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New Literature on Old Age

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ABUSE, SAFEGUARDING AND PROTECTION

226/1 Making Safeguarding Personal: developing responses and enhancing skills; by Jill Manthorpe, Deborah Klee, Cathie Williams, Adi Cooper.: Emerald.
Journal of Adult Protection, vol 16, no 2, 2014, pp 96-103.
The Making Safeguarding Personal (MSP) development project was set up and directly funded by the Local Government Association (LGA) and the Association of Directors of Adult Social Services (ADASS) in 2011, in response to concerns from those involved in adult safeguarding. This paper contextualises and summarises the MSP programme, and places it in the context of early developments in research-based evidence. A programme of sector led improvement in local council adult safeguarding arrangements was carried out in four English local councils by the LGA and other stakeholders. Support was provided to four local council test bed sites to assist them to test and adapt different approaches to adult safeguarding that placed emphasis on outcomes and on approaches to mediation to assist vulnerable adults to improve their circumstances. Key findings from the test bed sites are that it may be possible to consider the outcomes of safeguarding interventions from 'user' perspectives, and that it appears that practitioners may welcome support with taking forward methods of mediation and work with family networks. These activities reflect an interest in developing practice responses and measures of effectiveness. Councils will need to develop measures of the effectiveness of safeguarding arrangements and sector led improvements can contribute to these from a 'bottom up' perspective. Practitioners often welcome opportunities to reflect on and to invest in responses to cases of alleged and proven abuse and neglect. (RH)
ISSN: 14668203
From : www.emeraldinsight.com/jap.htm

226/2 Paternalism or proportionality?: Experiences and outcomes of the Adult Support and Protection (Scotland) Act 2007; by Michael Preston-Shoot, Sally Cornish.: Emerald.
Journal of Adult Protection, vol 16, no 1, 2014, pp 5-16.
The authors report the findings from research into the outcomes of adult protection in Scotland, with particular focus on how service users, family members and service delivery professionals perceive the effectiveness of the protection orders in the Adult Support and Protection (Scotland) Act 2007. The study comprised analysis of Adult Protection Committee biennial reports on implementation of the 2007 Act to the Scottish Government, key informant interviews and workshops with professionals involved in adult protection leadership and practice, and case study interviews with service users, family members and practitioners. Concerns about the potential for paternalistic practice and excessive use of the protection orders within the 2007 Act have not materialised. The principle of proportionality appears to be firmly embedded in adult protection practice. Service delivery professionals, service users and family members remain acutely aware of the tensions between autonomy and protection, but point to beneficial outcomes for adults at risk from the careful use of protection orders, especially banning orders. Only ten case studies could be included in the study. However, the use of mixed methods enabled triangulation of the findings. Common themes emerge from across the data sources. The findings also resonate with conclusions drawn by other researchers. This paper offers a formal evaluation of the outcome of protection orders for adults at risk in Scotland. The findings are of wider policy relevance, given the debates on how to legislate for adult safeguarding in England and Wales. (RH)
ISSN: 14668203
From : www.emeraldinsight.com/jap.htm

226/3 Resident-to-resident abuse: a scoping review; by Lynn McDonald, Christine Sheppard, Sander L Hitzig (et al).: Cambridge University Press.
Canadian Journal on Aging, vol 34, no 2, June 2015, pp 215-236.
Resident-to-resident abuse involves aggression and violence that occurs between long-term care (LTC) home residents and can have serious consequences for both aggressors and victims. To date, there has been no attempt to systematically assess the breadth of the problem in Canada. To address this gap, the authors undertook a scoping review to enhance understanding of resident-to-resident abuse in LTC homes. A redacted Canadian data set on resident-to-resident abuse is also reported on. Nine electronic literature databases were searched; a total of 784 abstracts were identified, but only 32 satisfied the inclusion criteria. The majority of records (75%) were retrospective case studies, qualitative studies, and reviews/commentaries. Of these, only 14 focused exclusively on resident-to-resident abuse. The redacted Canadian data set suggests resident-to-resident abuse makes up approximately one-third of reported abuse cases. Recommendations for future research, clinical practice, and policy are provided to raise awareness of this phenomenon to help decrease its incidence. (RH)
ISSN: 07149808
From : journals.cambridge.org/cjg

226/4 Shared reality of the abusive and the vulnerable: the experience of aging for parents living with abusive adult children coping with mental disorder; by Tova Band-Winterstein, Yael Smeloy, Hila Avieli.: Cambridge University Press.
International Psychogeriatrics, vol 26, no 11, November 2014, pp 1917-1927.

