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New Literature on Old Age

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Subject Headings Page

ABUSE, SAFEGUARDING AND PROTECTION

(See Also 221/124)

221/1 Assessing knowledge of elder financial abuse: a first step in enhancing prosecutions; by Sheri C Gibson, Edie Greene.: Taylor and Francis.
Journal of Elder Abuse and Neglect, vol 25, no 2, March/May 2013, pp 162-182.
In the US, financial exploitation by a family member is the most common form of elder mistreatment, yet it is a difficult crime to detect and prosecute. Psychologists have traditionally assisted prosecution by assessing decision making capacity and opining in court whether an alleged victim was able to consent to the contested transactions. This article proposes and evaluates a novel form of psychological expertise in financial abuse trials - social framework testimony, to re-educate jurors who are misinformed about aspects of this largely hidden crime. Findings suggest that, as in cases of child and spousal abuse, social framework testimony on the general dispositional situational factors inherent in elder financial abuse may enhance prosecutions. (RH)
ISSN: 08946566
From : http://www.tandfonline.com

221/2 Clinical decision making of nurses regarding elder abuse; by Diana J Meeks-Sjostrom.: Taylor and Francis.
Journal of Elder Abuse and Neglect, vol 25, no 2, March/May 2013, pp 149-161.
When an older person needs medical assistance, the alert clinician can identify cases of elder abuse and may then make referrals to a protective agency. In this American study, a descriptive correlational design was used to examine the clinical decision making of nurses regarding elder abuse. The relationship of the nurses' applied knowledge of elder abuse, years of experience as a Registered Nurse (RN), clinical level of practice status, the use of intuition, and clinical decision outcomes for patient in cases of suspected elder abuse were examined. The convenience sample of 84 RNs comprised 68 females and 16 males. Results indicate an overall model of two predictors that significantly predicted outcomes. The t-test revealed no difference between RNs who received elder abuse education and those who did not. (RH)
ISSN: 08946566
From : http://www.tandfonline.com

221/3 Critical concepts in elder abuse research; by Thomas Goergen, Marie Beaulieu.: Cambridge University Press.
International Psychogeriatrics, vol 25, no 8, August 2013, pp 1217-1228.
This paper identifies core elements in principal definitions of elder abuse or mistreatment of older adults (EA/MOA) and discusses the relevance of four crucial concepts: age, vulnerability, trust and power balance in relationships. The study was based on a critical analysis of selected literature in EA/MOA with a focus on works from the last 10 years. It was found that current definitions of EA/MOA share commonalities regarding an understanding of elder abuse as a status offence, the inclusion of both acts and omissions and the consideration of multiple levels of behaviour and its effects. Definitions differ with regard to aspects as crucial as the intentionality of an abusive action and its actual or potential harmful effects. EA/MOA can be considered as a complex subtype of victimisation in later life limited to victim-perpetrator relationships, where the perpetrator has assumed responsibility for the victim, the victim puts trust in the offender, or the role assigned to the offending person creates the perception and expectation that the victim may trust the perpetrator. Vulnerability is identified as a key variable in EA/MOA theory and research. With regard to neglect, the mere possibility of being neglected presupposes a heightened level of vulnerability. Power imbalance often characterises victim-perpetrator relationships but is not a necessary characteristic of abuse. Research on EA/MOA needs conceptual development. Confining phenomena of EA/MOA to specific relationships and tying them to notions of vulnerability has implications for research design and sampling and points to the limits of population-based victimisation surveys. (JL)
ISSN: 10416102 From : journals.cambridge.org/ipg

221/4 The critical-ecological framework: advancing knowledge, practice, and policy on older adult abuse; by Deborah Norris, Pamela Fancey, Erin Power, Pamela Ross.
Journal of Elder Abuse and Neglect, vol 25, no 1, January-February 2013, pp 40-55.
The abuse of older adults in our society is a recognised yet understudied issue, compared to other forms of family violence. In ths article, research, theory and practice in family violence and older adult abuse are compared; elements that can be transferred to the field are analysed; and gaps are identified. An extensive Canadian and international literature review, two focus focus with local stakeholders in Nova Scotia, and interviews with six key informants recognised as national experts on the subject in Canada formed that basis of this analysis. The results informed the development of a critical-ecological model designed to address the gaps and advance the field. (RH)
ISSN: 08946566 From : http://tandfonline.com

221/5 Elder mistreatment in US residential care facilities: the scope of the problem; by Linda R Phillips, Guifang Guo, Haesook Kim.
Journal of Elder Abuse and Neglect, vol 25, no 1, January-February 2013, pp 19-39.
Many in the United States believe elder mistreatment in long-term care is serious and widespread, but until recently few studies focused on the problem. This study was designed to describe the scope of mistreatment in assisted living facilities (ALFs) in Arizona during a 3-year period. Findings showed that receiving citations for elder mistreatment was relatively rare. However, analysis of narrative reports from only 7% of facilities showed 598 allegations of mistreatment in complain investigations, of which 372 (62.2%) were substantiated and given citations for something other than mistreatment. Results show that elder mistreatment in ALFs is seriously under-identified, even by state inspectors. (RH)
ISSN: 08946566 From : http://tandfonline.com

221/6 Health professionals' and students' perceptions of elder abuse; by Briony Dow, Courtney Hempton, Emanuel N Cortes-Siminet ... (et al).: Wiley Blackwell.
Australasian Journal on Ageing, vol 32, no 1, March 2013, pp 48-51.
This study aimed to compare attitudes and perceptions about elder abuse among health professionals and students in the same health disciplines. The Caregiving Scenario Questionnaire (CSQ) was disseminated to Australian health professionals from two metropolitan health services and to university health care students. 120 health professionals and 127 students returned surveys. Significantly more students than health professionals identified locking someone in the house alone all day and restraining someone in a chair as abusive. There is a need for further definition clarification and education about detection and management of elder abuse for health students and professionals in Australia. Student education should include consideration of the real-life situations likely to be encountered in practice. Education for both students and health professionals should include strategies for carers to manage difficult situations such as the one described in the CSQ. (JL)
ISSN: 14406381 From : http://www.wileyonlinelibrary.com/journals/ajag

221/7 Individual and community attitudes toward financial elder abuse; by Tijana Mihaljcic, Georgie Lowndes.: Taylor and Francis.
Journal of Elder Abuse and Neglect, vol 25, no 2, March/May 2013, pp 183-203.
Financial elder abuse, also referred to as "financial exploitation", "financial mistreatment", economic abuse", or "material abuse" has many definitions, all with the underlying theme of illegal or improper use of an older person's assets. This study investigated attitudes towards financial elder abuse by sections of the Australian community using tree focus groups comprising aged care workers, older adults, and younger adults. Participants were provided discussion cues prior to their focus group (.i.e., What is financially abusive behaviour? Why does it occur? How can it be prevented?). Two researchers authenticated the transcripts and identified micro- and macro-level themes within and across groups. The study revealed a range of similar, different and individual attitudes expressed across the groups, which could be used to develop a survey for a broader investigation of the role of individual attitudes and sociocultural norms to financial elder abuse. (RH)
ISSN: 08946566 From : http://www.tandfonline.com

221/8 Urban and rural variations in the characteristics associated with elder mistreatment in a community-dwelling Chinese population; by Xinqi Dong, Melissa Andrea Simon.: Taylor and Francis.
Journal of Elder Abuse and Neglect, vol 25, no 2, March/May 2013, pp 97-125.
Urban and rural differences in characteristics associated with elder mistreatment (EM) in a Chinese population are compared. A cross-sectional study of 269 urban and 135 rural participants aged 60+ was performed. Among those with EM, rural participants were more likely to be women, have lower levels of education and income, have lower levels of health status and quality of life, have worse change in recent health, and have lower levels of psychosocial well-being. Both higher levels of depressive symptoms and lower levels of social support were associated with increased risk of EM. (RH)
ISSN: 08946566 From : http://www.tandfonline.com

221/9 When a son steals money from his mother: courtroom perceptions of elder financial exploitation; by Jonathan M Golding, Emily C Hodell, Emily E Dumlap (et al).: Taylor and Francis.
Journal of Elder Abuse and Neglect, vol 25, no 2, March/May 2013, pp 126-148.
The perception of elder financial exploitation was investigated using 104 community members and 143 undergraduate students in Kentucky. Participants read an exploitation trial summary in which an 85 year old woman accused her son of stealing her money. Primary results indicated that alleged victims described as healthy rendered more guilty verdicts. Those described as having a cognitive deficit pro-victim judgments were higher for women than men; and younger and older community members rendered more guilty verdicts man middle-aged mock jurors. The results are discussed in terms of the factors that affect the perception of exploitation in court. (RH)
ISSN: 08946566 From : http://www.tandfonline.com

ACTIVE AGEING

221/10 'Active ageing': from empty rhetoric to effective policy tool; by Kim Boudiny.: Cambridge University Press.
Ageing and Society, vol 33, no 6, August 2013, pp 1077-1098.
'Active ageing' is a topic of increasing attention in scientific and policy discussions on ageing, yet there is no consensus on its actual meaning. This paper proposes a detailed classification of various definitions that have been used since its introduction. These definitions are subjected to critical investigation, and subtle differences with regard to such terms as 'healthy ageing' and 'productive ageing' are clarified. Bearing the hazards of previous definitions in mind, a comprehensive strategy is initiated. Given that earlier definitions have tended to exclude frail older adults, this strategy pays particular attention to the translation of the active-ageing concept to situations of dependency by focusing on three key principles: fostering adaptability; supporting the maintenance of emotionally close relationships; and removing structural barriers related to age or dependency. (RH)
ISSN: 0144686X
From : journals.cambridge.org/aso

ALCOHOL AND DRUG MISUSE

221/11 Alcohol, hospital admissions, and falls in older adults: a longitudinal evaluation; by Robert J Tait, Davina J French, Richard A Burns ... (et al).: Cambridge University Press.
International Psychogeriatrics, vol 25, no 6, June 2013, pp 901-912.
There are limited data on the impacts of alcohol use in older adults. The present study aimed to evaluate self-reported hospital admissions and falls against current Australian alcohol consumption guidelines. The study conducted a longitudinal analysis of data from five Australian cohort studies. The study comprised 16,785 people aged 65 years or older at baseline. Alcohol consumption was categorized using Australian guidelines in standard (10g) drinks per day as `abstinent', `low-risk', `long-term risk' or `short-term risk'. Separate generalised estimating equations for men and women, controlling for key demographic and health variables (depression, diabetes, circulatory and musculoskeletal conditions) were used to examine the relationship of alcohol consumption with hospitalisation and falls against a reference category of low-risk consumption. Most participants were in the low (10,369, 62%) or abstinent (5,488, 33%) categories. Among women all alcohol groups had greater odds of admission than low-risk users; among men, only the abstinent group had increased odds. For both genders depression, diabetes, circulatory and musculoskeletal conditions all increased the odds of admission. For both genders the unadjusted model showed that abstainers had increased odds of falling, with depression, diabetes, and for women, musculoskeletal conditions also associated with falls in the adjusted model. These outcomes suggest that older women in particular could benefit from targeted alcohol consumption messages or interventions. In relation to falls, other health conditions appear better targets for intervention than alcohol use. (JL)
ISSN: 10416102
From : journals.cambridge.org/ipg

ALTERNATIVE THERAPIES

(See 221/33)

ARTS AND MUSIC

(See Also 221/119)

221/12 Comparing the effects of different individualized music interventions for elderly individuals with severe dementia; by Mayumi Sakamoto, Hiroshi Ando, Akimitsu Tsutou.: Cambridge University Press.
International Psychogeriatrics, vol 25, no 5, May 2013, pp 775-784.
Individuals with dementia often experience poor quality of life (QOL) due to behavioural and psychological symptoms of dementia (BPSD). Music therapy can reduce BPSD, but most studies have focused on patients with mild to moderate dementia. The present study hypothesised that music intervention would have beneficial effects compared with a no-music control condition and that interactive music intervention would have stronger effects than passive music intervention. 39 individuals with severe Alzheimer's disease were randomly and blindly assigned to two music intervention groups (passive or interactive) and a no-music Control group. Music intervention involved individualised music. Short-term effects were evaluated via emotional response and stress levels measured with the autonomic nerve index and the Faces Scale. Long-term effects were evaluated by BPSD changes using the Behavioral Pathology in Alzheimer's Disease (BEHAVE-AD) Rating Scale. Passive and interactive music interventions caused short-term parasympathetic dominance. Interactive intervention caused the greatest improvement in emotional state. Greater long-term reduction in BPSD was observed following interactive intervention, compared with passive music intervention and a no-music control

condition. Music intervention can reduce stress in individuals with severe dementia, with interactive interventions exhibiting the strongest beneficial effects. Since interactive music intervention can restore residual cognitive and emotional function this approach may be useful for aiding severe dementia patients' relationships with others and improving QOL. (JL)
ISSN: 10416102
From : journals.cambridge.org/ipg

221/13 Exploration of verbal and non-verbal semantic knowledge and autobiographical memories starting from popular songs in Alzheimer's disease; by S Basaglia-Pappas, M Laterza, C Borg ... (et al).: Cambridge University Press.
International Psychogeriatrics, vol 25, no 5, May 2013, pp 785-795.
In mild Alzheimer's disease (AD) a deficit in episodic memory, particularly autobiographical memory, is clearly established. Several recent studies have also shown impaired semantic memory from the onset of the disease. Musical memory capacities may be especially preserved and listening to music might encourage autobiographical recall. The aim of this study was to explore recall of popular songs in AD. The study tested twelve patients with mild AD and twelve control subjects. A tool was then made up of old French popular songs: POP 10. This tool was a questionnaire composed of several subtests: melodic free recall, chorus free recall, melodic recognition, chorus recognition, semantic knowledge, autobiographical recall about the song and autobiographical recall about the interpreter.
The study used non-parametric tests, the Mann-Whitney test (M-W), the Friedman test and the a posteriori Wilcoxon test. Results of AD patients were rather similar to those of control participants for melodic memory. Concerning chorus memory (except recognition), semantic knowledge and autobiographical recall about the interpreter, results of AD patients were significantly weaker than those of control participants. The most important result concerned autobiographical recall about the song: no impairment-related differences were found between the two groups. These findings demonstrate that popular songs can be excellent stimuli for reminiscence, such as the ability to produce an autobiographical memory related to a song. Thus it can be confirmed that musical semantic knowledge associated with a song may be relatively preserved in the early stages of AD. This leads to new possibilities for cognitive stimulation. (JL)
ISSN: 10416102
From : journals.cambridge.org/ipg

221/14 Music therapy in dementia: a narrative synthesis systematic review; by Orii McDermott, Nadia Crellin, Hanne Mette Ridder, Martin Orrell.: Wiley Blackwell.
International Journal of Geriatric Psychiatry, vol 28, no 8, August 2013, pp 781-794.
Recent reviews on music therapy for people with dementia have been limited to attempting to evaluate whether it is effective, but there is a need for a critical assessment of the literature to provide insight into the possible mechanisms of actions of music therapy. This systematic review used a narrative synthesis format to determine evidence for effectiveness and provide insight into a model of action. The narrative synthesis framework consisted of four elements: (i) theory development; (ii) preliminary synthesis of findings; (iii) exploration of relationships between studies; and (iv) assessment of the robustness of the synthesis. Following a trawl through the literature 263 potentially relevant studies were found, 18 of which met the full inclusion criteria. Three distinctive strands of investigations emerged: eight studies explored behavioural and psychological aspects, five studies investigated hormonal and physiological changes and five studies focused on social and relational aspects of music therapy. The musical interventions in the studies were diverse, but singing featured as an important medium for change. Overall these findings showed that evidence for short-term improvement in mood and reduction in behavioural disturbance was consistent but there were no high-quality longitudinal studies that demonstrated long-term benefits of music therapy. Future music therapy studies need to define a theoretical model, include better-focused outcome measures and discuss how the findings may improve the well-being of people with dementia. (JL)
ISSN: 08856230
From : www.orangejournal.org

ASSISTIVE TECHNOLOGY

(See Also 221/40)

221/15 Care robots for the supermarket shelf: a product gap in assistive technologies; by Tim Blackman.: Cambridge University Press.
Ageing and Society, vol 33, no 5, July 2013, pp 763-781.
The literature on the development of assistive robots is dominated by technological papers, with little consideration of how such devices might be commercialised for a mass market at a price that is affordable for older people and their families as well as public services and care insurers. This article argues that the focus of technical development in this field is too ambitious, neglecting the potential market for an affordable device that is already in the realm of the 'adjacent possible', given current technology capabilities. It also questions on both ethical and marketing grounds the current effort to develop assistive robots with pet-like or human-like

features. So far, the marketing literature on 'really new products' has not appeared to inform the development of assistive robots but has some important lessons. These include using analogies with existing products and giving particular attention to the role of early adopters. Relevant analogies for care robots are not animals or humans, but useful domestic appliances and personal technologies with attractive designs, engaging functionality and intuitive usability. This points to a strategy for enabling mass adoption - which has so far eluded even conventional telecare - of emphasising how such an appliance is part of older people's contemporary lifestyles rather than a sign of age-related decline and loss of independence. (RH)
ISSN: 0144686X
From : journals.cambridge.org/aso

221/16 Effect of telecare on use of health and social care services: findings from the Whole Systems Demonstrator cluster randomised trial; by Adam Steventon, Martin Bardsley, John Billings ... (et al).: Oxford University Press.
Age and Ageing, vol 42, no 4, July 2013, pp 501-508.
The purpose of the present study was to assess the impact of telecare on the use of social and health care, part of the evaluation of the Whole Systems Demonstrator trial. A total of 2,600 people with social care needs were recruited from 217 general practices in three areas in England. The design method used was a cluster randomised trial comparing telecare with usual care, general practice being the unit of randomisation. Participants were followed up for 12 months and analyses were conducted as intention-to-treat. Trial data were linked at the person level to administrative data sets on care funded at least in part by local authorities or the National Health Service. Main outcome measures were the proportion of people admitted to hospital within 12 months. Secondary endpoints included mortality, rates of secondary care use (seven different metrics), contacts with general practitioners and practice nurses, proportion of people admitted to permanent residential or nursing care, weeks in domiciliary social care and notional costs. 46.8% of intervention participants were admitted to hospital, compared with 49.2% of controls. Unadjusted differences were not statistically significant. They reached statistical significance after adjusting for baseline covariates, but this was not replicated when adjusting for the predictive risk score. Secondary metrics including impacts on social care use were not statistically significant. Overall findings show that telecare as implemented in the Whole Systems Demonstrator trial did not lead to significant reductions in service use, at least in terms of results assessed over 12 months. (JL)
ISSN: 00020729 From : www.ageing.oxfordjournals.org

221/17 Older adults' engagement with a video game training program; by Patrícia Belchior, Michael Marsiske, Shannon Sisco ... (et al).: Taylor and Francis.
Activities, Adaptation and Aging, vol 36, no 4, October-December 2012, pp 269-279.
The current study investigated older adults' level of engagement with a video game training programme. Engagement was measured using the concept of flow (Csikszentmihalyi, 1975). 45 older adults were randomised to receive practice with an action game (Medal of Honor), a puzzle-like game (Tetris), or a gold-standard useful field of view (UFOV) training programme. Both Medal of Honor and Tetris participants reported significantly higher flow ratings at the conclusion, relative to the onset of training. The study concludes that participants are more engaged in games that can be adjusted to their skill levels and that provide incremental levels of difficulty. This finding was consistent with flow theory. (JL)
ISSN: 01924788 From : http://www.tandfonline.com

ATTITUDES TO AGEING

221/18 A new political anatomy of the older body?: An examination of approaches to illness in old age in primary care; by Susan Pickard.: Cambridge University Press.
Ageing and Society, vol 33, no 6, August 2013, pp 964-987.
This paper examines the new approaches to older bodies found within primary care, with the purpose of determining whether they represent a Significant disjunction from established approaches in geriatric medicine. A genealogical review of clinical approaches to certain conditions common found in old age is undertaken using: key texts of pioneering British geriatricians; and three editions of a key textbook of general practice published between 1989 and 2009. The discourses and practices established by the Quality and Outcome Frameworks in England are then examined, focusing on evidence-base guidance for these same conditions. Following this excavation of written texts, empirical data are analysed, namely the accounts of general practitioners (GPs) and practice nurses regarding application of the technologies associated with chronic disease management to older patients. Continuities and changes identified by these practitioners are explored in terms of three specific consequences, namely: conceptualising and treatment of older bodies, and interaction with patients. The paper's conclusion considers whether these changes are significant enough to warrant describing them as representative of an epistemic rupture or break in the way older bodies are perceived, both in medicine and also in society more generally, and thus constituting a new political anatomy of the older body.(RH)
ISSN: 0144686X From : journals.cambridge.org/aso

BEREAVEMENT

(See 221/75)

BLACK AND MINORITY ETHNIC GROUPS

(See Also 221/143)

221/19 The ageing of the ethnic minority populations of England and Wales: findings from the 2011 census: a briefing paper; by Nat Lievesley, Centre for Policy on Ageing - CPA. London: Centre for Policy on Ageing, June 2013, 8 pp.
The purpose of this briefing is to examine the ageing of the ethnic minority populations of England and Wales as revealed by the 2011 Census. It complements the 2010 CPA/Runnymede report, 'The future ageing of the ethnic minority population of England and Wales', which used the 2001 Census as a base, to project ethnic minority ageing for England and Wales to 2051. The ageing characteristics of individual ethnic groups are examined and compared through key statistics and 'population pyramids' for each group. (RH)
From : http://www.cpa.org.uk/information/reviews/theageingoftheethnicminoritypopulationsofenglandandwales-findingsfromthe2011census.pdf

