambridge.org/ipg

MENTAL HEALTH CARE

219/79

Gender differences in health service use for mental health reasons in community dwelling older adults with suicidal ideation; by Helen-Maria Vasiliadis, Sarah Gagné, Natalia Jozwiak, Michel Prévile.: Cambridge University Press.

International Psychogeriatrics, vol 25, no 3, March 2013, pp 374-381.

The purpose of this study from Quebec was to ascertain gender-specific determinants of antidepressant and mental health (MH) service use associated with suicidal ideation. Data used in the study came from the ESA (Enquête sur la Santé des Aînés) survey carried out in 2005_2008 on a large sample of community-dwelling older adults. Multivariate logistic regression analyses were carried out. Results of the study showed that the two-year prevalence of suicidal ideation was 8.4% and 20.3% had persistent suicidal thoughts at one-year follow-up. In males, the prevalence of antidepressant and MH service use in respondents with suicidal ideation reached 32.2% and 48.9% respectively. In females, the corresponding rates were 42.6% and 65.6%. Males were less likely to consult MH services than females when their MH was judged poorly. Male respondents with higher income and education were less likely to use antidepressant and MH services. However males using benzodiazepines were more likely than females to be dispensed an antidepressant. Among respondents with suicidal ideation, gender was not associated with service use. Younger age however was associated with antidepressant use. Increased promotion campaigns sensitising men to the prodromal symptoms of depression and the need to foster access to MH care when the disorder is manageable may be needed. (JL)

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From : www.journals.cambridge.org/ipg

219/80

Mental health services for black and minority ethnic elders in the United Kingdom: a systematic review of innovative practice with service provision and policy implications; by Sarmishtha Bhattacharyya, Susan Mary Benbow.: Cambridge University Press.

International Psychogeriatrics, vol 25, no 3, March 2013, pp 359-373.

The proportion of older people from black and minority ethnic (BME) groups in the United Kingdom is increasing steadily as the population ages. The numbers with dementia, depression and other mental health problems are predicted to increase. Government policy documents have highlighted gaps in services for BME elders and/or the need to develop culturally appropriate services in order to prevent people from BME communities from becoming socially excluded and finding services hard to access. This paper reviews published examples of innovative services and key learning points from them. Sixteen relevant papers and reports were identified and were analysed to identify learning points and implications for clinical practice and policy. Commissioning issues included were forward planning for continuing funding and mainstreaming versus specialist services.

Provider management issues included were employing staff from the communities of interest, partnership and removing language barriers. Provider service issues included were education for service provider staff on the needs of BME elders, making available information in relevant languages, building on carers' and users' experiences and addressing the needs of both groups. A model for structuring understanding of the underutilisation of services by BME elders is suggested. The main emphasis in future should be to ensure that learning is shared, disseminated and applied to the benefit of all communities across the whole of the UK and elsewhere. Person-centred care is beneficial to all service users. (JL)

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From : www.journals.cambridge.org/ipg

MENTAL ILLNESS

219/81

Dimensions of positive symptoms in late versus early onset psychosis; by Oliver Mason, Joshua Stott, Ruth Sweeting.: Cambridge University Press.

International Psychogeriatrics, vol 25, no 2, February 2013, pp 320-327.

Casene studies have characterised late onset schizophrenia (LOS) and related psychoses as somewhat different symptomatically from patients with early onset schizophrenia (EOS). This study examined a range of phenomenological aspects of delusions and hallucinations as well as traditional symptom measures in both groups. 34 LOS and 235 EOS patients completed the Positive and Negative Syndrome Scale, the Psychotic Symptom Rating Scales and the Beck Depression and Anxiety inventories. Subgroups experiencing delusions were compared matching for chronological age and gender, and also when matched for chronicity and gender. Study results showed that delusions were very common at over 80% in both groups. LOS participants with delusions exhibited greater suspiciousness/paranoia, greater belief-conviction and reduced insight when compared with the EOS group. These findings remained when matching for chronicity of illness but disappeared when matching for chronological age. Hallucinations were surprisingly rarer in LOS (35%) than EOS (57%), with half the LOS group reporting whispers rather than clearly audible sounds. In general, anxiety, depression and distress were as marked in LOS as in EOS. Similarities between EOS and LOS far outweighed the differences across a range of symptoms and measures. Greater delusional conviction, paranoia and poorer insight in LOS were associated with the later age of onset rather than relating to chronicity of illness. As belief-conviction in LOS was not associated with increased grandiosity, disorientation or unusualness of thought content, as it was in EOS, delusional conviction may be determined somewhat differently later in life. (JL)

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MIGRATION

(See 219/62)

NURSING

(See 219/17)

PAIN

219/82

Evidence-based clinical practice guidelines on management of pain in older people; by Aza Abdulla, Margaret Bone, Nicola Adams ... (et al).: Oxford University Press.