Increasing numbers of ageing parents are finding themselves in the role of caregiver for their mentally ill adult child due to global deinstitutionalisation policy. The aim of this paper is to describe the daily ageing experience of parents abused by an adult child with mental disorder and the challenges confronting them in this shared reality. Data collection was performed through in-depth semi-structured interviews with 16 parents, followed by content analysis. Three major themes emerged: (a) old age as a platform for parent's vulnerability facing ongoing abuse; (b) `whose needs come first?' in a shared reality of abusive and vulnerable protagonists; (c) changes in relationship dynamics. Old age becomes an arena for redefined relationships combining increased vulnerability, needs of both sides and its impact on the well-being of the ageing parents. This calls for better insights and deeper understanding in regard to intervention with such families. (JL)
ISSN: 10416102
From : www.journals.cambridge.org

ACTIVE AGEING

(See Also 226/100)

226/5 Associative participation of older adults and subjective quality of life: exploring self-selection bias; by Karim Ahmed-Mohamed, Fermina Rojo-Perez, Gloria Fernandez-Mayoralas (et al).: Cambridge University Press.
Ageing and Society, vol 35, no 7, August 2015, pp 1343-1363.
Active ageing policies seek to increase the quality of life of older people in three areas: health, security and participation. This paper focuses on a specific type of participation: associations. Its objective is to explore the possible self-selection effects of this type of participation, using global subjective quality of life indicators (satisfaction with life) and domain-specific indicators (satisfaction with leisure, community social integration and emotional resources). For this, a structural equation modelling analysis was conducted, taking into account bi-directional relationships between the variables of interest. The data come from a conditions and quality of life survey conducted in 2008 among a sample of 1,106 individuals aged 60 or over, living in community-dwellings in Spain. The results illustrate a complex model of relationships in which associative participation is not statistically significantly associated with the satisfaction measures used. This highlights the importance of self-selection effects, and raises the issue of the effectiveness of associative participation as a tool to enhance older adults' life satisfaction. (RH)
ISSN: 0144686X
From : journals.cambridge.org/aso

226/6 Factors associated with active aging in Finland, Poland, and Spain; by Jaime Perales, Steven Martin, Jose Luis Ayuso-Mateos ... (et al).: Cambridge University Press.
International Psychogeriatrics, vol 26, no 8, August 2014, pp 1363-1375.
Continuous population ageing has raised international policy interest in promoting active ageing (AA). AA theoretical models have been defined from a biomedical or a psychosocial perspective. These models may be expanded including components suggested by lay individuals. This paper aims to study the correlates of AA in three European countries, namely, Spain, Poland, and Finland using four different definitions of AA. The EU COURAGE in Europe project was a cross-sectional general adult population survey conducted in a representative sample of the non-institutionalised population of Finland, Poland and Spain. Participants (10,800) lived in the community. This analysis focuses on individuals aged 50 years old and over (7,987). Four definitions (two biomedical, one psychosocial, and a complete definition including biomedical psychosocial, and external variables) of AA were analysed. Differences in AA were found for country, age, education and occupation. Finland scored consistently the highest in AA followed by Spain and Poland. Younger age was associated with higher AA. Higher education and occupation was associated with AA. Being married or cohabiting was associated with better AA compared to being widowed or separated in most definitions. Gender and urbanicity were not associated with AA, with few exceptions. Men scored higher in AA only in Spain, whereas there was no gender association in the other two countries. Being widowed was only associated with lower AA in Poland and not being married was associated with lower AA in Poland and Finland but not Spain. Associations with education, marital status and occupation suggest that these factors are the most important components of AA. These association patterns, however, seem to vary across the three countries. Actions to promote AA in these countries may be addressed at reducing inequalities in occupation and education or directly tackling the components of AA lacking in each country. (JL)
ISSN: 10416102
From : www.journals.cambridge.org