221/20 Dementia does not discriminate: the experiences of black, Asian and minority ethnic communities; by Sally Greengross (chair), All-Party Parliamentary Group on Dementia. London: All-Party Parliamentary Group on Dementia, July 2013, 44 pp.
This inquiry brings together evidence and understanding about the experience of people with dementia from black, Asian and minority ethnic (BAME) communities. It finds that high quality services are few and far between, and many people receive too little support from the National Health Service (NHS) or local authorities. Service providers need to be sensitive to the cultural needs of communities who are assumed to "look after their own". An appendix provides case studies illustrating good practice examples of services that have been tailored to the needs of people with dementia from BAME communities. (RH)
From : All-Party Parliamentary Group on Dementia, House of Commons, London SW1A 0AA. E-mail: appg@alzheimers.org.uk

CARERS AND CARING

(See Also 221/34, 221/36, 221/41, 221/61, 221/130)

221/21 Care Bill; by Carers UK. London: Carers UK, May 2013, 4 pp (Policy briefing).
The Care Bill, published on 9th May 2013, represents a wholesale change in the way that carers, disabled people and older poeple are supported. Carers UK has welcomed the Bill and the new rights that it contains for carers. This Policy briefing outlines the Bill's key provisions, including: duty on local authorities to promote an adult's well-being; preventing needs for care and support; providing information and advice; promoting diversity and quality in provision of services; assessment of carer's need for support; eligibility criteria; charging; the care account; duty and power to meet a carer's need for support; the support plan; personal budgets and Independent Persons budgets; and continuity of care. (RH)
From : Carers UK, 20 Great Dover Street, London SE1 4LX.
http://www.carersuk.org

221/22 Census data update: carer age, gender, ethnicity, employment and health - local and national datasets; by Carers UK. London: Carers UK, May 2013, 2 pp (Briefing).
The Office for National Statistics (ONS) has published more detailed information on the characteristics of the carer population in England and Wales (data for Northern Ireland and Scotland is analysed and published separately). This new data shows an increase of 600,000 (11%) in the total number of carers since 2001: there are now some 6.5 million carers in the UK. Carers UK has created tabulated data by local area and published this online for local groups, services and commissioners. This briefing includes the headline results and information about what data is available by local area. Caerers UK have published other briefings which inerpret data about carers in the 2011 Census (for which, see: http://www.carersuk.org/professionals/resources/briefings/item/3135-census-data-update). (RH)
From : Carers UK, 20 Great Dover Street, London SE1 4LX. http://www.carersuk.org
PDF: http://www.carersuk.org/media/k2/attachments/Census_briefing_May_2013.pdf

221/23 The effects of brief mindfulness training on caregivers' well-being; by Steve Hoppes, Helen Bryce, Chan Hellman, Ellen Finlay.: Taylor and Francis.
Activities, Adaptation and Aging, vol 36, no 2, April-June 2012, pp 147-166.
This study investigated the benefits of brief training in mindfulness meditation for carers of family members with dementia. Based on Buddhism, mindfulness consists of a variety of meditation exercises that involve sitting quietly while focusing attention on one's breathing. 11 caregivers completed four hours of mindfulness training. Using mixed methods in a parallel

model, survey data were gathered pre-intervention, post-intervention and one month post-intervention. Qualitative interviews were conducted one month post-intervention. Findings included increased acceptance, presence, peace, hope and decreased reactivity and caregiver burden resulting from brief mindfulness training. Activity professionals working with dementia caregivers can be of service through delivery of or referrals for mindfulness training. This intervention appeared to balance caregivers' doing, being and becoming. (JL)
ISSN: 01924788
From : http://www.tandfonline.com

221/24 Perspectives of the community-based dementia care workforce: "occupational communion" a key finding from the Work 4 Dementia Project; by Kate-Ellen J Elliott, Christine M Stirling, Angela J Martin ... (et al).: Cambridge University Press.
International Psychogeriatrics, vol 25, no 5, May 2013, pp 765-774.
Community care workers' experience of delivering support to people with dementia is less researched than that of residential workers. The purpose of this study was to explore community-based dementia care workers' perspectives about their roles and the contextual variables that impact upon their work experiences. A qualitative design was employed. 25 community dementia care workers (average age 53 years, majority female and employed casually) participated in standardised semi-structured interviews about their job roles, training, employer agenda, organisational support and intention to stay. A deductive approach to Interpretive Phenomenological Analysis was adopted to identify key themes.
Three themes highlighted workers' experiences. Occupational communion described strong attachment to clients and a desire for greater connection with colleagues. Job demands described the challenges of work, which varied with intensity. Job resources ranged from positive (strong organisational commitment) to negative (poor pay and conditions). Occupational communion was identified as a concept that exists at the interface between social and organisation psychology that was perceived to be essential for adaptive coping. Identifying themes informed a conceptual model for designing intervention components aimed at improving workers' skills, capabilities and employer supportive functions. Occupational communion may be particularly relevant for women's caring careers and future research is needed to explore the relevance of this concept for men. To determine reliable change associated with interventions that target occupational communion, further investigation is required in relation to measurement approaches. (JL)
ISSN: 10416102
From : journals.cambridge.org/ipg

221/25 Reimagining care; by Rona J Karasik, Judy Berry.: Hawker.
Journal of Dementia Care, vol 21, no 3, May/June 2013, pp 28-31.
The authors explain how investing heavily in up-front costs is paying dividends for a care home in the US - by offering better support for people with dementia before problems develop. They describe the model of care offered by Lakeview Ranch, a pair of small, rural specialist dementia care homes in central Minnesota. Key features include: high staffing ratios; extensive staff support and training to reduce turnover; ongoing staff mentoring in the model's care philosophy; ; extensive and ongoing medication reviews; a nature-based setting that includes animal therapy; and a focus on residents' emotional and spiritual needs. (RH)
ISSN: 13518372 From : www.hawkerpublications.com

221/26 The state of caring 2013; by Carers UK. London: Carers UK, May 2013, 8 pp.
The 2011 Census indicates that more people than ever are taking on caring responsibilities, with the number of those people providing round the clock care rising the fastest. More than 3000 carers completed the questionnaire for Carers UK's survey 'The state of caring 2013', answering a wide range of questions about their experiences of caring. This report highlights five challenges to improve carers' lives: ensure better access to support and information; deliver services and workplaces that support carers to juggle work and care; act urgently to prevent carers' financial hardship; ensure carers are able to achieve the best health outcomes possible; and deliver high quality care and improve the interface between health and social care services. The report notes recent and proposed changes in how carers are treated by health, social care and welfare systems in England, Scotland, Wales and Northern Ireland. (RH)
From : Carers UK, 20 Great Dover Street, London SE1 4LX.
http://www.carersuk.org
PDF: http://www.carersuk.org/media/k2/attachments/State_of_caring_report_PDF_version.pdf

221/27 Who cares?: Managing obligation and responsibility across the changing landscapes of informal dementia care; by Valerie Egdell.: Cambridge University Press.
Ageing and Society, vol 33, no 5, July 2013, pp 888-907.
This paper explores the different ways in which informal carers for people with dementia negotiate their care-giving role across the changing organisational and spatial landscape of care. In-depth qualitative data are used to argue that the decisions of carers are socially situated and the result of negotiations involving individual families and wider cultural expectations. These decisions affect where care occurs. In addressing these issues, this paper draws attention to the

lack of choice some carers may have in taking on the caregiving role; how and why carers draw upon support; and the different expectations of the care-giver's capabilities across the different sites of care, specifically at home and in nursing homes. It concludes that research and policy attention should focus on how the expectations about the role and abilities of carers are affected by where, and how, care is delivered. In doing so, the paper contributes to the emerging health geography literature on caregiving, as well as developing the spatial perspective in the established gerontological literature. (RH)
ISSN: 0144686X From : journals.cambridge.org/aso

CENTENARIANS

221/28 The Sydney Centenarian Study: methodology and profile of centenarians and near-centenarians; by Perminder S Sachdev, Charlene Livitan, John Crawford ... (et al).: Cambridge University Press.
International Psychogeriatrics, vol 25, no 6, June 2013, pp 993-1005.
There are few population-based studies of centenarians and near-centenarians internationally and none in Australia to date. In the present study individuals 95 years and older were recruited from seven electoral districts in Sydney using the electoral roll, Medicare lists and multiple other strategies to obtain a representative sample. Physical and mental health and cognitive status were assessed using standard instruments in multiple sessions, with assessments individually adapted. An informant was interviewed and participants were invited to donate a blood sample, undergo an MRI scan and enrol into the brain donation programme. This study reports on preliminary data on the first 200 participants. Mean age of the sample was 97.4 years (range 95-106), with 29.5% being men and 58.5% living in a private dwelling. Rates of heart disease and diabetes were lower than in octogenarians, but hearing and visual deficits were common. The mean mini-mental state examination (MMSE) score was 21.1, with men performing better. Rates of psychological distress were low and satisfaction with life high (mean 5.91 out of a maximum of 7); 54% scored below 24 on MMSE; 39.5% were impaired on both MMSE and a functional measure; 20% had a previous diagnosis of dementia. This is a preliminary report describing the methodology of the study. It provides further evidence that dementia is not inevitable at this age and independent living is common. The study provides an excellent resource to determine the genetic and environmental contributions to long and successful cognitive ageing. (JL)
ISSN: 10416102 From : journals.cambridge.org/ipg

DEATH AND DYING

221/29 Living and dying with dignity in Chinese society: perspectives of older palliative care patients in Hong Kong; by Andy Hau Yan Ho, Cecilia Lai Wan Chan, Pamela Pui Yu Leung ... (et al).: Oxford University Press.
Age and Ageing, vol 42, no 4, July 2013, pp 455-461.
The empirical Dignity Model has profoundly influenced the provision of palliative care for older terminally ill patients in the West as it provides practical guidance and intervention strategies for promoting dignity and reducing distress at the end of life. The present study aimed to examine the concept of living and dying with dignity in the Chinese context, and to explore the application of the Dignity Model to older terminal patients in Hong Kong. Using qualitative interviews, the concept of dignity was explored among 16 older Chinese palliative care patients with terminal cancer. Framework analysis with both deductive and inductive methods was employed. Results showed that the three major categories of themes of the Dignity Model were broadly supported. However the subtheme of death anxiety was not supported, while two subthemes of generativity/legacy and resilience/fighting spirit manifested differently in the Chinese context. Furthermore four new emergent themes have been identified. They include enduring pain, moral transcendence, spiritual surrender and transgenerational unity. These findings highlight both a cultural and a familial dimension in the construct of dignity, underline the paramount importance of cultural awareness and competence for working with ethnically diverse groups, and call for a culturally sensitive and family oriented approach to palliative care interventions with older Chinese terminal patients. (JL).
ISSN: 00020729 From : www.ageing.oxfordjournals.org

221/30 More care, less pathway: a review of the Liverpool Care Pathway; by Julia Neuberger (chair), Independent Review of the Liverpool Care Pathway. London: Department of Health, July 2013, 63 pp.
Developed from a model of care successfully used in hospices, the Liverpool Care Pathway for the Dying Patient (LCP) is a generic approach to care for the dying, intended to ensure that uniformly good care is given to everyone thought to be dying within hours or within two or three days, whether they are in hospitals, nursing homes, or in their own homes. Following criticism of the LCP in the media and elsewhere, Norman Lamb, Minister of State for Care Support, asked Baroness Julia Neuberger to chair a panel to review of the use and experience of the LCP in England, to be kept independent of Government and the NHS. This report presents the Independent Review's findings and recommendations in respect of: diagnosis of dying; decision-making; consent; involvement in the care plan; hydration and nutrition; sedation and

pain management. Other items, including 'Rapid evidence review: pathways focused on the dying phase in end of life care and their key components' are available on main link (see: https://www.gov.uk/government/publications/review-of-liverpool-care-pathway-for-dying-patients). (RH)
From: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/212450/Liverpool_Care_Pathway.pdf

DEMENTIA

(See Also 221/12, 221/13, 221/14, 221/20, 221/24, 221/27, 221/56, 221/103, 221/125, 221/129, 221/130, 221/135)

221/31 Aspects of awareness in patients with Alzheimer's disease; by Selina Mardh, Thomas Karlsson, Jan Marcusson.: Cambridge University Press.
International Psychogeriatrics, vol 25, no 7, July 2013, pp 1167-1179.
The purpose of the present study was to gain insight into Alzheimer's disease (AD) patients' perception of the world through the study of a few aspects of awareness. The aspects in focus of the study were disease awareness, metacognition, managing of everyday life, and as a complement, the agreement (calibration) between patients and their spouses on the studied aspects was considered. A mixed-method evaluation design was used involving 15 AD patients, their spouses and 15 older healthy control subjects. The study comprised both a semistructured interview (AD patients and spouse) and a neuropsychological assessment (AD patients and control subjects). The patients were aware of their disease and able to report on their illness. However despite this awareness they were unable to realise and manage the practical and cognitive implications of their impairment. The results also indicate that patients and spouses were not well calibrated regarding thoughts about the disease and problems in handling the cognitive deterioration. The findings of this study have relevance to patients' wellbeing and how they manage everyday life. An open dialogue on these issues between spouses and in the care for AD patients would hopefully enhance quality of life for all parties involved. (JL)
ISSN: 10416102 From : journals.cambridge.org/ipg

221/32 Aspects of communication in Alzheimer's disease: clinical features and treatment options; by Michael Woodward.: Cambridge University Press.
International Psychogeriatrics, vol 25, no 6, June 2013, pp 877-885.
During the course of Alzheimer's disease (AD), cognitive processes, including language and communication, become increasingly impaired. The aim of this review was to highlight the impact of communication deficits in AD and discuss the need for effective treatments. PubMed was searched for studies relating to language and communication in AD. The publications identified were used as a basis for the commentary in this paper. Studies relating to the clinical effectiveness of pharmacological treatment for language and communication issues were identified systematically. Findings of the review showed that communication deficits are common in AD. From the earliest disease stage, the patient's capacity for communication declines as problems develop with the use of language and all aspects of functional communication. There is a loss of the ability to communicate thoughts and needs, and it becomes increasingly difficult to interact socially and sustain personal relationships with caregivers, family and friends. It is unsurprising that patients become frustrated at their loss of self-expression, and studies have demonstrated that impaired communication is strongly linked with the development of significant behavioural concerns. Overall poor communication contributes to caregiver strain and adds notably to the burden of disease. Clinical data and post-hoc analyses provide preliminary indications that anti-AD therapies (memantine and the cholinesterase inhibitors, ChEIs) and non-pharmacological cognitive-linguistic stimulation techniques may be helpful in addressing communication difficulties. The capacity to treat or slow the progression of communication deficits in AD would prolong patient independence and have a profound impact on the quality of life of patients and caregivers. The use of pharmacological (anti-AD therapies) and non-pharmacological (cognitive-linguistic stimulation) treatments may be useful management methods and warrant further investigation. (JL)
ISSN: 10416102 From : journals.cambridge.org/ipg

221/33 Benefits of chair yoga for persons with mild to severe Alzheimer's disease; by Lyn G Litchke, Jan S Hodges, Robert F Reardon.: Taylor and Francis.
Activities, Adaptation and Aging, vol 36, no 4, October-December 2012, pp 317-328.
This study evaluated a 10-week chair yoga intervention on cognition, balance, activities of daily living (ADLs), anxiety and depression for people with Alzheimer's disease (AD). Residents were assigned to three groups: (a) mild AD, (b) moderate AD and (c) severe AD. There was no significant change in balance, anxiety or cognition. ADLs showed a significant effect, which suggests that yoga may have more benefit early in the progression of AD. Unexpectedly, depression increased significantly. The study concludes that yoga over an extended period of time with a larger sample size may demonstrate benefits to persons with AD and serve as means to improve overall quality of life. (JL)
ISSN: 01924788 From : http://www.tandfonline.com

221/34

Caring for older people with dementia: an exploratory study of staff knowledge and perception of training in three Australian dementia care facilities; by Cindy Jones, Wendy Moyle, Gillian Stockwell-Smith.: Wiley Blackwell.
Australasian Journal on Ageing, vol 32, no 1, March 2013, pp 52-55.
The aim of the present study was to ascertain care staff's knowledge of dementia relating to aetiology and/or pathology, symptoms and care/treatment, and to explore their perceptions of the importance and adequacy of dementia education and training opportunities. 35 care staff working in three secure dementia care facilities were recruited. Dementia knowledge was surveyed using the Staff Knowledge of Dementia Test (SKDT). Perceptions of dementia education and training were examined via semi-structured individual interviews. An average of 21 out of 33 SKDT questions was correctly answered. Knowledge discrepancy was attributed to participants' cultural and ethnic origin and the length of residency in Australia of migrant care staff. Participants acknowledged the importance of dementia education and training but were critical of the content relevancy to direct care practices. There is a need to improve care staff knowledge of dementia, and dementia education and training should include direct practical competencies required for effective care delivery. (JL)
ISSN: 14406381
From : http://www.wileyonlinelibrary.com/journals/ajag

221/35

Dementia and cancer: a review of the literature and current practice; by Luke Solomons, Joyce Solomons, Margot Gosney.
Aging Health, vol 9, no 3, June 2013, pp 307-319.
Age is a risk factor for dementia and also for most cancers. Surprisingly rates of cancer appear to be lower in individuals with dementia and vice versa. Genetic mechanisms could underpin this inverse relationship and are outlined, but underdiagnosis must also be taken into account. Individuals with cancer and dementia pose unique challenges to healthcare professionals owing to the potential for impaired decision-making capacity, poor communication and difficulties following medication regimes. Mild cognitive impairment and `chemo brain' should be differentiated from progressive neurodegeneration. (JL)
ISSN: 1745509X From : http://www.futuremedicine.com/loi/ahe

221/36

Dementia care costs and outcomes: a systematic review; by Martin Knapp, Valentina Iemmi, Renee Romeo.: Wiley.
International Journal of Geriatric Psychiatry, vol 28, no 6, June 2013, pp 551-561.
The present study aimed to review evidence on the cost-effectiveness of prevention, care and treatment strategies in relation to dementia. A systematic review of available literature on economic evaluations of dementia care was carried out in which 56 literature reviews and 29 single studies were identified. There was found to be more cost-effectiveness evidence on pharmacological therapies than other interventions. Acetylcholinesterase inhibitors for mild-to-moderate disease and memantine for moderate-to-severe disease were found to be cost-effective. Regarding non-pharmacological treatments, cognitive stimulation therapy, tailored activity programme and occupational therapy were found to be more cost-effective than usual care. There was some evidence to suggest that respite care in day settings and psychosocial interventions for carers could be cost-effective. Coordinated care management and personal budgets held by carers have also demonstrated cost-effectiveness in some studies. In all, five barriers to achieving better value for money in dementia care were identified: the scarcity and low methodological quality of available studies, the difficulty of generalising from available evidence, the narrowness of cost measures, a reluctance to implement evidence and the poor coordination of health and social care provision and financing. (JL)
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221/37

Effectiveness of a recovery-orientated psychiatric intervention package on the wellbeing of people with early dementia: a preliminary randomised controlled trial; by Arun Jha, Farida Jan, Tim Gale, Charmaine Newman.: Wiley.
International Journal of Geriatric Psychiatry, vol 28, no 6, June 2013, pp 589-596.
The present study aimed to investigate whether recovery-orientated psychiatric assessment and therapeutic intervention enhances the wellbeing of people with dementia and their family carers. In a preliminary randomised controlled trial, 48 people with early dementia were recruited. Of 34 who completed the trial, 17 were in the recovery and 17 in the treatment as usual group. Recovery participants received a recovery-focused pre-diagnostic wellbeing assessment and counselling, diagnostic consultation with written feedback and post-diagnostic support over a period of six months using the WHO Wellbeing Index as the primary measure, and Mini Mental State Examination, Cornell Scale for Depression in Dementia, EUROQOL and Zarit Burden Interview as secondary outcome measures. People in the recovery group showed a significant improvement in the WHO Wellbeing Index, with trends of improvement in other outcome measures. This trial shows that a recovery-focused diagnostic consultation and post-diagnostic support enhance the wellbeing of people with mild cognitive impairment and early dementia. (JL)
ISSN: 08856230 From : www.orangejournal.org

221/38 Establishing the motivations of patients with dementia and cognitive impairment and their carers in joining a dementia research register (DemReg); by Cerian Avent, Lisa Curry, Sarah Gregory ... (et al).: Cambridge University Press.

International Psychogeriatrics, vol 25, no 6, June 2013, pp 963-971.

Connecting willing patients with dementia to suitable clinical research studies has been historically challenging. The United Kingdom Dementia and Neurodegenerative Research Network (DeNDRoN) was established to link patients into high-quality studies. One component is DemReg, a register of dementia patients and their carers who have agreed to be approached regarding future research studies. The limited literature highlights the predominance of altruism mediating research register participation. The objective of this study was to understand the motivations of patients and carers to participate in DemReg. There were 107 participants in the study, interviewed using a questionnaire to determine which factors were important in their decision to be on the register. The study compared the proportion of the altruistic motivations articulated with the proportion of the other answers offered. Study findings showed that the two most important motivators for registering on DemReg were to help others (44%) or themselves (29%) and altruistic motives took precedence over those for personal benefit. Participants were not motivated by the prospect of payment or by concern that they would be letting down their clinician if they did not register. There are currently major projects within the United Kingdom to increase the number of patients on dementia registers and to further involvement in dementia research. This study is the first to assess the motivations of patients and carers for joining a dementia research register in the United Kingdom and the findings highlight the importance of altruistic motives. (JL)

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From : journals.cambridge.org/ipg

221/39 Everyday decision-making in dementia: findings from a longitudinal interview study of people with dementia and family carers; by Kritika Samsi, Jill Manthorpe.: Cambridge University Press.

