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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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Subject Headings Page

ABUSE, SAFEGUARDING AND PROTECTION

220/1 Elder abuse: a systematic review of risk factors in community-dwelling elders; by Mark Johannesen, Dina LoGuidice.: Oxford University Press.
Age and Ageing, vol 42, no 3, May 2013, pp 292-298.
The aim of this study was to undertake a systematic literature review of risk factors for abuse in community-dwelling older adults as a first step towards exploring the clinical utility of a risk factor framework. A search was undertaken using the MEDLINE, CINAHL, EMBASE and PsycINFO databases for articles published in English up to March 2011 in order to identify original studies with statistically significant risk factors for abuse in community-dwelling adults aged 55 and above. 49 studies met the inclusion criteria, with 13 risk factors being reproducible across a range of settings in high-quality studies. These concerned the older person (cognitive impairment, behavioural problems, psychiatric illness or psychological problems, functional dependency, poor physical health or frailty, low income or wealth, trauma or past abuse and ethnicity), perpetrator (caregiver burden or stress, and psychiatric illness or psychological problems), relationship (family disharmony, poor or conflictual relationships) and environment (low social support and living with others except for financial abuse). Current evidence supports the multifactorial aetiology of elder abuse involving risk factors within the older person, perpetrator, relationship and environment. (JL)
ISSN: 00020729 From : www.ageing.oxfordjournals.org

220/2 Framing the detection of financial elder abuse as bystander intervention: decision cues, pathways to detection and barriers to action; by Mary L M Gilhooly, Deborah Cairns, Miranda Davies ... (et al).: Emerald.
Journal of Adult Protection, vol 15, no 2, 2013, pp 54-68.
The purpose of this paper was to explore the detection and prevention of elder financial abuse through the lens of a `professional bystander intervention model'. The authors were interested in the decision cues that raised suspicions of financial abuse, how such abuse came to the attention of professionals who did not have a statutory responsibility for safeguarding older adults, and the barriers to intervention. In-depth interviews were conducted using the critical incident technique. Thematic analysis was carried out on transcribed interviews. In total, 20 banking and 20 health professionals were recruited. Participants were asked to discuss real cases which they had dealt with personally. The cases described indicated that a variety of cues were used in coming to a decision that financial abuse was very likely taking place. Common to these cases was a discrepancy between what was normal and expected and what was abnormal or unexpected. There was a marked difference in the type of abuse noticed by banking and health professionals, drawing attention to the ways in which context influenced the likelihood that financial abuse would be detected. The study revealed that even if professionals suspected abuse, there were barriers which prevented them acting. The originality of this study lies in its use of the bystander intervention model to study the decision-making processes of professionals who are not explicitly charged with adult safeguarding. The study was also unique because real cases were under consideration. Hence what the professionals actually do, rather than what they might do, was under investigation. (JL)
ISSN: 14668203 From : www.emeraldinsight.com/jap.htm

220/3 Her treatment at and around the meeting was deplorable: might safeguarding itself constitute abuse?; by David Hewitt.: Emerald.
Journal of Adult Protection, vol 15, no 2, 2013, pp 96-106.
The objective of this study was to report and analyse a recent case in which the safeguarding procedure adopted by one local authority was criticised by the High Court. It also sought to identify key lessons to be learned. The paper considered the judgment handed down in the case, set out its key points and aimed to place the proceedings and the concerns they revealed in their context. In its conduct of one safeguarding enquiry, West Sussex County Council acted unlawfully, in a manner that breached natural justice and a legitimate expectation to which it had itself given rise. The case raised a number of concerns. It was also consistent with a suspicion that some practitioners, and even some judges, have begun to express that on occasions, the safeguarding process itself might constitute a form of abuse. This is believed to be the first time that such a case has been analysed in such detail, and also the first time it has been placed in the context of those concerns. (JL)
ISSN: 14668203 From : www.emeraldinsight.com/jap.htm

220/4 Mediation and family group conferences in adult safeguarding; by Abbi Hobbs, Andrew Alonzi.: Emerald.
Journal of Adult Protection, vol 15, no 2, 2013, pp 69-84.
This article presents an overview of research and practice literature on the use of Mediation (M) and Family Group Conferences (FGC) in the context of adult safeguarding in the UK. The paper describes the main features of M and FGC and explores how such `family led' approaches to adult safeguarding fit within the wider agenda of personalisation and empowerment, including the Mental Capacity Act 2005 and its associated Code of Practice. It also considers the main implications for best practice and future research and service priorities. M and FGC in an adult context are inclusive processes that enable people to explore choices and options in a supportive environment, assuring maximum possible independence and autonomous control over basic life decisions, while still addressing the person's need for assistance. When used appropriately, both approaches can be a valuable response to safeguarding concerns, promoting choice and control at the same time as protecting people from risk of abuse and harm. However there are few robust evaluation studies currently available and no systematic research studies have been found on cost-effectiveness. The paper shows that there is a clear need for further pilots of M and FGC in adult safeguarding. If such research and pilot evaluations find M and/or FGC to be effective, then more consideration will need to be given as to how to integrate such approaches into mainstream social work practice. There is also currently wide variation in the training and experience of mediators and FGC co-ordinators, and further work is required to ensure that there are appropriate training and accreditation models in the UK for mediators and FGC co-ordinators working with at-risk adults. (JL)
ISSN: 14668203
From : www.emeraldinsight.com/jap.htm

220/5 Safeguarding vulnerable adults: exploring the challenges to best practice across multi-agency settings; by Emma Stevens.: Emerald.
Journal of Adult Protection, vol 15, no 2, 2013, pp 85-95.
The aim of this study was to highlight contemporary issues in achieving best practice in safeguarding adults across multi-agency settings. The paper was an empirical exploration, reviewing a range of relevant literature and recent policy to present evidence suggesting that there continue to be challenges in achieving best practice in multi-agency approaches to safeguarding. The literature review was undertaken using the following databases: Cumulative Index of Nursing and Allied Health Literature (CINAHL), Cochrane, PsycINFO and Medline. The inclusion criteria included being peer-reviewed and published between 2004 and 2012. The key words used were: `safeguarding adults' and `abuse'. Further literature was found through adopting a `snowballing' technique, in which additional sources were found from the reference lists used in the initial articles. Findings of the study showed that while guidance such as No Secrets (Department of Health, 2000) emphasises the importance of a multi-agency approach, this continues to be problematic and presents challenges. In practice, differing professionals may not fully understand each other's roles and responsibilities and both thresholds and scope of adult abuse are still not universally agreed. Legislation could be used positively to mandate the multi-agency approach to adult safeguarding, supported by local Safeguarding Adults Boards and local policies can be used to provide guidance and clarity for practitioners. Further empirical investigation into supporting the multi-agency approach is required. (JL)
ISSN: 14668203
From : www.emeraldinsight.com/jap.htm

ADVOCACY

220/6 Taking their side: the power of storytelling; by Jan Kendall.: Hawker Publications.
Journal of Dementia Care, vol 21, no 1, January/February 2013, pp 23-25.
The manager of the Dementia Advocacy Network (DAN) talks about her work. She explains how the careful collecting and sharing of stories has produced a powerful resource, one that shows how independent advocacy is supporting people with dementia through issues and crises in their lives. (RH)
ISSN: 13518372
From : http://www.careinfo.org/

ARTS, CRAFT AND MUSIC

220/7 Arts programmes and quality of life for people with dementia: a review; by Katie Salisbury, Katherine Algar, Gill Windle.: Hawker Publications.
Journal of Dementia Care, vol 19, no 3, May/June 2011, pp 33-37 (Research focus).
Do we know enough about the potential of visual art programmes to improve the quality of life and well-being of people with dementia? The authors conducted a search of PsychInfo, ASSIA and Medline for peer-reviewed research papers on the use of the arts in dementia care. Combinations of keywords were used: dementia, Alzheimer's, creative, visual, art*, self-esteem, quality of life, psychological well*, older, elder*, museum. The resulting search (which also included grey literature) yielded 3992 potentially relevant papers, of which copies of 42 were obtained (and are listed). Only one paper was a systematic review, and was mainly concerned with the arts and social exclusion. This article considers treatment by papers found in relation to: arts appreciation; self-expression; art therapy; and preventing cognitive decline. (RH)
ISSN: 13518372
From : www.careinfo.org

220/8 Capturing progress in creative arts and dementia; by Karan Jutlla, Maria Parsons, Richard Coaten (et al).: Hawker Publications.
Journal of Dementia Care, vol 21, no 1, January/February 2013, pp 26-28.
'Voices and visions in creative therapies in dementia' was the title of a one-day event hosted by the Association for Dementia Studies (ADS) at the University of Worcester. The authors report on this event which explored some of the challenges in developing the creative arts in dementia care, in which some clever partnership working plays an important role. Clever partnering involves working collaboratively with different organisations on projects to overcome the challenges of limited funding experienced by small arts organisations. The article describes some examples: Creative Dementia Arts Network; the Arts Health and Wellbeing (AHW) Subgroup; the Creative Minds Partners Progamme (2012-2014); and Equal Arts. (RH)
ISSN: 13518372
From : http://www.careinfo.org/

220/9 It's a good thing to have, to keep you happy; by Elizabeth Dennis Hawker Publications.
Journal of Dementia Care, vol 19, no 2, March/April 2011, pp 34-36 (Research focus).
The author describes the results of her exploratory study which aimed to evaluate the effects of music and caregiver singing during personal care for residents in a care home. Participants were seven women aged 62 to 96, with varying degrees of severity of dementia. This article includes two of the examples illustrating the impact of music. (RH)
ISSN: 13518372
From : www.careinfo.org

220/10 Jagged pieces of truth; by Alex Outhwaite, John Killick.: Hawker Publications.
Journal of Dementia Care, vol 20, no 5, September/October 2012, pp 26-27.
A poetry project in Herefordshire which involved mentoring poets new to the dementia field has won them over to a whole new way of working. In their own ways, the poets Deborah Alma, David Calcutt and Jacqui Rowe have found inspiration from the experience. (RH)
ISSN: 13518372
From : http://www.careinfo.org/

220/11 Music in the air: NAPA promotes fresh ideas; by Sarah Crockett.: Hawker Publications.
Journal of Dementia Care, vol 19, no 2, March/April 2011, pp 18-19.
Each year, the National Association for Providers of Activities for Older People (NAPA) hosts a competition, with the aim of [promoting innovative person-centred activities in care settings. The theme in 2010 was 'Music in the air', the winner of which was Moreton Hill Care Centre in Stonehouse, Gloucestershire, a 67-bed care home with nursing, specialising in dementia care. Sarah Crockett, the activity assistant, presents excerpts from her journal, recording events during NAPA's Music in the Air week, illustrating how music can be an absorbing activity that connects with the residents in many ways. (RH)
ISSN: 13518372
From : www.careinfo.org

220/12 Painting pictures and playing musical instruments: change in participation and relationship to health in older women; by Jeannine L M Liddle, Lynne Parkinson, David W Sibbritt.: Wiley-Blackwell.
Australasian Journal on Ageing, vol 31, no 4, December 2012, pp 218-221.
The aim of the present study was to explore how changed participation in painting pictures or playing a musical instrument is related to change in physical and mental health in older women. Women enrolled in the 1921_1926 birth cohort of the Australian Longitudinal Study on Women's Health were surveyed in 2005 and 2008. Changed participation in painting pictures or playing a musical instrument was considered in relation to changes in social activity, social support, health status and health-related quality of life. Data were available for 5,058 women. Improvements in instrumental activities of daily living, confidence interval (CI) and role limitations due to emotional factors were associated with starting participation. Decline in mental health-related quality of life was associated with stopping. Overall results showed that changed participation was associated with change in functional capacity and tied to emotional well-being. (JL)
ISSN: 14406381
From : wileyonlinelibrary.com/journal/ajag

220/13 Together in song; by Jane Crampton, Fiona Taylor, Maggie Grady.: Hawker Publications.
Journal of Dementia Care, vol 20, no 6, November/December 2012, pp 12-13.
Mindsong is a social inclusion projet set up in 2006 by Three Choirs Plus, the community and outreach arm of the Three Choirs Festival. The project began by offering (and has continued to offer) music therapy for people with dementia who are either living in residential care or attending a day centre in Gloucestershire. The authors describe a singing event that brought together more than 100 people from care homes which was facilitated by music therapists from Mindsong. (RH)
ISSN: 13518372
From : http://www.careinfo.org/

220/14 Yes we can, together; by Jenny Henderson, Natalie Boddy, Ann Hill (et al).: Hawker Publications.
Journal of Dementia Care, vol 19, no 2, March/April 2011, pp 16-17.
The authors describe a quilting project for people with dementia, the aim of which was to develop a creative expression of living life to the full with dementia but also to acknowledge their palliative needs. This was a collaborative project between specialist palliative care services, NHS Dumfries and Galloway and a local quilter, Ann Hill. The project culminated in exhibitions, with some quilts put on permanent display in local hospitals. (RH)
ISSN: 13518372
From : www.careinfo.org

ASSESSMENT

220/15 ADL and IADL among older people and its impact on longevity: the gender dimension; by S M T Jayshree.: International Institute on Ageing (United Nations - Malta).
Bold, vol 23, no 2, February 2013, pp 18-23.
Older people's functional status is one of the key issues regarding their health and well-being: it determines their quality of life. Measures of functional status focus on two areas of activities: ADL (activities of daily living); and IADL (instrumental activation of daily living).
The present study concentrates on the old-old (aged 70-80 years), comprising 67 respondents (39 females, 28 males) living in a semi-urban setup in Dharwad. India. The study intends to know the ADL and IADL and how social support helps perform these activities effectively. Gender dimension of ADL and IADL and its impact on longevity as yet another unexplored issue forms the focus of the present study. The feminisation of ageing, widowhood and illiteracy were glaring in the study. Most respondents were residing in joint households. The overwhelming majority did not depend on anybody for self-care activities. However, men were more dependent on household activities. Due to historical, structural discrimination, women are lagging behind in shopping, handling finances and telephone use, whereas men are more alert in these activities.
Though older people receive support during crises and emergency, only six respondents from joint households replied that they were very satisfied. The family structure plays a key role and is an excellent source of social support in Indian society. Men were unable

to accomplish essential daily living activities. The present study proved that men were more dependent on women for ADL and IADL activities. Women in particular and core family members in general extended support to the elderly during crises. The family structure (joint household) still plays an important role in India's social support system. (RH)
ISSN: 10165177
From : www.inia.org.mt

220/16 Doing what's important: valued activities for older New Zealand Maori and non-Maori; by Valerie A Wright-St Clair, Mere Kepa, Stefanie Hoenie ... (et al).: Wiley-Blackwell.
Australasian Journal on Ageing, vol 31, no 4, December 2012, pp 241-246.
This project explored the usability of the World Health Organisation, International Classification of Functioning, Disability and Health (ICF) for describing older Maori and non-Maori people's self-nominated important activities. Within a feasibility-for-cohort study, 112 participants, 33 Maori, aged 75_79 years, and 79 non-Maori, aged 85 years, nominated their three most important activities. Verbatim responses were coded using the ICF classifications and described using non-parametric statistics. Men and women mostly named domestic life, interpersonal relationships and recreation and leisure activities. While Maori frequently named extended family relationship activities as being most important, non-Maori named more recreation and leisure activities. The ICF is useful for classifying older New Zealanders' important activities, although some activities of older Maori were not specified in the original version used. While important activity patterns were similar for men and women, those related to ancestral connectivity and community collectivity were most important for Maori. (JL)
ISSN: 14406381
From : wileyonlinelibrary.com/journal/ajag