226/7 In line or at odds with active ageing policies?: Exploring patterns of retirement preferences in Europe; by Dirk Hofacker.: Cambridge University Press.
Ageing and Society, vol 35, no 7, August 2015, pp 1529-1556.
Faced with demographic ageing, European policy makers since the mid-1990s have turned away from fostering early retirement to promoting longer working life by reducing early exit incentives and facilitating work continuation. However, it remains open whether these reforms are yet

reflected in the retirement plans and preferences of future pensioners' cohorts. Using most recent data on desired retirement ages from the fifth wave of the European Social Survey (2010/11 wave), this paper empirically investigates how far current policy reforms are in line with the retirement age preferences of older workers aged 45 and over. Results show that older workers approaching retirement age still intend to retire before the politically envisioned age of 65, and in many cases also before nationally defined standard retirement ages. Despite visible progress in implementing active ageing measures, the challenge of motivating older workers to continue working until or even beyond retirement ages thus remains. At the same time, there are regime-specific problem groups that face difficulties in adjusting to the active ageing paradigm of longer working life. This is especially so in countries with little employment support, where those with unstable work careers, employment interruptions and few financial resources are at a high risk of being crowded out from late career employment and thus from the possibility of ensuring a decent standard of living in old age. (RH)
ISSN: 0144686X   From : journals.cambridge.org/aso

226/8 Keeping disease at arm's length: how older Danish people distance disease through active ageing; by Aske Juul Lassen.: Cambridge University Press.
Ageing and Society, vol 35, no 7, August 2015, pp 1364-1383.
Many older people live with a range of chronic diseases. However, these diseases do not necessarily impede an active lifestyle. In this article, the author analyses the relation between the active ageing discourse and the way older people at two Danish activity centres handle disease. How does active ageing change everyday life with chronic disease, and how do older people combine an active life with a range of chronic diseases? The participants in the study use activities to keep their diseases at arm's length, and this distancing of disease at the same time enables them to engage in social and physical activities at the activity centre. In this way, keeping disease at arm's length is analysed as an ambiguous health strategy. The article shows the importance of looking into how active ageing is practised, as active ageing seems to work well in the everyday life of the older people by not giving emphasis to disease. The article is based on ethnographic fieldwork, and uses vignettes of four participants to show how they each keep diseases at arm's length. (RH)
ISSN: 0144686X   From : journals.cambridge.org/aso

226/9 Productive aging; by International Longevity Center - ILC-Japan. Tokyo: International Longevity Center - ILC-Japan.
Global Information Journal on Longevity and Society, Special issue, 2014, pp 1-48.
Cases and approaches to productive ageing in Japan and worldwide are introduced on these themes: variety in living experiences; considering the super-aged society from the perspective of corporations; life after retirement; and conditions for well-being of older people. This special issue of the Global Information Journal on Longevity and Society includes a report of a roundtable meeting, 'Productive Aging for the Elderly in the World', held in Tokyo in February 2013, (a paper by Sally Greengross has the title 'Ageing as a key element of a productive society'), along with the resultant 'Productive Aging: Tokyo statement'. (RH)
From : International Longevity Center, Toranomon 33 Mori Buildeing, 8th Floor,3-8-21, Toranomon, Minato-ku,Tokyo, 105-8446 Japan. E-mail: ilcjapan@mba.sphere.ne.jp; Website: www.ilcjapan.org/english.html

226/10 Progress towards Healthy Ageing in Europe: to promote active healthy lifestyles in 45-68 year olds through workplace, rather than traditional health-related settings; by Elspeth Anne Gibson.: Emerald.
Working with Older People, vol 18, no 2, 2014, pp 51-57.
Progress towards Healthy Ageing in Europe has been a two-year European funded project led by Suffolk County Council Public Health and involving five European Union (EU) member nations. This paper shares the learning from the project as it relates to early preventative activity to promote healthy active ageing. The population of interest is a mid-life age group (age 45-68) accessed in the workplace. The project used qualitative research applying an online Health Manager tool and focus group discussions, along with transnational work to learn from other EU countries about approaches to promote healthy active ageing. A comprehensive account of all project findings is available from a website (www.progresshealthyageing.eu). This paper outlines the findings from the UK regional activity of the application of an online Health ManagerÖ tool to employees (ca. 1,000 participants) from Suffolk in the 45-68 year age group. The phenomenon of the "healthy worker effect" (Shah, 2009) may be a limitation, as the population of interest in this age group were mainly employed and in paid employment. The healthy worker effect implies that those who are employed are already "healthier" due to being employed. The further limitation of the timescale for the intervention and project funding as a resource limitation precludes longer term follow-up and evidence collection to find out if behaviour change in participants has been sustained over time. The findings of the EU Project have contributed towards the Europe 2020 Strategy. Locally, the findings from the project have supported Suffolk County Council's ambition to be the most active county in England. The findings have added momentum to local workplace health initiatives, by providing a focus for the needs of the older workforce. Learning from the Project has also informed development of the Suffolk Workplace Challenge. (RH)
ISSN: 13663666   From : www.emeraldgrouppublishing.com/wwop.htm