Age and Ageing, vol 42, no 2, March 2013, pp 151-153.

Brief editorial looking at the management of pain in older people, a phenomenon often under-recognised and under-treated. The British Geriatric Society and British Pain Society have collaborated to produce the first UK guideline on this topic. The guideline has been categorised into sections dealing with pharmacology, interventional therapies, psychological interventions, physical activity and assistive devices and complementary therapies. The full document 'Guidance on the management of pain in older people' is available in supplement 1 which accompanies this journal issue. (JL)

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219/83 Guidance on the management of pain in older people; by British Geriatrics Society.: Oxford University Press.
Age and Ageing, vol 42, supplement 1, March 2013, pp i1-i57.
This guidance document reviews the epidemiology and management of pain in older adults via a literature review of published research. Its aim is to inform health professionals who work with older people on best practice on the management of pain and to identify where there are gaps in the evidence that require further research. Main topics covered in the review include the prevalence of pain in older people, attitudes of stoicism and other beliefs of older people concerning pain, communication in pain assessment and management, pharmacology, other interventional therapies, psychological interventions and complementary therapies. (JL)
ISSN: 00020729
From : www.ageing.oxfordjournals.org

PENSIONS AND BENEFITS

219/84 Changing social security in the US: rising insecurity?; by Madonna Harrington Meyer.: Cambridge University Press.
Social Policy and Society, vol 12, no 1, January 2013, pp 135-146.
Although poverty rates among older people in the US are at an all-time low, many face rising fiscal insecurity. The US welfare state is being remodelled in market-friendly ways that maximise individual choice, risk and responsibility, rather than family friendly ways that maximise shared risk and responsibility and reduce insecurity. This article analyses how each of the main sources of income for older people are being either frozen or shrunk in ways that are likely to increase inequality and insecurity in the years ahead, particularly among those who are female, black and/or Hispanic, and unmarried. The article assesses various policy changes for their capacity to either increase or decrease financial insecurity and inequality, particularly for those with a lifetime of lower earnings, more labour force disruptions and greater responsibility for providing unpaid care work for the young, disabled or frail. (JL)
ISSN: 14747464
From : journals.cambridge.org/sps

219/85 Fair cuts?: The impact of British public service pension reform on workers in the main occupations; by Paul Bridgen, Traute Meyer.: Cambridge University Press.
Social Policy and Society, vol 12, no 1, January 2013, pp 105-122.
Public service pensions have been a fundamental component of the British pension system in the post-war period and recent reform initiatives have caused political controversy. This article assesses the impact of the Coalition Government's public sector pension reform plans of 2011 for different public sector workers. It simulates their projected pension outcomes, assuming people contribute to the new system throughout their working lives. In particular, the authors examine the government's claim that the move away from final to average salary schemes will make pensions fairer for women and lower paid workers. The article shows that the reforms are indeed fair, if measured by the government's standards: retirement is delayed for all, but the lowest skilled and women lose least and some even gain higher pensions without paying proportionately more. Despite austerity, recent British pension reforms reflect a greater awareness of social inequality than many would expect and they have been built on more cross-party agreement than apparent at first sight. (JL)
ISSN: 14747464
From : journals.cambridge.org/sps