220/17 Exploring predictors of walking ability among community-dwelling older adults; by Nikhil Satchidanand, Chester Fox, Kimberly Brunton ... (et al). London: Future Medicine.
Aging Health, vol 9, no 2, April 2013, pp 189-197.
The objective of this analysis was to examine the association between complex multidimensional factors and walking ability among older adults. 200 patients completed literature-validated questionnaires to assess depressive symptoms, psychosocial stress and chronic pain. Previous medical diagnoses and medication usage were also recorded. Body Mass Index (BMI) was calculated and walking ability was estimated using the Six-Minute Walk Test. Multiple regression was performed to ascertain the contribution of the predictor variables on distance walked. The overall model accounted for 61.2% of the variance in walking ability. Age, number of medications used and number of comorbid conditions were predictive of distance walked along with chronic pain, depressive symptoms and BMI. These findings indicate that walking ability is influenced by complex multidimensional factors, many of which can be managed. Comprehensive intervention should focus on ameliorating depressive symptoms and chronic pain, and preventing excess weight gain in older adults. (JL)
ISSN: 1745509X
From : http://www.futuremedicine.com/loi/ahe

220/18 The impact of self-rated health on medical care utilization for older people with depressive symptoms; by Christy Pu, Ya-Mei Bai, Yiing-Jenq Chou.: Wiley Blackwell.
International Journal of Geriatric Psychiatry, vol 28, no 5, May 2013, pp 479-486.
This study aimed to test the hypothesis whether self-rated health alone can explain the relationship between depression and medical care utilisation for older people and to determine whether the explanatory power of self-rated health is greater than that of the explanatory power of a major disease and activities of daily living. The study used data from 1,572 older people obtained from the 2005 National Health Interview Survey in Taiwan. The data from the National Health Interview Survey were linked to the 2005 computerised claims data from the National Health Insurance, and from that, the outpatient expenditures and number of outpatient episodes were identified. The contribution of self-rated health, activities of daily living, the presence of major diseases, and self-rated health were estimated using ordinary least squares regressions. Results showed that controlling for self-rated health alone almost eliminates the positive relationship between depressive symptoms and number of outpatient visits. After controlling for self-rated health, the utilisation ratio of outpatient visits for older people with depressive symptoms reduced significantly to only 1.01 and became insignificant. A

similar pattern was observed for total outpatient costs. Overall it was found that self-rated health is an important factor in the depressive symptoms_outpatient utilisation relationship. To reduce medical costs for older people with depressive symptoms, it is essential that the self-rated health for this group is improved. Future studies should test the mechanism through which self-rated health impacts on medical utilisation for older people with depressive symptoms. (JL)
ISSN: 08856230
From : www.orangejournal.org

ASSISTIVE TECHNOLOGY

(See Also 220/80)

220/19 Bringing home the benefits of technology; by Torhild Holthe, Sigrid Aketun, Solfrid Lyngroth (et al).: Hawker.
Journal of Dementia Care, vol 21, no 3, May/June 2013, pp 20-22.
In Norway, it is estimated that some 71,000 people have dementia. In Oslo, a unique demonstration facility shows how good design and assistive technology can be integrated into a home to meet the needs of people with dementia. This article describes the resulting visitors' centre, Alma's House, and the incorporates aids, alarms and other innovations incorporated. The centre is aimed at people with dementia and their family carers, health professional and service providers, and administrators, planners and politicians. (RH)
ISSN: 13518372
From : www.hawkerpublications.com

220/20 A conceptual valuation framework (VF) for home telecare system devices; by William H Collinge.: Emerald.
Journal of Assistive Technologies, vol 7, no 1, 2013, pp 63-68.
The conceptual valuation framework enables telecare service operators to more effectively engage with the social and psychological issues resulting from telecare technology deployment in the home, and to design and develop appropriate responses as a result. This paper provides a contextual background for the need for sociologically pitched tools that engage with the social and cultural feelings of telecare service users. A conceptual valuation framework is presented for potential development/use. However, it has yet to be extensively tested or verified: the valuation framework needs to be tested and deployed by a telecare service operator. In addressing the social and cultural perspectives of telecare service stakeholders, the paper makes a link between the technologies in the home, the feelings and orientations of service users (e.g. residents, emergency services, wardens) and the telecare service operator. (RH)
ISSN: 17549450
From : www.emeraldinsight.com

220/21 Making emergency location a routine part of Telecare provision; by Bernard Wignall.: Telecare Services Association.
The Link, Winter 2012/2013, p 9.
Bernard Wignall of Halliday James Ltd (www.hallidayjames.com), a new member of the Telecare Services Association (TSA), describes how they developed their St Bernard Location Service, which provides emergency location and is used as a platform by several major telecare suppliers. Although emergency location is is often linked to dementia, the service described is designed around the needs of vulnerable people in general - their well-being and social care. (RH)
From : www.telecare.org.uk

220/22 The puzzle of TVs and remote controls; by Nina Evans, Bruce Carey-Smith, David Emmett (et al).: Hawker Publications.
Journal of Dementia Care, vol 20, no 6, November/December 2012, pp 24-26.
Four members of staff at the Bath Institute of Medical Engineering at the Royal United Hospital Bath collaborated with the Alzheimer's Society to find out how older people with dementia watch television, the extent of ease of use of a TV remote control, and whether there are other ways of delivering TV services to people with dementia. A questionnaire sent out with a local Alzheimer's Society newsletter yielded only 99 responses (2%). That only 8 had tried using an "easy to use" remote was indicative of problems of finding out what is available (the Ricability website is recommended). Despite the low response, the

questionnaire confirmed that watching television independently is of significant importance and difficulty for people with dementia. (RH)
ISSN: 13518372
From : http://www.careinfo.org/

220/23 Quality of life of nursing-home residents with dementia subject to surveillance technology versus physical restraints: an explorative study; by S te Boekhorst, M F I A Depla, A I Francke ... (et al).: Wiley Blackwell.
International Journal of Geriatric Psychiatry, vol 28, no 4, April 2013, pp 356-363.
As physical restraints should only be used in exceptional cases, there is an urgent need for alternatives to restraint use. Surveillance technology could be such an alternative. This study explored whether nursing home residents with dementia subjected to surveillance technology had better quality of life scores for mood, behavioural and societal dimensions than residents with physical restraints. Quality of life was assessed longitudinally, with three measurements in six psychogeriatric nursing homes of residents with surveillance technology and residents with physical restraints. QUALIDEM subscales were used to measure five dimensions of quality of life. Multilevel longitudinal univariate and multivariate regression techniques were used to analyse the data. Because physical restraints were almost exclusively used in residents with low activities of daily living (ADL) independency (18 of the 22), the study restricted the regression analyses to residents with a Barthel Index score of 5 or less. Univariate results showed that highly ADL-dependent residents with surveillance technology had significantly more positive affect than highly ADL-dependent residents with physical restraints. However this difference proved to be no longer significant after adjustment for the confounders: age, sex and stage of dementia. Quality of life of highly ADL-dependent nursing-home residents with dementia seems to be unrelated to the use of surveillance technology as opposed to physical restraints. (JL)
ISSN: 08856230
From : www.orangejournal.org

220/24 Snow angels: enhancing lives through telecare and/or telehealth; by Operation Snow Angel Partnership.: Telecare Services Association.
The Link, Winter 2012/2013, p 14.
Operation Snow Angel was a collaborative project recruiting volunteers to support older and vulnerable people during extreme cold weather. The support offered was in the nature of being a pair of "helping hands" or a good neighbour, to complement services during periods of high demand. The campaign was in the form of a pilot aimed to develop a working model which could be used in the future. This article outlines the development of the Operation Snow Angel Partnership's campaign in the Northwich, Cheshire area, which ran from January to March 2012 and aimed to reduce social isolation and increase access to preventative services. (RH)
From : www.telecare.org.uk

220/25 Telephone-based care management for older adults initiated on psychotropic medication; by Donovan T Maust, Shahrzad Mavandadi, Joel E Streim ... (et al).: Wiley Blackwell.
International Journal of Geriatric Psychiatry, vol 28, no 4, April 2013, pp 410-416.
This study aimed to explore the longitudinal, six-month symptom course of older adults newly started on an antidepressant or anxiolytic by non-psychiatrist physicians and enrolled in a care management programme. This was a naturalistic cohort study of older adults aged 65 years or over receiving pharmacotherapy and telephone-based care management. Participants were non-institutionalised adults participating in Pennsylvania's Pharmaceutical Assistance Contract for the Elderly who completed telephone-based clinical assessments including demographic data, self-report on history of psychiatric treatment and adherence, and standardised symptom scales. A total of 162 participants with an average age of 77.2 years were followed and, for analysis, split into two groups by PHQ-9 score: 75 (46.3%) scoring 0_4 (minimally symptomatic group, MSG) and 87 (53.7%) scoring 5 or more (symptomatic group, SG). Over six months, the SG improved with PHQ-9 scores beginning on average at 10.0 (SD 4.6) and falling to 5.4 (SD 4.2). The MSG had no significant change in depressive symptoms. Emotional health as measured by SF-12 Mental Composite Score mirrored the PHQ-9 change and lack thereof in the SG and MSG respectively. No clinical or demographic features were associated with symptom improvement in the SG although they were more likely to report medication adherence compared with the MSG. The study concludes that participation of symptomatic older

adults initiated on psychotropic medication in a telephone-based care management programme was associated with improvement in depressive symptoms and overall emotional well-being. These were notable findings given participants' advanced age, state-wide distribution and history of limited utilisation of mental health care. (JL)
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From : www.orangejournal.org

ATTITUDES TO AGEING

(See 220/48)

BLACK AND MINORITY ETHNIC GROUPS

(See Also 220/16, 220/35)

220/26 Access and acceptability of community-based services for older Greek migrants in Australia: user and provider perspectives; by Catherine Hurley, Georgia Panagiotopoulos, Michael Tsianikas ... (et al).: Wiley.
Health and Social Care in the Community, vol 21, no 2, March 2013, pp 140-149.
In most developed nations, ageing migrants represent a growing proportion of the older population. Policies that emphasise care in the community depend on older migrants having access to formal services along with informal support, yet little is known about how older migrants experience community-based formal services. By examining the views of both Greek elders in Australia and those of formal service providers, this research fills an important gap in the literature around access to and acceptability of formal community-based services for older migrants. A research team including two Greek background researchers used existing social groups and a snowball sampling method to conduct face-to-face interviews and focus groups with 70 older Greeks in Adelaide, Australia. In addition, 22 community-based service providers were interviewed over the telephone. Results from users and providers showed that while many older Greeks experience service access issues, they also relied heavily on family for support and assistance at home. Reliance on family was both in preference to formal services or where formal services were used, to locate, negotiate and monitor such services. Common barriers identified by both groups included cost, transport and availability, but additional challenges were posed by language, literacy and cultural attitudes. Demographic changes including greater employment mobility and female workforce participation among adult children would have implications for both formal and informal care providers. Formal service providers need to ensure that services are promoted and delivered to take account of the important role of family in informal support while also addressing the access challenges posed by language and literacy. Research conducted by researchers from the same cultural background in the respondent's native language can further advance knowledge in this area. (JL)
ISSN: 09660410 From : www.wileyonlinelibrary.com/journals/hsc

220/27 Ethnicity and cultural diversity in dementia care: a review of the research; by Karan Jutlla.: Hawker Publications.
Journal of Dementia Care, vol 21, no 2, March/April 2013, pp 33-39 (Research review).
In this review, the author identifies research which could offer insights into the challenges and experiences of people living with dementia and their family carers for black and minority ethnic (BME) communities. The article highlights evidence to support good practice for staff working these individuals and their families. (RH)
ISSN: 13518372 From : www.hawkerpublications.com

CARERS AND CARING

(See Also 220/65, 220/100, 220/111)

220/28 A home-based training program improves Taiwanese family caregivers' quality of life and decreases their risk for depression: a randomized controlled trial; by Li-Min Kuo, Huei-Ling Huang, Hsiu-Li Huang ... (et al).: Wiley Blackwell.
International Journal of Geriatric Psychiatry, vol 28, no 5, May 2013, pp 504-513.
Little is known about the longitudinal effects of training programmes on family caregivers' health-related quality of life (HRQoL) and depressive symptoms over time. Therefore the

purpose of this study was to examine the effects of a home-based caregiver training programme on HRQoL and depressive symptoms for family caregivers of older persons with dementia. Outcomes (caregivers' HRQoL and depressive symptoms) were assessed before the training programme (baseline), and at two weeks, three months, and six months afterwards. HRQoL was measured using the Medical Outcomes Study 36-item Short Form Survey, Taiwan version. Depressive symptoms were measured using the Chinese version Center for Epidemiologic Studies Depression Scale. Family caregivers who received the individualised home-based training programme had better health outcomes in bodily pain, role disability due to emotional problems, vitality, better mental summary score and decreased risk for depression, and confidence interval than those in the control group during the six months following the training programme. Overall the home-based caregiver training programme improved caregivers' HRQoL, especially role limitations due to emotional problems, and decreased their risk for depression. (JL)
ISSN: 08856230
From : www.orangejournal.org

220/29 Socio-demographic determinants of caregiving in older adults of low- and middle-income countries; by Ahmad Reza Hosseinpoor, Nicole Bergen, Somnath Chatterji.: Oxford University Press.
Age and Ageing, vol 42, no 3, May 2013, pp 330-338.
Caregivers make substantial contributions to health and social systems, but many low-resource settings lack reliable data about the determinants and experiences of older adults who are caregivers. The present study aimed to identify socio-demographic determinants of caregiving among older adults of low- and middle-income countries (LMICs), and compared determinants of specific categories of caregiving tasks. 34,289 adults aged 60 or older from a pooled sample of 48 LMICs took part in the study. Prevalence values for caregiving and categories of caregiving tasks were calculated according to socio-demographic variables, for the overall sample and for each study country. Multivariate analyses assessed associations between caregiving variables and socio-demographic determinants, adjusting for health score and country of residence. Overall results showed that 15% of older adults provided care, with varying prevalence according to study country. The prevalence of caregiving was significantly higher in women, and among adults aged 60_69, the college educated, the wealthy, those living in a household of two people and urban residents. No prevalence differences were reported for the employment status or health score. The odds of caregiving were greater for women, younger age groups and higher education levels, controlling for confounders. The likelihood of participating in specific categories of caregiving differed by sex, age, marital status, education, employment status and household size, but was not associated with household economic status, area of residence or health score. (JL)
ISSN: 00020729
From : www.ageing.oxfordjournals.org

CENTENARIANS

220/30 Morbidity profiles and lifetime health of Australian centenarians; by Robyn L Richmond, Jenaleen Law, Frances KayLambkin.: Wiley-Blackwell.
Australasian Journal on Ageing, vol 31, no 4, December 2012, pp 227-232.
The aim of this descriptive study was to examine the lifetime prevalence and initial onset of diseases among centenarians. 188 participants aged 100 or more were given structured questionnaires concerning the presence and timing of 14 common age-related diseases. The most common conditions were ocular disease (70%), arthritis (58%) and hypertension (40%). Average age at disease onset was 80 years, and average number of comorbidities was three. Participants were characterised into three morbidity profiles _ survivors (46%), delayers (34%) and escapers (19%). No participants had a diagnosis of dementia or osteoporosis before age 80 years. Overall results showed that relative to the general population, a select sample of Australian centenarians reported lower rates of chronic conditions, with many escaping osteoporosis, dementia, cardiovascular disease, respiratory illnesses, cancers, anxiety and depression. Increasing age was correlated with increasing morbidity but a few centenarians reached 100 years of age without disease. (JL)
ISSN: 14406381 From : wileyonlinelibrary.com/journal/ajag

DEMENTIA

(See Also 220/6, 220/7, 220/8, 220/10, 220/11, 220/13, 220/14, 220/19, 220/22, 220/23, 220/27, 220/53, 220/54, 220/55, 220/58, 220/59, 220/76, 220/84, 220/89, 220/90, 220/91, 220/92, 220/100, 220/102, 220/105, 220/106, 220/107, 220/110, 220/119)

220/31 Adaptive interaction: a new approach to communication; by Maggie Ellis, Arlene Astell.: Hawker Publications.
Journal of Dementia Care, vol 19, no 3, May/June 2011, pp 24-26.
Adaptive interaction (AI) is a non-verbal technique for interacting with those with advanced dementia, using communication behaviours such as sounds and gestures that are familiar to them. The authors describe the development of AI, and how they have taught the approach to some care home staff. (RH)
ISSN: 13518372
From : www.careinfo.org