International Psychogeriatrics, vol 25, no 6, June 2013, pp 949-961.

Exercising choice and control over decisions is central to quality of life. The Mental Capacity Act 2005 (England and Wales) provides a legal framework to safeguard the rights of people with dementia to make their own decisions for as long as possible. The impact of this on long-term planning has been investigated although everyday decision-making in people's own homes remains unexplored. Using a phenomenological approach, interviews were conducted with 12 dyads (one person with dementia + one carer) four times over one year to ascertain experience of decision-making, how decisions were negotiated and how dynamics changed. Qualitative interviews were conducted in people's own homes, and thematic analysis was applied to transcripts. Study findings showed that respecting autonomy, decision-specificity and best interests underlayed most everyday decisions in this sample. Over time dyads transitioned from supported decision-making, where person with dementia and carer made decisions together, to substituted decision-making, where carers took over much decision-making. Points along this continuum represented carers' active involvement in retaining their relative's engagement through providing cues, reducing options, using retrospective information and using the best interests principle. Long-term spouse carers seemed most equipped to make substitute decisions for their spouses, while adult children and friend carers struggled with this. Carers may gradually take on decision-making for people with dementia. This can bring with it added stresses, such as determining their relative's decision-making capacity and weighing up what is in their best interests. Practitioners and support services should provide timely advice to carers and people with dementia around everyday decision-making and be mindful how abilities may change. (JL)

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From : journals.cambridge.org/ipg

221/40 Exergames and their acceptance among nursing home residents; by Gudrun Ulbrecht, David Wagner, Elmar Grassel.: Taylor and Francis.

Activities, Adaptation and Aging, vol 36, no 2, April-June 2012, pp 93-106.

The purpose of this uncontrolled, pre-post longitudinal pilot study was to evaluate how many persons among nursing home residents with dementia would accept accelerometer-based exergames (i.e. television-based Wii video games) and to get to know their special characteristics. The pre-post assessment was conducted in a sample of 79 residents. Of these residents, a total of 41 (51.8%) showed cognitive impairment indicative of dementia according to the Mini-Mental State Examination (MMSE). By the end of the first phase of the study, which lasted three weeks, 27 of the 79 residents had accepted the use of exergames and continued to play the games during the second phase of the study (which, depending on the nursing home, lasted either three weeks or eight weeks). Participants who accepted the exergames were significantly younger, had less cognitive impairment and were interested in more hobbies. In participants who accepted the games, cognitive function improved slightly over the study, but not in a statistically significant fashion. These findings suggest that, with supervision, exergames may be suitable for every fifth person in a nursing home. (JL)

ISSN: 01924788 From : http://www.tandfonline.com

221/41 Exploring 'unmet needs' in dementia care; by Louisa Jackman, Julie Young.: Hawker.
Journal of Dementia Care, vol 21, no 3, May/June 2013, pp 32-34.
The authors share their thoughts on how they have been exploring the problem of 'unmet needs' with care home staff, with a view to responding better to behaviour that is challenging. They compare two theoretical models: Cohen-Mansfield's use of patient characteristics; and Maslow's hierarchy of needs (1943). They describe a problem-solving exercise introduced by the Northumberland County Challenging Behaviour Service which fits in with the concept of person-centred care planning. (RH)
ISSN: 13518372
From : www.hawkerpublications.com

221/42 The full spectrum of ethical issues in dementia care: systematic qualitative review; by Daniel Strech, Marcel Mertz, Hannes Knuppe ... (et al).
British Journal of Psychiatry, vol 202, no 6, June 2013, pp 400-406.
Integrating ethical issues in dementia-specific training material, clinical guidelines and national strategy plans requires an unbiased awareness of all the relevant ethical issues. The aim of the present study was to determine systematically and transparently the full spectrum of ethical issues in clinical dementia care. The authors conducted a systematic review in Medline (restricted to English and German literature published between 2000 and 2011) and Google books (with no restrictions). The literature review retrieved 92 references that together mentioned a spectrum of 56 ethical issues in clinical dementia care. The spectrum was structured into seven major categories that consisted of first- and second-order categories for ethical issues. The systematically derived spectrum of ethical issues in clinical dementia care presented in this paper can be used as training material for healthcare professionals, students and the public for raising awareness and understanding of the complexity of ethical issues in dementia care. It can also be used to identify ethical issues that should be addressed in dementia-specific training programmes, national strategy plans and clinical practice guidelines. Further research should evaluate whether this new genre of systematic reviews can be applied to the identification of ethical issues in other cognitive and somatic diseases. Also the practical challenges in addressing ethical issues in training material, guidelines and policies need to be evaluated. (JL)
ISSN: 00071250
From : http://bjp.rcpsych.org

221/43 How do family carers respond to behavioral and psychological symptoms of dementia?; by Kirsten Moore, Elizabeth Ozanne, David Ames, Briony Dow.: Cambridge University Press.
International Psychogeriatrics, vol 25, no 5, May 2013, pp 743-753.
Behavioural and psychological symptoms of dementia (BPSD) have been associated with increased carer burden and early institutionalisation. BPSD are more responsive to treatment than are cognitive and functional decline. Little is known about how family carers understand and try to reduce these symptoms. This study aimed to explore the strategies used by carers looking after someone with high levels of BPSD. 25 carers were interviewed using a semi-structured interview with the Neuropsychiatric Inventory (NPI). They were all caring for someone eligible for an Extended Aged Care at Home Dementia Package, which targets people with BPSD. Participants reported high levels of BPSD with a mean score of 8.2 for symptoms and a mean NPI score of 51.4. Distress scores were also high with a mean of 18.5. Carers described on average fewer than four strategies for managing BPSD. Encouraging activity, utilising psychotropic medications, identifying triggers, restraining or treating in a paternalistic manner and meeting physiological needs were the most commonly used strategies. While family carers are often at the forefront of identifying triggers and addressing unmet needs, findings from this study suggest that some carers have a limited repertoire of strategies despite experiencing a large number of symptoms. There is a clear need for ensuring evidence-based programmes to educate and support carers in identifying triggers, understanding symptoms and learning to cope with these symptoms. (JL)
ISSN: 10416102
From : journals.cambridge.org/ipg

221/44 The prevalence of dementia in rural Tanzania: a cross-sectional community-based study; by Anna R Longdon, Stella-Maria Paddick, Aloyce Kisoli ... (et al).
International Journal of Geriatric Psychiatry, vol 28, no 7, July 2013, pp 728-737.
Despite the growing burden of dementia in low-income countries, there are few previous data on the prevalence of dementia in sub-Saharan Africa. The aim of this study was to estimate the prevalence of dementia in those who were 70 years and older in the rural Hai District of Tanzania. This was a two-phase cross-sectional survey. Using census data, individuals aged 70 years and older from six rural villages were screened using the Community Screening Instrument for Dementia in Phase I. In Phase II, a stratified sample of those identified in Phase I were clinically assessed using the DSM-IV criteria. Of 1198 people who fulfilled the inclusion criteria, 184 screened positive for probable dementia, and 104 screened positive for possible dementia using the Community Screening Instrument for Dementia. During clinical assessment in Phase II, 78 cases of dementia were identified according to the DSM-IV criteria. The

age-standardised prevalence of dementia was 6.4% (95% confidence interval: 4.9 to 7.9). Prevalence rates increased significantly with increasing age. These findings show that the prevalence of dementia in this rural Tanzanian population is similar to that reported in high-income countries. Dementia is likely to become a significant health burden in this population as demographic transition continues. Further research on risk factors for dementia in sub-Saharan Africa is needed to inform policy makers and plan local health services. (JL)
ISSN: 08856230 From : www.orangejournal.org

221/45 Quality of life in dementia: the role of non-cognitive factors in the ratings of people with dementia and family caregivers; by Maria Fernanda Barroso Sousa, Raquel Luiza Santos, Cynthia Arcoverde ... (et al).: Cambridge University Press.
International Psychogeriatrics, vol 25, no 7, July 2013, pp 1097-1105.
The validity of self-reported quality of life (QoL) assessments of people with dementia (PWD) is a critical issue. This study was designed in order to determine the non-cognitive factors that are associated with self-reported QoL and PWD QoL as rated by family caregivers. The study assessed QoL of 41 people with mild Alzheimer's disease (AD). The individuals with AD and their family caregivers completed the Quality of Life in Alzheimer's Disease Scale (QoL-AD), the Assessment Scale of Psychosocial Impact of the Diagnosis of Dementia (ASPIDD), the Mini-Mental State Examination (MMSE), the Clinical Dementia Rating (CDR) scale, the Cornell Scale for Depression in Dementia (CSDD), the Pfeffer Functional Activities Questionnaire (FAQ) and the Zarit Burden Interview (ZBI). Univariate and multivariate regression analyses were conducted to examine the contribution of the various cofactors. A significant difference was observed in the QoL measures of PWD after comparing self-reported assessments with the assessments of family caregivers. Linear regression analysis demonstrated that awareness of disease was related to PWD QoL-AD scores. Both the education levels of family caregivers and the depressive symptoms in PWD were related to the family caregivers' ratings of PWD QoL. The difference between self-reported QoL and family caregivers' ratings of QoL in people with mild dementia indicated that cognitive impairment was not the primary factor that accounted for the differences in the QoL assessments. These findings suggest that non-cognitive factors, such as awareness of disease and depressive symptoms, played an important role in the differences between the self-reported AD QoL ratings and the caregivers' AD QoL ratings. A major implication is that discrete measures such as cognition or level of function are likely to miss important factors that influence QoL. (JL)
ISSN: 10416102 From : journals.cambridge.org/ipg

221/46 Screening and early diagnosis; by Martin Brunet.: Hawker.
Journal of Dementia Care, vol 21, no 3, May/June 2013, pp 22-24.
The author questions the current momentum towards early diagnosis of dementia. He argues that improving support services for people with dementia and their carers should take priority. (RH)
ISSN: 13518372 From : www.hawkerpublications.com

221/47 Sense of coherence, burden, and affective symptoms in family carers of people with dementia; by Vasiliki Orgeta, Elena Lo Sterzo.: Cambridge University Press.
International Psychogeriatrics, vol 25, no 6, June 2013, pp 973-980.
Caring for a relative with dementia has been associated with high levels of psychological morbidity in carers. Sense of coherence is an important resource of successful coping with caregiving. The purpose of the present study was to examine the relationship between stress associated with caregiving, sense of coherence and self-reported depression and anxiety in family carers of people with dementia. It was hypothesised that carers reporting high levels of anxiety and depression would report low levels of coherence and that the relationship between caregiver stress and affective symptoms would be mediated by sense of coherence. A total of 170 carers of people with dementia took part in the study. Family carers completed the Sense of Coherence Scale, the Relative Stress Scale and the Hospital Anxiety and Depression Scale. A series of multiple linear regressions were conducted to examine the relationship between stress related to caregiving, caregiver anxiety and depression and whether sense of coherence mediated this relationship. Study results showed that self-reported anxiety and depression were associated with low levels of sense of coherence. Sense of coherence mediated the relationship between burden and self-reported depressive effect and anxiety symptoms. Thus carers reporting high levels of anxiety and depression are more likely to report low levels of sense of coherence. The relationship between stress related to caregiving and depressive symptoms is mediated by carers' self-reported sense of coherence. Future psychotherapeutic intervention studies in family carers of people with dementia may incorporate strategies that specifically target sense of coherence. (JL)
ISSN: 10416102 From : journals.cambridge.org/ipg

221/48 Service-related needs of older people with dementia: perspectives of service users and their unpaid carers; by Sylwia Gorska, Kirsty Forsyth, Linda Irvine ... (et al).: Cambridge University Press.
International Psychogeriatrics, vol 25, no 7, July 2013, pp 1107-1114.
Dementia is a major cause of disability among older people and constitutes one of the greatest

challenges currently facing families and health and social care services in the developed world. Although dementia care has been placed high on the public and political agenda in the United Kingdom, recent evidence indicates that numerous challenges in relation to service provision remain. This study aimed to develop a deeper understanding of the lived experience of people with dementia regarding their service-related needs. The study made use of data gathered through individual semi-structured, narrative interviews conducted with people with experience of dementia and their unpaid carers. Participants were generally satisfied with the services they received, however a number of unmet needs related to service provision were identified. In terms of diagnostic procedures the findings of this study indicate the need for early diagnosis delivered through a comprehensive assessment package. The participants also highlighted the need for well-coordinated post-diagnostic support, greater continuity of care concerning the personnel involved, and enhanced access to non-pharmacological interventions to support identity and social engagement. This study contributes to a better understanding of service-related needs of people with dementia in relation to diagnostic procedures and post-diagnostic support. (JL)
ISSN: 10416102   From : journals.cambridge.org/ipg

221/49 The war against dementia: are we battle weary yet?; by Heather Patricia Lane, SueAnne McLachlan, Jennifer Philip.: Oxford University Press.
Age and Ageing, vol 42, no 3, May 2013, pp 281-283.
Recently the use of military metaphors when discussing dementia and in particular Alzheimer's disease has increased, both in medical literature and mainstream media. Titles including `Harnessing the immune system to battle Alzheimer's disease', `Developing the framework for the international battle against Alzheimer's disease' and `Dementia in Lewy body syndromes: a battle between hearts and minds' have all been found in medical journals. The UK's Alzheimer's Society website carries the banner 'leading the fight against Alzheimer's disease', while in the U.S. headlines reported President Obama declaring `War on Alzheimer's disease' early in 2012. While military metaphors are a recent adoption when used to describe dementia, in oncology there has been longstanding debate about the usefulness of such metaphors. This article reviews the history of military metaphors in medicine, literature discussing their use, and considers their use in describing dementia. While military metaphors are widely used in medicine, consideration should be taken in their use as they have the potential to influence the way in which doctors and their patients conceptualise and experience illness and treatment. (JL)
ISSN: 00020729
From : www.ageing.oxfordjournals.org

DEMOGRAPHY AND THE DEMOGRAPHICS OF AGEING

(See Also 221/19, 221/90, 221/138)

221/50 Predictors of mortality in men and women aged 90 and older: a nine-year follow-up study in the Vitality 90+ study; by Kristina Tiainen, Tiina Luukkaala, Antti Hervonen, Marja Jylha.: Oxford University Press.
Age and Ageing, vol 42, no 4, July 2013, pp 468-475.
Information about predictors of mortality among the oldest old is limited. Also possible gender differences are poorly known. The objective of the present study was to examine the predictors of mortality among individuals aged 90 and older, focusing on differences between men and women. The study also analysed gender differences in survival at different levels of mobility and activities in daily living (ADL). This nine-year follow-up study was part of the Vitality 90+ study, a population-based study of people aged 90 and older. All inhabitants aged 90 and older in the area of Tampere, Finland were contacted, irrespective of health or dwelling place. The study population consisted of 171 men and 717 women. Data were collected with a mailed questionnaire asking questions concerning ADL and mobility, self-rated health, chronic conditions and socio-economic factors. The participation rate was 79%. Cox regression enter models were used for the analysis. Older age, male gender, disability in ADL and mobility, poor self-rated health and institutionalisation increased the risk of mortality in the total study group. In age-adjusted Cox regression models, ADL and mobility were stronger predictors in men than in women. Among those who were partly but not totally dependent in ADL or mobility women survived longer than men. These findings show that the same health indicators that are important at younger old age also predict mortality in the oldest old. Disability increases the likelihood of death more in men than women. At a very old age, women survive longer with moderate disability than do men. (JL)
ISSN: 00020729
From : www.ageing.oxfordjournals.org

221/51 Socio-demographics aspects of population ageing in Georgia; by Shorena Tsiklauri.: International Institute on Ageing, Malta.
Bold, vol 23, no 3, May 2013, pp 24-28.
Population ageing is the global process that manifests itself in the dramatic increase in the number and proportion of persons aged 60+, and has been one of the most significant global phenomena in the 20th century. The first quarter of the 21st century has been called "The Age

of Ageing". Georgia is at a stage where the population is ageing, mainly due to a decline in its birth rate. Since the country became independent in 1991, the proportion of the population aged 60+ has increased from 14.7% to 18.6% in 2011. In Georgia, every second household includes at least one family member aged 60 or over. This paper pays special attention to the well-being of Georgian elders, based on the results of the Generations and Gender Survey in Georgia. (RH)
ISSN: 10165177
From : www.inia.org.mt

DEPRESSION

221/52 Depressive symptoms and frailty; by Philip D St John, Suzanne L Tyas, Patrick R Montgomery.: Wiley.
International Journal of Geriatric Psychiatry, vol 28, no 6, June 2013, pp 607-614.
Frailty and depressive symptoms are common issues facing older adults and may be associated. The purpose of the present study was to determine whether: (i) depressive symptoms are associated with frailty; (ii) there is a gradient in this effect across the range of depressive symptoms; and (iii) the association between depressive symptoms and frailty is specific to particular types of depressive symptoms (positive affect, negative affect, somatic complaints and interpersonal relations). A secondary analysis of a population-based study originally carried out in 1991 was conducted in which 1,751 community-living adults aged 65+ years were interviewed. Depressive symptoms were measured using the Center for Epidemiologic Studies-Depression (CES-D) scale. Frailty was graded from 0 (no frailty) to 3 (moderate/severe frailty). Age, gender, education, marital status, self-rated health and the number of comorbid conditions were self-reported. Logistic regression models were constructed with the outcome of no frailty/urinary incontinence only versus frailty. Overall results show that depressive symptoms were strongly associated with frailty, and there was a gradient effect across the entire range of the CES-D scale. The odds ratio and 95% confidence interval was 1.08 (1.06, 1.09) per point of the CES-D in unadjusted models. After potential confounding factors were adjusted, the adjusted odds ratio (95% confidence interval) was 1.03 (1.01, 1.05). Positive affect, negative affect and somatic complaints were all associated with frailty, whereas interpersonal relations were not. (JL)
ISSN: 08856230 From : www.orangejournal.org

221/53 Evaluation of a standardized humor group in a clinical setting: a feasibility study for older patients with depression; by Brigitte Konradt, Rolf D Hirsch, Markus F Jonitz, Karin Junglas.: Wiley Blackwell.
International Journal of Geriatric Psychiatry, vol 28, no 8, August 2013, pp 850-857.
Positive effects of humour on older patients with depressive symptoms have been repeatedly reported. Empirical evidence however is rare. The present study investigated the efficacy of a standardised humour therapy group in a clinical context for older depressed patients. An experimental group with treatment (49 patients) was compared with a control group with no treatment (50 patients) in a semi-randomised design. Included were patients with major depression according to ICD-10. A set of questionnaires (Geriatric Depression Scale, Short Form Health Survey, State-Trait-Cheerfulness Inventory and Satisfaction with Life Scale) was administered pre-treatment and post-treatment. Both groups showed improvement for depression, suicidal tendency, state cheerfulness and state bad mood. Only participants of the humour group showed changes of state seriousness and satisfaction with life. Further trends could be demonstrated for higher changes in state cheerfulness and resilience for the humour group. These results indicate an additional benefit of this specific therapeutic intervention for older depressed patients. (JL)
ISSN: 08856230 From : www.orangejournal.org

221/54 Factors associated with depressive symptoms in older Taiwanese adults in a long-term care community; by Ya-Chuan Hsu, Terry Badger, Pamela Reed, Elaine Jones.: Cambridge University Press.
International Psychogeriatrics, vol 25, no 6, June 2013, pp 1013-1021.
The purpose of this study was to examine culturally based factors as potential predictors of depressive symptoms in older Taiwanese adults living in eight long-term care institutions in southern Taiwan. A cross-sectional, exploratory design study was used with a purposive sample of 156 participants with a mean age of 79.80 years. Measurements included filial responsibility expectation questions, two questions about degrees of acceptance of institutionalisation, Perceived Stress Scale, Self-Transcendence Scale and Geriatric Depression Scale. An older person's willingness to be institutionalised or remain institutionalised, perceived stress and self-transcendence were significantly associated with depressive symptoms. Although no evidence for the relationship between filial responsibility and depressive symptoms was found in the study, there was evidence that filial responsibility was highly valued. Self-transcendence was the strongest predictor of depressive symptoms, accounting for 45% of the variance. These findings provide insight into the cultural factors associated with depressive symptoms and support the need of timely interventions for institutionalised Taiwanese older people. (JL)
ISSN: 10416102 From : journals.cambridge.org/ipg

221/55 Is enough being done to treat depression in the elderly?; by Helen J Lewis, Deborah J Hems, Kate N Bosanquet, Karen J Overend.
Aging Health, vol 9, no 3, June 2013, pp 243-245.
This article briefly looks at the complexities involved in the identification and management of depression in older adults. (JL)
ISSN: 1745509X From : http://www.futuremedicine.com/loi/ahe

DIET AND NUTRITION

(See Also 221/89)