219/86 Reforming state pension provision in 'liberal' Anglo-Saxon countries: re-commodification, cost-containment or recalibration?; by David Lain, Sarah Vickerstaff, Wendy Loretto.: Cambridge University Press.
Social Policy and Society, vol 12, no 1, January 2013, pp 77-90.
There are good theoretical reasons for expecting pension reform in Anglo-Saxon countries to follow similar paths. Esping-Anderson (1990) identified these countries as belonging to the same 'liberal' model of welfare, under which benefits, including pensions, are said to be residual and weakly 'de-commodifying', reducing individuals' reliance on the market

to a much lesser degree. Pierson (2001) has furthermore argued that because of path dependency welfare states are likely to follow established paths when dealing with 'permanent austerity'. Following this logic, Aysan and Beaujot (2009) argue that pension reform in liberal countries has resulted in increasing re-commodification. In this review article, the authors review pension reforms in the UK, USA, Canada and New Zealand in the 2000s. In reality, the pension systems differed significantly at the point of reform. So the paths followed varied considerably in terms of whether they focused on 're-commodification', 'cost-containment' or 'recalibration'. (JL)

ISSN: 14747464

From : journals.cambridge.org/sps

219/87 UK pension reforms: is gender still an issue?; by Jay Ginn, Ken MacIntyre.: Cambridge University Press.

Social Policy and Society, vol 12, no 1, January 2013, pp 91-103.

In the past decade gender inequality in pensions has been increasingly recognised as unacceptable. A review by the UK Pensions Commission (2004) confirmed that women's domestic roles are crucial to their pension disadvantage. As a result, measures enacted in the Pensions Acts of 2007 and 2008 have aimed to make state pensions more inclusive for those with periods out of the labour market for family caring, as well as encouraging more saving through private pensions by those with low to moderate earnings. In this article the authors question whether these legislative changes, and subsequent reforms and plans, are likely to reduce future gender inequality in UK pensions. They argue that the benefits to women will be patchy and overall less than expected. They first review the interaction of male-oriented pension schemes with the gendered division of caring labour and how this has changed for later cohorts of women. They then analyse, from a gender perspective, the pension reforms and proposals since 2007. Finally the authors consider policy alternatives that would give women a better deal in pensions and conclude with an assessment of the mixed effects of pension reforms. (JL)

ISSN: 14747464

From : journals.cambridge.org/sps

219/88 Workplace pension reform: lessons from pension reform in Australia and New Zealand; by Sharon Collard.: Cambridge University Press.

Social Policy and Society, vol 12, no 1, January 2013, pp 123-134.

The UK Government's workplace pension reforms introduce major changes to the way in which employees save for retirement. Eligible employees will be automatically enrolled into a workplace-based pension scheme and, for the first time in the UK, employers will be legally required to contribute to employees' pensions. This article critically examines the evidence from New Zealand and Australia, two countries that have undergone pension reforms similar in some ways to the UK reforms. The study assesses what can be learned from their experiences in two areas: firstly, how pension schemes are structured and, secondly, the outcomes for individuals. The evidence highlights the potential of automatic enrolment to overcome people's disinterest in pension saving. At the same time, relatively few UK employees are likely to choose where their pension savings are invested. As a result, default funds will play an important role in determining the pension outcomes for individuals. (JL)

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From : journals.cambridge.org/sps

PERSONALISATION

219/89 Individualising care: the transformation of personal support in old age; by Michael D Fine.: Cambridge University Press.

Ageing and Society, vol 33, no 3, April 2013, pp 421-436.

Recent decades have seen massive changes in the way that care is understood and provided. Yet in Australia, as in Europe, North America and Asia, we are still a long way from a stable state of agreed services and provisions. This paper considers developments in long-term care that are increasingly focused around the individual.

Emphasising the social theory behind this shift, it is argued that understanding the individualisation of care cannot be reduced to a simple dichotomy of good or bad. Individualised care promises much, but the concept is applied to a wide range of

phenomena, often in ways that conceal rather than reveal the character of the transactions involved. For individualisation to become meaningful, it must be developed as a condition of recognition that is equally applicable to those who provide and those who depend on care. It is also important to distinguish individualised care finance arrangements from real attainments in the practice of providing care. These distinctions are necessary if we are to distinguish its use as an ideological justification for welfare cutbacks and the restructuring of care provisions as markets from the liberating potential that the approach can present when care practices are more truly based around the recognition of the individual concerned: those who receive and depend on assistance as well as those who provide it. (RH)

ISSN: 0144686X

From : journals.cambridge.org/aso

219/90

Personalisation through individual budgets: does it work and for whom?; by Ann Netten, Karen Jones, Martin Knapp (et al.): Oxford University Press.

British Journal of Social Work, vol 42, no 8, December 2012, pp 1556-1573.