220/32 After diagnosis, before a crisis: what's really on offer?; by Graham Stokes, Kate Ross, Catherine de Swardt.: Hawker Publications.
Journal of Dementia Care, vol 19, no 2, March/April 2011, pp 23-25.
The authors argue the case for care management after a diagnosis of dementia has been made. They question whether dementia advisors can offer the vital ongoing support that people with dementia and their carers need. A hospital-based memory clinic in Staffordshire offered people diagnosed with dementia a follow-up appointment after 18 months. Difficulties found included carers experiencing stress and referrals to other specialist services. They comment that the National Dementia Strategy (Department of Health, 2009) should be making the lives of those with dementia and their carers better. (RH)
ISSN: 13518372
From : www.careinfo.org

220/33 Aggression and violence in dementia: addressing a real issue; by Barbara Vincent, Penny Dodds.: Hawker Publications.
Journal of Dementia Care, vol 20, no 5, September/October 2012, pp 23-25.
The authors describe a training programme that included physical intervention techniques for aggressive and violent behaviour, alongside preventive and non-physical approaches. In mental health services, this is often referred to as PMVA - Prevention and Management of Violence and Aggression. The training boosted staff skill and confidence, enabling them to manage situations effectively, often without resorting to physical interventions. Following a pilot programme, specific training on PMVA is being conducted with staff working in older people's mental health in Sussex. (RH)
ISSN: 13518372
From : http://www.careinfo.org/

220/34 A cost-effective alternative?; by Rachel Doeg.: Hawker Publications.
Journal of Dementia Care, vol 21, no 1, January/February 2013, pp 14-16.
The My Home Life Cymru programme aims to improve care standards and quality of life for older people in residential care. This article looks at the ways in which volunteers in Swansea have been engaging people with dementia in group activities as part of a pilot project run by Age Cymru Swansea Bay (ACSB). Their feedback has guided the organisation on the targeted support and training needed when the activities - mainly games and exercise - are introduced across Swansea. (RH)
ISSN: 13518372
From : http://www.careinfo.org/

220/35 Culturally sensitive, personalised approach in increasing awareness; by Linda Cornelia.: Hawker Publications.
Journal of Dementia Care, vol 20, no 5, September/October 2012, pp 28-30.
The author reports on the challenges and small breakthroughs of working with the south Asian community in Surrey, to increase awareness and understanding of dementia. The Friends with Dementia began at the Bradbury Resource Centre in Woking in 2009. (RH)
ISSN: 13518372
From : http://www.careinfo.org/

220/36 Dementia care mapping as a tool for safeguarding; by Jo Crossland.: Hawker Publications.
Journal of Dementia Care, vol 19, no 3, May/June 2011, pp 22-23.
The Mental Capacity Act 2003, the Safeguarding Vulnerable Groups Act 2006, the Mental Health Act 1983, and 'Safeguarding vulnerable adults policy' (2008) provide guidance that ensures that wherever abuse is suspected, a defined protocol is followed. In this context, the author explains how dementia care mapping (DCM) can be a powerful preventative tool for safeguarding people with dementia. Dementia care mapping also allows systematic measurement and improvement of quality of care practice. (RH)
ISSN: 13518372
From : www.careinfo.org

220/37 Dementia diagnosis and beyond: a counsellor's view; by Mike Fox.: Hawker Publications.
Journal of Dementia Care, vol 19, no 2, March/April 2011, pp 30-31.
Following a diagnosis of dementia, counselling can be a helpful approach to facilitate communication and understanding. The author also looks at the effect dementia can have on a person's sense of identity and relationships, and how people with dementia may cope with declining cognition. (RH)
ISSN: 13518372
From : www.careinfo.org

220/38 Dignity in care settings: the Hair and Care project; by Sarah Campbell, Richard Ward.: Hawker Publications.
Journal of Dementia Care, vol 20, no 6, November/December 2012, pp 22-24.
The Hair and Care project is being funded by the Economic and Social Research Council (ESRC) and the University of Manchester. It explores the importance of appearance in the everyday lives of people with dementia. The authors describe early impressions from their fieldwork, and present two case studies that demonstrate good practice in appearance-related work in health and social care settings: Caring Cuts, a mobile hairdressing service in Hertfordshire; and a collaboration between Newham University Hospital and the Hair and Beauty Department at Epping Forest College in providing services to people who would otherwise be socially isolated. The project seeks further examples of good practice and to build networks of carers, hairdressers and service users (see: http://thehairandcareproject.com/). (RH)
ISSN: 13518372
From : http://www.careinfo.org/

220/39 Expert estimates of caregiver hours for older Singaporeans with dementia; by Crystal M Riley, Benjamin A Haaland, Sean R Love ... (et al).: Wiley-Blackwell.
Australasian Journal on Ageing, vol 31, no 4, December 2012, pp 255-259.
The present study aimed to obtain experts' estimates of the number of non-medical care hours required by older Singaporeans at different stages of ageing-related dementia, with low or high behavioural features. Experts on dementia in Singapore attended one of two meetings where they provided estimates of the number of care hours required for individuals at mild, moderate and severe levels of dementia with either low or high behavioural features. The experts were shown the collated responses, given an opportunity to discuss as a group, and then polled again. Results showed that the estimated mean care hours varied by dementia severity and the level of behavioural features. There was no interaction between dementia severity and behavioural features. The study concludes that the number of estimated care hours needed by individuals with dementia is independently influenced by severity of dementia and behavioural features. These estimates may be useful for policy-makers in projecting the impact of caregiving. (JL)
ISSN: 14406381 From : wileyonlinelibrary.com/journal/ajag

220/40 The feeling of 'mattering': the positioning of emotions in dementia care; by David Sheard.: Hawker Publications.
Journal of Dementia Care, vol 21, no 2, March/April 2013, pp 23-27.
The author introduces the concept of 'mattering', that something deep within the person is known to make a difference. He argues that to achieve positive cultural change in dementia care, the primary emphasis of workforce development must be on developing emotional intelligence. (RH)
ISSN: 13518372 From : www.hawkerpublications.com

220/41 Flexible, immediate support and signposting; by Penny Hibberd, Sofia Vougioukalou.: Hawker Publications.
Journal of Dementia Care, vol 20, no 5, September/October 2012, pp 12-13.
Local evaluation of the Medway Dementia Advisers Service shows that it is highly valued and effective. This article summarises the processes and main findings of the three evaluation reports that were prepared as part of this evaluation. (RH)
ISSN: 13518372
From : http://www.careinfo.org/

220/42 Life story work: sharing skills; by Farhat Ayaz, Maxine Grant.: Hawker Publications.
Journal of Dementia Care, vol 21, no 2, March/April 2013, pp 13-14.
The authors describe a life story project conducted on a busy assessment ward for older people with dementia that brought together the skills of three healthcare support workers paired with three speech and language therapy students. These workers and students worked alongside three patients and their families to develop a life story record. The authors present the project plan used, and conclude that careful planning and preparation results in something that is worthwhile for all those involved. (RH)
ISSN: 13518372
From : www.hawkerpublications.com

220/43 Montessori success for people living with dementia; by Daniel Nightingale.: Hawker Publications.
Journal of Dementia Care, vol 19, no 2, March/April 2011, pp 36-38 (Research focus).
The author reports on a pilot study evaluating the individual transfer of skills from Montessori activities to a positive and enhanced dining experience at a dementia care home, where some of the residents have difficulty with eating independently. (RH)
ISSN: 13518372
From : www.careinfo.org

220/44 Once you start writing, you remember more; by Liz Young, Jo Howard, Kate Keetch.: Hawker Publications.
Journal of Dementia Care, vol 21, no 2, March/April 2013, pp 20-22.
Two psychologists and a volunteer describe how they ran a series of groups involving life writing for people with dementia. (RH)
ISSN: 13518372
From : www.hawkerpublications.com

220/45 The Open Doors network: a pioneering scheme; by Mike Howorth, Cathy Riley, Gillian Drummond (et al).: Hawker Publications.
Journal of Dementia Care, vol 19, no 3, May/June 2011, pp 20-21.
The Open Doors network is a pioneering scheme Salford in which the National Health Service (NHS) employs a person with dementia to lead a support and consultative network for people with dementia and their carers. The authors look at the values and vision of Open Doors. (RH)
ISSN: 13518372
From : www.careinfo.org

220/46 Publications on dementia in Medline 1974-2009: a quantitative bibliometric study; by Sten S Theander, Lars Gustafson.: Wiley Blackwell.
International Journal of Geriatric Psychiatry, vol 28, no 5, May 2013, pp 471-478.
The aim of this study was to describe the development of scientific literature on dementia in which the authors present a quantitative, bibliometric study of the literature based on Medline, covering 36 years (1974_2009). Two samples of references to dementia papers were retrieved, the main sample based on the MeSH term Dementia holding more than 88,500 references. The annual additions of references on dementia were compared with the addition to total Medline. Changes of `the Dementia to Medline ratio' (%) gave the best information on the development. Study results showed that publications on dementia increased 5.6 times faster than Medline. Most of this relative acceleration took place during 1980_1997, when the references on dementia increased from 0.17 to 0.78%. During the recent 12 years, the publications on dementia have been keeping pace with Medline and have stabilised around 0.8%. This study demonstrates a large increase of the literature on dementia, relative both to the development of all medical research and to all psychiatric research. The bibliometric approach may be questioned as quantitative

methods treat articles as being of equal value, which is not true. If, for example, during a certain period, the research output is `inflated' by a great number of repetitive papers, the quantitative method will give an unfair picture of the development. However the relative method used in this study will give relevant results as, at each point of time, the proportion of `valuable research' ought to be about the same in the dementia group as in total Medline. (JL)
ISSN: 08856230
From : www.orangejournal.org

220/47 The relationship between functional status and judgment/problem solving among individuals with dementia; by Ann M Mayo, Margaret Wallhagen, Bruce A Cooper ... (et al).: Wiley Blackwell.
International Journal of Geriatric Psychiatry, vol 28, no 5, May 2013, pp 514-521.
The present study aimed to determine the relationship between functional status (independent activities of daily living) and judgment/problem solving and the extent to which select demographic characteristics such as dementia subtype and cognitive measures may moderate that relationship in older adult individuals with dementia. The National Alzheimer's Coordinating Center Universal Data Set was accessed for a study sample of 3,855 individuals diagnosed with dementia. Primary variables included functional status, judgment/problem solving and cognition. Results showed that functional status was related to judgment/problem solving. Functional status and cognition jointly predicted 56% of the variance in judgment/problem solving. As cognition decreased, the prediction of poorer judgment/problem solving by functional status became stronger. Among individuals with a diagnosis of dementia, declining functional status as well as declining cognition should raise concerns about judgment/problem solving. (JL)
ISSN: 08856230 From : www.orangejournal.org

220/48 Self-concept in early stage dementia: profile, course, correlates, predictors and implications for quality of life; by Linda Clare, Christopher J Whitaker, Sharon M Nelis ... (et al).: Wiley Blackwell.
International Journal of Geriatric Psychiatry, vol 28, no 5, May 2013, pp 494-503.
Although it is increasingly accepted that people with dementia retain a sense of self, there is a need for empirical evidence regarding the nature of the self-concept in early stage dementia, how this changes over time and how it relates to quality of life. In the present study, self-concept was assessed using the short form of the Tennessee Self-concept Scale in 95 individuals with early stage dementia. Of these, 63 were reassessed after 12 months, and 45 were seen again at 20 months. Participants also completed measures of mood, cognitive functioning and quality of life. Caregivers provided proxy ratings of self-concept, completed measures of symptoms and distress at symptoms and rated their own levels of stress and well-being. Results showed that self-ratings of self-concept were close to the average range for the standardisation sample, and the distribution did not differ significantly from expected values. Although caregiver ratings were slightly lower, discrepancies were small. There were no significant changes over time in self-ratings or informant ratings or discrepancies. At Time 1, self-ratings were predicted by anxiety, depression and memory, caregiver ratings were predicted by caregiver distress and by depression in the person with dementia and discrepancies were predicted by caregiver distress. These models remained predictive at later time points. Self-rated self-concept predicted quality of life, with the relationship only partially mediated by depression and anxiety. Self-concept appears largely intact in early stage dementia, but in view of the association between self-concept and quality of life, a preventive approach focused on supporting self-concept may offer benefits as dementia progresses. (JL)
ISSN: 08856230 From : www.orangejournal.org

220/49 Sexuality, dementia and the care home; by Elizabeth Lightbody, Graham A Jackson, Stephen Lithgow.: Hawker Publications.
Journal of Dementia Care, vol 21, no 1, January/February 2013, pp 28-31.
A workshop based on 'The last taboo: a guide to dementia, sexuality and sexual behaviour in care homes' (ILC-UK, 2011) was held at the 4th Scottish Caring and Dementia Congress in March 2012. The authors explore some of the issues that care home staff face with regard to supporting people with dementia to enjoy their sexuality. Participants at the workshop commented on the difficulties in using guidance and legislation relating to incapacity, and called for guidance more suited to care homes. (RH)
ISSN: 13518372 From : http://www.careinfo.org/

220/50 Shifting from process to outcomes in dementia care; by David Sheard.: Hawker Publications.
Journal of Dementia Care, vol 19, no 3, May/June 2011, pp 10-12.
The Dementia Care Matters approach, Achieving identifies how to measure real outcomes in dementia care homes, by joining together quality of service features with quality of life. The author explains the importance of Achieving in attaining person-centred care and relationship-focused dementia care. (RH)
ISSN: 13518372 From : www.careinfo.org

220/51 Supporting relationships; by Ian Davies-Abbott, Kerry MacDonald.: Hawker Publications.
Journal of Dementia Care, vol 20, no 5, September/October 2012, pp 10-11.
The authors report on a post-diagnostic support group for couples affected by dementia at a memory clinic in Colwyn Bay, North Wales. (RH)
ISSN: 13518372 From : http://www.careinfo.org/

220/52 The use of Talking Mats to support people with dementia and their carers to make decisions together; by Joan Murphy, Tracey Oliver.: Wiley.
Health and Social Care in the Community, vol 21, no 2, March 2013, pp 171-180.
Policy guidelines insist that people with dementia should be involved in decisions about key life choices and transitions. However, as dementia affects both cognitive and communication difficulties, it becomes increasingly difficult to do this, and innovative and effective ways to support people with dementia and their carers to interact with each other are needed. This project, funded by the Joseph Rowntree Foundation, looked at whether Talking Mats, a low-tech communication framework, could support family carers and people with dementia to discuss issues around daily living with each other. The fieldwork phase took place from September 2008 to May 2009. 18 couples (person with dementia and their family carer) from Scotland and the North of England were involved. The couples were visited in their own homes and asked to discuss together four topics (Personal Care; Getting Around; Housework; Activities) under two different conditions: (i) using the Talking Mats framework and (ii) using their usual communication methods (UCMs). After the interviews, each participant was asked separately to complete a short questionnaire (Involvement Measure), which included five questions to evaluate how involved he or she felt in each type of discussion and a final question to measure satisfaction with the overall discussion. The findings show that both people with dementia and their carers feel more involved in discussions about how they are managing their daily living when using the Talking Mats framework, compared with their UCM. They also feel more satisfied with the outcome of those discussions. The use of Talking Mats could result in increased well-being and positive adjustment to accepting increasing levels of care for people with dementia. In addition, it could improve the relationship between the person with dementia and family carers, if all involved feel that the views of the person with dementia and the family carer have truly been acknowledged. (JL)
ISSN: 09660410
From : www.wileyonlinelibrary.com/journals/hsc

DEPRESSION

(See Also 220/18, 220/83)