221/56 Nutritional status of community-dwelling older people with dementia: associations with individual and family caregivers' characteristics; by Laetitia Rullier, Alexia Lagarde, Jean Bouisson ... (et al).: Wiley.
International Journal of Geriatric Psychiatry, vol 28, no 6, June 2013, pp 580-588.
The objective of this study was to explore the associations of individual characteristics of both older people with dementia and family caregivers with the nutritional status of older people with dementia. This was a cross-sectional study comprising 56 community-dwelling older people with dementia and 56 family caregivers conducted at home by a psychogerontologist working for a community gerontological centre. Older people with dementia were assessed with Mini mental state examination, Instrumental Activities of Daily Living, Activities of Daily Living (ADL), and NeuroPsychiatric Inventory (NPI) and family caregivers with the Burden Interview (Zarit scale), the State-Trait Anxiety Inventory, the Center for Epidemiologic Studies Depression Scale and the emotional impact measure of NPI. For both, nutritional status was evaluated using the Mini Nutritional Assessment (MNA). Results showed that among older people with dementia, 58.9% were at risk of malnutrition and 23.2% presented a poor nutritional status, and among the family caregivers, 32.1% and 5.4%, respectively. The MNA score of older people with dementia was strongly and inversely associated with the ADL score and was strongly and positively associated with the MNA score of family caregiver. These two factors significantly explained 32% of variation of MNA score of older people with dementia. These findings confirm the value of investigating nutritional deficiencies in dementia within the caregiving dyad and suggest that the functional status of older people with dementia and the nutritional status of family caregivers should be carefully assessed. (JL)
ISSN: 08856230
From : www.orangejournal.org

ECONOMIC ISSUES

(See 221/74)

EMPLOYMENT

221/57 Emotional labour and successful ageing in the workplace among older Chinese employees; by Francis Cheung, Anise M S Wu.: Cambridge University Press.
Ageing and Society, vol 33, no 6, August 2013, pp 1036-1051.
Emotional labour refers to the regulation of emotion at work in accordance with organisational rules. To fulfil these, employees usually adopt two emotional labour strategies. One, surface acting refers to changes in emotional expression without changing inner emotional state (e.g. faking a smile). In the other, deep acting, employees control both their internal feelings and external expression. In this study, the authors examined the relationship between emotional labour and successful ageing among older Hong Kong Chinese workers. They also investigated whether job satisfaction mediated the association between emotional labour and successful ageing in the workplace. Results show that deep acting was positively related to successful ageing in the workplace, whereas surface acting was negatively related to the same. Structural equation modelling shows that job satisfaction partially mediated the association between emotional labour and successful ageing in the workplace. The limitations of the study and further recommendations are also discussed. (RH)
ISSN: 0144686X
From : journals.cambridge.org/aso

221/58 Retaining workers in an ageing population: insights from a representative aged and community care organisation; by Siobhan Austen, Clinton McMurray, Gill Lewin, Rachel Ong.: Wiley Blackwell.
Australasian Journal on Ageing, vol 32, no 1, March 2013, pp 41-46.
The aim of the present study was to provide new measures of employee retention in the aged care sector and to identify how employment retention varies across key groups of workers in the sector. The techniques of survival analysis were applied to staff record data from a representative provider of aged and community care services. Findings of the study showed that 63% of carer employment spells end within two years. 57% of nurse employment spells ended within this time

period. Employment retention was poorest among young recruits, men and workers on casual contracts. The high rates of staff turnover add substantial costs and risks to aged care organisations and should be the focus of workforce strategies. Casual employment is one potential contributory factor. However the role of wages and other working conditions should also be examined. Given the importance of mature-age women in the sector, strategies should focus on their circumstances and needs. (JL)
ISSN: 14406381
From : http://www.wileyonlinelibrary.com/journals/ajag

EPIDEMIOLOGY

(See 221/35)

EUTHANASIA

(See 221/30)

FALLS

(See Also 221/11)

221/59 In-patient falls: what can we learn from incident reports?; by Sue Hignett, Gina Sands, Paula Griffiths.: Oxford University Press.
Age and Ageing, vol 42, no 4, July 2013, pp 527-531.
Previous research has offered useful insights on contributory factors for in-patient falls in hospitals but has been limited due to the small data set of free-text analysis. The aim of the present study was to analyse three years' national incident data (2005-08) to further explore the contributory factors of in-patient falls. A total of 20,036 reports (15% sample) were analysed by coding the free-text data field. Contributory risk factors were compared with the whole sample and explored with the Chi-squared and Fisher's exact tests. Data were reported about the degree of harm (100% of reports), (un)witnessed status of fall (78%), location (47%), patient activity (27%), physical impairment/frailty (9.5%) and cognitive impairment/confusion (9.2%). Less than 0.1% of reports provided data about dizziness, illness, vision/hearing, and medicines. Overall patients were more likely to be harmed when away from the bed space, mobilising/walking and by falling from the bed when not intending to leave the bed. This analysis explored incident reports at a level of detail not previously achieved. It identified significant contributory factors for fall locations and activities associated with physical and cognitive characteristics. (JL)
ISSN: 00020729 From : www.ageing.oxfordjournals.org

221/60 Older community-dwelling people's comparative optimism about falling: a population-based telephone survey; by Joanne Dollard, Christopher Barton, Jonathan Newbury, Deborah Turnbull.: Wiley Blackwell.
Australasian Journal on Ageing, vol 32, no 1, March 2013, pp 34-40.
The present study aimed to determine whether older community-dwelling people underestimate their own perceived chance of falling compared with that of other older people (comparative optimism), and whether a history of falls is associated with comparative optimism. A sample of 389 community-dwelling South Australians aged 65 years or more completed a computer-assisted telephone interview about their 12-month fall history, their perceived chance of falling and their rating of other older people's chance of falling. Respondents were found to be comparatively optimistic about their chance of falling. However those who had fallen in the last 12 months had a lower comparative optimism score. As older people were comparatively optimistic about their likelihood of falling, they might not find fall prevention messages relevant. When older people present with a fall, clinicians could provide fall prevention information consistent with how older people present themselves. (JL)
ISSN: 14406381
From : http://www.wileyonlinelibrary.com/journals/ajag

FAMILY AND INFORMAL CARE

(See Also 221/27, 221/43, 221/46)

221/61 Adaptation and analysis of psychometric features of the Caregiver Risk Screen: a tool for detecting the risk of burden in family caregivers; by Silvia Martinez-Rodriguez, Nuria Ortiz-Marqués, Ioseba Iraurgi ... (et al).: Cambridge University Press.
International Psychogeriatrics, vol 25, no 5, May 2013, pp 755-764.
There are a limited number of scales available in the Spanish language that can be used to detect burden among individuals who care for a dependent family member. The purpose of this study was to adapt and validate the Caregiver Risk Screen (CRS) scale developed by Guberman et al (2001), `Development of Screening and Assessment Tools for Family Caregivers: Final Report'.

The sample was made up of 302 informal caregivers of dependent family members (average age 57.3 years and 78.9% women). Scale structure was subjected to a confirmatory factor analysis. Concurrent and convergent validity were assessed by correlation with validated questionnaires for measuring burden (Zarit Burden Inventory (ZBI)) and psychological health. The results showed a high level of internal consistency, suitable fit of the one-dimensional model tested via confirmatory factor analysis and appropriate convergent validity with similar constructs. These findings are promising in terms of their adaptation of the CRS to Spanish, and from the results it is possible to conclude that the CRS is a suitable tool for assessing and detecting strain in family caregivers. Nevertheless new research is required that explores all the psychometric features on the scale. (JL)
ISSN: 10416102
From : journals.cambridge.org/ipg

221/62 A longitudinal analysis of the impact of family support on the morale of older parents in Japan: does the parent's normative belief in filial responsibilities make a difference?; by Emiko Tagaki, Yasuhiko Saito.: Cambridge University Press.
Ageing and Society, vol 33, no 6, August 2013, pp 1053-1076.
Japan presents a unique social laboratory in which to examine how family support impacts on older adults' psychological well-being. This is because of its cultural climate, where distinctively different expectations of old-age independence and the traditional norm of filial piety coexist. This study investigated how structural and functional dimensions of the family support of older Japanese parents influence their psychological morale, and whether the impacts of family support on parents' morale vary depending on the parents' belief in the traditional cultural norm of filial piety. Four waves of data from the Nihon University Japanese Longitudinal Study of Aging (NUJLSOA) collected in 1999, 2001, 2003 and 2006 were analysed. Combining the two- or three-year span of longitudinal data between each wave (N=3,882), an ordered logistic regression analysis was undertaken. The results reveal that although parents who were widowed or received emotional support from a child tended to report a lower level of morale, the negative influences of such support tended to be mitigated if the parent agreed with the traditional cultural norm of filial responsibilities. These results imply that the meaning and benefit of family support may differ depending on the degree to which Japanese older parents support the traditional norm of filial responsibilities. (RH)
ISSN: 0144686X
From : journals.cambridge.org/aso

FRAILTY

(See 221/52, 221/80, 221/137)

GOVERNMENT AND POLICY

221/63 Government response to the House of Lords Select Committee on Public Service and Demographic Change report of session 2012-13:
‘Ready For ageing?': presented to Parliament by the Secretary of State for Health; by Department of Health - DH. London: TSO, July 2013, 37 pp (Cm 8677).
The Government welcomes the House of Lords Select Committee on Public Service and Demographic Change report `Ready for ageing?', published on 14 March 2013 (HL 140 session 2012-13). The Government summarises its response as "Enabling people to live longer, more prosperous and healthier lives", and that it has "taken further major steps to address the challenges of an ageing society" since the report's publication. It responds to each theme in the Committee's report: extending working lives; secure retirement income; the health and care system; enabling, promoting and supporting independence; and looking to the future. It concludes that the House of Lords report "provides a valuable contribution to an ongoing public debate" and "It is vital that this remains a live issue for Government, the wider public sector and for society as a whole." (RH)
Price: Electronic format
From: http://www.parliament.uk/documents/lords-committees/Demographicchange/GovtResp.pdf

221/64 Social care for older people: using data from the VFM profiles; by Audit Commission. London: Audit Commission, July 2013, 17 pp.
The government is legislating to close the Audit Commission by the end of March 2015. Until then, the Commission will continue to make available its Value for Money (VFM) Profiles, which bring together data about the cost, performance and activity of local councils and fire authorities. This report presents facts, figures and graphs showing national trends and local variations in spending on social care for older people, on which the total spend in England in 2011/12 was £9.07 billion, supporting 1.05 million people. However, this amounts to an 8.5% reduction in overall spending and a 13% decrease per person aged 55+ since 2009/10. The report looks at how councils are continuing to find ways of reducing costs and improving efficiency in response to budget reductions. It notes changes to their legal responsibilities proposed in the

Care Bill 2013/14. It also offers guidance on the use of VFM profiles (which may be accessed at http://profiles.audit-commission.gov.uk). It suggests some related information sources provided by other organisations. (RH)
From: http://www.audit-commission.gov.uk/wp-content/uploads/2013/06/Social-care-briefing-v-FINAL-16-July-2013.pdf

GRANDPARENTS

221/65 The Australian first-time grandparents study: time spent with the grandchild and its predictors; by John Condon, Carolyn Corkindale, Mary Luszcz, Elizabeth Gamble.: Wiley Blackwell.
Australasian Journal on Ageing, vol 32, no 1, March 2013, pp 21-27.
This paper presented data on the amount of contact a large cohort of first-time Australian grandparents had with their grandchild, and the amount of child care they provided. It compared these with grandparents' expectations and desired levels. Prospective grandparents were assessed on multiple measures before the birth of their grandchild, and at 6, 12, 24 and 36 months thereafter. At the 12-month assessment, grandmothers had approximately 15 hours per week contact, and provided approximately 7.5 hours per week of child care. The corresponding figures for grandfathers were 9.5 hours and 5 hours respectively. Approximately 10% of grandparents reported no contact with their grandchild, and 30_40% reported undertaking no child care. Almost half the grandparents desired more contact than they were actually getting. Accurate quantification of contact and care is a prerequisite for investigation of the impact of the transition to grandparenthood on health and well-being. (JL)
ISSN: 14406381 From : http://www.wileyonlinelibrary.com/journals/ajag

HEALTH CARE

(See 221/144)

HEALTH SERVICES

(See Also 221/18, 221/128)

221/66 Improving health services in Dulwich and surrounding areas: a consultation about local services: summary document; by NHS Southwark Clinical Commissioning Group. London: NHS Southwark Clinical Commissioning Group, 2013, 10 pp.
NHS Southwark Clinical Commissioning Group (CCG) has consulted local residents and clinicians on proposals to improve health services in Dulwich, Nunhead, Herne Hill, south Camberwell and south Peckham. NHS Southwark CCG also invited comments from national organisations. The CCG sought views on access either as: more services in a health centre and core services from the local GP practice; or more services from the GP practice or another nearby, and the rest from a health centre. The consultation ran from 28 February until 31 May 2013. (RH)
From : NHS Southwark Clinical Commissioning Group, NHS South East London, PO Box 64529, London SE1P 6LX. Website: www.southwarkpct.nhs.uk

HIV AND AIDS

221/67 Early diagnosis and treatment of HIV infection: magnitude of benefit on short-term mortality is greatest in older adults; by Daniel H J Davis, Ruth Smith, Alison Brown ... (et al).: Oxford University Press.
Age and Ageing, vol 42, no 4, July 2013, pp 520-526.
The number and proportion of adults diagnosed with HIV infection aged 50 years or older has risen. This study compares the effect of CD4 (white blood cell) counts and anti-retroviral therapy (ART) on mortality rates among adults diagnosed aged 50 or older with those diagnosed at a younger age. The study method used was a retrospective cohort analysis of national surveillance reports of HIV-diagnosed adults (15 years and older) in England, Wales and Northern Ireland. The relative impacts of age, CD4 count at diagnosis and ART on mortality were determined in Cox proportional hazards models. Among 63,805 adults diagnosed with HIV between 2000 and 2009, 9% (5,683) were aged 50 years or above; older persons were more likely to be white, heterosexual and present with a CD4 count of less than 200 cells per cubic millimetre and AIDS at diagnosis. One-year mortality was higher in older adults and especially in those diagnosed with a CD4 of less than 200 cells per cubic millimetre left untreated. While the relative mortality risk reduction from ART initiation at CD of less than 200 cells per cubic millimetre was similar in both age groups, the absolute risk difference was higher among older adults such that the number needed to treat older adults to prevent one death was two compared with eight among younger adults. These findings show that the magnitude of benefit from ART is greater in older adults than younger adults. Older persons should be considered as a target for HIV testing. Coupled with prompt treatment, earlier diagnosis is likely to reduce deaths substantially in this group. (JL)
ISSN: 00020729 From : www.ageing.oxfordjournals.org

HOME CARE

221/68 Participation in older home care recipients: a value-based process; by Aud Elisabeth Witso, Kjersti Vik, Borgunn Ytterhus.: Taylor and Francis.
Activities, Adaptation and Aging, vol 36, no 4, October-December 2012, pp 297-316.
This article aimed to increase the understanding of participation when ageing in place. The qualitative interviews of 10 cognitively healthy Norwegian home care recipients (age ranges 72_89 years) illuminate how they describe participation in everyday life. The core category identified was `keeping up dignity and pride', representing a value-based process of fending for oneself, including accepting and acting on changing capacity, and concentrating on being an agent in everyday life. Additionally the two categories `getting oneself going' and `keeping one's place: at home, in the neighborhood, and in family' included the older adults' descriptions and understanding of participation in their everyday lives. In order to promote participation the professionals in home care services must recognise and give attention to the older adults' variety of participatory strategies in everyday life. (JL)
ISSN: 01924788 From : http://www.tandfonline.com

221/69 Reforming home care in ageing societies: special issue; by Tine Rostgaard, Virpi Timonen, Caroline Glendinning (eds).
Health and Social Care in the Community, vol 20, no 3, May 2012, pp 225-327 (whole issue).
This special issue features a guest editorial followed by eleven articles which focus on how different European countries are responding to the challenge of home care in the context of an ageing society. Each article analyses national policies and experiences of reforming home care for older and disabled people, and identifies some of the resulting tensions that characterise the country in question. Topics covered are as follows: the struggle between universalism and cost containment in the Netherlands; the impact of introducing a cash-for-care scheme in France; quality reform in Danish home care; payment for home care in Italy; cash-for-care and the impact of migrant care in Austria; home-based care provision within the German welfare mix; Norwegian home care in transition; home care and under-funding in England; Swedish home care in transition; ambiguity in Irish home care policy; and the retargeting of home care services in Finland. (JL)
ISSN: 09660410 From : www.wileyonlinelibrary.com/journals/hsc

HOSPITAL CARE

(See 221/99)

HOUSING WITH CARE

(See 221/85)

INCOME AND PERSONAL FINANCE

(See Also 221/74, 221/75, 221/117)

221/70 Asset rich cash poor in the economic downturn: the financial challenges facing retired older people; by Sarah Hean, Louise Worswick, Lee-Ann Fenge (et al), Institute of Chartered Accountants in Scotland - ICAS; Scottish Accountancy Trust for Education and Research - SATER. Edinburgh: Research Committee of the Institute of Chartered Accountants in Scotland, 2013, 57 pp.
Older people are thought to be particularly vulnerable during times of economic downturn. This report looks at the experience of a specific group of retired home owners age 65+ in Poole and Bournemouth, Dorset, who are living on modest incomes and not in receipt of means tested state pensions, the so-called "asset rich cash poor" (ARCP). This project investigates how this group managed their financial circumstances the impact of the downturn on their well-being and quality of life; and whether services and support available to this group and other older people could be improved. The study found that many ARCP older people, particularly women, had done little retirement planning; and they tended to manage the money they had very carefully and had an aversion to debt. The combination of reduced income from investments, increases in pensions which do not keep pace with inflation, combined with increases in costs for essential and non-essential expenditure, is having an impact on social, physical and mental well-being, and is causing noticeable lifestyle changes. Cuts to public and third sector services are similarly being affected by the economic downturn, and having an indirect impact on older people. In order to make ends meet, some ARCP older people may take greater financial risks or be more vulnerable to abuse in an economic downturn. While this report recognises the strengths within older people to manage money, the authors suggest that there is a need for more appropriate financial advice and support for this group. (RH)
Price: £10.00
From : ICAS, CA House, 21 Haymarket Yards, Edinburgh EH12 5BH. research@icas.org.uk www.icas.org.uk/research

221/71 Mapping and measuring the distribution of household wealth: a cross-country analysis; by Frank A Cowell, Eleni Karagiannaki, Abigail McKnight, ESRC Centre for Analysis of Social Exclusion - CASE, Suntory-Toyota International Centres for Economics and Related Disciplines - STICERD, London School of Economics and Political Science. London: STICERD, 2012, 69 pp (CASEpaper 165).

The authors compare the level, composition and distribution of household wealth in five industrial countries - the UK, US, Italy, Finland and Sweden - by exploiting the harmonized data within the Luxembourg Wealth Study. They examine trends in the UK and the US between the mid 1990s and the mid 2000s. Remaining differences between surveys, variable definitions and coverage are highlighted to the extent that they impact on cross-country comparisons. The Nordic countries have lower average wealth holdings, smaller absolute gaps between low wealth and high wealth households, but high relative measures of wealth inequality. Italian households hold very little debt and are much more likely to own their homes outright, leading to relatively high median levels of wealth. In contrast, American households tend to hold much more housing debt well into retirement. Increases in owner occupation and house prices from 2000 to 2005 in the UK has led to substantial increases in wealth, particularly median wealth holdings; this had led to falls in relative measures of wealth inequality such as the Gini coefficient, even though absolute gaps between high and low wealth households have grown substantially. There are underlying country differences in terms of distributions of age, household composition, educational attainment and income, as well as wealth and debt portfolios. Educational loans are increasing in their size and prevalence in some countries. these look set to create some marked differences in the distribution of wealth for different age cohorts. (RH)

Price: FOC

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

221/72 Problem debt among older people: Age UK's summary of research; by International Longevity Centre UK - ILC-UK; Age UK. London: Age UK, June 2013, 20 pp.

Age UK's definition of problem debt is based on unsecured debt, and where people are paying more than a specified proportion of their income. Age UK commissioned the International Longevity Centre - UK (ILC-UK) to analyse recent data on debt and older people. However, mortgage debt is not included because of missing data and/or variables. Three large national surveys were analysed: the British Social Attitudes Survey, Family Resources Survey (FRS), and the English Longitudinal Survey of Ageing (ELSA). Most of the analysis in this summary is from the five 'waves' of data published since 2002, which tracks individuals aged 50+. The research found that among those aged 50+, debt is more likely to affect younger age groups: increasing age is still associated with more negative views towards debt. The full research report by Dylan Kneale and Trinley Walker, 'Tales of the tallyman: debt and problem debt among older people' is available on ILC-UK's website (www.ilcuuk.org.uk). (RH)

From : Age UK, Tavis Houe, 1-6 Tavistock Square, London WC1H 9NA. Download: http://www.ageuk.org.uk/documents/en-gb/for-professionals/research/problem%20debt%20in%20older%20people-report%20june%202013.pdf?dtrk=true

221/73 Wealth accumulation in Great Britain 1995-2005: the role of house prices and the life cycle; by Francesca Bastagli, John Hills, ESRC Centre for Analysis of Social Exclusion - CASE, Suntory-Toyota International Centres for Economics and Related Disciplines - STICERD, London School of Economics and Political Science. London: STICERD, 2012, 30 pp (CASEpaper 166).