In England, personal budgets are being implemented at a time of financial austerity. They are part of a growing trend internationally to give users of publicly funded social care and support more choice and control. In the individual budgets (IB) pilot, people were allocated and had control over the way their IB was managed and spent, offering the opportunity to explore the potential of IBs to deliver better outcomes for people than conventional services and support. The authors describe how they measured outcomes, the effects they found, and how these varied between and within service user groups. For some groups there were clear benefits from IBs. However, it should not be a "one size fits all" approach; and if the potential benefits are to be achieved, it is also important to consider how best to respond to the particular challenges for older people, the effects on social work practice, and resource implications. Social workers may find themselves implementing a policy with considerable potential, but which may prove very difficult to achieve in the current financial climate. (RH)

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From : www.bjsw.oxfordjournals.org

PHYSICAL ACTIVITY

(See Also 219/3)

219/91

Objective measurements of daily physical activity patterns and sedentary behaviour in older adults: Age, Gene/Environment Susceptibility-Reykjavik Study; by Nanna Yr Arnardottir, Annemarie Koster, Dane R van Domelen ... (et al.): Oxford University Press. Age and Ageing, vol 42, no 2, March 2013, pp 222-229.

Objectively measured population physical activity (PA) data from older persons is lacking. The aim of this study was to describe free-living PA patterns and sedentary behaviours in Icelandic older men and women using an accelerometer. From April 2009 through to June 2010, 579 study participants aged 73-98 years wore an accelerometer (Actigraph GT3X) at the right hip for one complete week in the free-living settings. In all subjects, sedentary time was the largest component of the total wear time, 75%, followed by low-light PA, 21%. Moderate-vigorous PA (MVPA) was less than 1%. Men had slightly higher average total PA compared with women. The women spent more time in low-light PA but less time in sedentary PA and MVPA compared with men. In persons below 75 years of age, 60% of men and 34% of women had at least one bout of MVPA lasting 10 minutes or more, which decreased with age, with only 25% of men and 9% of women 85 years and older reaching this. The study concluded that sedentary time was high in this Icelandic cohort, which had high life-expectancy and living north of 60° northern latitude. (JL)

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From : www.ageing.oxfordjournals.org

QUALITY OF LIFE

(See 219/26, 219/36)

RELIGION AND SPIRITUALITY

- 219/92 Spiritual perspectives of Black Caribbean and White British older adults: development of a spiritual typology in later life; by Euan Sadler, Simon Biggs, Karen Glaser.: Cambridge University Press.
Ageing and Society, vol 33, no 3, April 2013, pp 511-538.
Spirituality is positively linked to health and well-being in later life, particularly among older adults of black ethnic groups. However, definitions of spirituality in the literature have largely been theoretically informed, rather than based on the views of older people themselves. The authors examined the spiritual perspectives of Black Caribbean and White British older adults based on in-depth interviews with 34 individuals aged between 60 and 95 years. Their aim was to develop a spiritual typology to add to an understanding of the process of spirituality in later life. Findings showed that Black Caribbean older individuals mostly defined spirituality in relation to their belief in a transcendent God, whereas White British older individuals tended to draw upon a wider range of spiritual, religious or secular notions. A spirituality typology in later life captured four categories of relationship, between 'God to self', 'self to God', 'self to universe', and 'self to life'. The typology highlights the central role of ethnicity in shaping spiritual perspectives in later life, and identifies the multidimensional nature of spirituality among older adults, reflecting in part a developmental process, albeit a process which is socially and culturally constructed. (RH)
ISSN: 0144686X From : journals.cambridge.org/aso