220/53 Late-life depression and risk of vascular dementia and Alzheimer's disease: systematic review and meta-analysis of community-based cohort studies; by Breno S Diniz, Meryl A Butters, Steven M Albert ... (et al).: Royal College of Psychiatrists.
British Journal of Psychiatry, vol 202, no 5, May 2013, pp 329-335.
Late life depression may increase the risk of incident dementia, in particular of Alzheimer's disease and vascular dementia. The aim of the present study was to conduct a systematic review and meta-analysis to evaluate the risk of incident all-cause dementia, Alzheimer's disease and vascular dementia in individuals with late-life depression in population-based prospective studies. A total of 23 studies were included in the meta-analysis. The research used the generic inverse variance method with a random-effects model to calculate the pooled risk of dementia, Alzheimer's disease and vascular dementia in older adults with late-life depression. Results of the study showed that late life depression was associated with a significant risk of all-cause dementia, Alzheimer's disease and vascular dementia. Subgroup analysis, based on five studies, showed that the risk of vascular dementia was

significantly higher than for Alzheimer's disease. The authors conclude that late life depression is associated with an increased risk for all-cause dementia, vascular dementia and Alzheimer's disease. These results suggest that it will be valuable to design clinical trials to investigate the effect of late life depression prevention on risk of dementia, in particular vascular dementia and Alzheimer's disease. (JL)
ISSN: 00071250
From : www.rcpsych.ac.uk

DESIGN

220/54 Design for dementia care: international models; by Peter Heijmen, Christopher Manthorp.: Hawker Publications.
Journal of Dementia Care, vol 19, no 2, March/April 2011, pp 20-22.
No one design for a dementia care environment will suit everyone, so it is useful to see a rich variety of examples across the world from which to learn, and three such are looked at in this article. Czaar Peterpunt in Amsterdam was converted from a residential block into a care home for people with advanced dementia in 2006. Hearthstone in Marlborough, Massachusetts structures the day to encourage residents away from their bedrooms to activities in the communal space. The Russets near Bristol is a residential unit built around a courtyard, where organised activities take place. (RH)
ISSN: 13518372
From : www.careinfo.org

DIET AND NUTRITION

(See 220/83)

DISABILITY

220/55 Deaf with dementia: towards better recognition and services; by Quality Research in Dementia Research Programme (QRD), Alzheimer's Society.: Hawker Publications.
Journal of Dementia Care, vol 19, no 3, May/June 2011, pp 38-39.
A 3-year review by the Alzheimer's Society's Quality Research in Dementia (QRD) Research Programme aims to carry out research that will help recognise dementia in deaf people and build culturally relevant service provision and personal support. The Deaf with Dementia project concerns people who use British Sign language (BSL) in the UK.. This article outlines the project's three distinct but interlinked studies: screening and assessment; early experiences; and attitudes and information. (RH)
ISSN: 13518372
From : www.careinfo.org

220/56 Older people's views on what they need to successfully adjust to life with a hearing aid; by Timothy B Kelly, Debbie Tolson, Tracy Day ... (et al).: Wiley Blackwell.
Health and Social Care in the Community, vol 21, no 3, May 2013, pp 293-302.
This article reports a study exploring what older people believe would enable them to adjust to and gain maximum benefit from wearing a hearing aid. A mixed methods approach was employed during 2006 involving interviews with key stakeholders, a survey across three Scottish health board areas and focus groups. Nine key stakeholders from six national and local organisations were interviewed about the needs of older people being fitted with hearing aids. In total, 240 older people with three different types of hearing impairment were surveyed: long-term users of hearing aids, new hearing aid users, and those on a waiting list from urban and rural areas (response rate = 24%). A series of eight follow-up focus groups with 31 audiology patients was held. Study findings revealed that health professionals appear to neglect appropriate provision of information and overly rely on technological interventions. Of 154 older people already fitted with hearing aids, only 52% of hearing aid users reported receiving enough practical help post fitting and only 41% reported receiving enough support. Approximately 40% reported not feeling confident in the use of their aids or their controls. Older people wanted more information than they received both before and after hearing aid fitting. Information provision and attention to the psychosocial aspects of care are key to enabling older people to adjust and optimise hearing aid benefit. (JL)
ISSN: 09660410
From : www.wileyonlinelibrary.com/journals/hsc

EDUCATION AND TRAINING

220/57 Achievements and challenges in geriatric care, education and training: the case of Israel; by Sarah Carmel.: International Institute on Ageing (United Nations - Malta).
Bold, vol 23, no 2, February 2013, pp 2-10.
The growing population of older people with chronic diseases and functional limitations challenges societies with increased needs for care. Concomitantly, the ability of families to provide care to disabled family members has diminished, mainly due to increased participation of women in the labour force, and changes in family structure. Thus, much of the responsibility for, and care of, frail older people is transferred to community and governmental services. This paper portrays Israel's network of services for its older citizens, and its current educational programmes in geriatrics and gerontology, focusing on achievements as well as on challenges for the future. As is the case in many developed countries, Israel is facing a constant increase in demand for health and welfare services, as well as for paid care workers, while the current laws and networks of services are insufficient. The gap between supply and demand in services is anticipated to increase in the coming years due to the current and foreseen shortage in professionals, such as geriatricians and family physicians, nurses, and other health professionals. Ageism is probably one of the underlying causes for this situation. Knowledge in geriatrics and gerontology is rapidly growing, and can be used for improving policies, services, and - ultimately - older people's quality of life. However, the pace of its implementation is very slow. One of the most effective ways to improve services for the old and the frail is by incorporating updated knowledge in educational programmes for formal caregivers. Hence, combating ageism, recruiting employees in the field, and developing appropriate educational and training programmes for formal and informal caregivers are all important targets in addressing current needs for high quality care. (RH)
ISSN: 10165177
From : www.inia.org.mt

220/58 Workforce development: a radical rethink; by Jane Foster.: Hawker Publications.
Journal of Dementia Care, vol 20, no 6, November/December 2012, pp 30-32.
The author reports on work by Derbyshire County Council's Adult Care Department to embed a person-centred culture of care that would enable staff and managers at Staveley Community Care Centre to provide support without resorting to inappropriate antipsychotic medication. They outline the various stages of the model of care training used and the lessons learned, which have since been used in two other specialist dementia care residential units. (RH)
ISSN: 13518372
From : http://www.careinfo.org/

EMPLOYMENT

220/59 Moving forward side by side; by Kathy Stone.: Hawker Publications.
Journal of Dementia Care, vol 20, no 6, November/December 2012, pp 14-15.
The Side By Side programme launched by Life Care in South Australia is an award-winning programme that pairs people with younger onset dementia with workplace buddies. This article was first published in the Australian Journal of Dementia Care 1(3), and describes how the lives of participants in Side By Side are being transformed by meaningful social interaction in workplace environments. (RH)
ISSN: 13518372
From : http://www.careinfo.org/

END-OF-LIFE CARE

(See Also 220/63)

220/60 Do models of care designed for terminally ill 'home alone' people improve their end-of-life experience?: a patient perspective; by Samar Aoun, Moira O'Connor, Kim Skett ... (et al).: Wiley-Blackwell.
Health and Social Care in the Community, vol 20, no 6, November 2012, pp 599-606.
Palliative care patients who live alone report greater psychological distress, and are less likely to die at home than those living with a family carer. However, there is a lack of

research on the value of models of care that specifically address this disadvantage. This article describes the experiences of terminally ill `home alone' people using one of two models of care aimed at maintaining participants' need for independent living, focusing on the effect of these two models of care on their physical, social and emotional needs. 26 palliative care patients of Silver Chain Hospice Care, in Western Australia, were randomly assigned to either having a personal alarm or additional care-aide hours in their home. An in-depth qualitative study was conducted in two phases in 2010 using face-to-face interviews. The care-aide model of care resulted in benefits such as easing the burden of everyday living; supporting well-being; enhancing quality of life and preserving a sense of dignity; and reducing loneliness and isolation. The personal alarm model of care imparted a sense of security; provided peace of mind; and helped to deal with feelings of isolation. Participants in both groups felt that they could remain at home longer. By providing a safer, more secure environment through the use of a personal alarm or additional care-aide hours, patients were able to continue their activities of daily living, could build a sense of `normality' into their lives, and they could live independently through support and dignity. (JL)
ISSN: 09660410
From : wileyonlinelibrary.com/journals/hsc

220/61 The role of healthcare support workers in providing palliative and end-of-life care in the community: a systematic literature review; by Oliver R Herber, Bridget M Johnston.: Wiley Blackwell.
Health and Social Care in the Community, vol 21, no 3, May 2013, pp 225-235.
Despite the widespread use of Health Care Support Workers (HCSWs) in providing palliative and end-of-life care, there is little information available about their contributions towards supporting patients who want to be cared for and/or die at home. Between January and April 2011, a systematic review was conducted to address two questions: (i) What particular tasks/roles do HCSWs perform when caring for people at the end of life and their families to comply with their desire to remain at home?; (ii) What are the challenges and supporting factors that influence HCSWs' ability to provide palliative and end-of-life care in the community? A search was carried out for papers published from 1990 to April 2011. In total, 1,695 papers were identified, ten of which met the eligibility criteria of the study. After the methodological quality of the studies was appraised, nine papers were included in the review. The findings indicated that HCSWs invest a great deal of their time on emotional and social support as well as on assisting in the provision of personal care. They are also involved in providing care for the dying, respite care for family members and offer domestic support. Although it is important to acknowledge the many positive aspects that HCSWs provide, the findings suggest three challenges in the HCSWs role: emotional attachment, role ambiguity and inadequate training. Support factors such as informal peer grief-support groups, sense of cohesiveness among HCSWs and task orientation enabled HCSWs to overcome these challenges. To conclude, induction and training programmes, a defined period of preceptorship, appropriate support, supervision and clearly defined role boundaries may be helpful in reducing the challenges identified in HCSWs' roles. (JL)
ISSN: 09660410
From : www.wileyonlinelibrary.com/journals/hsc

220/62 What are the priorities for developing culturally appropriate palliative and end-of-life care for older people?: the views of healthcare staff working in New Zealand; by Gary Bellamy, Merryn Gott.: Wiley.
Health and Social Care in the Community, vol 21, no 1, January 2013, pp 26-34.
In New Zealand, the ageing population is culturally and ethnically diverse; and, along with other developing countries experiencing high levels of migration, the challenge is how to balance the rise in numbers of older people from difference ethnic and cultural groups with end-of-life care that reflects personal values and beliefs. This study investigated the views of healthcare staff regarding the provision of culturally appropriate palliative care for Maori, Pacific Island and Chinese elders living in Auckland, New Zealand. Two joint interviews and ten focus groups were conducted with eighty staff across a range care settings in 2010. Findings indicate that participants viewed the involvement of family as fundamental to the provision of palliative care for Maori, Pacific Island and Chinese elders. For Maori and Pacific Islanders, healthcare staff indicated the importance of enabling family members to provide 'hands-on' care. The role of family in decision-making was fundamental to the delivery of, and satisfaction with care for older Chinese family

members. Care staff highlighted the need to be cognisant of individual preferences both within and across cultures as a fundamental aspect of palliative care provision. While assumptions are sometimes made about preferences for end-of-life care based on cultural values alone, the results suggest that care preferences need to be ascertained by working with family members on an individual basis and in a manner that respects their involvement in palliative care provision. (RH)
ISSN: 09660410
From : www.wileyonlinelibrary.com/journals/hsc

EUTHANASIA

220/63 The public's viewpoint on the right to hastened death in Alberta, Canada: findings from a population survey study; by Donna M Wilson, Stephen Birch, Rod MacLeod ... (et al).: Wiley.
Health and Social Care in the Community, vol 21, no 2, March 2013, pp 200-208.
A research study was conducted to determine public opinion in Alberta, Canada, on the controversial topic of death hastening. Questions on the right to hastened death, end-of-life plans and end-of-life experiences were included in the Population Research Laboratory's annual 2010 health-care telephone survey, with 1,203 adults providing results relatively representative of Albertans. Of all 1,203, 72.6% said yes to the question: `Should dying adults be able to request and get help from others to end their life early, in other words, this is a request for assisted suicide'? Among all who provided an answer, 36.8% indicated `yes, every competent adult should have this right' and 40.6% indicated `yes, but it should be allowed only in certain cases or situations'. Over 50% of respondents in all but one socio-demographic population sub-group (Religious-other) were supportive of the right to hastened death. However, multinomial regression analysis revealed that the experiences of deciding to euthanise a pet/animal and developing or planning to develop an advance directive predicted support, while self-reported religiosity predicted non-support. Finding majority public support for death hastening suggests that legalisation could potentially occur in the future. However such a policy should first require a careful consideration of the model of assisted suicide or euthanasia that best protects people who are highly vulnerable to despair and suffering near the end of life. (JL)
ISSN: 09660410
From : www.wileyonlinelibrary.com/journals/hsc

FAMILY AND INFORMAL CARE

220/64 An assessment of the relationship between informal caring and quality of life in older community-dwelling adults: more positives than negatives?; by Julie Ratcliffe, Laurence H Lester, Leah Couzner (et al).: Wiley.
Health and Social Care in the Community, vol 21, no 1, January 2013, pp 35-46.
The main objective of the study was to apply the recently developed Index of Capability (ICECAP-O) instrument to measure and value the quality of life of a representative sample of the older South Australian population (aged 65+) according to carer status. A Health Omnibus survey including the ICECAP-O instrument, carer status (informal carer vs non-carer) and several socio-demographic questions was administered in 2009 as a face-to-face interview to 789 people aged 65+ in their own homes. 671 (85%) characterised themselves as non-carers and 115 (15%) characterised themselves as informal carers. In general, carers exhibited relatively high quality of life as measured by the ICECAP-O, with carers having comparable mean ICECAP-O scores to non-carers in the general population [carers: mean (SD) 0.848 (0.123), non-carers: mean (SD) 0.838 (0.147)]. The results of the multivariate regression model for the total sample indicated statistically significant variations in overall ICECAP-O scores according to age (with younger participants tending to have slightly higher scores on average), country of birth (with those participants who were born in Australia having higher scores on average than those who were born elsewhere) and household income (with participants with higher income levels having higher scores on average). The results of the multivariate regression model differentiated by carer status also indicated some important differences. Specifically, average ICECAP-O scores were noticeably lower for carers who are separated or divorced and for carers who lived alone and these differences were statistically significant. The study findings provide support for the existence of process utility in informal care-giving. The provision of informal care may be associated with a positive impact upon quality of life for many caregivers, which may mediate the negative

aspects arising from the burden associated with informal care-giving. (RH)
ISSN: 09660410
From : www.wileyonlinelibrary.com/journals/hsc

220/65 The experiences of neighbour, volunteer and professional support-givers in supporting community dwelling older people; by Hanna M van Dijk, Jane M Cramm, Anna P Nieboer.: Wiley.
Health and Social Care in the Community, vol 21, no 2, March 2013, pp 150-158.
Public policy increasingly emphasises the importance of informal support networks to meet the needs of the ageing population. Evidence for the types of support neighbours provide to older people and how neighbours collaborate with formal support-givers is currently insufficient. The present study explored (i) types of informal neighbour support and (ii) experiences of neighbours, volunteers and professionals providing support. Interviews with nine Dutch neighbour support-givers, five volunteers and 12 professionals were conducted and subjected to latent content analysis. Findings indicate that commitment occurred naturally among neighbours; along with providing instrumental and emotional support, neighbour support seemed to be a matter of carefully `watching over each other'. Neighbour support-givers, however, were often frail themselves and became overburdened; they furthermore lacked support from professionals. Neighbour, volunteer and professional support-givers seemed to operate in distinct, non-collaborative spheres. Findings suggest that policy-makers should consider the opportunities and limitations of neighbour and volunteer support. Professionals have an indispensable role in providing back-up and accountable, specialised support. They may be trained to adopt a visible and proactive attitude in neighbourhoods to facilitate, cooperate with and mediate between neighbour and volunteer support-givers. (JL)
ISSN: 09660410
From : www.wileyonlinelibrary.com/journals/hsc