This paper examines trends in the distribution of household wealth in Great Britain from 1995 to 2005 using the British Household Panel Survey (BHPS). The data show that wealth is very unevenly distributed, and reveal a widening absolute gap over the period between wealthier households and those with no or negative wealth. However, in relative terms, wealth grew fastest for households in the middle of the distribution; and inequality measured by the Gini coefficient decreased. This mainly reflected housing wealth becoming a greater share of total net worth, more equally distributed, and the highest percentage increase in housing wealth taking place in the middle of the distribution. To estimate the distributional impact of the remarkable rise in house prices which defined this period, the authors simulate the distribution of net 2005 wealth in the hypothetical scenario in which house prices remained at their 1995 levels in real terms. They find that the reduction in wealth inequality is almost entirely accounted for by changes in house prices. The paper also finds that, controlling for factors such as age, households that gained most from the house price boom were mortgagors, in particular those that were initially wealthier, and were advantaged in other ways such as by level of educational qualification. (RH)

Price: FOC

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

INEQUALITY AND HUMAN RIGHTS

221/74 Accounting for cross-country differences in wealth inequality; by Frank A Cowell, Eleni Karagiannaki, Abigail McKnight, ESRC Centre for Analysis of Social Exclusion - CASE, Suntory-Toyota International Centres for Economics and Related Disciplines - STICERD, London School of Economics and Political Science. London: STICERD, 2013, 35 pp (CASEpaper 168).
This paper adopts a counterfactual decomposition analysis to analyse cross-country differences in the size of household wealth and levels of household wealth inequality. The findings of the paper suggest that the biggest share of cross-country differences is not due to differences in the distribution of household demographic and economic characteristics, rather they reflect strong unobserved country effects. (RH)
Price: FOC
From : Centre for Analysis of Social Exclusion, London School of Economics, Houghton Street, London WC2A 2AE. http://sticerd.lse.ac.uk/case

221/75 Gender inequality from beyond the grave: intra-household distribution and wellbeing after spousal loss; by Bjorn Hallerod.: Cambridge University Press.
Ageing and Society, vol 33, no 5, July 2013, pp 783-803.
The present article integrates research on spousal loss among older people and research on intra-household income distribution, and relates pre-loss intra-household distribution of incomes to post-loss well-being. Data are drawn from the Swedish Panel Survey on Ageing and the Elderly (PSAE), comprising couples that were married in the mid-1990s (n= 1503) and that were either still married (n=1262) or who had experienced spousal loss (n=241) in 2002-03. The results showed that large intra-household pre-loss income differences increased the occurrence of psychosocial problems among both widows and widowers. Hence, unequal intra-household distribution of resources makes the coping process harder for both men and women. It was also shown that unequal pre-loss distribution of incomes affected a measure of global well-being among widowers. Widows suffered to a greater extent from economic difficulties, but these difficulties were not related to pre-loss distribution of incomes. Thus, the overall results showed that a gendered labour market that generates an unequal intra-household distribution of income has repercussions not only for gender equality among intact households, but also for the coping process of both widows and widowers. (RH)
ISSN: 0144686X From : journals.cambridge.org/aso

INFORMATION

(See Also 221/83)

221/76 The effects of ageing and website ergonomic quality on internet information searching; by Aline Chevalier, Aurelie Dommes, Daniel Martins.: Cambridge University Press.
Ageing and Society, vol 33, no 6, August 2013, pp 1009-1035.
Since the 1990s, the number of websites and web users, especially older users, is much increased. Despite the rapid growth in the number of websites, a significant number of ergonomic imperfections still hinder web users' information search activity. As ageing is associated with reduced working memory capacity, inhibition failure, slowing of processing speed, and more generally impaired executive functioning, older adult web users may experience difficulties while searching for information, especially when the website includes ergonomic imperfections in usability and accessibility (i.e. not user-friendly). In this experiment, the navigation activities of younger and older web users were compared while they were searching for information on a website that met ergonomic guidelines and on a website that included ergonomic imperfections. The participants then performed a free, delayed-recall task to assess their mental representation of the website they had just navigated. The main finding was that ageing had a negative impact on search performance but few effects on mental representation built by participants. On the contrary, the ergonomic quality of the website had an impact on search performance and particpants' mental perceptions. (RH)
ISSN: 0144686X From : journals.cambridge.org/aso

INFORMATION AND COMMUNICATION TECHNOLOGY

(See 221/75, 221/132)

INTERMEDIATE CARE

221/77 An intermediate care unit for older people with both physical and psychiatric disorders: naturalistic outcome study; by Claire Hilton, Andrew Madaras, Maria Qureshi.: Cambridge University Press.
International Psychogeriatrics, vol 25, no 6, June 2013, pp 895-900.
An intermediate care unit opened in 2008 aiming to relieve pressure on beds in the local general hospital. Its goal was to provide rehabilitation for people recovering from physical illness who

had coexisting psychiatric symptoms, including from delirium, but for whom assessment suggested that discharge home might be achieved. As an experimental unit it warranted evaluation. The present study aimed to identify clinical factors associated with higher rates of discharge of the patients to their own homes. The method used in the study was a naturalistic retrospective exploratory cohort study of 100 consecutive admissions to the intermediate care unit. A backward logistic regression analysis was performed. Study findings showed that discharge home was associated with better scores on the Barthel Index of Activities of Daily Living at the time of discharge, a shorter duration of stay and a psychiatric diagnosis other than delirium. At the time of pre-admission assessment clinical factors which were likely to predict discharge home were unclear, suggesting a need for further studies to determine who might best benefit from this sort of intermediate care placement. (JL)
ISSN: 10416102   From : journals.cambridge.org/ipg

INTERNATIONAL AND COMPARATIVE

(See Also 221/29, 221/44, 221/50, 221/57, 221/62, 221/69, 221/74, 221/79, 221/90, 221/101, 221/114, 221/118)

221/78 Country report Slovenia: national report on the implementation of the UNECE Regional Implementation Strategy (RIS) for the Madrid International Plan of Action on Ageing (MIPAA), 2002, 2007-2012; by Ales Kenda, Magda Zupancic, Nina Simenc (et al).: International Institute on Ageing, Malta.
Bold, vol 23, no 3, May 2013, pp 6-16.
From 1989 to 2009, the share of the population aged 65+ in Slovenia rose from 10.6% to 16.5%. During the same period, the share of the population aged 0-14 decreased from 20.9% to 14%. The old-age dependency ratio has been widening and reached 23.8% in 2010. These trends are projected to continue, and they represent s huge challenge for policymakers. This article considers the actions required in Slovenia to fulfil commitments of the UNECE Regional Implementation Strategy (RIS) for the Madrid International Plan of Action on Ageing (MIPAA, 2002) for 2007-2012. (RH)
ISSN: 10165177   From : www.inia.org.mt

INVOLVEMENT

(See 221/68)

LEGAL ISSUES

(See 221/21)

LONG TERM CARE

221/79 Farewell to old legacies?: The introduction of long-term care insurance in South Korea; by Jin Wook Kim, Young Jun Choi.: Cambridge University Press.
Ageing and Society, vol 33, no 5, July 2013, pp 871-887.
South Korea has been experiencing unprecedented socio-economic transformations in which an ageing population is widely regarded as a key challenge. As an unlikely consensus on state intervention in care has emerged since early 2000, South Korea has achieved rapid development of welfare state programmes. The introduction of long-term care insurance (LTCI) in 2008 is one of the important steps. However, it is highly debatable whether the Korean welfare state has departed from its path of both developmentalism and Confucianism. This paper aims to analyse the nature of LTCI in South Korea, and to examine whether its introduction could mean a divergence from these two policy legacies. This research has reached an ambiguous conclusion. The regulatory role of the government and concerns about the costs of LTCI are regarded as a developmental legacy, whereas Confucian legacies seem to be withering away since LTCI shifts care responsibility from the family to the state. However, the study found that the state has difficulty in regulating the market and costs, and deeply embedded familialism seems difficult to overcome. (RH)
ISSN: 0144686X
From : journals.cambridge.org/aso

MEDICAL ISSUES

221/80 Limitations of diagnostic radiology for frail and vulnerable elderly cancer patients; by Lorenzo Monfardini, Vittoria Vecchi.
Aging Health, vol 9, no 3, June 2013, pp 283-285.
This brief editorial explores ethical issues around diagnostic radiological examinations for frail older cancer patients, questioning whether such examinations are worthwhile. All too often these patients undergo radiological examinations according to social and family resources rather than for clinical reasons. In order to perform a radiological assessment of these patients, the results

of a Multidimensional Geriatric Evaluation may be helpful to clinical radiologists and should be carefully considered. (JL)
ISSN: 1745509X
From : http://www.futuremedicine.com/loi/ahe

221/81 Management of delirium in medicine: experience of a close observation unit; by Eamonn Eeles, Leah Thompson, Judy McCrow, Shaun Pandy.: Wiley Blackwell.
Australasian Journal on Ageing, vol 32, no 1, March 2013, pp 60-63.
In this study a new model of care for the management of patients with delirium was developed and evaluated. A four-bedded Close Observation Unit (COU) was introduced. The model comprised education for assistants in nursing (AINs), environmental adaptations and AIN-to-patient ratio of 1:4. Outcomes in all patients with delirium before and after introduction of the new model of care were compared. 105 patients were admitted to COU, of whom 100 (95%) were diagnosed with delirium. In-hospital mortality improved after introduction of the unit without significant change in length of stay, discharge destination or falls frequency. Overall results showed that a dedicated unit for delirium management within medicine achieved a reduction in mortality. (JL)
ISSN: 14406381
From : http://www.wileyonlinelibrary.com/journals/ajag

MEDICATION

221/82 Inappropriate use of psychotropic drugs in older individuals: implications for practice; by Majda Azermai, Jolyce Bourgeois, Annemie Somers, Mirko Petrovic.
Aging Health, vol 9, no 3, June 2013, pp 255-264.
Frailty in old age and institutionalisation in nursing homes are often associated with multiple chronic diseases (multimorbidity) requiring multiple medications (polypharmacy). Among these chronic conditions, mental health problems (e.g., dementia, depression and insomnia) are common. Psychotropic drugs are frequently used as a treatment approach for these conditions, and the prevalence of their use is high among community-dwelling older adults, but even higher in nursing homes. Furthermore within the problem of polypharmacy and inappropriate prescribing, psychotropic drugs (defined as antipsychotics, benzodiazepines and antidepressants) constitute a significant proportion. The use of psychotropics in older adults remains controversial given the risk of adverse effects, in contrast to their limited effectiveness. Guidelines advise a thorough risk-benefit analysis before the initiation of psychotropics, in addition to time-limited use and discontinuation. In the future, serious efforts should be undertaken to tackle the burden of inappropriate psychotropic prescribing in older adults by incorporating a multidisciplinary approach and by offering credible alternatives. (JL)
ISSN: 1745509X
From : http://www.futuremedicine.com/loi/ahe

221/83 Medicines and disease information needs of older Arabic-speaking Australians; by Fadwa El Samman, Betty B Chaar, Andrew J McLachlan, Parisa Aslani.: Wiley Blackwell.
Australasian Journal on Ageing, vol 32, no 1, March 2013, pp 28-33.
The purpose of the present study was to explore access, satisfaction, awareness and needs for medicines and disease information (MADI) sources for older Arabic-speaking Australians. Five focus groups were conducted in Arabic with 29 participants with a chronic disease, aged over 65 years, and unable to speak or read English fluently. Discussions were audiotape recorded, simultaneously interpreted into English, transcribed verbatim and content analysed. Arabic-speaking general practitioners were identified as the main source of MADI, despite dissatisfaction with their counselling. Written Arabic MADI was not accessed by participants, who revealed low English and Arabic literacy levels and a reliance on family members to act as interpreters. Male participants were more concerned and active about their health and medicine information than female participants. This study highlighted limited availability and access to Arabic MADI for older Arabic-speaking Australians, with reliance on Arabic-speaking health-care professionals for information and family members as interpreters. An accessible and sustainable system for MADI is therefore required. (JL)
ISSN: 14406381
From : http://www.wileyonlinelibrary.com/journals/ajag

221/84 Safety of medicines in the care home: final project report - Phase two; by National Care Forum - NCF.: National Care Forum - NCF, March 2013, 31 pp.
"Working together to develop practical solutions: an integrated approach to medication safety in care homes" was a cross-sector partnership project funded by the Department of Health (DH), and led by the National Care Forum (on behalf of the Care Provider Alliance) working with the Royal College of General Practitioners (RCGP), the Royal College of Physicians, the Royal College of Psychiatrists, the Royal Pharmaceutical Society, the Royal College of Nursing (RCN), the Health Foundation, and Age UK. The partnership was formed to try and address some of the issues raised by the Care homes' use of medicines study (CHUMS) and ongoing concerns about safety and standards related to medication prescribing, administration and management in care

homes. This report is the outcome of a meeting held on 19 February 2013 at the Royal Pharmaceutical Society in London. It summarises the work of the project so far, presents a summary of the feedback from the testing in phase two, and pulls together the next steps suggested at the meeting. It notes that prototype tools were tested in some 163 care homes, of which 82 submitted their evaluation and feedback. (RH)

MENTAL HEALTH

(See Also 221/100, 221/102, 221/140)

221/85 12-month incidence, prevalence, persistence, and treatment of mental disorders among individuals recently admitted to assisted living facilities in Maryland; by Quincy M Samus, Chiadi U Onyike, Deirdre Johnston ... (et al).: Cambridge University Press.
International Psychogeriatrics, vol 25, no 5, May 2013, pp 721-731.
The present study aimed to estimate the 12-month incidence, prevalence and persistence of mental disorders among recently admitted assisted living (AL) residents and to describe the recognition and treatment of these disorders. 200 recently admitted AL residents in 21 randomly selected AL facilities in Maryland received comprehensive physician-based cognitive and neuropsychiatric evaluations at baseline and 12 months later. An expert consensus panel adjudicated psychiatric diagnoses (using DSM-IV-TR criteria) and completeness of workup and treatment. Incidence, prevalence and persistence were derived from the panel's assessment. Family and direct care staff recognition of mental disorders was also assessed. Results showed that at baseline three-quarters suffered from a cognitive disorder (56% dementia, 19% Cognitive Disorders Not Otherwise Specified) and 15% from an active non-cognitive mental disorder. Twelve-month incidence rates for dementia and non-cognitive psychiatric disorders were 17% and 3% respectively, and persistence rates were 89% and 41% respectively. Staff recognition rates for persistent dementias increased over the 12-month period but 25% of cases were still unrecognised at 12 months. Treatment was complete at 12 months for 71% of persistent dementia cases and 43% of persistent non-cognitive psychiatric disorder cases. The study concludes that individuals recently admitted to AL are at high risk for having or developing mental disorders and a high proportion of cases, both persistent and incident, go unrecognised or untreated. Routine dementia and psychiatric screening and reassessment should be considered a standard care practice. Further study is needed to determine the longitudinal impact of psychiatric care on resident outcomes and use of facility resources. (JL)
ISSN: 10416102 From : journals.cambridge.org/ipg

221/86 The delirium experience: what is the effect on patients, relatives and staff and what can be done to modify this?; by Judith S L Partridge, Finbarr C Martin, Danielle Harari, Jugdeep K Dhesi.: Wiley Blackwell.
International Journal of Geriatric Psychiatry, vol 28, no 8, August 2013, pp 804-812.
Delirium is a common clinical syndrome with significant associated mortality, morbidity and financial cost. Less is understood about the experience of delirium for the patient, their family and staff involved in their care. This synthesis draws on qualitative and quantitative literature examining different populations (patients, relatives and staff) in different clinical settings (intensive care units, surgery and hospice care) to provide a clinical summary of the delirium experience from the perspective of patients, relatives and staff. Evidence suggests that some patients recall delirium and that recollections are generally distressing. Distress may be greater in relatives witnessing delirium and is also reported in professional staff. This distress may result in longer-term psychological sequelae. Remedial action, such as explanatory information to patients and their families, may reduce distress and psychological morbidity. A better understanding of the experience and psychological consequences of delirium will inform the development of appropriate methods of providing support and information to those at risk of delirium and their families or carers. (JL)
ISSN: 08856230
From : www.orangejournal.org

221/87 Enhancing brain health: 10,000 steps at a time?; by Alan J Gow.
Aging Health, vol 9, no 3, June 2013, pp 239-241.
The World Health Organization (WHO) have recently recommended that older adults aged 65 years and over should aim to walk 10,000 steps per day (equating to 4-5 miles) in order to sustain good cognitive health. This article briefly considers the truth behind this recommendation and looks at other benefits of physical activity for healthy mental ageing. (JL)
ISSN: 1745509X From : http://www.futuremedicine.com/loi/ahe

221/88 Familiarity, knowledge, and preferences of family physicians regarding mild cognitive impairment; by Perla Werner, Jeremia Heinik, Eliezer Kitai.: Cambridge University Press.
International Psychogeriatrics, vol 25, no 5, May 2013, pp 805-813.
Mild cognitive impairment (MCI) is a common condition among older persons. Its early identification is important because MCI can be a precursor of dementia. Since physicians' knowledge and preferences regarding MCI can be critical in its identification, this study assessed

family physicians' familiarity, knowledge, and preferences regarding help-seeking, diagnosis and treatment options for MCI. A convenience sample of 197 family physicians working in one of the largest Health Maintenance Organisations (HMOs) in Israel completed a structured questionnaire. Familiarity, knowledge and preferences regarding diagnosis, help-seeking, and treatment of MCI were assessed. The majority of the participants had heard about MCI but a third of those familiar with the term reported knowing almost nothing about it. Participants' objective knowledge was good regarding several causes of MCI, but 70% reported it to be caused by normal ageing. Help-seeking and treatment preferences corresponded with the literature on MCI. These findings stress the need to broaden the understanding of primary care physicians' knowledge and preferences regarding MCI. This research can guide in developing continuous education programmes to strengthen areas and groups of physicians reporting low knowledge. (JL)
ISSN: 10416102 From : journals.cambridge.org/ipg

221/89 Healthy behavior and memory self-reports in young, middle-aged, and older adults; by Gary W Small, Prabha Siddarth, Linda M Ercoli ... (et al).: Cambridge University Press.
International Psychogeriatrics, vol 25, no 6, June 2013, pp 981-989.
Previous research has shown that healthy behaviours, such as regular physical exercise, a nutritious diet and not smoking, are associated with a lower risk for Alzheimer's disease and dementia. However less is known about the potential link between healthy behaviours and mild memory symptoms that may precede dementia in different age groups. In the present study a daily telephone survey (Gallup-Healthways Well-Being Index) of US residents yielded a random sample of 18,552 respondents ranging in age from 18 to 99 years, including 4,423 younger (age 18-39 years), 6,356 middle-aged (40-59 years), and 7,773 older (60-99 years) adults. The questionnaire included demographic information and the Healthy Behavior Index (questions on smoking, eating habits and frequency of exercise). General linear models and logistic regressions were used in the analysis. Study findings showed that older adults were more likely to report healthy behaviours than were middle-aged and younger adults. Reports of memory problems increased with age (14% of younger, 22% of middle-aged, and 26% of older adults) and were inversely related to the Healthy Behavior Index. Reports of healthy eating were associated with better memory self-reports regardless of age, while not smoking was associated with better memory reports in the younger and middle-aged and reported regular exercise with better memory in the middle-aged and older groups. These findings indicate a relationship between reports of healthy behaviours and better self-perceived memory abilities throughout adult life, suggesting that lifestyle behaviour habits may protect brain health and possibly delay the onset of memory symptoms as people age. (JL)
ISSN: 10416102 From : journals.cambridge.org/ipg

221/90 Physical and cognitive functioning of people older than 90 years: a comparison of two Danish cohorts born 10 years apart; by Kaare Christensen, Mikael Thinggaard, Anna Oksuzyan (et al).
The Lancet, July 11 2013, pp 1-9.
A rapidly increasing proportion of people in high-income countries are surviving into their tenth decade. Concern is widespread that the basis for this development is the survival of frail and disabled older people into very old age. To investigate this issue, the authors compared the cognitive and physical functioning of two cohorts of Danish nonagenarians, born 10 years apart. People in the first cohort were born in 1905 and assessed at age 93 years (n=2262); those in the second cohort were born in 1915 and assessed at age 95 years (n=1584). All cohort members were eligible irrespective of type of residence. Both cohorts were assessed by surveys that used the same design and assessment instrument, and had almost identical response rates (63%). Cognitive functioning was assessed by Mini-Mental State Examination (MMSE) and a composite of five cognitive tests that are sensitive to age-related changes. Physical functioning was assessed by an activities of daily living (ADL) score and by physical performance tests (grip strength, chair stand, and gait speed). The chance of surviving from birth to age 93 years was 28% higher in the 1915 cohort than in the 1905 cohort (6•50% vs 5•06%), and the chance of reaching 95 years was 32% higher in 1915 cohort (3•93% vs 2•98%). The 1915 cohort scored significantly better on the MMSE than did the 1905 cohort (22•8 [SD 5•6] vs 21•4 [6•0]; pp0•0001), with a substantially higher proportion of participants obtaining maximum scores (28-30 points; 277 [23%] vs 235 [13%]; pp0•0001). Similarly, the cognitive composite score was significantly better in the 1915 than in the 1905 cohort (0•49 [SD 3•6] vs 0•01 [SD 3•6]; p=0•0003). The cohorts did not differ consistently in the physical performance tests, but the 1915 cohort had significantly better ADL scores than did the 1905 cohort (2•0 [SD 0•8] vs 1•8 [0•7]; pp0•0001). Despite being 2 years older at assessment, the 1915 cohort scored significantly better than the 1905 cohort on both the cognitive tests and the ADL score, which suggests that more people are living to older ages with better overall functioning. The research was funded by the Danish National Research Foundation, the US National Institutes of Health _ National Institute on Aging, the Danish Agency for Science, Technology and Innovation, and the VELUX Foundation.
From : http://press.thelancet.com/nonagenarians.pdf