226/11 A social health services model to promote active ageing in Mexico: design and evaluation of a pilot programme; by Ricardo Perez-Cuevas, Svetlana V Doubova, Laura Angelica Bazaldua-Merino (et al).: Cambridge University Press.
Ageing and Society, vol 35, no 7, August 2015, pp 1457-1480.
The objective of the study was to design and evaluate a pilot programme aimed at promoting the active ageing of older adults at the Mexican Institute of Social Security. The study was conducted in three stages: (a) design; (b) implementation; and (c) before-after evaluation through analysis of changes in functional status, occupational functioning and health-related quality of life. To overcome the limitations of the study design, the authors evaluated the effect of 80% adherence to the programme on the outcome variables using the generalised linear regression models (GLM). Two hundred and thirty-nine older adults agreed to participate, of whom 65% completed the programme. Most were women; the average age was 77 years. Adherence to the programme was higher than 75 per cent for the group who completed active ageing services, and less than 60% for the drop-out group. Overall, 46% of older adults reached an adherence level of 80% or higher. Adherence was significantly associated with improved quality of life total score (coefficient 2.7, pp0.0001) and occupational functioning total score (coefficient 2.2, pp0.0001). Participation of older adults in an active ageing programme may improve their health-related quality of life and occupational functioning. It is necessary to identify the potential barriers and to implement strategies to improve the recruitment and retention rates during the intervention. (RH)
ISSN: 0144686X From : journals.cambridge.org/aso

AGEING (GENERAL)

(See Also 226/104)

226/12 Ageing: the best years of our lives?; by British Academy. London: British Academy, 2014, 23 pp (The British Academy debates).
The challenges and opportunities that an ageing population is creating - both as individuals and in wider social, economic and cultural terms - are considered. Debates on which this publication is based can be found on the British Academy website (at www.britishacedemy.ac.uk/ageing). The debates demonstrate how older people have contributed to society and the economy: they have not stolen their children's future. Further reading and resources are suggested on themes such as images of ageing, inequalities, cognitive ageing and health, and cities and environmental design. (RH)
From : British Academy, 10 Carlton House Terrace, London SW1Y 5AH.
Website: www.britac.ac.uk

226/13 How to age; by Anne Karpf, School of Life. London: Macmillan, 2014, 149 pp.
A self-help book which considers issues such as the fear of ageing, gender, and death. (RH)
Price: £7.99 From : Pan Macmillan, 20 New Wharf Road, London N1 9RR.

ALCOHOL AND DRUG MISUSE

226/14 Detecting alcohol problems in older adults: can we do better?; by Christine Taylor, Katy A Jones, Tom Dening.: Cambridge University Press.
International Psychogeriatrics, vol 26, no 11, November 2014, pp 1755-1766.
Alcohol problems in older adults aged 65 years or over have risen steadily in recent years, both in the UK and internationally. There has also been a rise in alcohol-related deaths. Numerous triggers can initiate heavy drinking in later life, including bereavement, loneliness and physical ill health. Older adults may be unaware that recommended amounts of alcohol consumption reduce with age. This guest editorial explores the benefits of detecting and treating alcohol misuse in older adults and highlights what are the barriers to such detection and treatment. The author then suggests possible tools for detection and calls for future research in this area. (JL)
ISSN: 10416102 From : www.journals.cambridge.org

226/15 Treatment of alcohol use disorders in the elderly: an overview of RCTs; by Rob M Kok.: Cambridge University Press.
International Psychogeriatrics, vol 26, no 11, November 2014, pp 1767-1770.
This short guest editorial expands on an article in the same issue of this journal (Taylor et al, 2014) which looked at barriers to detecting alcohol use disorders (AUDs) in older adults aged 65 years and above. In the present study the author focuses in particular on randomised controlled trials (RCTs) and the extent to which they help in comparing different treatment approaches. The study concludes that there is no evidence base for treating older patients with an AUD any differently from younger adults with the same problem. Age of onset is understudied in RCTs and whether patients with a late onset of AUDs have a different prognosis and need different treatment is unknown. (JL)
ISSN: 10416102 From : www.journals.cambridge.org