FRAILTY

220/66 A limit to frailty in very old, community-dwelling people: a secondary analysis of the Chinese longitudinal health and longevity study; by Stephanie Bennett, Xiaowei Song, Arnold Mitnitski, Kenneth Rockwood.: Oxford University Press.
Age and Ageing, vol 42, no 3, May 2013, pp 372-377.
It has been observed that a frailty index (FI) is limited by the value of 0.7. Whether this holds in countries with higher mortality rates is not known. The objective of the present study was to test for and quantify a limit in very old Chinese adults and to relate mortality risk to the FI. The study used secondary analysis of four waves (1998, 2000, 2002 and 2005) of the Chinese Longitudinal Health and Longevity Study (CLHLS). Study participants were 6,300 people from 22 of 31 provinces in China, aged 80_99 years at baseline and followed up to seven years. An FI was calculated as the ratio of actual to 38 possible health deficits. Frequency distributions were used to evaluate the limit to the FI. Logistic regression and survival analysis were used to evaluate the relationship between the FI and mortality. At each wave, a 99% submaximal limit to frailty was observed at FI = 0.7, despite consecutive losses to death. The death rate for those who were healthiest at baseline (i.e. those in whom the baseline FI = 0) increased from 0.18 at the two-year follow-up to 0.69 by seven years. At each wave, 100% mortality at two years was observed at FI close to 0.67. A baseline FI >0.45 was associated with 100% seven-year mortality. Overall results show that a limit to frailty occurred with FI = 0.7 which was not exceeded at any age or in any wave. There appears to be a demonstrable limit to the number of health problems that people can tolerate. (JL)
ISSN: 00020729
From : www.ageing.oxfordjournals.org

GENDER ISSUES

220/67 How gender and ageing affect the elderly; by Yesim Gokce Kutsal, Dilek Aslan.: International Institute on Ageing, Malta.
Bold, vol 23, no 3, May 2013, pp 17-23.
In the 21st century, ageing is a prominent feature both in developing and developed countries. Challenging social and economic conditions in daily life, and the increase in the number and severity of health problems in older age, this rationale ends with the perception that ageing is a "problematic" phase of life, although it is only a biological

process. Among social, economic, cultural, demographic determinants, gender plays a crucial role in the ageing process; and there are many differences in the health/disease patterns between the two sexes. Many indicators easily show the differences between men and women as being due to gender issues. For example, the Gender Inequality Index (GII) shows women's disadvantaged situations in reproductive health, empowerment and the labour market. As the development status of a country and its population increases, gender-based inequalities decrease globally. Disease patterns differ according to the country's development status. In developed countries, heart disease and stroke, cancer (lung and breast), diabetes and nutritional problems (anaemia and obesity), chronic disabling conditions (arthritis and osteoporosis), multiple conditions, minor conditions, sensory impairment (hearing loss), mental illness (depression, dementia) are prevalent. In developing countries, heart disease and stroke, cancer (cervical), communicable diseases (tuberculosis and pneumonia), diabetes and nutritional problems (anaemia and obesity), chronic disabling conditions (arthritis and osteoporosis), multiple conditions, minor conditions, sensory impairment (poor vision caused by cataracts), mental illness (depression and dementia) are more frequent. Recommendations of well-being with gender perspective basically are that national political measures should be developed and applied. These should influence individual, familial and social responsibilities, and the participation of women in working life and decision mechanisms should be supported. Older women must have more freedom and the patriarchal structure of the family should be changed. Education, income and occupation are key factors that determine social position as well as access to and control over power and resources.
ISSN: 10165177 From : www.inia.org.mt

GOVERNMENT AND POLICY

(See Also 220/112, 220/115)

220/68 Paying for social care: beyond Dilnot; by Richard Humphries, King's Fund. London: King's Fund, May 2013, 28 pp.
'Paying for social care: beyond Dilnot' discusses the history of social care reform, and considers the planning and funding needed to meet present and future social care needs. The paper calls for health and social care services to be considered as a single system, with a new framework being put in place for planning and cost-sharing. It suggests health and well-being boards should play a key role in ensuring that care reform is part of wider transformation of local health and care services. The next stage of social care funding reform needs to address the following: the overall resources that will be needed to meet future needs and expectations and where this money should come from (some form of taxation); reform of attendance allowance by aligning it with personal budgets and limiting new recipients to those in receipt of pension credit; and to be clear about the kind of system that we are trying to fund. (RH)
From : Sownload at: http://www.kingsfund.org.uk/publications/paying-social-care

HEALTH SERVICES

220/69 The business case for people powered health; by NESTA (National Endowment for Science, Technology and the Arts); Innovation Unit; PPL. London: NESTA, 2013, 45 pp.
The NHS in England could realise savings of at least £4.4bn a year if it adopted People Powered Health innovations that involve patients, their families and communities more directly in the management of long term health conditions. These savings are based on the most reliable evidence, representing a 7% reduction in terms of reduced A&E attendance, planned and unplanned admissions, and outpatient admissions. This paper considers the costs and benefits of the following areas of practice: More than medicine (new services); People helping people (peer support); Redefining consultations, networks and partnerships; and user co-design and co-delivery. It describes the specific investments required to create services with a People Powered Health approach, and the practical benefits that can be achieved as a result. The paper is intended for leaders, managers and practitioners across the health and social care system. It draws on the experience of the six local teams who took part in People Powered Health, which was led by Nesta and the Innovation Unit from summer 2011 to winter 2012. (RH)
From : NESTA, 1 Plough Place, London EC4A 1DE. http://www.nesta.org.uk /library/document /PPHBusiness_case.pdf

220/70 How Medicare should and should not control expenditures; by Thomas Rice. London: Future Medicine.
Aging Health, vol 9, no 2, April 2013, pp 127-129.
In 2011 the first US baby boomers, who were born in 1946, reached the age of 65 years and became eligible for Medicare. The proportion of senior citizens in the population will rise dramatically from now on and this demographic `time bomb' is fuelling worries that Medicare will go bankrupt. This article explores ways in which Medicare can save money and balance healthcare costs. These include shifting from government-sponsored to private insurance and relying more on competition _ i.e. increased use of Medicare's strong purchasing position to obtain lower prices. (JL)
ISSN: 1745509X
From : http://www.futuremedicine.com/loi/ahe

HOME CARE

220/71 Assessing patterns of home and community care service use and client profiles in Australia: a cluster analysis approach using linked data; by Hal Kendig, Nicole Mealing, Rachel Carr ... (et al).: Wiley-Blackwell.
Health and Social Care in the Community, vol 20, no 4, July 2012, pp 375-387.
The planning and delivery of care systems require knowledge on the ways in which individuals access available services that are funded by a range of health and community services. The aims of this study were to identify distinct groups of Home and Community Care (HACC) clients in New South Wales, Australia, based on patterns of actual service use, and to understand the health and social needs and resources of client groups that access different mixes of services. Multiple data sets linked at the individual level _ including the 45 and Up Study community survey, the HACC Minimum Data Set and the Admitted Patient Data Collection for hospitals _ provide an innovative basis to investigate the complexity of access to service use. Data were collected between 2006 and 2008. A cluster analysis based on clients' type and volume of community service use was conducted on the 4,890 HACC clients in the linked dataset and nine distinct clusters of clients were identified. Three of these clusters were considered `complex', in terms of the range of community and hospital assistance received, while the others comprised mainly of one or two dominant service types. The analytical approach and findings developed here provide a client-centred approach to monitor and evaluate access to local service systems that are being reformed to better integrate the delivery of health and community services currently funded and managed separately by national and state governments. (JL)
ISSN: 09660410
From : wileyonlinelibrary.com/journals/hsc

220/72 Assessing the impact of a restorative home care service in New Zealand: a cluster randomised controlled trial; by Anna I I King, Matthew Parsons, Elizabeth Robinson, Diane Jorgensen.: Wiley-Blackwell.
Health and Social Care in the Community, vol 20, no 4, July 2012, pp 365-374.
Due to the ageing population there is an increased demand for home care services. Restorative care is one approach to improving home care services, although there is little evidence to support its use in the community setting. The objective of this trial was to evaluate the impact of a restorative home care service for community-dwelling older people. The study was a cluster randomised controlled trial undertaken at a home care agency in New Zealand. The study period was from December 2005 to May 2007. Older people were interviewed face-to-face at baseline, and at four and seven months respectively. A total of 186 older people who received assistance from a home care agency participated in the study, 93 received restorative home care and 93 older people received usual home care. The primary outcome measure was change in health-related quality of life. Secondary outcomes were the physical, mental, and social well-being of older people. Findings revealed that compared with usual care, the intervention demonstrated a statistically significant benefit in health-related quality of life at seven months for older people. There were no changes in other scale measurements for older people in either group over time. There was a statistically significant difference in the number of older people in the intervention group identified for reduced hours or discharge (29%) compared with the control group. In conclusion, a restorative home care service may be of benefit to older people and improves home care service efficacy. (JL)
ISSN: 09660410
From : wileyonlinelibrary.com/journals/hsc

220/73 The effect of a designated tool on person-centred goal identification and service planning among older people receiving homecare in New Zealand; by John G M Parsons, Matthew J G Parsons.: Wiley-Blackwell.
Health and Social Care in the Community, vol 20, no 6, November 2012, pp 653-662.
This study sought to determine the ability of a designated tool developed to identify client-directed goals in a sample of older people referred for homecare. A retrospective pre/post-intervention design was used and a total of 360 older people in an urban centre in New Zealand were included in the analysis. All clients receiving services at the time of data collection (July 2007) who were referred for service provision between July 2003 and the implementation in January 2007 of a restorative model of homecare were included in the analysis. The restorative model of homecare included a designated goal-facilitation tool [Towards Achieving Realistic Goal in Elders Tool (TARGET)]. Prior to the use of TARGET, participants had a goal recorded for their home-care episode in 31 cases (8.6%), whereas following the implementation of TARGET, goals were recorded in 339 cases (94.2%). At a quarterly review, eight clients (2.2%) achieved their goal prior to TARGET, whereas 172 clients (47.8%) fully achieved their goal when TARGET was utilised. Within the sample, multinomial logistic regression showed that the use of TARGET significantly improved goal attainment. Furthermore, moderate-to-severe cognitive impairment significantly reduced the successful attainment of goals. The study highlighted the importance of a designated tool for facilitating older people to set goals that are then used in developing support plans to structure services to assist them in the home. The need for alternative strategies for goal setting for people with significant cognitive impairment was highlighted. This study, in attempting to determine the effect of a goal-facilitation tool as a driver for quality improvement in homecare, had an observational comparative design, this being the most pragmatic option to assess the feasibility of TARGET prior to further work being undertaken. The results do show that in this sample of older people receiving homecare, the use of TARGET led to a greater proportion of goal identification, higher rates of goal attainment and a more diverse range of categories of goals than traditional non-structured methods of goal setting. (JL)
ISSN: 09660410
From : wileyonlinelibrary.com/journals/hsc

220/74 Home care or long-term care?: Setting the balance of care in urban and rural Northwestern Ontario, Canada; by Kerry Kuluski, A Paul Williams, Whitney Berta ... (et al).: Wiley-Blackwell.
Health and Social Care in the Community, vol 20, no 4, July 2012, pp 438-448.
The objective of this study was to determine the extent to which community care packages could be provided at a lower cost than facility-based long-term care (LTC) for 864 individuals on the LTC waiting list in urban and rural parts of Northwestern Ontario, Canada. A sequential mixed methods design was used entailing a retrospective chart review, the formation of case vignettes, the creation of community care packages with an `expert panel' of care managers, the costing of care packages and the calculation of potential diversion rates from LTC. Data collection took place in Northwestern Ontario between the months of March and June 2008. Eight per cent of individuals in the urban area and 50% of individuals from the rural areas could potentially be safely diverted to the community and provided with a community care package at a cost lower than facility-based LTC. There is potential for home and community care to substitute for more costly long-term care, but doing so requires building capacity in this sector, particularly in rural areas, which are currently underserviced. Reconfiguring the `balance of care' may lead to long-term cost efficiencies for an ageing population. (JL)
ISSN: 09660410 From : wileyonlinelibrary.com/journals/hsc

220/75 A randomised controlled trial of the Home Independence Program (HIP), an Australian restorative home-care programme for older adults; by Gill Lewin, Kristen De San Miguel, Matthew Knulman (et al).: Wiley.
Health and Social Care in the Community, vol 21, no 1, January 2013, pp 69-78.
Between June 2005 and August 2007, 750 older Australians referred to a home-care service for assistance with their personal care participated in the study and received either the Home Independence Program (HIP) or 'usual' home-care services. Service outcomes were compared at 3 and 12 months. Subgroups of 150 from each group were also compared on functional and quality of life measures. Data were analysed by 'intention-to-treat' and 'as-treated'. The intention-to-treat analysis showed at 3 and 12

months that the HIP group was significantly less likely to need ongoing personal care [Odds ratio (OR) = 0.18, 95% CI = 0.13-0.26, P 0.001; OR = 0.22, 95% CI = 0.15-0.32, P 0.001]. Both subgroups showed improvements on the individual outcome measures over time, with the only significant differences being found at 12 months for Instrumental Activities of Daily Living (IADL) in the as-treated analysis. Contamination of the control group by an increased emphasis on independence across the home-care agency involved, together with other methodological problems encountered, is thought to account for the few differences between groups in individual outcomes. Despite no difference between the groups over time in their overall ADL scores, a significantly smaller proportion of the HIP group required assistance with bathing/showering, the most common reason for referral, at 3 and 12 months. The results support earlier findings that participating in a short-term restorative programme appears to reduce the need for ongoing home care. The implementation of such programmes more broadly throughout Australia could substantially offset the projected increase in demand for home care associated with the five-fold projected increase in numbers of the oldest old expected over the next 40 years. (RH)
ISSN: 09660410
From : www.wileyonlinelibrary.com/journals/hsc

HOSPITAL CARE

220/76 How can we improve care in general hospitals?; by Jo James.: Hawker Publications.
Journal of Dementia Care, vol 19, no 3, May/June 2011, pp 26-29.
The Royal Free Hospital in Hampstead, north London has undertaken to deliver the National Dementia Strategy (2009) as part of a wider service improvement plan for older people. The hospital's lead nurse for dementia outlines the training undertaken, the use of non-clinical interventions such as complementary therapy, and changes to the physical environment. Further project have been proposed, including collaboration with neighbouring hospitals. (RH)
ISSN: 13518372
From : www.careinfo.org

HOSPITAL DISCHARGE

(See Also 220/88)

220/77 Which aged care inpatients are potentially suitable for community-based acute care?; by Robyn M McCarthy, Susan J Ogle, Terence P Finnegan, Sarah N Hilmer.: Wiley-Blackwell.
Australasian Journal on Ageing, vol 31, no 1, March 2012, pp 56-59.
The aim of the research was to identify Aged Care inpatients potentially suitable for Acute/Post-Acute Care (APAC)-Aged Care, a new service offering community-based acute care as an alternative to hospital admission for frail older people. Criteria were developed to identify suitable patients for APAC-Aged Care and applied to consecutive Aged Care inpatient admissions at Royal North Shore Hospital, Sydney, Australia, through retrospective chart review. Findings showed that only five of the 90 reviewed patients were potentially suitable for APAC-Aged Care. All five were from Residential Aged Care Facilities. The median age of the 90 patients was 86 years; 30% lived in Residential Aged Care Facilities; 53% of patients were medically stable on presentation; 70% required investigations beyond a standard baseline set; 27% had either no new functional decline on presentation or adequate community support to manage this; 91% had allied health input and 41% had medical/surgical consultation. APAC-Aged Care is therefore a potentially suitable alternative to acute inpatient hospitalisation in a select minority of Aged Care patients. (JL)
ISSN: 14406381
From : wileyonlinelibrary.com