221/91 Social capital affects the health of older people more strongly than that of younger people; by Johanna Muckenhuber, Willibald J Stronegger, Wolfgang Freidl.: Cambridge University Press.
Ageing and Society, vol 33, no 5, July 2013, pp 853-870.
The study examines whether social capital affects health of older people more strongly than it affects health of younger individuals. Following Pierre Bourdieu's concept, social capital has been analysed on a cognitive dimension, distinguishing between institutional and informal social capital. The analysis is based on the data of the Austrian Health Interview Survey (ATHIS) 2006-07 with a representative sample of 15,575 people. Multivariate linear regression models were calculated. Measures of health and social capital were operationalised by indices based on the quality of life inventory of the World Health Organization (WHO), the WHOQOL-Brief questionnaire. The analysis has shown institutional social capital to be significantly more important for health of older people (60 years or older) than for younger people. There is a gender difference in the interaction between informal social capital and age in their association with psychological health. In contrast to the sub-sample of women, the psychological health of older men is more strongly affected by a lack of informal social capital than that of younger men. Institutional social capital is of special importance for the health of older people. Therefore, health promotion activities for older people should include activities to strengthen their social capital. (RH)
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From : journals.cambridge.org/aso

221/92 The Tasmanian healthy brain project (THBP): a prospective longitudinal examination of the effect of university-level education in older adults in preventing age-related cognitive decline and reducing the risk of dementia; by Mathew J Summers, Nichole L J Saunders, Michael J Valenzuela ... (et al).: Cambridge University Press.
International Psychogeriatrics, vol 25, no 7, July 2013, pp 1145-1155.
The Tasmanian Healthy Brain Project (THBP) is a world-first prospective study examining the capacity of university-level education to enhance cognitive reserve in older adults and subsequently reduce age-related cognitive decline and risk for neurodegenerative disease. Up to 1,000 adults aged 50-79 years at the time of entry into the study will be recruited to participate in the THBP. All participants will be healthy and free of significant medical, psychological or psychiatric illness. Of the participant sample, 90% will undertake a minimum of 12 months part-time university-level study as an intervention. The remaining 10% will act as a control reference group. Participants will complete an annual comprehensive assessment of neuropsychological function, medical health, socialisation and personal well-being. Premorbid estimates of past cognitive, education, occupational and physical function will be used to account for the mediating influence of prior life experience on outcomes. Potential contributing genetic factors will also be explored. Participant results will be assessed annually. Participants displaying evidence of dementia on the comprehensive neuropsychological assessment will be referred to an independent psycho-geriatrician for screening and diagnosis. The THBP commenced in 2011 and is expected to run for 10-20 years duration. To date a total of 383 participants have been recruited into the THBP. (JL)
ISSN: 10416102
From : journals.cambridge.org/ipg

221/93 Treatment fidelity and acceptability of a cognition-focused intervention for older adults with mild cognitive impairment (MCI); by Mandy R Vidovich, Nicola T Lautenschlager, Leon Flicker ... (et al).: Cambridge University Press.
International Psychogeriatrics, vol 25, no 5, May 2013, pp 815-823.
Acceptability and fidelity assessments are an integral part of research, although few published trials comment on these processes in detail. In the present study a randomised controlled trial (RCT) was designed in order to identify the benefits of a cognition-focused intervention for older adults with mild cognitive impairment. Participants completed a six-item feedback questionnaire identifying level of satisfaction with their allocated intervention and this formed the acceptability assessment. Audio recordings of all sessions were reviewed and systematically assessed and rated for consistency of delivery (fidelity assessment). Mean attendance (standard deviation) was 8.1 sessions (2.8) for the cognitive activity (CA) group and 8.4 (2.6) for the control general education group. There were no differences between groups regarding clarity and interest, willingness to attend the programme in the community and pay a fee. Both groups reported the interventions to be relevant to their needs, however these were rated more highly by the CA group. There was high adherence to delivery of programme content across both groups, yielding consistency scores above 95%. This study illustrates a systematic approach to assess acceptability and fidelity. The results show that the intervention was well received and met the needs of all participants. The manualised structure of the sessions facilitated the systematic implementation and reproducibility of the interventions. Acceptability and fidelity assessments have implications for the validity of assumptions made regarding trial outcomes and should therefore be included as standard process in RCTs. (JL)
ISSN: 10416102
From : journals.cambridge.org/ipg

221/94 Two types of squalor: findings from a factor analysis of the environmental cleanliness and clutter scale (ECCS); by John Snowdon, Graeme Halliday, Glenn E Hunt.: Cambridge University Press.
International Psychogeriatrics, vol 25, no 7, July 2013, pp 1191-1198.
Most people who collect and hoard and then have difficulty discarding items do not live in squalour, even though accumulation of hoarded items can make cleaning very difficult. Besides. relatively few hoarders fulfil proposed criteria for `hoarding disorder.' The present study aimed to examine the overlap between hoarding and squalour among people referred because of unacceptable living conditions. Ongoing collection of data by a Squalour Project team, including ratings on the Environmental Cleanliness and Clutter Scale (ECCS), allowed (1) description of characteristics of cases and (2) examination of ratings of uncleanliness, and of the effect of accumulation of items or material on access within dwellings. Principal component analysis was used to examine latent variables underlying the ECCS. The mean age of the referred occupants (108 male, 95 female) was 61.9 years. The mean ECCS score in 186 rated cases was 18.5. Factor analysis of ECCS data showed a two-factor solution as the most plausible. Factor 1, comprising seven squalour items, accounted for 33.7% of the variance. Factor 2 comprised reduced accessibility and accumulation of items of little value (variance 17.6%). Accumulation of rubbish loaded equally on the two factors. High levels of squalour and/or accumulation were recorded in 105 (56%) of the 186 dwellings. One-third scored high on accumulation/hoarding, while 38% scored high on squalour; 15% scored high on both squalour and accumulation. A quarter of those scoring high on squalour scored low on hoarding/accumulation. Thes findings show that the ECCS is useful when describing whether referred cases show high levels of squalour, hoarding, or both. (JL)
ISSN: 10416102
From : journals.cambridge.org/ipg

221/95 Understanding the role of social capital for mental wellbeing among older adults; by A K Forsman, C Herberts, F Nyqvist (et al).: Cambridge University Press.
Ageing and Society, vol 33, no 5, July 2013, pp 804-825.
Previous research applying quantifiable measurements has established significant positive associations between social capital and mental health in older adults. This study aimed to obtain a deeper understanding of the causal mechanisms of social capital affecting mental well-being among older people. The study is based on two independent qualitative data materials collected through two focus group interviews and an open-ended question included in a Finnish population-based postal survey. The findings indicate that informal social contacts such as family members and life-long relationships between friends impact the experienced mental well-being among older people due to shared life events, social support, mutual appreciation and trust, as well as a sense of belonging through common social activities. Hence, this study challenges Putnam's idea of social capital as a collective concept that focus on formal contacts and the benefits on a collective level. In addition, the findings highlight the obstacles specific to older people in maintaining social networks and participation, which should be considered in order to promote mental health in later life. (RH)
ISSN: 0144686X From : journals.cambridge.org/aso

MENTAL HEALTH SERVICES

(See Also 221/88)

221/96 One day in the life of old age psychiatrists in the United Kingdom; by Susan Mary Benbow, David Jolley.: Cambridge University Press.
International Psychogeriatrics, vol 25, no 6, June 2013, pp 1023-1032.
The provision of mental health care for older people will become increasingly important with rising demand related to global demographic changes. This study aimed to identify changes in work patterns of UK consultant old age psychiatrists between 1993 and 2012. A link to an online questionnaire was circulated to consultant old age psychiatrists through the Faculty of Old Age Psychiatry, Royal College of Psychiatrists. In all 210 usable responses were received. On the survey day 71% of old age psychiatrists arrived at work before 9 am and 40% left work after 6 pm. Over one-third (35%) worked for another hour or more at home. The range of activities was broader than previously reported. Administrative activity was undertaken by over 60% and acute ward work by only 26%. Few consultants reported time in long-stay care or day hospitals. Outpatient activity included Memory Clinics and Health Centre Clinics. The main stressors reported by consultants were lack of resources and pressures from management-imposed, financially driven service changes. Relationships with people at work (including patients and their families) and outside work were the main identified support. Overall findings of the study showed that consultants' working hours have changed little since 1997 but the range and emphases of activities have changed. Changes in service organisation are stressful and consultants are supported by relationships with colleagues and patients. Work patterns are changing in response to demands and constraints on the speciality. Research is needed into service design and work patterns, which can provide humane care in the current economic climate. (JL)
ISSN: 10416102 From : journals.cambridge.org/ipg

221/97 Preparing the mental healthcare workforce for a rapidly growing population of older adults; by Robert Gorney, Marianne Bergheim, Laura Marrone, Ipsit V Vahia.

Aging Health, vol 9, no 3, June 2013, pp 251-254.

This article briefly presents minutes of the Annual Meeting of the American Association for Geriatric Psychiatry, held at Los Angeles on 14-17 March 2013. A key item for discussion was the Institute of Medicine's report on the shortage of mental health providers caring for older adults, with a particular focus on substance abuse. Other seminars and symposia looked at the following topics: dementia and other cognitive disorders; bipolar disorder; depression; electroconvulsive therapy; hoarding disorder; and successful ageing. (JL)

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

221/98 Two sides of the same coin?: Patients' and carers' views of UK memory services; by Sophie Hodge, Emily Doncaster, Esme Moniz-Cook ... (et al).

Aging Health, vol 9, no 3, June 2013, pp 275-280.

The present study aimed to evaluate patients' and carers' experiences of attending UK memory services. As part of their enrolment in the Memory Services National Accreditation Programme, memory services sent questionnaires to patients and carers about their experiences of attending the service. A total of 298 carers and 280 individuals with dementia from 21 memory services responded. Although most people were very satisfied with the diagnostic processes and staff courtesy, there was a lack of written information across a range of key areas. In general carers were better informed than patients but lacked information on respite care or how to get a carers' assessment. Carers were more likely than patients to feel pressurised into making decisions about treatment. This study provides the first profile of the experiences of patients and carers attending memory services. Although in general they were very satisfied with the care received, more needs to be done to improve the provision of information. (JL)

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

MENTAL ILLNESS

(See Also 221/86)

221/99 Carers for older people with co-morbid cognitive impairment in general hospital: characteristics and psychological well-being; by Lucy E Bradshaw, Sarah E Goldberg, Justine M Schneider, Rowan H Harwood.

International Journal of Geriatric Psychiatry, vol 28, no 7, July 2013, pp 681-690.

The present study aimed to describe the characteristics and well-being of carers of older people with mental health problems admitted to a general hospital. General medical and trauma orthopaedic patients aged 70 years or older admitted to an acute general teaching hospital were screened for mental health problems. Those screened positive, together with a carer, were invited to undergo further assessment with a battery of health status measurements. Carers were interviewed to ascertain strain (caregiver strain index (CSI)), psychological distress (12-item General Health Questionnaire) and quality of life (EQ-5D). 250 patients were recruited to the study, of whom 180 were cognitively impaired and had carers willing to take part. After six months, 57 patients (32%) had died, and 100 carers were also followed up. Carers' own health, in terms of mobility, usual activities and anxiety, was poor in a third of cases. At the time of admission, high carer strain was common (42%), particularly among co-resident carers (55%). High levels of behavioural and psychiatric symptoms at baseline were associated with more carer strain and distress. At follow-up, carer strain and distress had reduced only slightly, with no difference in outcomes for carers of patients who moved from the community to a care home. Hospital staff should be alert to sources of carer strain and offer carers practical advice and emotional support. Interventions are required to prevent and manage behavioural and psychiatric symptoms at the time of acute physical illness or to alleviate their effects on carers. (JL)

ISSN: 08856230 From : www.orangejournal.org

221/100 Multidisciplinary team perspectives on older adult hoarding and mental illness; by Terry L Koenig, Matthew R Leiste, Richard Spano, Rosemary K Chapin.

Journal of Elder Abuse and Neglect, vol 25, no 1, January-February 2013, pp 56-75.

This qualitative study examined multidisciplinary team members' perspectives of their involvement in older adult hoarding cases in Kansas. Fifteen informants as representative of four hoarding teams described cases in which teams did or did not work well together. Specifically, informants described their team characteristics, awareness of hoarding as a mental health illness, barriers to providing mental health services for older adults who hoard, and components of successful teamwork within the team and with the older adult as hoarder. Implications include research to better guide interventions, team training to develop common perspectives, and policy development that supports mental health representation on teams and in-home mental health treatment. (RH)

ISSN: 08946566 From : http://tandfonline.com

221/101 Paranoid symptoms and hallucinations among the older people in Western Europe; by Svante Ostling, Kristoffer Backman, Marga Waern ... (et al).: Wiley.
International Journal of Geriatric Psychiatry, vol 28, no 6, June 2013, pp 573-579.
It is not clear whether the prevalence of psychosis increases with age. The present study looked at the age-specific prevalence of psychotic symptoms in older people in Western Europe. The participants, all without dementia from Western Europe and with an age range of 65-104 years, took part in psychiatric examinations. In total, 2.4% of the men and 2.9% of the women had psychotic symptoms. Using a multilevel logistic regression model that included gender and age as a continuous variable, it was found that a five-year increase in age increased the prevalence of psychotic symptoms. A second multilevel regression model showed that wishing to be dead, depressed mood, functional disability, not being married and cognitive impairment measured with mini mental state examination were all associated with psychotic symptoms whereas gender was not. These findings show that the prevalence of psychotic symptoms in non-demented older people increases with age, and these symptoms are associated with other psychopathology, social isolation and problems with daily living. (JL)
ISSN: 08856230 From : www.orangejournal.org

221/102 Perceptions and views of self-neglect: a client-centered perspective; by Mary Rose Day, Patricia Leahy-Warren, Geraldine McCarthy.
Journal of Elder Abuse and Neglect, vol 25, no 1, January-February 2013, pp 76-94.
Ageing populations and chronic illness increase older people's vulnerability to self-neglect, which is a serious public health issue. Many referrals received by Elder Abuse Services (EAS) in Ireland are categorised as self-neglect. The research described in this article aimed to observe and describe the living circumstances of a purposive sample of eight older people who were deemed self-neglectful by senior case workers. An exploratory descriptive research design was used. The themes that emerged were early life experiences and lifestyle, disconnectedness, vulnerability, frugality, and service refusal. The majority of participants were content, so decisions to live in this way must be respected. (RH)
ISSN: 08946566 From : http://tandfonline.com

221/103 The presence of behavioural and psychological symptoms and progression to dementia in the cognitively impaired older population; by Rianne M van der Linde, Blossom C M Stephan, Fiona E Matthews ... (et al).
International Journal of Geriatric Psychiatry, vol 28, no 7, July 2013, pp 700-709.
Behavioural and psychological symptoms (BPS) are common in the older population and may be an indication of early dementia. The present study aimed to explore the predictive effect of the presence of BPS on the two-year progression to dementia in a cognitively impaired population aged 65 years and over without dementia at baseline. Twelve symptoms were measured in 2,024 participants without dementia at baseline as part of a population-based longitudinal study of ageing. The risk of progression to dementia was predicted in those with cognitive impairment for each individual BPS and using a BPS composite score. Wandering and persecution were independently associated with progression to dementia after adjustment for socio-demographic factors, cognitive domains and other BPS. When stratifying by cognitive function, those with low cognition and four or more BPS were more likely to progress to dementia than those without BPS. These findings show that some psychiatric symptoms are associated with increased short-term progression to dementia in those with low cognition. The predictive effect of BPS in dementia progression has implications for risk stratification of those at high risk of progression to dementia, along with memory impairment, other cognitive impairment and health variables. (JL)
ISSN: 08856230 From : www.orangejournal.org

NEIGHBOURHOODS AND COMMUNITIES

221/104 Perceptual quality of neighbourhood design and feelings of unsafety; by Elisabeth de Donder, Tine Buffel, Sarah Dury (et al).: Cambridge University Press.
Ageing and Society, vol 33, no 6, August 2013, pp 917-937.
This paper takes the quality of life in the neighbourhood as a starting point, and appeals to the framework of Age-friendly cities to gain insights in how "the neighbourhood as a physical surrounding" can either promise or hinder feelings of unsafety in later life. It examines the impact of the perceived design of the neighbourhood on feelings of unsafety and the neighbourhood mainly concentrates on incivilities and disorder. Other physical-spatial features of the neighbourhood are rarely taken into consideration. Using data generated from the Belgian Ageing Studies (N=25,980), multivariate analyses indicate that a neighbourhood which is perceived to be physically adapted to the needs of older people (in terms of accessibility and distance to services) heightens feelings of safety. The findings demonstrate the need to reduce behaviour constraints by redesigning ear-related physical features. This conclusion raises practical implications, and formulates a number of policy recommendations to tackle feelings of being unsafe in an ageing society. (RH)
ISSN: 0144686X From : journals.cambridge.org/aso

NURSING

(See 221/2)

PAIN

221/105 Pain management in the elderly; by Rajiv Lingaraju, Michael A Ashburn.
Aging Health, vol 9, no 3, June 2013, pp 265-274.
As the overall population ages and patients continue to live longer, managing pain in older people in the USA will be encountered more frequently in clinical settings. While common in older patients, pain is not a normal part of ageing, and treatments should be offered as they would be in young patients. Low back pain, osteoarthritis, postherpetic neuralgia and cancer pain are frequently experienced by patients with advanced age. A number of interactive and observational pain assessment tools are available to assess pain in patients with and without barriers to communication. Numerous medications (eg acetaminophen, NSAIDs, opioids, gabapentin and pregabalin) are commonly used in the treatment of pain, and knowledge of these drugs is essential to their safe administration in an older population. However management of the psychosocial aspects of chronic pain, through cognitive-behavioural therapy or other modalities, is also essential. Treatments must take into account the physiologic changes and comorbid conditions that accompany ageing. Future care will likely resemble models for the patient-centred medical home. (JL)
ISSN: 1745509X
From : http://www.futuremedicine.com/loi/ahe

PALLIATIVE CARE

(See 221/29)

PENSIONS AND BENEFITS

221/106 Attitudes to pensions: the 2009 survey: a report of research carried out by the National Centre for Social Research on behalf of the Department for Work and Pensions; by Elizabeth Clery, Alun Humphrey, Tom Bourne, National Centre for Social Research - NatCen; Department for Work and Pensions - DWP. London: Department for Work and Pensions, 2010, 174 pp (Department for Work and Pensions Research report, no 701).
This report presents the findings from a 2009 survey that explores people's attitudes towards pensions, also their expectations for retirement as well as views on other topics related to planning and saving for later life. The findings update and expand on the first Attitudes to Pensions Survey which was conducted in 2006. It presents a detailed picture on how attitudes to pensions and financial planning for later life have remained stable or changed since 2006. The findings are based on a representative sample of 1,654 adults in Great Britain aged 18-69. Most of the respondents were positively disposed towards saving; 67% report accessing information about financial products, services and issues through a variety of sources, with variation by age. However, there is considerable lack of reasonable knowledge about financial products and much uncertainty about the age at which they will be able to claim their State Pension. The majority of respondents have or expect to have access to some form of financial resource in order to fund their retirement, although the provision varied substantially between respondents. There is considerable variation in respondents' expectations around the age at which they will retire and the likely duration of their retirement. There is widespread interest in working beyond the current SPA. A summary of this research (4 pp) is also available. (RH)
From : Download from DWP website: http://www.dwp.gov.uk/asd/asd5/rrs-index.asp

221/107 Attitudes to pensions: the 2012 survey: a report of research carried out by TNS-BRMB on behalf of the Department for Work and Pensions; by Pat MacLeod, Alice Fitzpatrick, Becky Hamlyn (et al), TNS-BRMB; Department for Work and Pensions - DWP. London: Department for Work and Pensions, 2012, 166 pp (Department for Work and Pensions Research report, no 813).
This report presents the findings from a survey on people's attitudes to pensions and financial preparations for later life. A randomly selected sample of 1,949 adults in Great Britain took part in the survey between February and June 2012. The results of this survey are compared with those in the two previous surveys carried out in 2006 and 2009. The findings from the survey cover: people's resources for later life and the characteristics of people who have no resources for later life; membership of workplace pension schemes; people's attitudes towards saving for later life; and the relationship between attitudes and behaviour. There are also findings related to these areas of government policy: people's views on automatic enrolment into workplace pensions; people's knowledge of increases in State Pension age (SPA); and attitudes to redefining retirement. Respondents' self-assessed knowledge and actual knowledge of pensions are both described. A summary of this research (4 pp) is also available. (RH)
From : Download from DWP website: http://www.dwp.gov.uk/asd/asd5/rrs-index.asp

221/108 How best to measure pension adequacy; by Aaron George Grech, ESRC Centre for Analysis of Social Exclusion - CASE, Suntory-Toyota International Centres for Economics and Related Disciplines - STICERD, London School of Economics and Political Science. London: STICERD, 2013, 35 pp (CASEpaper 172).