RESEARCH

- 219/93 2012: that was the year that was; by Desmond O'Neill.: Oxford University Press.
Age and Ageing, vol 42, no 2, March 2013, pp 140-144.
This review of research published in 2012 in generalist, geriatric medicine and gerontology journals has been compiled with a view to extracting those aspects of research into ageing which could be considered relevant to the practice of geriatric medicine, the ageing process and the relationship of geriatric medicine to other medical disciplines. The research discussed includes new insights into global ageing and the compression of morbidity; nosological, clinical and therapeutic aspects of dementia; an innovative study on the microbiome and ageing; epidemiological perspectives into multi-morbidity; an overview of the impact of the first waves of Baby Boomers; fresh thinking on geriatric syndromes such as orthostatic hypotension, kyphosis, urinary incontinence after stroke, frailty and elder abuse; an update of the Beers criteria and the first stirrings of recognition of the longevity dividend in the biomedical literature. (JL)
ISSN: 00020729 From : www.ageing.oxfordjournals.org
- 219/94 A road map for European ageing research; by FUTURAGE, Department of Sociological Studies, University of Sheffield. Sheffield: Department of Sociological Studies, University of Sheffield, October 2011, 116 pp.
FUTURAGE is a two-year project completed in December 2011 and funded by the European Commission, under the Seventh Framework Programme (FP7), to create the definitive road map for ageing research in Europe for the next 10-15 years. The project was completed in December 2011. This Road Map identifies seven priority research themes: healthy ageing for more life in years; maintaining and regaining mental capacity; inclusion and participation in the community and in the labour market; guaranteeing the quality and sustainability of social protection systems; ageing well at home and in community environments; unequal ageing and age-related inequalities; and biogerontology: from mechanisms to interventions.
The Road Map is also based on eight basic assumptions: multi-disciplinarity, user engagement, a life course perspective, a person-environment perspective, the importance of diversities and intergenerational relationships, knowledge exchange, and technological innovation. Appendices list the main questions to be answered for each of the research priorities. (RH)
From : Department of Sociological Studies, University of Sheffield.
<http://www.futurage.group.shef.ac.uk/assets/files/Final%20road%20map/FUTURAGE%20A%20Road%20Map%20for%20European%20Ageing%20Research%20-%20October%202011.pdf>

RESIDENTIAL AND NURSING HOME CARE

- 219/95 Mortality in older care home residents in England and Wales; by Sunil M Shah, Iain M Carey, Tess Harris ... (et al): Oxford University Press.
Age and Ageing, vol 42, no 2, March 2013, pp 209-215.
Mortality in UK care homes is not well described. The present study aimed to describe one-year mortality and predictors in older care home residents compared with community residents. The method used was a cohort study using the THIN primary care database with 9,772 care home and 354,306 community residents aged 65-104 years in 293 English and Welsh general practices in 2009. In all 2,558 (26.2%) care home and 11,602 (3.3%) community residents died within one year. The age and sex standardised mortality ratio for nursing homes was 419 (95% CI: 396_442) and for residential homes was 284 (266_302). Age-related increases in mortality were less marked in care homes than community. Comorbidities and identification as inappropriate for chronic disease management targets predicted mortality in both settings, but associations were weaker in care homes. The number of drug classes prescribed and primary care contact were the strongest clinical predictors of mortality in care homes. Overall the authors conclude that older care home residents experience high mortality. Age and diagnostic characteristics are weaker predictors of risk of death within care homes than the community. Measures of primary care utilisation may be useful proxies for frailty and improve difficult end of life care decisions in care homes. (JL)
ISSN: 00020729
From : www.ageing.oxfordjournals.org
- 219/96 A randomized crossover trial to study the effect of personalized, one-to-one interaction using Montessori-based activities on agitation, affect, and engagement in nursing home residents with dementia; by Eva S van der Ploeg, Barbara Eppingstall, Cameron J Camp ... (et al): Cambridge University Press.
International Psychogeriatrics, vol 25, no 4, April 2013, pp 565-575.
Increasingly more attention has been paid to non-pharmacological interventions as treatment of agitated behaviours that accompany dementia. The aim of the current study was to test whether personalised one-to-one interaction activities based on Montessori principles would improve agitation, affect and engagement more than a relevant control condition. The authors conducted a randomised crossover trial in nine residential facilities in metropolitan Melbourne, Australia. Personalised one-to-one activities that were delivered using Montessori principles were compared with a non-personalised activity to control for the non-specific benefits of one-to-one interaction. Participants were observed 30 minutes before, during and after the sessions. The presence or absence of a selected physically non-aggressive behaviour was noted in every minute, together with the predominant type of affect and engagement. Results showed that behaviour counts fell considerably during both the Montessori and control sessions relative to beforehand. During Montessori activities, the amount of time spent actively engaged was double compared to during the control condition and participants displayed more positive affect and interest as well. Participants with no fluency in English (all from non-English speaking backgrounds) showed a significantly larger reduction in agitation during the Montessori than control sessions. Overall these results show that even non-personalised social contact can assist in settling agitated residents. Tailoring activities to residents' needs and capabilities elicit more positive interactions and are especially suitable for people who have lost fluency in the language spoken predominantly in their residential facility. Future studies could explore implementation by family members and volunteers to avoid demands on facilities' resources. (JL)
ISSN: 10416102
From : journals.cambridge.org/ipg
- 219/97 Time to listen in care homes: dignity and nutrition inspection programme 2012 [national overview]; by Care Quality Commission - CQC.: Care Quality Commission - CQC, March 2013, 36 pp.
This report mirrors that of the programme of inspections of hospitals carried out by the Care Quality Commission (CQC) during 2012, 'Time to listen in NHS hospitals'. Inspectors looked at the care provided to older people across 500 care homes, including