HOUSING

220/78 Sociable housing in later life; by Louise Bazalgette, Jo Salter, Demos; Hanover.: Hanover, May 2013, 19 pp (The hanover@50debate, 5).
This is the fifth in a series of ten think pieces from leading UK think tanks to mark Hanover's 50th year in providing high quality housing and related services for older

people. Two researchers at Demos conducted interviews and focus groups with older people regarding what type of social environment was wanted for their housing and immediate community. The paper finds that many older people are very dissatisfied with the choice of mainstream and specialist housing options currently available to them. In particular, some older people are fearful of experiencing social isolation in mainstream housing, but dislike the prospect of living in age-segregated 'ghettos' offered by some retirement housing. The authors recommend that the Department for Communities and Local Government (DCLG) should take a leading role in encouraging new housing models such as Homeshare and cohousing, which support older people's social integration. They also argue that housing associations and house builders must likewise explore such alternative models for older people's housing. (RH)
From : http://www.hanover50debate.org.uk/wp-content/uploads/2013/05/Demos-full-think-piece.pdf

INCOME AND PERSONAL FINANCE

220/79 The impact of the economic recession on well-being and quality of life of older people; by Lee-Ann Fenge, Sarah Hean, Louise Worswick (et al).: Wiley-Blackwell.
Health and Social Care in the Community, vol 20, no 6, November 2012, pp 617-624.
The importance of economic well-being is recognised in recent UK Government policy. Older people may be particularly vulnerable to economic fluctuations as they are reliant on fixed incomes and assets which are reducing in value. Within the literature, little is understood about the impact of the current economic downturn on people's general quality of life and well-being and, in particular, there is little research on the financial experiences and capability of the older age group, a concern in light of the ageing UK population. This article reports a qualitative research study into the nature of older peoples' vulnerability by exploring their perceptions of the impact of the economic recession on their well-being and quality of life. It explores specifically a group of older people who are not the poorest within the ageing population, but who may be described as the `asset rich-income poor' group. Key themes relate to the impact of the recession on the costs of essential and non-essential items and dimensions of mental, physical and social well-being. Implications for health and social care practice in meeting the needs of older people during times of economic recession are then explored. The paper adds to the debate by demonstrating that the recession is having adverse consequences for older people's quality of life in terms of economic, mental and social well-being, although there is also evidence that some of them are equipped with certain resilience factors due to their money management and budgeting skills. (JL)
ISSN: 09660410
From : wileyonlinelibrary.com/journals/hsc

INFORMATION AND COMMUNICATION TECHNOLOGY

220/80 The impact of ICT services on perceptions of the quality of life of older people; by Jacqueline Damant, Martin Knapp, Sarah Watters (et al).: Emerald.
Journal of Assistive Technologies, vol 7, no 1, 2013, pp 5-21.
This paper reports results of the impact of the information and communication technology (ICT) platform and telecare services developed by the MonAMI (Mainstreaming on Ambient Intelligence project) consortium on the quality of life (QOL) of older people in three European communities. In a 3-month trial, the MonAMI technology was installed in the homes of older people with various needs, in the cities of Stockholm, Sweden; Zaragoza, Spain; and Kosice, Slovakia. Evaluation criteria and instrumentation were developed to assess the effects of the services on users' perceived QOL in the domains of independence, physical health, psychological well-being, social networking, and physical environment. 62 users (mean age 79 years) participated in the trial. Results demonstrate that the MonAMI services had some positive, significant effects on users' QOL. For instance, users with a higher number of disabilities at baseline reported greater confidence in keeping intruders from entering their home compared to users with fewer disabilities (OR=2.51, 0.01 pp0.05). However, overall findings show that healthier, more independent users perceived more benefits from the services, compared to users who report more health problems and are less independent. The complexities of conducting the MonAMI trial led to a small, heterogeneous sample of users over a short time span. This, in turn, created difficulties in observing the potential effects of the services and achieving significance on some indicators of QOL. This paper provides quantitative analyses around the impact of

telecare services; suggests important directions for further research; and highlights the methodological challenges of evaluating ICT-based care services in a community setting. (RH)
ISSN: 17549450
From : www.emeraldinsight.com

INTEGRATED CARE

220/81 The effectiveness of inter-professional working for older people living in the community: a systematic review; by Daksha Trivedi, Claire Goodman, Heather Gage ... (et al).: Wiley.
Health and Social Care in the Community, vol 21, no 2, March 2013, pp 113-128.
Health and social care policy in the UK advocates inter-professional working (IPW) to support older people with complex and multiple needs. Whilst there is a growing understanding of what supports IPW, there is a lack of evidence linking IPW to explicit outcomes for older people living in the community. This review aimed to identify the models of IPW that provide the strongest evidence base for practice with community dwelling older people. A range of electronic databases were searched from 1990 through to 2010. Papers were then selected describing interventions that involved IPW for community dwelling older people and randomised controlled trials (RCT) reporting user-relevant outcomes. Included studies were classified by IPW models (Case Management, Collaboration and Integrated Team) and assessed for risk of bias. The authors conducted a narrative synthesis of the evidence according to the type of care (interventions delivering acute, chronic, palliative and preventive care) identified within each model of IPW. They retrieved 3,211 records and included 37 RCTs which were mapped onto the IPW models. Overall there was weak evidence of effectiveness and cost-effectiveness for IPW, although well-integrated and shared care models improved processes of care and had the potential to reduce hospital or nursing/care home use. Study quality varied considerably and high quality evaluations as well as observational studies are needed to identify the key components of effective IPW in relation to user-defined outcomes. Differences in local contexts raise questions about the applicability of the findings and their implications for practice. More information is needed on the outcomes of the process of IPW and evaluations of the effectiveness of different configurations of health and social care professionals for the care of community dwelling older people. (JL)
ISSN: 09660410
From : www.wileyonlinelibrary.com/journals/hsc

INTERNATIONAL AND COMPARATIVE

(See Also 220/26, 220/28, 220/39, 220/62, 220/63, 220/66, 220/71, 220/74, 220/75, 220/99, 220/118)

220/82 The elderly in Cameroon; by Rebecca Atemekem Ngwingmako.: International Institute on Ageing, Malta.
Bold, vol 23, no 3, May 2013, pp 2-5.
In Cameroon, socio-economic change is resulting in the erosion of traditional values. The author considers the societal implications of ageing and the ways in which the needs of the country's older people are or should be met. (RH)
ISSN: 10165177
From : www.inia.org.mt

220/83 Malnutrition and depression in recently hospitalised elderly in Cairo; by Muhammad Fouad Abd-al-Atty Ibrahim.: International Institute on Ageing (United Nations - Malta).
Bold, vol 23, no 2, February 2013, pp 24-28.
Malnutrition and depression are highly prevalent in institutionalised older people. and can lead to unfavourable outcomes. This cross-sectional study conducted on 210 recently hospitalised older people in Cairo aimed to test the hypothesis that their reduced mood is associated with malnutrition. The study used a culturally adapted Arabic version of the Geriatric Depression Scale (GDS-11-A), the Arabic version of Mini Nutritional Assessment screening tool - short form (MNA-SF-A), and selected anthropometric and laboratory measurements. Depressed mood was found in 33.8% of the studied population. There was a higher percentage of malnutrition among depressed patients (63.8%) compared to 32.5% among non-depressed patients; the difference is highly significant statistically (pp0.001). Also, linear regression analysis showed that MNA score

(nutritional status) is an independent risk factor for depressed mood with a negative correlation. Reduced mood is significantly related to poor nutritional status in recently hospitalised older people. (RH)
ISSN: 10165177
From : www.inia.org.mt

LEARNING DIFFICULTIES

220/84 People with a learning disability and dementia: reducing marginalisation; by Karen Watchman.: Hawker Publications.
Journal of Dementia Care, vol 20, no 5, September/October 2012, pp 34-38.
The awareness that people with a learning disability, particularly Down's syndrome, are at risk of dementia at a younger age brings an associated need for clarity over service planning and delivery. In order to record changes and developments in approaches, research literature documents the changing history of people with a learning disability and, separately, people with dementia. We do not have the same knowledge about the most appropriate ways of supporting individuals who have both a learning disability and a dementia. People will already experience social exclusion due to society's interpretation on their learning disability. This review highlights the need for accurate data and statistics, an individualised approach to sharing information about the diagnosis, general and specialist training, an increased use of adapting methods of communication as dementia progresses, and a consistent staff approach across care settings. (RH)
ISSN: 13518372
From : http://www.careinfo.org/

LIVING ALONE

(See 220/85)

LONELINESS AND SOCIAL ISOLATION

220/85 The transition to living alone and psychological distress in later life; by Juliet Stone, Maria Evandrou, Jane Falkingham.: Oxford University Press.
Age and Ageing, vol 42, no 3, May 2013, pp 366-372.
Living alone in later life has been linked to psychological distress but less is known about the role of the transition to living alone and the role of social and material resources. In the present study 21,535 person-years of data from 4,587 participants of the British Household Panel Survey aged 65 or over were analysed. Participants provided a maximum six years' data, with trajectories of living arrangements classified as: consistently partnered/ with children/alone; transition from partnered to alone/with children to alone. General Health Questionnaire (GHQ) data were investigated using multi-level logistic regression, controlling for sex, age, activities of daily living, social and material resources. After a transition from partnered at baseline to alone at time 1, the odds for GHQ-12 caseness increased substantially, but by time 3 returned to baseline levels. The odds for caseness at baseline were highest for those changing from living with a child at baseline to living alone at time 1 but declined following the transition to living alone. None of the covariates explained these associations. Living consistently alone did confer increased odds for caseness. The study concludes that living alone in later life is not in itself a strong risk factor for psychological distress. The effects of transitions to living alone are dependent on the preceding living arrangement and are independent of social and material resources. This advocates a longitudinal approach, allowing identification of respondents' location along trajectories of living arrangements. (JL)
ISSN: 00020729
From : www.ageing.oxfordjournals.org

LONG TERM CARE

220/86 International comparison of long-term care resident dependency across four countries (1998-2009): a descriptive study; by Michal Boyd, Clive Bowman, Joanna B Broad, Martin J Connolly.: Wiley-Blackwell.
Australasian Journal on Ageing, vol 31, no 4, December 2012, pp 233-240.
The present study aimed to describe an international comparison of dependency of long-term care residents. All Auckland aged care residents were surveyed in 1998 and

2008 using the `Long-Term Care in Auckland' instrument. A large provider of residential aged care, Bupa-UK, performed a similar but separate functional survey in 2003, again in 2006 (including UK Residential Nursing Home Association facilities), and in 2009 which included Bupa facilities in Spain, New Zealand and Australia. The survey questionnaires were reconciled and functional impairment rates compared. Of almost 90,000 residents, prevalence of dependent mobility ranged from 27 to 47%; chronic confusion, 46 to 75%; and double incontinence, 29 to 49%. Continence trends over time were mixed, chronic confusion increased, and challenging behaviour decreased. Overall functional dependency for residents is high and comparable internationally. Available trends over time indicate that increasing resident dependency requiring care for this population is considerable and possibly increasing. (JL)
ISSN: 14406381
From : wileyonlinelibrary.com/journal/ajag

220/87 Programmes to support chronic disease self-management: should we be concerned about the impact on spouses?; by Stacey Masters, Jodie Oliver-Baxter, Christopher Barton ... (et al).: Wiley Blackwell.
Health and Social Care in the Community, vol 21, no 3, May 2013, pp 315-326.
Chronic disease self-management support (CDSMS) programmes are widely advocated as an essential element of chronic disease care but may place additional strain on spouses. This study used an embedded mixed methods approach to explore the impact of CDSMS on spouses. Spouses were recruited as part of a larger randomised controlled trial to assess the efficacy of a health professional-led CDSMS programme (the Flinders Program) in older adults with multiple chronic conditions, compared with an attention control group. Spouses were recruited from the general community through General Practitioners located in the southern areas of Adelaide, Australia. Quantitative and qualitative data were collected between September 2009 and March 2011; a total of 25 spouses from each of the CDSMS and control groups provided data. Spousal strain was measured by the Caregiver Risk Screen (CRS). Few spouses had CRS scores indicative of moderate or high strain at baseline or upon completion of the study and CRS scores did not differ by programme allocation. Spouses of participants with poorer self-management and more illness intrusiveness had higher CRS scores at baseline (quantitative) and spousal strain was found to increase as a partner's well-being and capacity to self-manage decreased (qualitative). Spouse presence at CDSMS sessions (20%) frequently signalled a reduced level of partner well-being. Overall these findings suggest that CDSMS programmes in many cases will have little impact (either positive or negative) on spousal strain. A significant increase in spousal strain may occur however if there is deterioration in the health status of a CDSMS participant. The impact of decline in participant health status on carer strain needs to be considered in CDSMS programmes. (JL)
ISSN: 09660410
From : www.wileyonlinelibrary.com/journals/hsc

MEDICAL ISSUES

(See 220/97)

MEDICATION

220/88 Gaps in continuity of medication management during the transition from hospital to residential care: an observational study (MedGap Study); by Rohan A Elliott, Tim Tran, Simone E Taylor ... (et al).: Wiley-Blackwell.
Australasian Journal on Ageing, vol 31, no 4, December 2012, pp 247-254.
The present study aimed to assess continuity of medication management during transition from hospital to residential care facilities (RCFs). Telephone interviews with RCF staff were performed 24 hours after patient transfer to determine the proportion of patients with: missed or significantly delayed doses; RCF medication chart not written/updated in time for the first dose; suitably packed medications not available for the first dose; and RCF medication chart written/updated by a locum doctor. Retrospective audit was used to identify discharge summary discrepancies. Results showed that 75 doses for 37 out of 202 (18.3%) patients were missed or significantly delayed in the 24 hours after discharge. 125 (61.9%) patients did not have their medication chart written/updated and 77 (38.1%) did

not have suitably packed medications available for the first dose. Locum doctors wrote RCF medication charts for 66 (32.7%) patients. 197 out of 392 (50.3%) changes to regularly scheduled medications were communicated. These findings show that strategies are needed to address gaps in the continuity of medication management. (JL)
ISSN: 14406381
From : wileyonlinelibrary.com/journal/ajag

220/89 The impact of antipsychotics and neuropsychiatric symptoms on the quality of life of people with dementia living in nursing homes; by Julia van de Ven-Vakhteeva, Hans Bor, Roland B Wetzels ... (et al).: Wiley Blackwell.
International Journal of Geriatric Psychiatry, vol 28, no 5, May 2013, pp 530-538.
This study aimed to establish whether antipsychotic (AP) drug use in patients with dementia negatively affects quality of life (QoL) independent of neuropsychiatric symptoms (NPS). The study tested 290 patients with dementia living in nine nursing homes throughout the Netherlands in a longitudinal study. The measurements were repeated every six months over two years. The authors studied the change in NPS and AP use and their effect on QoL over time in two separate generalised estimating equations. QoL and NPS were assessed using the Qualidem questionnaire and the Neuropsychiatric Inventory-Nursing Home Version (NPI-NH), respectively. Results showed that antipsychotic prescriptions did not significantly change participant QoL, whereas NPI-NH total score changes consistently predicted changes in QoL. According to the Qualidem, the development of QoL in patients who chronically used APs did not differ from AP-free patients, except on the restless tense behaviour subscale. AP-free patients' `restless, tense behaviour' improved compared with patients who chronically used APs who showed a slight deterioration in these symptoms, however, this effect did not significantly influence total QoL. Overall, antipsychotic drug use does not necessarily have detrimental effects on the QoL of patients with dementia, but rather NPS consistently and negatively affects QoL. The use of APs to treat NPS is justified when used carefully , i..e. their benefits and side effects should be monitored. (JL)
ISSN: 08856230
From : www.orangejournal.org

MENTAL CAPACITY

220/90 Best interests decisions: are we getting it right?; by Geraldine Boyle, Val Williams, Marcus Jepson (et al).: Hawker Publications.
Journal of Dementia Care, vol 20, no 6, November/December 2012, pp 19-21.
In 2010, the Department of Health (DH) commissioned a national study that examined the professional practices involved in best interest decision making, also to find out whether the Mental Capacity Act 2005 (MCA) and related guidance (the Code of Practice) are sufficient and relevant. The report, 'Making best interests decisions: people and processes: a research study of best interest decisions made in accordance with the Mental Capacity Act', was published jointly by the Mental Health Foundation, the Norah Fry Research Centre and the University of Bradford. This article outlines the research methods and asks whether capacity assessments are being carried out as the Act requires. While most of the study participants welcomed the Act, the Code of Practice's distinction between "lack of insight" and lack of decision-making capacity needed to be clarified. (RH)
ISSN: 13518372 From : http://www.careinfo.org/