Although the main benchmark used to assess pension reforms continues to be the expected resulting fall in future government spending, the impact of policy changes on pension adequacy is increasingly coming to the fore. As yet, there does not seem to be a broad consensus in policymaking circles and academic literature on what constitutes the best measure of pension adequacy. While various indicators have been developed and utilised, no single measure appears to offer a clear indication of the extent to which reforms will impact on the achievement of pension system goals. Existing measures are frequently hard to interpret as they do not have an underlying benchmark which allows their current or projected value to be assessed as adequate or inadequate. Currently used pension adequacy indicators tend to be point-in-time measures which ignore the impact of benefit indexation rules. They also are unaffected by very important factors, such as changes in the pension age and in life expectancy. This tends to make existing indicators minimise the impact of systemic reforms on the poverty alleviation and income replacement functions of pension systems. The emphasis on assumptions which are very unrepresentative of real-life labour market conditions also makes current indicators deceptive, particularly in relation to outcomes for women and those on low incomes. This paper posits that these defects can be remedied by using adequacy indicators based on estimates of pension wealth (i.e. the total projected flow of pension benefits through retirement) calculated using more realistic labour market assumptions. These measures are used to give a better indication of the effective impact of pension reforms enacted since the 1990s in ten major European countries. They suggest that these reforms have decreased generosity significantly, but that the poverty alleviation function remains strong in those countries where minimum pensions were improved. However, moves to link benefits to contributions have raised clear adequacy concerns for women and for those on low incomes which policymakers should consider and tackle. (RH)

Price: FOC

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

221/109 A simpler State Pension: a qualitative study to explore one option for State Pension reform: a report of research carried out by TNS-BRMB and the Futures Company on behalf of the Department for Work and Pensions; by Andrew Thomas, Josh Hunt, Alice Coulter, TNS-BRMB; Futures Company; Department for Work and Pensions - DWP. London: Department for Work and Pensions, 2012, 158 pp (Department for Work and Pensions Research report, no 787).

The Department for Work and Pensions commissioned TNS-BMRB and the Futures Company to undertake this qualitative research study, which was conducted with respondents in a series of 23 focus groups and two workshops. Fieldwork took place between January and October 2011 and was conducted in four stages. The aim of the research was to explore perceptions of whether the proposed Single Tier State Pension system was simpler and fairer than the current system, and whether it offered certainty with regard to the amount that people will get that might impact financial planning for later life. The research also explored views and understanding of concepts such as means-testing, qualifying years, automatic enrolment, contracting-out and the transition from one scheme to another, as well as language and communications testing. The research informed policy development for the Single-Tier White Paper, published on 14 January 2013. The research also informed illustrations for the White Paper, to make complex concepts more easily understandable. (RH)

From : Download from DWP website: http://www.dwp.gov.uk/asd/asd5/rrs-index.asp

PERSON CENTRED CARE

221/110 Development and initial testing of the person-centred health care for older adults survey; by Briony Dow, Marcia Fearn, Betty Haralambous ... (et al).: Cambridge University Press. International Psychogeriatrics, vol 25, no 7, July 2013, pp 1065-1076.

Health services are encouraged to adopt a strong person-centred approach to the provision of care and services for older people. The aim of this project was to establish a user-friendly, psychometrically valid and reliable measure of healthcare staff's practice, attitudes and beliefs regarding person-centred healthcare. Item reduction (factor analysis) of a previously developed `benchmarking person-centred care' survey, followed by psychometric evaluations of the internal consistency reliability and construct validity, was conducted. The initial survey was completed by 1,428 healthcare staff from 17 health services across Victoria, Australia. After removing 17 items from the previously developed `benchmarking person-centred care' survey, the revised 31-item survey (Person-Centred Health Care for Older Adults Survey) attained eight factors that explain 62.7% of the total variance, indicating excellent internal consistency. Expert consultation confirmed that the revised survey had content validity. These results indicated that the Person-Centred Health Care for Older Adults Survey is a user-friendly, psychometrically valid and reliable measure of staff perceptions of person-centred healthcare for use in hospital settings. (JL)

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

PERSONALISATION

221/111 Older people's experiences of cash-for-care schemes: evidence from the English Individual Budget pilot projects; by Nicola Moran, Caroline Glendinning, Mark Wilberforce (et al).: Cambridge University Press.

Ageing and Society, vol 33, no 5, July 2013, pp 826-851.

Cash-for-care schemes offering cash payments in place of conventional social services are becoming commonplace in developed welfare states; however, there is little evidence about the impact of such schemes on older people. This paper reports on the impact and outcomes for older people of the recent English Individual Budget (IB) pilot projects (2005-07). It presents quantitative data on outcome measures from structured interviews with 263 older people who took part in a randomised controlled trial, and findings from semi-structured interviews with 40 older people in receipt of IBs and with IB project leads in each of the 13 pilot sites. Older people spent their IBs predominantly on personal care, with little resources left for social or leisure activities; they had higher levels of psychological ill-health, lower levels of well-being, and worse self-perceived health than older people in receipt of conventional services. The qualitative interviews provide insights into these results. Potential advantages of IBs included increased choice and control, continuity of care worker, and the ability to reward some family carers. However, older people reported anxieties about the responsibility of organising their own support and managing their budget. For older people to benefit fully from cash-for-care schemes they need sufficient resources to purchase more than basic personal care, and access to help and advice in planning and managing their budget. (RH)

ISSN: 0144686X From : journals.cambridge.org/aso

PHYSICAL ACTIVITY

(See Also 221/40, 221/89)

221/112 Balance improvements in independent-living elderly adults following a 12-week structured exercise program; by June A Kloubec, Mary Rozga, Megan Block.: Taylor and Francis.

Activities, Adaptation and Aging, vol 36, no 2, April-June 2012, pp 167-178.

The purpose of this study was to validate a comprehensive, functionally oriented exercise programme to document any improvement in activity levels and functional capacity (especially balance and reducing the risk of falls) in independent-living older adults. Data were collected for 12 weeks on 31 subjects (mean age 84.76 years) and 16 controls (mean age 86 years). The Berg Balance score in the subjects demonstrated a statistically significant improvement between 0 and 12 weeks. The controls showed no significant differences in any phase of the programme. Perception of balance also improved significantly for the subjects using the Activities-Specific Balance Confidence (ABC) Scale. (JL)

ISSN: 01924788 From : http://www.tandfonline.com

221/113 A framework for the assessment of community exercise programmes: a tool to assist in modifying programmes to help reduce falls risk factors; by Richard C Franklin, Jackie Boehm, Jemma King ... (et al).: Oxford University Press.

Age and Ageing, vol 42, no 4, July 2013, pp 536-540.

Falls in older adults are a significant global public health challenge. Exercise interventions which incorporate the physiological components of balance and strength can reduce falls risk. However the optimum qualities, such as type, duration and frequency of engagement in these exercise programmes, are yet to be established. This research project aimed to develop and test a tool for the assessment of physiological criteria in community exercise programmes and to determine which programmes may be modified to help reduce falls risk factors. This initial phase of the research and the aim of this paper were to describe the development of the Community Exercise Program Assessment Matrix (the Matrix). A review of the falls literature identified an existing classification system, which guided the development of the Matrix. An expert panel assisted in reviewing, testing and ongoing refinement of the Matrix. The Matrix contained a range of physiological and cognitive components as well as other items which captured non-physiological components. After testing some modifications were made to the Matrix to aid usage. This paper outlined the development of the Matrix, which is intended to be used for the recording of physiological components (related to falls prevention) of an exercise programme in terms of type, duration and frequency. The next step is to use the Matrix in conjunction with pre- and post-physiological testing of participants to assess a range of exercise programmes and changes in participant physiological functioning. (JL)

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

221/114 Health education programs may be as effective as exercise intervention on improving health-related quality of life among Japanese people over 65 years; by Kotaro Tamari, Kenji Kawamura, Mitsuya Sato, Kazuhiro Harada.: Wiley-Blackwell.

Australasian Journal on Ageing, vol 31, no 3, September 2012, pp 152-158.

The current study aimed to examine the short-term effects of a three-month health education programme on health-related quality of life using the Short-Form 36. 25 Japanese people aged

65 and older in the health education programme were compared with two historical control groups undertaking group and resistance exercise interventions and matched by age, sex and body mass index. A series of split-design two-way analyses of variance were conducted for data analysis. Significant improvements were observed in general health and vitality subscales of the Short-Form 36 in the educational programme group. Multivariate analyses, adjusted for several confounding factors, revealed that the effects of the three programmes were comparable. These findings suggest that a structured three-month educational programme may be as effective as exercise interventions in improving general health and vitality in a community-dwelling Japanese older population. (JL)
ISSN: 14406381
From : wileyonlinelibrary.com

221/115 Older adults' perceptions of exercising in a senior gym; by Ammis Lubcke, Cathrin Martin, Karin Hellstrom.: Taylor and Francis.
Activities, Adaptation and Aging, vol 36, no 2, April-June 2012, pp 131-146.
This qualitative study from Sweden investigated what factors influenced older adults to start and continue to exercise in a senior gym. Eight individuals, ages 65-81, were interviewed. The interviews were analysed by manifest content analysis. Exercising at their own pace and finding peers, competent staff and accessible machines were all positive factors for continuing to exercise in a senior gym. Initially training was something to do to take control of life, physically or time-wise. Later training became a health investment and a social activity. The found factors can be used as strategies for changing physical activity behaviour in older adults. (JL)
ISSN: 01924788
From : http://www.tandfonline.com

221/116 Timing, experience, benefits, and barriers: older women's uptake and adherence to an exercise program; by Joanie Sims-Gould, Karim Miran-Khan, Callista Haggis, Teresa Liu-Ambrose.: Taylor and Francis.
Activities, Adaptation and Aging, vol 36, no 4, October-December 2012, pp 280-296.
The purpose of the present study was to examine the experiences of older women who participated in a randomised controlled trial (RCT) physical activity intervention designed to test the influence of exercise on executive function (cognition). Specifically, the study was interested in why these women joined the RCT exercise programme (uptake) and why they continued (adherence). Data were collected from 84 older women enrolled in the RCT (average age 69.6 years) in 10 focus group sessions at two time points. Data were analysed using framework analysis. The findings showed that a range of factors influence both exercise uptake and adherence: timing in one's life, previous experience, physical benefits, personal barriers and commitment. These research findings have implications for understanding exercise and physical activity in later life as well as offering suggestions for programming. (JL)
ISSN: 01924788
From : http://www.tandfonline.com

POVERTY

221/117 On 'consistent' poverty; by Rod Hick, ESRC Centre for Analysis of Social Exclusion - CASE, Suntory-Toyota International Centres for Economics and Related Disciplines - STICERD, London School of Economics and Political Science. London: STICERD, 2012, 18 pp (CASEpaper 167).
The measurement of poverty as 'consistent' poverty offers a solution to one of the primary problems of poverty measurement within social policy of the last three decades. Often treated as if they were synonymous, 'indirect' measures of poverty, such as low income measures, and 'direct' measures, such as indices of material deprivation, identify surprisingly different people as being poor. In response to this mismatch, a team of Irish researchers put forward a measure which identified respondents as being in poverty when they experienced both a low standard of living, as measured by deprivation indicators, and a lack of resources, as measured by a low income line. Importantly, they argued that the two measures required an equal weight. The author presents a reconsideration of the consistent poverty measure from both conceptual and empirical perspectives. In particular, he examines the claim that low income and material deprivation measures should be given an 'equal weight'. He argues that, from a conceptual perspective, the nature of the indicators at hand means that a deprivation-led measurement approach might be understood to align with the definition of poverty outlined by Nolan and Whelan; and, from an empirical perspective, that it is the material deprivation measure - and not the low income measure - which is particularly effective in identifying individuals at risk of multiple forms of deprivation. (RH)
Price: FOC
From : Centre for Analysis of Social Exclusion, London School of Economics, Houghton Street, London WC2A 2AE. http://sticerd.lse.ac.uk/case

221/118 The relationship between EU indicators of persistent and current poverty; by Stephen P Jenkins, Philippe Van Kerm, ESRC Centre for Analysis of Social Exclusion - CASE, Suntory-Toyota International Centres for Economics and Related Disciplines - STICERD, London School of Economics and Political Science. London: STICERD, 2013, 35 pp (CASEpaper 169).
The current poverty rate and the persistent poverty rate are both included in the European Union's portfolio of primary indicators of social inclusion. Drawing on empirical analysis of the European Statistics on Income and Living Conditions (EU-SILC) and the European Community Household Panel survey (ECHP) data, the authors show that there is a near-linear relationship between these two indicators across EU countries. Using a prototypical model of poverty dynamics, they explain how the near-linear relationship arises and show how the model can be used to predict persistent poverty rates from current poverty information. In the light of the results, they discuss whether the EU's persistent poverty measure and the design of EU-SILC longitudinal data collection require modification. (RH)
Price: FOC
From : Centre for Analysis of Social Exclusion, London School of Economics, Houghton Street, London WC2A 2AE. http://sticerd.lse.ac.uk/case

PREVENTION

(See 221/144)

QUALITY OF LIFE

(See Also 221/45)

221/119 Quality of life (QOL) of older adult community choral singers in Finland; by Julene K Johnson, Jukka Louhivouri, Anita L Stewart ... (et al).: Cambridge University Press.
International Psychogeriatrics, vol 25, no 7, July 2013, pp 1055-1064.
Enhancing quality of life (QOL) of older adults has been an international area of focus for several decades. The present study aimed to examine the relationship between perceived benefits associated with choral singing and QOL among community-dwelling older adults. 117 older adults who sang in community choirs in Jyväskylä, Finland, completed self-report measures of QOL (WHOQOL-Bref), depressive symptoms and a questionnaire about the benefits of singing in a choir. Correlational analyses and linear regression models were used to examine the association between the benefits of choir singing and QOL. Both correlation and regression analyses found significant relationships between the benefits of choral singing and three QOL domains: psychological, social relationships and environment. These associations remained significant after adjusting for age and depressive symptoms. As hypothesised, older choral singers who reported greater benefits of choir singing had higher QOL in multiple domains. The older choral singers in the study also reported few symptoms of depression and high overall QOL and satisfaction with health. These results suggest that singing in a community choir as an older adult may positively influence several aspects of QOL. (JL)
ISSN: 10416102
From : journals.cambridge.org/ipg

RELIGION AND SPIRITUALITY

221/120 Does religiousness and spirituality moderate the relations between physical and mental health among aging prisoners?; by Rebecca S Allen, Grant M Harris, Martha R Crowther ... (et al).
International Journal of Geriatric Psychiatry, vol 28, no 7, July 2013, pp 710-717.
The present study aimed to examine positive and negative religious coping as moderators of the relation between physical limitations, depression and desire for hastened death among male inmates incarcerated primarily for murder. Inmates over the age of 45 years who passed a cognitive screening completed face-to-face interviews. Multiple regression analyses included age, race/ethnicity, parole belief, physical health, positive or negative religious coping, and all two-way interactions represented by the product of health and a religious coping variable. Older inmates and those who reported greater levels of positive religious coping endorsed fewer symptoms of depression, whereas those who reported greater levels of negative religious coping endorsed more symptoms of depression. Inmates who reported higher levels of depression endorsed a greater desire for hastened death. The effect of physical functioning on desire for hastened death was found to be moderated by negative religious coping such that those who endorsed higher levels of negative religious coping reported a greater desire for hastened death. These findings show that examinations of religious/spiritual practices and mindfulness-based interventions in prison research have assumed a positive stance with regard to the potential impact of religious/spiritual coping on physical and mental health. They provide cautionary information that may further assist in selection of inmates for participation in such interventions. (JL)
ISSN: 08856230
From : www.orangejournal.org

REMINISCENCE

(See 221/13)

RESEARCH

221/121 Making evidence useful: the case for new institutions; by Geoff Mulgan, Ruth Puttick, Nesta (National Endowment for Science, Technology and the Arts). London: Nesta, 2013, 11 pp.
Over the past few years, there has been much discussion about how we can improve the use of evidence in decision-making. This has led to new initiatives, such as the Alliance for Useful Evidence, as well as calls for new institutions and ways of working. These discussions have now led to action. In March 2013, the UK government, the Economic and Social Research Council (ESRC) and the Big Lottery Fund announced plans to create a new network of 'What Works' evidence centres. This paper outlines why these centres are needed, the role they will play, and how they will build upon the work already being undertaken that will complement existing institutions. (RH)
From : NESTA, 1 Plough Place, London EC4A 1DE. Download link:
http://www.nesta.org.uk/publications/assets/features/making_evidence_useful

221/122 Multi-disciplinarity, user engagement and the design of special programmes of ageing research in the United Kingdom; by Peter Lansley.: Cambridge University Press.
Ageing and Society, vol 33, no 5, July 2013, pp 727-760.
Since 1997, ageing research in the United Kingdom (UK) has been promoted through a series of research council special programmes with an emphasis on multidisciplinary, collaborative, user-focused research. While there has been notable progress, substantial setbacks have also been experienced as well - especially a major lull in activity, also strong disciplinary biases in later programmes. Skills, expertise and influence on policy and practice, developed through early programmes, have been lost. Two philosophies of programme management have emerged. First, there has been a top-down approach to the development of priorities and activities, largely reflecting a linear model of research, development and diffusion. The second is a bottom-up approach strongly influenced by the priorities of users - including older people - which has emphasised the role of problem-solving and social interaction between researchers and users. A comparison of these two philosophies highlights factors which contribute to successful programme implementation and valuable outcomes for society at large. These emphasise: involvement of all potential users; encouragement of champions; supporting researchers at all stages in their careers; transparency in communicating intent, progress and achievements; varied and robust knowledge transfer; and, above all else, understanding the challenges faced by individuals as they grow older. Future programmes would be assured of making significant contributions to supporting older people and an ageing society, if those commissioning the programmes recognised the importance of these factors and accepted the consequent challenges for the organisation of such research programmes. A response by Alan Walker (http://www.newdynamics.group.shef.ac.uk/assets/files/Multidisciplinarity%20Rejoinder.pdf) provides an alternative interpretation of ageing research programmes in the UK. (RH)
ISSN: 0144686X
From : journals.cambridge.org/aso

RESIDENTIAL AND NURSING HOME CARE

(See Also 221/5, 221/84, 221/135)

221/123 Care home fees: third party top-ups in England; by Independent Age. London: Independent Age, 2013, 23 pp (Guide 17).
This guide is aimed at people aged over 60, and it explains how councils in England set 'standard rates' for how much they are prepared to pay for a care home placement. It describes the situations when the council should increase its standard rate. It also explains when a third party, such as a relative, friend, or charity may have to pay a 'top-up' for a person to stay in the care home of his or her choice. However, this guide is not a full explanation of the law. (RH)
From: http://www.independentage.org/news-media/news/latest-news/care-home-top-up-fees-the-secret-subsidy/?dm_i=CE3,1PLNS,6GT4RB,62WJW,1

221/124 Care workers' abusive behavior to residents in care homes: a qualitative study of types of abuse, barriers, and facilitators to good care and development of an instrument for reporting of abuse anonymously; by Claudia Cooper, Briony Dow, Susan Hay ... (et al).: Cambridge University Press.
International Psychogeriatrics, vol 25, no 5, May 2013, pp 733-741.
Elder abuse in care homes is probably common but inherently difficult to detect. The present study developed the first questionnaire to ask care home workers to report abuse anonymously. Qualitative focus group interviews were conducted with 36 care workers from four London care homes, asking about abuse they had witnessed or perpetrated. The participants reported that

situations with potentially abusive consequences were a common occurrence but deliberate abuse was rare. Residents waited too long for personal care, or were denied care they needed to ensure they had enough to eat, were moved safely or were not emotionally neglected. Some care workers acted in potentially abusive ways because they did not know of a better strategy or understand the resident's illness; care workers made threats to coerce residents to accept care or restrained them; a resident at high risk of falls was required to walk as care workers thought that otherwise he/she would forget the skill. Most care workers said that they would be willing to report abuse anonymously. Care workers were sent the newly developed Care Home Conflict Scale to comment on but not to complete and to report whether it was acceptable and relevant to them. Several completed it and reported abusive behaviour. The study concludes that lack of resources, especially care worker time and knowledge about managing challenging behaviour and dementia were judged to underlie much of the abuse described. The authors go on to describe the first instrument designed to measure abuse by care home workers anonymously. Field testing is the logical next step. (JL)
ISSN: 10416102
From : journals.cambridge.org/ipg

221/125 Comorbidity, health status, and quality of life in institutionalized older people with and without dementia; by Salome Martin-Garcia, Carmen Rodriguez-Blazquez, Iluminada Martinez-Lopez ... (et al).: Cambridge University Press.
International Psychogeriatrics, vol 25, no 7, July 2013, pp 1077-1084.
Comorbidity in older adults may lead to lower perceived health status and a decrease in quality of life (QoL). The objective of this study was to analyse the relationship between comorbidity, health status, QoL and dementia in institutionalised older adults. The study used a cross-sectional, multicentre study in residential care settings in Spain. Two groups of institutionalised older adults of 60 years of age and older were compared: 234 persons with normal cognitive function and 525 with dementia according to DSM-IV-TR criteria. Assessments included: sociodemographic questionnaire, EQ-5D index for health-related QoL, Visual Analogue Scale (EQ-VAS) for health status, number of chronic medical conditions (comorbidity), Barthel Index for functional independence and Short Portable Mental Status Questionnaire. The group with dementia presented significantly worse QoL, health and functional status than people without dementia. The most prevalent chronic medical conditions were musculoskeletal (72.3%), followed by genito-urinary disorders (60.2%). Controlling for age and sex, people with dementia and higher comorbidity exhibited lower EQ-VAS scores; however, no significant difference was found for the EQ-5D index. The health conditions that contributed the most to the EQ-VAS differences between the dementia and non-dementia groups were sight, oral and genito-urinary problems. When compared to older adults with no dementia, people with dementia and high comorbidity reported the most compromised health status, especially in those with sight, oral and genito-urinary problems. These differences should be taken into consideration when selecting strategies to maintain and improve the health status of older adults in residential care settings. (JL)
ISSN: 10416102
From : journals.cambridge.org/ipg