217 homes registered to provide nursing care. The focus was on respecting and involving people who use services, and meeting their nutritional needs. 316 of the homes (about two thirds) inspected met all the standards checked. Homes were inspected against five standards overall: respecting and involving people who use services; meeting their nutritional needs; safeguarding them from abuse; staffing; and records. All the inspections were unannounced, each being scheduled to include a mealtime. The report describes how the inspections were carried out, including the use of an observation tool, the Short Observational Framework. The findings include extracts from inspection reports to illustrate what worked well and what needs to improve. Reports for each of the homes inspected are on the CQC website (at www.cqc.org.uk/DANI). (RH)

From : http://www.cqc.org.uk/sites/default/files/media/documents/time_to_listen_-_care_homes_main_report_tag.pdf

RISK

219/98

Risk, trust and relationships in an ageing society; by Brunel Institute for Ageing Studies, Brunel University; Joseph Rowntree Foundation - JRF. York: Joseph Rowntree Foundation - JRF, December 2012, 4 pp (Inspiring social change; Ref: 2816).

This is a summary of a review that considers the role of individual motivation and cognition in dealing with some of the challenges, choices and tensions confronted in daily life in relation to the issues of risk and trust. It looks at both informal and semi-formal caring and supportive relationships in an ageing society, and the decisions on caring and support. Evidence for the study was drawn from a range of disciplines. The literature (mostly since 1990) was reviewed using electronic resources, principally PsycNET, Google Scholar, Scopus, and Web of Science. The evidence applies to a broad range of social groupings, including those determined by age, ethnicity, health and socio-economic status, community of interest and geographical location. The research was carried out by an interdisciplinary team from the Brunel Institute for Ageing Studies, Brunel University. The main report (same title) is available as a free download on the JRF website (www.jrf.org.uk). (RH)

From : Joseph Rowntree Foundation, The Homestead, 40 Water End, York YO30 6WP.

SLEEP

219/99

SomnIA - optimising quality of sleep among older people in the community and care homes: an integrated approach; by Sara Arber, David Armstrong, Ingrid Evers (et al), New Dynamics of Ageing Programme - NDA; Department of Sociological Studies, University of Sheffield. Sheffield: New Dynamics of Ageing - NDA, 2012, 8 pp (NDA Findings 11).

Sleep is central to health and well-being, yet sleep can deteriorate with advancing age. Good sleep is a pre-requisite for older people's well-being and ability to engage fully in daytime activities, whether living in their own homes or in a care home. Chronic health problems and pain in later life reduce the quality of night-time sleep. Among older people, untreated chronic sleep disturbance degrades their quality of life, inhibits recovery and rehabilitation following illness, and is an independent risk factor for falls. These findings outline results from SomnIA, a 4-year research project, which involved eight interlinked research studies including: disrupted sleep and ageing; older people's strategies to improve their poor sleep; sleep and night-time care provision in care homes; light improves sleep in older people; supplementing light in care homes; self-management booklets improve insomnia symptoms; and use of assistive technologies can improve sleep. The project has raised awareness of the importance of optimising the quality of sleep for older people. The SomnIA website (www.somnia.surrey.ac.uk) can provide more information. (RH)

From : NDA Research Programme, Department of Sociological Studies, University of Sheffield, Elmfield, Northumberland Road, Sheffield S10 2TU.

www.newdynamics.group.shef.ac.uk

SOCIAL CARE

(See Also 219/60)