220/91 Mental capacity and dementia: a review: Part 1; by Jill Manthorpe, Kritika Samsi.: Hawker Publications.
Journal of Dementia Care, vol 20, no 6, November/December 2012, pp 35-39.
In the first part of this review of the relevance and use of the Mental Capacity Act 2005 (MCA) for people with dementia, carers and practitioners, the authors present evidence of good practice. They also comment on aspects that the research suggests might usefully be reviewed. Three key studies on specific aspects of the MCA are summarised: independent advocacy, best interests, and safeguarding provisions. (RH)
ISSN: 13518372
From : http://www.careinfo.org/

220/92 Mental capacity and dementia: a review: Part 2; by Jill Manthorpe, Kritika Samsi.: Hawker Publications.
Journal of Dementia Care, vol 21, no 1, January/February 2013, pp 35-38 (Research

review).
In the second part of this review of the relevance and use of the Mental Capacity Act 2005 (MCA) for people with dementia, carers and practitioners, the authors examine specific themes in the literature, starting with hospital practice. Other themes considered include: care home practice; social care at home; information and advice services; public perceptions; end of life care; and the Deprivation of Liberty safeguards (DoLS). While the Act has clarified principles and courses of action to be taken, its complexity has meant that much time has been taken in assimilating its content into training, work practices and the public consciousness. (RH)
ISSN: 13518372
From : http://www.careinfo.org/

MENTAL HEALTH

(See Also 220/85)

220/93 A call for a new positive psychiatry of ageing; by Dilip V Jeste, Barton W Palmer.: Royal College of Psychiatrists.
British Journal of Psychiatry, vol 202, no 2, February 2013, pp 81-83.
In this article the authors propose a new model for geriatric psychiatry to help meet the needs of a rapidly growing population of older adults. This positive old age psychiatry would focus on recovery, promotion of successful ageing, neuroplasticity, prevention and interventions to enhance positive psychological traits such as resilience, social engagement and wisdom. (JL)
ISSN: 00071250 From : www.rcpsych.ac.uk

220/94 Community hoarding task forces: a comparative case study of five task forces in the United States; by Christiana Bratiotis.: Wiley Blackwell.
Health and Social Care in the Community, vol 21, no 3, May 2013, pp 245-253.
During the past decade, many community task forces have formed to address hoarding problems that come to public attention. Such task forces provide a societal-level intervention to assist people with the most severe cases of hoarding, who do not voluntarily seek or want help for their behaviour. This qualitative study of five U.S. hoarding task forces included sites selected for their diversity of purpose, approaches to hoarding intervention and community geography, composition and resources. Data were collected during the period of September 2007_March 2008. The case study methodology used multiple forms of data, including semi-structured interviews, analysis of documents, small group interviews and investigator observation. This study captured the perspectives of public and private sector service providers such as mental health, housing, social service, public health agencies and community enforcement organisations (fire, police, legal, animal control) to examine how task forces organise and operate and the emerging practice and policy changes. Study findings suggest that structural factors (e.g. leadership, purpose, funding and membership) impact hoarding task force viability, that participation on a task force influences practice and policy decisions about hoarding, and that social work can expand its role in task force leadership. Task forces may be a mechanism for improving community policies about hoarding and mechanisms for addressing other social problems across multiple sectors. (JL)
ISSN: 09660410 From : www.wileyonlinelibrary.com/journals/hsc

220/95 Gains in language comprehension relating to working memory training in healthy older adults; by Barbara Carretti, Erika Borella, Michela Zavagnin, Rossana de Beni.: Wiley Blackwell.
International Journal of Geriatric Psychiatry, vol 28, no 5, May 2013, pp 539-546.
A growing number of studies are focusing on cognitive training procedures to delay age-related decline. Given the crucial role of working memory (WM) in everyday life, some studies have recently analysed gains deriving from WM training and their transfer and maintenance effects in older adults. The present study investigated the efficacy of a verbal WM training programme in 20 65_75 year old adults with no cognitive impairments, considering the specific training-related gains in a verbal WM task (criterion) and the transfer effects on measures of WM updating, reasoning, and on abilities related more to daily life, that is language comprehension. Maintenance of training benefits was also assessed after six months. Results showed that the older adults given training performed better than controls in the criterion task and retained this benefit six months

later. Immediate transfer effects were seen in most of the abilities considered (reasoning and language comprehension performance) and were substantially maintained at the six-month follow-up. These results suggest that WM training is a promising approach for preserving abilities relating to everyday activities, helping to prolong older adults' independence and well-being. (JL)
ISSN: 08856230
From : www.orangejournal.org

220/96 The memory support system for mild cognitive impairment: randomized trial of a cognitive rehabilitation intervention; by M C Greenaway, N L Duncan, G E Smith.: Wiley Blackwell.
International Journal of Geriatric Psychiatry, vol 28, no 4, April 2013, pp 402-409.
Individuals with amnestic mild cognitive impairment (MCI) have few empirically based treatment options for combatting their memory loss. This study sought to examine the efficacy of a calendar/notebook rehabilitation intervention, the memory support system (MSS), for individuals with amnestic MCI. 40 individuals with single domain amnestic MCI and their programme partners were randomised to receive the MSS, either with training or without (controls). Measures of adherence, activities of daily living, and emotional impact were completed at the first and last intervention sessions and again at eight weeks and six months post intervention. Training in use of a notebook/calendar system significantly improved adherence over those who received the calendars but no training. Functional ability and memory self-efficacy significantly improved for those who received MSS training. Change in functional ability remained significantly better in the intervention group than in the control group out to eight week follow-up. Care partners in the intervention group demonstrated improved mood by eight-week and six-month follow-ups, whereas control care partners reported worse caregiver burden by six-month follow-up. Memory support system training resulted in improvement in activities of daily living and sense of memory self-efficacy for individuals with MCI. Although activities of daily living benefits were maintained out to eight weeks post intervention, future inclusion of booster sessions may help extend the therapeutic effect out even further. Improved mood of care partners of trained individuals and worsening sense of caregiver burden over time for partners of untrained individuals further support the efficacy of the MSS for MCI. (JL)
ISSN: 08856230
From : www.orangejournal.org

220/97 The structure of affective symptomatology in older adults with osteoarthritis; by Patricia A Parmalee, Tina L Harralson, Jesse A McPherron, H Ralph Schumacher.: Wiley Blackwell.
International Journal of Geriatric Psychiatry, vol 28, no 4, April 2013, pp 393-401.
The objective of this study was to examine the structure of symptoms of affective disorder among older adults with a chronic health problem (osteoarthritis) and to explore cross-sectional and longitudinal associations of obtained affective symptom clusters with key health outcomes (pain, functional disability, perceived health). The study method was a one-year longitudinal study of older adults with diagnosed osteoarthritis of the knee. Symptoms of DSM depression and anxiety were assessed in a research diagnostic interview by using a DSM-IV symptom checklist in which self-reports captured demographic characteristics, objective health, pain, disability and perceived health. Confirmatory factor analysis tested comparability of affective symptom structure in this sample to findings of previous research. Ordinary least squares regression examined cross-sectional and longitudinal associations of affective symptoms with health outcomes, controlling for demographics and objective health. The current sample displayed an affective symptom structure comparable with that observed in previous research, with symptoms clustering into depressed mood (DM), somatic symptoms (SS) and psychic anxiety (PA) factors. DM was cross-sectionally associated with pain and disability and marginally with perceived health. SS predicted current pain and perceived health. Only DM predicted a one year change in disability and perceived health (but not pain). This research confirms the role of SS of distress in fuelling disability and perceived ill health among older adults who are chronically ill. However it is DM that drives changes in perceived health and functional ability. (JL)
ISSN: 08856230
From : www.orangejournal.org

MENTAL ILLNESS

220/98 Development of a framework for recovery in older people with mental disorder; by Stephanie Daley, David Newton, Mike Slade ... (et al).: Wiley Blackwell.
International Journal of Geriatric Psychiatry, vol 28, no 5, May 2013, pp 522-529.
The present study aimed to evaluate whether a conceptual framework of recovery developed for working age adults holds value for users of older people's mental health services, including those with dementia. 38 qualitative interviews were undertaken with service users and carers from an older people's mental health service in South London and were analysed using grounded theory methods. Results showed that components of recovery, which appear to be meaningful to older people with mental disorder include the following: (i) the impact of illness, (ii) the significance of personal responsibility, and (iii) specific coping strategies. Unlike their younger peers, older people did not aspire to a new and revised sense of identity, nor did they seek peer support from others with lived experience of mental illness. Three components of recovery were identified as being distinct to older people: the significance of an established and enduring sense of identity; coping strategies, which provide continuity and reinforce identity; and the associated impact of physical illness. Finally, two additional components of recovery were identified for people with dementia: (i) the changing experience over time and (ii) support from others. Mental health policy is increasingly framed in terms of `recovery'. This paper provides empirical evidence of how it applies to users of older people's mental health services. Practice implications include the need to focus on the maintenance of identity, and embed the values of empowerment, agency and self-management within service delivery. (JL)
ISSN: 08856230
From : www.orangejournal.org

OBESITY

220/99 Position statement: obesity and the older person; by Australian and New Zealand Society for Geriatric Medicine.: Wiley-Blackwell.
Australasian Journal on Ageing, vol 31, no 4, December 2012, pp 261-267.
This Position Statement represents the views of the Australian and New Zealand Society for Geriatric Medicine. It was approved by the Federal Council of the ANZSGM on 22nd August 2011. The statement covers a range of issues related to obesity and ageing including: healthy ageing in relation to weight; weight loss and its risks; what contributes to overweight and obesity in older people; classification of overweight and obesity (eg body mass index, waist circumference etc) and whether it is appropriate for older people; consequences of overweight and obesity in older people; and weight loss strategies, eg. diet and exercise, surgery and drugs. (JL)
ISSN: 14406381
From : wileyonlinelibrary.com/journal/ajag

PERSON CENTRED CARE

(See Also 220/50)

220/100 Caring for older persons with dementia: the principles of person-centred care; by Anthony Scerri, Charles Scerri.: International Institute on Ageing (United Nations - Malta).
Bold, vol 23, no 2, February 2013, pp 11-17.
The theories of personhood and person-centred care (PCC) as proposed by Tom Kitwood in 1997 have led to the development of a corpus of knowledge and the application of PCC in formal care settings. This article summarises some of the literature, including the Caring for Age Dementia Care Resident Study (CADRES) in Australia. The authors conclude that there is increasing evidence that multi-component PCC strategies can positively contribute to reducing behavioural symptoms and improve the quality of life of people with dementia. However, it remains unclear which component of PCC is effective or at what stage and type of dementia these strategies become useful. (RH)
ISSN: 10165177
From : www.inia.org.mt

PHYSICAL ACTIVITY

220/101 Older Australians and physical activity levels: do we know how many are meeting guidelines?; by Robert L Hill, Wendy J Brown.: Wiley-Blackwell.
Australasian Journal on Ageing, vol 31, no 4, December 2012, pp 208-217.
Current recommendations suggest that older Australians aged 65 years or above should, for health benefits, accumulate 30 minutes of at least moderately intensive physical activity on most days each week. The aim of this study was to determine the proportion who meet this recommendation. For the purposes of the study a systematic review of scholarly journals published between 2000 and 2010 was carried out. Of 357 potentially relevant papers, 22 met the study criteria. Estimates from the 15 studies with samples of 500 or more suggest that between 25% and 55% of older Australians were meeting guidelines, but in these studies definitions, measures and age ranges of participants varied widely. Because of the heterogeneity of samples, measures and definitions, it is not possible to estimate with confidence the proportion of older adults in Australia who meet current physical activity recommendations. (JL)
ISSN: 14406381 From : wileyonlinelibrary.com/journal/ajag

220/102 Remember the body: promoting physical health in dementia care; by Richard Ward, Sarah Campbell, Pam Kehoe (et al).: Hawker Publications.
Journal of Dementia Care, vol 19, no 2, March/April 2011, pp 26-29.
The authors explain the work and outcomes of the Manchester Supporting Health Dementia Programme (MSHDP), a pilot project in 2009-2010. They discuss why a focus on physical health and healthy living is important in helping people with dementia to continue to live well and to maintain or improve their health. (RH)
ISSN: 13518372 From : www.careinfo.org

PREVENTION

220/103 New jobs old roles: working for prevention in a whole-system model of health and social care for older people; by Naomi Smith, Marian Barnes.: Wiley.
Health and Social Care in the Community, vol 21, no 1, January 2013, pp 79-87.
The Partnerships for Older People Projects (POPPs) programme provided government funding for local and health authorities to pilot prevention and intervention services in partnership with the voluntary sector and older people between 2006 and 2009. This local evaluation of a pilot in southern England undertaken between 2007 and 2009 used a Theory of Change approach to gathering and reflecting on data with different groups involved in the delivery of this whole-system based model of prevention. The model was delivered in the same way in seven social services locality areas within a large county authority. The method of data gathering enabled structured reflection on the implementation, development and projected outcomes of the model and a consideration of the key learning of working in a whole-system way with partners and stakeholders. The whole-system model, although complex and challenging to implement, was considered overall to have been a success and provided significant learning for partners and stakeholders on the challenges and benefits of working across professional and sectoral boundaries. New posts were created as part of the model. Two of these, recruited to and managed by voluntary sector partners, were identified as 'new jobs', but echoed 'old roles' within community and voluntary sector based health and social care. The authors reflect on the parallels of these roles with previously existing roles and ways of working, and reflect on how the whole-system approach of this particular pilot enabled these new jobs to develop in particularly appropriate and successful ways. RH)
ISSN: 09660410
From : www.wileyonlinelibrary.com/journals/hsc

QUALITY OF LIFE

(See Also 220/79, 220/80)

220/104 Predictors of patterns of change in health-related quality of life in older women over 7 years: evidence from a prospective cohort study; by Caroline E Dale, Ann Bowling, Joy Adamson ... (et al).: Oxford University Press.
Age and Ageing, vol 42, no 3, May 2013, pp 312-318.
The evaluation of the determinants of change over time in health-related quality of life

(HR-QoL) in older people is limited. This study aimed to identify patterns of change in HR-QoL over seven years and their determinants using data from the British Women's Heart and Health Study, a representative sample of 4,286 older women. Longitudinal latent class analysis was used to identify subpopulations of women with similar HR-QoL trajectories from 1999_2000 to 2007. HR-QoL was measured using the European Quality of Life Instrument (EQ-5D). Multivariate multinomial logistic regression was used to model the association of identified trajectories with baseline predictors after multiple imputation of missing data. In the results four distinct EQ-5D trajectories were suggested: high (19% of women), high decline (22%), intermediate (42%) and low decline (16%). Prevalent arthritis, diabetes and obesity were the strongest predicting health conditions of adverse changes in HR-QoL and physical activity the strongest predicting lifestyle factor. Findings suggest that older women without obesity or pre-existing health conditions who undertake more physical activity are more likely to experience high HR-QoL, reinforcing the importance of these factors for healthy ageing. (JL)
ISSN: 00020729
From : www.ageing.oxfordjournals.org

RELATIONSHIPS (PERSONAL)

220/105 Healing wounds: person-centred care of the family; by Kim Wylie.: Hawker Publications.
Journal of Dementia Care, vol 20, no 5, September/October 2012, pp 20-23.
The author has conducted a research review in Australia in which she explored how difficult family backgrounds can lie buried beneath the surface, and how a person-centred approach can help family members as well as the person with dementia. She describes her work with a woman with dementia living in a residential care unit and the woman's relationship with her two daughters. The article includes discussion of the use of a modified version of Tom Kitwood's equation for person-centred care. (RH)
ISSN: 13518372 From : http://www.careinfo.org/