221/126 The essential shift: from compliance to compassion; by Andy Bradley.: Hawker.
Journal of Dementia Care, vol 21, no 3, May/June 2013, pp 25-27.
It is the author's contention that residential care has lost its way, and that it is time to follow the lead of the hospice movement and nurture a culture of compassion for all. He bases his comments on his work at the organisation Frameworks 4 Change. He suggests questions for discussion and exercises concerning compassion in caregiving. (RH)
ISSN: 13518372
From : www.hawkerpublications.com

221/127 Exploring the mealtime experience in residential care settings for older people: an observational study; by Sarah Barnes, Anna Wasielewska, Christine Raiswell, Barbara Drummond.: Wiley Blackwell.
Health and Social Care in the Community, vol 21, no 4, July 2013, pp 442-450.
Improving the mealtime experience in residential care can be a major facilitator in improving care, well-being and quality of life (QoL). Evidence suggests that, despite guidance on the subject of food, nutrition and hydration, there are still concerns. Although there is a range of methods to research and assess the quality of food provision, there is a challenge in capturing the experiences of those residents who are unable or unwilling to describe their feelings and experiences because of frailty, impaired communication or other vulnerability. This exploratory study aimed to capture and describe individual residents' mealtime experience. In spring 2011, a small-scale, observational study was carried out in seven dining settings in four residential care homes in Manchester. An adapted dementia care mapping tool was used alongside field notes. Observations showed two major differences in the way the mealtimes were organised: "pre-plated" and "family-style" (where either bowls of food are placed in the centre of the table or food is served directly from a hotplate by a chef). These two styles of service are discussed in relation to the emerging themes of "task versus resident-centred mealtimes", "fostering resident

independence" and "levels of interaction". Although improving mealtimes alone is not enough to improve quality of life in care homes, findings showed that relatively small changes to mealtime delivery can potentially have an impact on resident well-being in these homes. Observation is a useful method of engaging residents in care settings for older people who may not otherwise be able to take part in research. (RH)
ISSN: 09660410
From : wileyonlinelibrary.com/journal/hsc

221/128 General practitioner service provision in residential aged care facilities: 1998-2011; by Michael J Taylor, David Edvardsson, Dell Horey ... (et al).: Wiley Blackwell.
Australasian Journal on Ageing, vol 32, no 1, March 2013, pp 56-59.
The aim of the present study was to examine general practitioner (GP) consultation patterns for primary health care services provided in residential aged care facilities (RACFs) by consultation type. The study looked at analyses of service provision and RACF population data for the period 1998_2011. All Medicare-subsidised services provided by GPs across Australia in RACFs were included and categorised by consultation type and by time of service delivery (business or after-hours). Overall findings showed that service delivery increased from 12,118 per 1000 residents in financial year (FY) 1998_99 to 17,079 per 1000 residents in FY2010_11, a 41% increase. Since FY2007_08, the rate of brief consultations has grown by an average of 20% each year. Delivery of after-hours consultations also increased. The pattern of GP services provided in RACFs has changed substantially over time. To some extent these changes reflect regulatory adjustments. However the pattern is at odds with the ever-increasing dependence levels of residents. (JL)
ISSN: 14406381
From : http://www.wileyonlinelibrary.com/journals/ajag

221/129 Moving in: adjustment of people living with dementia going into a nursing home and their families; by Laura Sury, Kim Burns, Henry Brodaty.: Cambridge University Press.
International Psychogeriatrics, vol 25, no 6, June 2013, pp 867-876.
Most people with dementia in Western societies will eventually be placed in a nursing home. This can be stressful to those with dementia and to their families. The adjustment to this new caring environment by both residents and their family caregivers and the factors that influence this are the focus of this review in which a literature search of articles published in English between 1990 and 2011 using specified search terms was performed. 49 articles met the inclusion criteria. Findings showed that this decision and the subsequent adjustment period is a difficult time for people with dementia and their family caregivers. Admission has been linked to increased behavioural symptoms and in particular depression and agitation, decreasing cognition, frailty and falls in people with dementia. For caregivers guilt, depression, feelings of failure and continuing burden but also improvement in quality of life have been variously reported. However research to determine what influences the trajectory of these different outcomes and the prevalence of positive outcomes for people with dementia is lacking. Successful transitions may be assisted by ensuring that the person with dementia has input into decision making, orientation procedures for the person with dementia and family member prior to and on admission, a `buddy' system for new arrivals and a person-centred approach. In conclusion, adjustment to admission to residential care can be difficult for people with dementia and their family caregivers. Longitudinal research examining factors influencing the adjustment can provide a basis for intervention trials to improve this transition. (JL)
ISSN: 10416102
From : journals.cambridge.org/ipg

RESPITE CARE

221/130 Why carers of people with dementia do not utilise out-of-home respite services; by Lyn Phillipson, Christopher Magee, Sandra C Jones.: Wiley Blackwell.
Health and Social Care in the Community, vol 21, no 4, July 2013, pp 411-422.
While many people with dementia require institutional care, having a co-resident carer improves the likelihood that people can live at home. Although caregiving can have positive aspects, carers still report a high need for respite. Despite this need, the use of respite services for carers of people with dementia is often low. This article investigates carer beliefs regarding out-of-home respite services and why some carers do not utilise them. 152 out of 294 carers of community-dwelling people with dementia in NSW, Australia who were sent a survey November 2009-January 2010 completed it (51.7%). Despite reporting unmet need for both services, 44.2% of those surveyed were not utilising day respite and 60.2% were not utilising residential respite programmes. Binary logistic regression models were used to examine factors associated with non-use using the Theory of Planned Behaviour within an expanded Andersen Behavioural Model on a final sample of 113 (due to missing data). The model explained 66.9% of the variation for day centres, and 42% for residential respite services. Beliefs that service use would result in negative outcomes for the care recipient were strongly associated with non-use of both day care [OR 13.11; 95% CI (3.75, 45.89)] and residential respite care [OR 6.13; 95% CI (2.02, 18.70)] and were more strongly associated with service non-use than other predisposing,

impeding and need variables. For some carers who used services despite negative outcome beliefs, the benefits of respite service use may also be diminished. To improve use of out-of-home respite services in this vulnerable group, service beliefs should be addressed through service development and promotion that emphasises benefits for both carer and care recipients. Future research utilising behavioural service models may also be improved via the inclusion of service beliefs in the study of health and social service use. (RH)
ISSN: 09660410
From : wileyonlinelibrary.com/journal/hsc

RETIREMENT

221/131 Retirement intentions: what is the role of push factors in predicting retirement intentions?; by Jodi Oakman, Yvonne Wells.: Cambridge University Press.
Ageing and Society, vol 33, no 6, August 2013, pp 988-1008.
Population ageing will have a significant impact on labour markets in most Organisation for Economic Co-operation and Development (OECD) countries, and as a result, individuals will need to remain in paid employment for longer to fund their retirement years. This study examines the retirement intentions of employees of a large public sector organisation located in Victoria, Australia that was interested in developing policies to assist with retention of their mature-age workforce. Multivariate regression analyses were used to identify the most important predictors of intention to retire. The dependent variable, Intended timing of retirement, was analysed in two forms, as continuous or dichotomous measures. Age and Length of service were strong independent predictors of Intention to retire soon (within five years). Of the work factors that were analysed (Job satisfaction, Job demands, Job control, and Social cohesion), low Job satisfaction and high Social cohesion scores indicated an increased likelihood of retiring soon. The results provide some insight into the development of organisational interventions that might assist with retaining older employees for longer. (RH)
ISSN: 0144686X
From : journals.cambridge.org/aso

RURAL ISSUES

221/132 Building social capital among rural, older Australians through information and communication technologies: a review article; by Jeni Warburton, Sue Cowan, Tenzin Bathgate.: Wiley Blackwell.
Australasian Journal on Ageing, vol 32, no 1, March 2013, pp 8-14.
This paper undertook a comprehensive review of the growing international literature on the adoption and use of information and communication technologies (ICTs) among older people. Issues associated with access and adoption of ICTs among older people living in rural communities was explored, drawing on social capital as a theoretical lens through which to identify how these new technologies can build healthy ageing. Study findings revealed that ICTs as bridging social capital can address some of the challenges of service provision in rural Australia and provide access to more extensive information and resources. ICTs can also contribute to bonding social capital through access to other forms of communication to build on local connectedness. However rural older people face particular challenges of access, which may exacerbate the cycle of rural social exclusion. In the context of the Australian National Broadband rollout, it is timely to consider how some of these disparities can be addressed. (JL)
ISSN: 14406381
From : http://www.wileyonlinelibrary.com/journals/ajag

221/133 Insights and principles for supporting social engagement in rural older people; by J Walker, O Orpin, H Baynes (et al).: Cambridge University Press.
Ageing and Society, vol 33, no 6, August 2013, pp 938-963.
Staying socially engaged is known to improve health and longevity in older people. As the population ages, maintaining levels of social engagement among older people becomes increasingly important. Nevertheless, advancing age brings with it many challenges to social engagement, especially in rural areas. A three-year Australian Research Council Linkage Project sought to improve understandings of age-related triggers to social disengagement in six Tasmanian communities that are representative of rural Australian experience, and thus of wider salience. A collaboration between academics and health and social care professionals, the project investigated design solutions to service frameworks that may be useful before ageing individuals become isolated and dependent, and that may support those individuals to actively contribute to, and benefit from, social life. This paper reports on perspectives about diminishing levels of social engagement held by older rural participants and service providers, and toa advance a number of key insights on ways in which to nurture social engagement and improve the experience of ageing. (RH)
ISSN: 0144686X
From : journals.cambridge.org/aso

221/134 Violence against rural older women: promoting community awareness and action; by Karen A Roberto, Nancy Brossoie, Marya C McPherson ... (et al).: Wiley Blackwell.
Australasian Journal on Ageing, vol 32, no 1, March 2013, pp 2-7.
The present study aimed to identify opportunities and challenges in promoting community support for rural older women experiencing intimate partner violence (IPV). Using community-based participatory research principles, the authors engaged in an academic_community partnership to analyse the research literature, estimate IPV incidence and prevalence, ascertain professional and older IPV victim perspectives through focus groups and interviews, and developed a collaborative community response plan. This study took place from 2008 to 2010 in the USA. Study findings revealed that IPV in later life is underreported by victims and often unrecognised by the academic and service community. Professionals, while agreeable to collaborating to support older IPV victims, sought coordination and leadership from domestic violence agencies. Older victims stressed the need for improved professional sensitivity to their unique needs and more service options. The insights generated during this project produced a framework on which rural communities can build to address the hidden and growing problem of later life IPV. (JL)
ISSN: 14406381
From : http://www.wileyonlinelibrary.com/journals/ajag

SEXUALITY

221/135 Sexuality, dementia and the care home: part 2; by Elizabeth Lightbody, Graham A Jackson, Stephen Lithgow.: Hawker Publications.
Journal of Dementia Care, vol 21, no 2, March/April 2013, pp 28-30.
The authors revisit the case studies presented in their previous article, and make clear some of the recommendations to best practice in this complex area. That article was based on their presentation at the workshop, 'The last taboo: a guide to dementia, sexuality and sexual behaviour in care homes' (ILC-UK, 2011) held at the 4th Scottish Caring and Dementia Congress in March 2012. The case studies demonstrate practice in relation to: attitudes; capacity; ethical dilemmas; risk assessment and management; the care home environment; and communication. (RH)
ISSN: 13518372
From : www.hawkerpublications.com

SOCIAL NETWORKS

(See Also 221/133)

221/136 Social networking sites and older users: a systematic review; by Tobias Nef, Raluca L Ganea, Rene M Muri, Urs P Mosimann.: Cambridge University Press.
International Psychogeriatrics, vol 25, no 7, July 2013, pp 1041-1053.
Social networking sites can be beneficial for senior citizens to promote social participation and to enhance intergenerational communication. Particularly for older adults with impaired mobility, social networking sites can help them to connect with family members and other active social networking users. The aim of this systematic review was to give an overview of existing scientific literature on social networking in older users. 18 articles met the inclusion criteria and these in turn were reviewed, classified and key findings extracted. It was found that the main benefit of using social networking sites for older adults was to enter in an intergenerational communication with younger family members (children and grandchildren) that was appreciated by both sides. Identified barriers were privacy concerns, technical difficulties and the fact that current Web design does not take the needs of older users into account. Under the conditions that these problems are carefully addressed, social networking sites have the potential to support today's and tomorrow's communication between older and younger family members. (JL)
ISSN: 10416102
From : journals.cambridge.org/ipg

221/137 Ways in which 'community' benefits frail older women's well-being: 'we are much happier when we feel we belong'; by Emily Learmonth, Ann Taket, Lisa Hanna.: Wiley-Blackwell.
Australasian Journal on Ageing, vol 31, no 1, March 2012, pp 60-63.
This paper aimed to explore frail older women's lived experiences of `community' and which aspects of `community' they perceived as beneficial to their well-being. This qualitative project used a mixed methodological approach which integrated aspects of descriptive phenomenology and grounded theory. Ten frail, older women residing in South East Melbourne, Australia participated in in-depth interviews. The research obtained a rich and detailed account of the aspects of `community' identified by participants as enhancing their well-being. These included: social contact, community dynamics, feelings of support and positive orientation. The paper concludes that service providers should actively consider how they can strengthen these factors to improve social connectedness for frail older women by the use of volunteers, developing social networks and increasing availability and quality of community-based activities. (JL)
ISSN: 14406381 From : wileyonlinelibrary.com

STATISTICS

(See Also 221/22)

221/138 Ageing, longevity and demographic change: a factpack of statistics from the International Longevity Centre UK; by Florence Vojak, International Longevity Centre UK - ILC-UK. London: International Longevity Centre UK, July 2013, 12 pp.
In 2012, ILC-UK found that more than one in ten of the public did not foresee any growth in the population of the oldest old (age 85+) by 2050. Conversely, a further one in ten people anticipated that a quarter or more of us would be aged 85+ by 2050. This factpack brings together statistics from public sources as well as from work by ILC-UK on population ageing in the UK. The figures presented look at the way population ageing in the UK has been affected in respect of: care needs; dementia; labour market participation; pensions and financial issues; housing; transport; new technology; intergenerational relations; and the global context. (RH)
From : ILC-UK, 11 Tufton Street, London SW1P 3QB. Download also available: http://www.ilcuk.org.uk/images/uploads/publication-pdfs/ILC-UK_Factpack_-_WEB_DOWNLOAD.pdf

221/139 The Irish Longitudinal Study on Ageing (TILDA): special issue.
Journal of the American Geriatrics Society, vol 61, supplement s2, May 2013, pp 263-305 (whole issue).
This special issue supplement features five articles which together describe and introduce the Irish Longitudinal Study on Ageing (TILDA). TILDA is one of a family of longitudinal studies that includes, among others, the U.S. Health and Retirement Study (HRS). The HRS has acted as a template for the design of longitudinal ageing studies around the world. The main purpose of this supplement is to introduce the international community to TILDA, describe comparability with the 'HRS family' of studies and showcase the potential of TILDA, particularly for researchers in geriatric medicine. Following a brief introduction the first article in the supplement sets out the main features of the design of the study, the themes and topics it addresses, the sample design, fieldwork procedures used, response rates achieved and weighting processes. The second article describes the development of the health assessment component of the study. The third article aims to provide normative values of tests of cognitive and physical function of older adults. The fourth article compares TILDA with other international longitudinal studies from England and the United States. Finally the fifth article looks at different domains of quality of life in old age, including evidence from the Irish cohort study. (JL)
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From : http://onlinelibrary.wiley.com/journal/10.1111/(ISSN)1532-5415

TRANSPORT

221/140 The impact of cognitive deficit on self-reported car crashes in ultra-octogenarian population: data of an Italian population-based study; by Luca Rozzini, Maddalena Riva, Marina Zanetti ... (et al).: Wiley.
International Journal of Geriatric Psychiatry, vol 28, no 6, June 2013, pp 562-566.
The objective of the present study was to examine the usefulness of specific neurocognitive tests for predicting car crash involvement in an ultra-octogenarian population. A total of 800 subjects (mean age 82.4 + 3.1 years) underwent a battery of neuropsychological tests. Global intellectual functioning was assessed using the Mini Mental State Examination, mental flexibility and information processing speed were assessed using the Trail Making Test parts A and B (TMT-A and TMT-B), long-term memory was evaluated with the short story, and visuo-spatial skills were tested with Clock Drawing Test. One year after this evaluation, 343 (43%) participants had been interviewed by a telephone call to know if they were currently driving and if they had a car crash during this period. 297 subjects had their driving license renewed and completed the follow-up one year after. Data showed that less than 11% of this group had a car crash during the first year of observation (Crash Involved). Older subjects involved in a car crash showed significant worse performances on TMT-B and on the short story memory test. Trail Making test B and short story memory have been demonstrated to provide a predictive value of driving performance of older people. Therefore it is suggested that a simple and standardised battery of neuropsychological tests, lasting about 30 minutes and administered by an experienced staff, is a good diagnostic instrument for risk prevention of driving activity of older drivers. (JL)
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VOLUNTEERING

(See 221/143)

WELLBEING

221/141 Age, ageing and subjective wellbeing in later life; by Stephen Jivraj, James Nazroo, Bram Vanhoutte (et al), Cathie Marsh Centre for Census and Survey Research - CCSR, University of Manchester. Manchester: Cathie Marsh Centre for Census and Survey Research, 2013, 20 pp (CCSR Paper 2013-05).

Using data from five waves of the English Longitudinal Study of Ageing (ELSA, 2002-2011), the researchers fit multilevel linear growth curve models, to examine the cross-sectional effects of age and the longitudinal effects of ageing on quality of life, depressive symptomatology and life satisfaction in later life. The researchers find that older people are shown to have a better subjective well-being than those that are younger for each well-being measure, except at the oldest age for quality of life. Nonetheless, deterioration in well-being is greater at older ages, even when adjusting for age-related changes in later life, including widowhood, retirement and declining health. The results suggest that although older people enjoy higher levels of subjective well-being than their younger counterparts, they experience sharper declines, especially at the oldest ages. The findings also demonstrate the importance of taking into account the multidimensionality of subjective well-being to determine the point at which age deterioration begins to occur across different measures. (RH)

From : Download: http://www.ccsr.ac.uk/documents/agewellbeing_jivraj.pdf

221/142 A life course approach to promoting positive ageing: an evidence based model of a life course approach to promoting positive ageing; by Lynne Wealleans, Beth Johnson Foundation - BJF. Stoke-on-Trent: Beth Johnson Foundation, May 2013, 25 pp.

Based on the learning from positive ageing work over the last ten or so years at the Beth Johnson Foundation (BJF), this report explores a model of working with individuals and communities that embeds ageing as a natural part of the life course and supports quality of life into later age. A pilot project by BJF from 2001-2003 had used a community development approach to engage with people in mid-life (aged 50-65) who were living in both urban and rural neighbourhoods in North Staffordshire. Subsequent work has looked at ageing as encompassing prevention and early intervention measures, and which encourages people to prepare and plan for their future, regardless of age. This report was funded by the Headley Foundation. (RH)

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From: http://www.bjf.org.uk/web/documents/page/ProjectreportfinalversionMay2013LWealleans%20%20print%20copy.pdf

Beth Johnson Foundation, Parkfield House, 64 Princes Road, Hartshill, Stoke-on-Trent, ST4 7JL.

221/143 Productive activities and perceived well-being in an African American older adult urban sample; by Heehyul Moon.: Taylor and Francis.

Activities, Adaptation and Aging, vol 36, no 2, April-June 2012, pp 107-130.

Few studies have examined the relationship between productive activities and well-being among urban lower-income African American older adults. The purpose of this study was to examine (1) the pattern and prevalence of types and specific kinds of productive activities and (2) the association among sociodemographic data, individual capacity, kinds and levels of productive activity and well-being at the individual level. Approximately 12% of 531 respondents participated in employment, whereas 20% participated in volunteer activities. The majority of the respondents (99.4%) joined in leisure activities. More than 75% engaged in religious activities. The respondents also reported that they participated in various kinds of productive activities. Age, physical health status, perceived social support and perceived neighbourhood satisfaction were the most important regression predictors of perceived well-being. Higher levels of involvement in religious activities and leisure activities were related to a greater perceived well-being. (JL)

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From : http://www.tandfonline.com

221/144 Promoting health ageing: development of the Healthy Ageing Quiz; by Elizabeth V Cyarto, Briony Dow, Freda Vrantsidis, Claudia Meyer.: Wiley Blackwell.

Australasian Journal on Ageing, vol 32, no 1, March 2013, pp 15-20.

The aim of this study was to develop the evidence-based Healthy Ageing Quiz (HAQ). Phase 1 activities (focus groups with 33 older adults, literature review and discussion with an advisory panel) informed the development of a draft HAQ. Phase 2 involved assessing the quiz's psychometric properties and collecting respondent feedback. Phase 1 provided broad topics for formulating quiz questions. In Phase 2, 297 and 122 respondents returned a quiz for validity and reliability testing respectively (over 70% response rate). The HAQ was found to be both valid and reliable. The development of the HAQ was guided by the literature and input from older people and experts in healthy ageing. The quiz showed good psychometric properties and was acceptable to respondents. It allowed older adults and people approaching old age to evaluate their current lifestyle in order to maximise their chances of ageing well. (JL)

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