- 219/100 Improving decision-making in the care and support of older people; by RSA Action and Research Centre; Joseph Rowntree Foundation - JRF. York: Joseph Rowntree Foundation - JRF, December 2012, 4 pp (Inspiring social change; Ref: 2815).
In the next 30 years, the proportion of the population in retirement is likely to rise significantly. Excessive risk aversion can harm older people's well-being, but the rise of a culture of blame in society has heightened the need for practitioners to protect their own interests. The evidence review that is summarised considers how to improve decisions made by and for older people about their care and support. It investigates how formal, semi-formal and informal relationships can work together to best effect, and the relationship between risk, trust and good decision-making. The review included material that might usually be excluded from systematic reviews, including anecdotal evidence from practitioners and non-academic literature. The main report (same title) is available as a free download on the JRF website (www.jrf.org.uk). (RH)
From : Joseph Rowntree Foundation, The Homestead, 40 Water End, York YO30 6WP.

SOCIAL INCLUSION

(See 219/68)

SOCIAL NETWORKS

(See 219/98)

SOCIAL POLICY AND THEORY

- 219/101 Adult ageing and social policy: new risks to identity; by Simon Biggs, Helen Kimberley.: Cambridge University Press.
Social Policy and Society, vol 12, no 2, April 2013, pp 287-297.
This article considers changing perceptions of adult ageing and their interpretation in social policy. Once wider international trends are outlined, Australian policy is used as a case example. It is argued that a mismatch between policy initiatives and personal change is a new social risk associated with demographic and socio-cultural development, having implications for the way in which social ageism and age discrimination should be considered. The article concludes with a consideration of new directions that a critical, life course sensitised approach to social policy might take. (JL)
ISSN: 14747464 From : <http://journals.cambridge.org/action/displayJournal?jid=SPS>

SUICIDE

- 219/102 Dying together: suicide pacts and other episodes of paired suicides in Yorkshire and the Humber; by Marilyn J Gregory.: Oxford University Press.
British Journal of Social Work, vol 43, no 2, March 2013, pp 298-316.
This article discusses the phenomenon of paired suicide using a number of studies drawn from a sample of cases in Yorkshire and the Humber. Worldwide, suicide is the tenth leading cause of death: 1.5 per cent of all deaths are the result of suicide, a rate of 14.5:100,000 individuals per year. In 2010 there were 5,608 suicides in people aged fifteen years and over in the UK. Paired suicides, often called suicide pacts, in which two people die together, are a small fraction of suicides overall but are a persistent and devastating phenomenon. Cases were included in the study only when the suicides occurred together in the same place and within twenty-four hours. The term 'paired suicide' is used here because the suicide pact is quite difficult to define, due to a number of contextual factors. Social workers have a key role to play in the prevention of suicide, and encounter the kinds of cases discussed in their work in mental health teams, drug and alcohol services, practice with offenders and community care practice with older people. The article therefore concludes with a discussion of the implications for collaborative practice. (JL)
ISSN: 00453102 From : www.bjsw.oxfordjournals.org

From sense-making to meaning-making: understanding and supporting survivors of suicide; by Dolores Angela Castelli Dransart.: Oxford University Press.

British Journal of Social Work, vol 43, no 2, March 2013, pp 317-335.

This article reports findings from a qualitative study conducted in Switzerland, aimed at understanding how 48 survivors made sense of the suicide of a loved one. In-depth interviews were carried out and grounded theory analysis was performed. Suicide shatters the assumptive world of survivors. In their quest for meaning, they undergo three processes. Sense-making is seeking comprehensibility and consists of rebuilding the path which led to suicide and the figure of the person who died. Memory-building encompasses dealing with the legacy of suicide, by preserving reputation and presenting a public storyline intended for people outside the family circle. Meaning-making allows the survivor to journey towards an existential significance of the loss. Four ways of meaning-making were highlighted: for some, suicide becomes the driving force behind a commitment to suicide prevention; for others, it is the source of an increased awareness of life. Other survivors cannot find a constructive personal existential meaning, which prevents the rebuilding of self. Finally, for a minority, suicide is a mishap which needs to be dealt with. Suggestions are made on how social workers can assist survivors in their processes of meaning-making by supporting the elaboration of constructive narratives and offering tailored resources. (JL)

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