220/106 Making sense of relationships; by Margaret Metcalfe.: Hawker Publications.
Journal of Dementia Care, vol 20, no 5, September/October 2012, pp 18-19.
The author shares her enthusiasm for relationship-centred care and the SENSES framework in helping her work with people with fronto-temporal dementia. The SENSES framework is based on the belief that, for care to work well, all parties involved should experience the senses of security, belonging, continuity, purpose, achievement and significance. (RH)
ISSN: 13518372
From : http://www.careinfo.org/

RESIDENTIAL AND NURSING HOME CARE

(See Also 220/23, 220/34, 220/58, 220/89)

220/107 Active living at Rose Lodge; by Peter de Groot.: Hawker Publications.
Journal of Dementia Care, vol 21, no 2, March/April 2013, pp 18-19.
Rose Lodge in Exmouth, a care home for people with dementia, has established an active living programme with a purposefully designed environment for its residents. The author aims to demonstrate that the ability of his residents to participate is determined largely by how well the physical and social environments have been blended into effective active living spaces, and that there is also interaction with the local community. (RH)
ISSN: 13518372
From : www.hawkerpublications.com

220/108 Developing a workbook resource for care homes; by Steven T Common, Daniel Collerton, Kate Andrews.: Hawker.
Journal of Dementia Care, vol 21, no 3, May/June 2013, pp 14-16.
Local dementia care practitioners in Gateshead have worked together as a multidisciplinary group to develop a resource to better support people with dementia. This article outlines the content of the resulting workbook which aimed to provide guidance on new ways of working for qualified and unqualified staff in nursing and residential care. (RH)
ISSN: 13518372 From : www.hawkerpublications.com

220/109 Management of apathy in nursing homes using a teaching program for care staff: the STIM-EHPAD study; by Elsa Leone, Audrey Deudon, Murielle Bauchet ... (et al).: Wiley Blackwell.
International Journal of Geriatric Psychiatry, vol 28, no 4, April 2013, pp 383-392.
This study aimed to evaluate the effectiveness of a nursing home (NH) staff education to manage apathy in older individuals with a diagnosis of dementia. Sixteen NHs agreed to participate, and 230 demented apathetic residents were randomly assigned to the reference group (RG) or the intervention group (IG). IG received a month of weekly four hour training sessions. Qualitative evaluation was performed through interviews and questionnaires regarding work practices and knowledge about dementia. Quantitative evaluation was at baseline, at the end of the training programme (week four), and three months after the end of it with the use of the Neuropsychiatric Inventory (NPI), the Apathy Inventory, and two observation scales. In the qualitative evaluation, very few staff responded to the questionnaire. Concerning the difficulty that managing residents' behavioural symptoms presented, aggressiveness was ranked as the most difficult behaviour to manage and apathy as the least difficult. In the quantitative evaluation, the results were as follows. NPI: the IG scores increased from baseline to week four more than the RG for symptoms belonging to the affective and the psychotic NPI item subgroup. Apathy Inventory: there was a significant decrease of the emotional blunting score dimension in the IG. Group Observation Scale: significant improvement was observed for the emotional blunting dimension in the IG only. The study concludes that apathy is rarely identified as a problem in NH. Emotional blunting was the only dimension sensitive to change. Failure to improve residents' level of interest could be explained by the difficulties encountered in accessing information regarding the subjects' personal interests. But it remains possible to modify residents' emotional reactivity and staff's perceptions of residents' behaviours and emotions. (JL)
ISSN: 08856230 From : www.orangejournal.org

220/110 Meaningful moments; by Tracey Hillier, Graham Stokes.: Hawker Publications.
Journal of Dementia Care, vol 20, no 6, November/December 2012, pp 27-29.
'Meaningful moments' are staff-initiated interpersonal encounters that are brief, yet evocative to the person with dementia. They can occur at any time, but are often "spur-of-the-moment". This article considers whether 'meaningful moments' have positive outcomes for care home residents living with advanced dementia. The authors report on efforts to encourage brief personalised interactions with residents in care homes, whether in the course of personal care tasks, at mealtimes, or when cleaning and tidying a resident's room. The research was carried out at Bereweeke Court, a nursing home in Winchester which provides specialist care for people with advanced dementia. (RH)
ISSN: 13518372 From : http://www.careinfo.org/

220/111 One-to-one activities and friendship; by Judith Hodges, Karen Burdon.: Hawker Publications.
Journal of Dementia Care, vol 21, no 1, January/February 2013, pp 16-17.
Judith Hodges describes her typical day as a "social carer" at The Aldbury care home until her recent retirement. Karen Burdon, Activity Coordinator for Colten Care Ltd explains why and how the role of social carer has been developed. The aim is to ensure that those residents who do not receive visitors regularly do not become socially isolated. (RH)
ISSN: 13518372
From : http://www.careinfo.org/

SEXUALITY

(See 220/49)

SOCIAL CARE

(See Also 220/68)

220/112 Assessing the effectiveness of policy interventions to reduce the use of agency or temporary social workers in England; by Michelle Cornes, Jill Manthorpe, Jo Moriarty (et al).: Wiley Blackwell.
Health and Social Care in the Community, vol 21, no 3, May 2013, pp 236-244.
There has been growing concern that English local authorities are over reliant on

temporary staff to meet the shortage of social workers. This has been criticised as inefficient and costly while leading to problems of continuity and consistency for people using social work services. Focusing on recent policy and the implementation of new administrative procedures for the procurement and management of temporary or agency staff, this article explores progress being made towards achieving the previous government's policy goal that by 2020 local authorities will no longer need to rely on agency workers to carry out tasks that would normally be carried out by a permanent social worker. The article draws on the findings of an exploratory study (2007_2010) commissioned by the Department of Health which comprised of the following: a survey of local councils in England with adult social services responsibilities; case studies in three different localities; and qualitative interviews with stakeholders. The findings suggest that while local authorities have reduced the costs of employing temporary staff through the setting up of intermediary control mechanisms, agency social workers continue to play important roles in teams and services. (JL)
ISSN: 09660410
From : www.wileyonlinelibrary.com/journals/hsc

SOCIAL INCLUSION

220/113 Participation in social activities in later life: does enjoyment have important implications for cognitive health?; by Jason D Flatt, Tiffany F Hughes. London: Future Medicine.
Aging Health, vol 9, no 2, April 2013, pp 149-158.
Studies have demonstrated that regular participation in activities with others may be important for cognitive health. However less is known about why social activities are beneficial to cognitive health. This review highlights several important concepts to consider when studying social activities and the cognitive health of older adults. The potential psychological and physiological mechanisms linking social activities to cognitive health is discussed, with special attention to enjoyment and the elements important for enjoyment. Little is known about enjoyment in later life and if it is important for cognitive health. A deeper understanding of the mechanisms by which enjoyment in later life may affect cognitive health could help to inform future clinical and public health interventions. (JL)
ISSN: 1745509X
From : http://www.futuremedicine.com/loi/ahe

SOCIAL POLICY AND THEORY

220/114 The application of ecological thinking to better understand the needs of communities of older people; by Neil Harris, John Grootjans.: Wiley-Blackwell.
Australasian Journal on Ageing, vol 31, no 1, March 2012, pp 17-21.
This research applied ecological thinking to develop a more integrated or ecological understanding of the needs and aspirations of communities of older people. A three-stage methodology was utilised. Stage one entailed the thematic analysis of resident satisfaction surveys collected from 1,000 residents of aged living and care facilities to identify issues impacting upon their lives. In stage two these findings were critiqued through a key stakeholder forum. In stage three findings were authenticated through resident interviews and workshops. The findings suggest that an ecological framework for the well-being of older people living in residential communities can be conceptualised as the four domains of the physical environment, social environment, governance and active living. This framework for the ecology of resident well-being developed through this research informs an ecological approach to service providers' planning to promote the health and well-being of residents of communities of older people. (JL)
ISSN: 14406381
From : wileyonlinelibrary.com

SOCIAL SERVICES

220/115 The fragmented welfare state: explaining local variations in services for older people; by Per H Jensen, Henrik Lolle.: Cambridge University Press.
Journal of Social Policy, vol 42, no 2, April 2013, pp 349-370.
Much research focusing on the welfare state is based on the assumption that welfare regimes are homogenous entities. This idea is supported by studies analysing cash benefits. In the area of welfare services, however, local governments in most countries have some

autonomy regarding policy formation as well as the design and implementation of policies. In practice, there are substantial local differences with regard to the provision of welfare services which in turn challenge our conception of nationwide homogenous welfare state regimes. This paper examines those factors causing marked differences in local government spending in the provision of care for older people in Denmark. It finds that the wealth of the municipality, local demographics and privatisation can explain 48% of the variations in local government spending; political factors such the "colour" of local government have no explanatory power. (RH)
ISSN: 00472794
From : http://www.rcpsych.ac.uk

STROKE

220/116 Exploring psychosocial pathways between neighbourhood characteristics and stroke in older adults: the cardiovascular health study; by Tingjian Yan, José J Escarce, Li-Jung Liang ... (et al).: Oxford University Press.
Age and Ageing, vol 42, no 3, May 2013, pp 391-397.
The authors aimed to investigate whether psychosocial pathways mediate the association between neighbourhood socioeconomic disadvantage and stroke. The research was part of the Cardiovascular Health Study, a longitudinal population-based cohort study of older adults aged 65 years or above, in which the participants were followed up over 11.5 years. The primary outcome was adjudicated incident ischaemic stroke. Neighbourhood socioeconomic status (NSES) was measured using a composite of six census-tract variables. Psychosocial factors were assessed with standard measures for depression, social support and social networks. Of the 3,834 white participants with no prior stroke, 548 had an incident ischaemic stroke over the 11.5-year follow-up. Among whites, the incident stroke hazard ratio (HR) associated with living in the lowest relative to highest NSES quartile was 1.32 (95% CI = 1.01_1.73), in models adjusted for individual SES. Additional adjustment for psychosocial factors had a minimal effect on hazard of incident stroke (HR = 1.31, CI = 1.00_1.71). Associations between NSES and stroke incidence were not found among African-Americans (n = 785) in either partially or fully adjusted models. The study concludes that psychosocial factors played a minimal role in mediating the effect of NSES on stroke incidence among white older adults. (JL)
ISSN: 00020729
From : www.ageing.oxfordjournals.org

220/117 Feeling overwhelmed: the emotional impact of stroke: Life after Stroke Campaign report; by Stroke Association. London: Stroke Association, 2013, 60 pp.
There are 152,000 strokes in the UK every year. 'Feeling overwhelmed' is the third report in the Stroke Association's Life After Stroke campaign series. It is based on more than 2,700 responses to a survey of people affected by stroke, and highlights the emotional impact of stroke on survivors, their carers and families. The report includes nine case studies which demonstrate that emotional support after stroke is as important as the treatment and rehabilitation received in hospital. Data tables from the survey are available online (at (stroke.org.uk/feeling-overwhelmed). (RH)
From : Stroke Association, Stroke Association House, 240 City Road, London EC1V 2PR. Website: www.stroke.org.uk Download: http://www.stroke.org.uk /sites/default/files/files/Feeling%20Overwhelmed_Final_2_5mb.pdf

220/118 The future cost of stroke in Ireland: an analysis of the potential impact of demographic change and implementation of evidence-based therapies; by Samantha Smith, Frances Horgan, Eithe Sexton ... (et al).: Oxford University Press.
Age and Ageing, vol 42, no 3, May 2013, pp 299-306.
The present study aimed to examine the impact of demographic change from 2007 to 2021 on the total costs of stroke in Ireland. It also analysed the potential impacts of expanded access to stroke unit care and thrombolytic therapy on stroke outcomes and costs. The total costs of stroke were estimated for the projected number of stroke cases in 2021 in Ireland. The analysis also estimated the potential number of deaths or institutionalised cases averted among incident stroke cases in Ireland in 2007 at different rates of access to stroke unit care and thrombolytic therapy. Drawing on these results, total stroke costs in Ireland in 2007 were recalculated on the basis of the revised numbers of incident stroke patients estimated to survive stroke, and of the numbers estimated to reside at home rather than in a nursing home in the context of expanded access to stroke units or thrombolytic

therapy. Overall results of the study show that future costs of stroke in Ireland are estimated to increase by 52_57% between 2007 and 2021 on the basis of demographic change. The projected increase in aggregate stroke costs for all incident cases in one year in Ireland due to the delivery of stroke unit care and thrombolytic therapy can be offset to some extent by reductions in nursing home and other post-acute costs. (JL)
ISSN: 00020729
From : www.ageing.oxfordjournals.org

VOLUNTEERING

(See Also 220/24, 220/34)

220/119 Volunteer befrienders: can it work?; by Melanie Cressey.: Hawker Publications.
Journal of Dementia Care, vol 20, no 5, September/October 2012, pp 15-16.
The author shares some positive experiences of volunteers who support people with dementia or memory loss to become more involved in their community. She describes the scheme that was begun in 2009 by Age UK Camden as its Dementia Befriending Service. (RH)
ISSN: 13518372
From : http://www.careinfo.org/

WELLBEING

(See Also 220/79)

220/120 Associations between perceptions of wellness and health-related quality of life, comorbidities, modifiable lifestyle factors and demographics in older Australians; by Jenneke Foottit, Debra Anderson.: Wiley-Blackwell.
Australasian Journal on Ageing, vol 31, no 1, March 2012, pp 22-27.
The aim of the present study was to explore the associations between perceived wellness and health-related quality of life, comorbidities and modifiable lifestyle factors in older adults. Self-administered questionnaires including the Perceived Wellness Survey and the 36-Item Short Form of the Medical Outcomes Study version two were distributed to 328 community-living adults aged 65 years and over. Results showed positive associations between perception of wellness and health-related quality of life. General health, vitality and mental health had the strongest association with perceived wellness, while social functioning and pain had the lowest. Perceived wellness was influenced by hearing, mobility, memory, chronic disease, exercise, gambling and single status. (JL)
ISSN: 14406381
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No 11 *Coproduction? Working with Existing Older People's Groups* edited by Josie Tetley, Jacqueline H. Watts and Jill Reynolds, ISBN 978-0-904139-05-1

This volume is dedicated to the memory of Jill Reynolds who died in July 2012. Jill was a member of the Centre for Ageing and Biographical Studies at The Open University, and was involved in the organisation of the seminar that led to this publication.

This seminar aimed to explore and debate ways of working when the user involvement was initiated through contact with an established older people's organisation. This seminar, therefore, brought together people whose work highlighted methodological and practical issues when user involvement had been achieved through existing older people's organisations and groups. The seminar presentations and subsequent papers address issues such as why researchers and academics might initiate working with existing organisations and explore the benefits and challenges associated with this way of participatory working.

No 12 *Secondary Analysis and Research on Ageing* edited by Joanna Bornat, Julia Johnson and Jill Reynolds, ISBN 978-0-904139-08-2

The contributors to this collection all have experience in the re-use of archived data. The link between secondary analysis and research in ageing is novel and represents an attempt to crystallise issues in the re-use of archived data, both qualitative and quantitative, around a particular topic. Researchers using quantitative data have for many years re-visited large data sets, re-analysing survey data using new research questions. However, the re-use of another researcher's qualitative data, be it interviews, photographs or audio recordings is presenting new and exciting challenges for social science researchers and archivists. The chapters in this collection draw on the experience of both quantitative and qualitative re-use and the introductory comments are relevant to both types of approach. With a focus on ageing the editors have been able to draw on the work of contributors who are linked by a shared interest: ageing and the experience of later life.

No 13 *Imagining Futures* edited by Rebecca Jones and Joanna Bornat, ISBN 978-0-904139-12-9

Older people are sometimes assumed not to be future-oriented, while younger people often assume that to talk about the future in the presence of an older person is either insensitive or irrelevant. Evidence from research suggests that such assumptions are far off the mark. Nevertheless they affect how the future is spoken of or engaged with by researchers. The papers included in this volume address these contradictions, focusing appropriately given the series in which they are included, on methodological issues arising from asking people to imagine the future and their own ageing.