ALTERNATIVE THERAPIES

(See Also 226/103, 226/112)

226/16 Feasibility of central meditation and imagery therapy for dementia caregivers; by Felipe A Jain, Nora Nazarian, Helen Lavretsky.: Wiley Blackwell.
International Journal of Geriatric Psychiatry, vol 29, no 8, August 2014, pp 870-876.
Family dementia caregivers are at high risk of depression and burnout. The present study aimed to assess the feasibility of Central Meditation and Imagery Therapy for Caregivers (CMIT-C), a novel eight-week group meditation and guided imagery group therapy programme, for dementia caregivers reporting stress because of caregiving responsibilities. Twelve family dementia caregivers enrolled in CMIT-C. Primary outcomes included depression and anxiety, and secondary outcomes included insomnia, quality of life and mindfulness. Changes over the study and three month follow-up were analysed with non-parametric related samples tests. Correlations of feeling state changes from meditation diaries at one week were made with symptom changes post meditation training. Ten participants completed the study. Completers came to an average of seven sessions out of a possible eight sessions, and turned in home practice logs of 90 ± 10% of the time. Anxiety, depression and insomnia symptoms decreased, and mindfulness ratings improved with large effects. Gains were stable at three months. Early response during the first week of meditation practice was associated with subsequent home meditation practice, anxiety change at eight weeks and endpoint satisfaction with CMIT-C. Overall the study found that Central Meditation and Imagery Therapy for Caregivers is a feasible intervention for dementia caregivers. Results suggest that this therapeutic technique can reduce symptoms of anxiety, depression and insomnia, and increase levels of mindfulness. Early response to meditation practice predicted those with the greatest short-term benefits, and this may inform future studies of meditation. Larger controlled efficacy studies of CMIT-C for dementia caregivers are warranted. (JL)
ISSN: 08856230 From : www.orangejournal.org

ANXIETY

226/17 Predicting anxiety in carers of people with dementia: the role of trait emotional intelligence; by Jessica Weaving, Vasiliki Orgeta, Martin Orrell ... (et al).: Cambridge University Press.
International Psychogeriatrics, vol 26, no 7, July 2014, pp 1201-1209.
Trait emotional intelligence (trait EI) is a personality dimension related to affect that has been shown to predict mental health problems. The objective of the present study was to examine the predictive validity of trait EI in explaining anxiety symptoms in family carers of people with dementia. A cross-sectional survey was conducted with a convenience sample of 203 dementia family caregivers. The study used the Trait Emotional Intelligence Questionnaire _ Short Form (TEIQue-SF) to measure trait EI in carers. The predictive validity of the scale in explaining anxiety was tested via regression analysis. Bivariate correlational analysis indicated that lower levels of trait EI were related to higher perceived burden, higher anxiety and depression, and poorer self-rated health in carers. Multiple regression analyses indicated that trait EI was a significant predictor of anxiety symptoms after accounting for known factors influencing outcomes for caregivers. Trait EI also showed strong predictive validity in relation to psychosocial outcomes in carers. Overall these findings show that trait EI plays an important role in predicting anxiety in dementia caregivers. Theoretical models and interventions aimed at carers of people with dementia should take into account aspects of personality. (JL)
ISSN: 10416102 From : journals.cambridge.org/ipg

ARTS AND MUSIC

(See Also 226/42)

226/18 'Happy Returns' performance tour: summary report; by Ages and Stages Theatre Company; Centre for Social Gerontology, Keele University; New Vic Theatre; New Dynamics of Ageing Programme - NDA. Keele: Keele University, July 2013, 15 pp.
In March 2013, the Ages and Stages Theatre Company toured a new production, directed by Jill Rezzano, Head of Education at the New Vic Theatre in Newcastle-under-Lyme, Staffordshire. 'Happy Returns' is an interactive performance piece exploring intergenerational relationships, set at a birthday party for three friends of different ages. It was developed as part of a one-year follow on project to Ages and Stages, and funded by the Arts and Humanities Research Council (AHRC). Performers and facilitators were aged between 18 and 93. This report highlights the key points from documentation of the activities arising from the experiences of those involved. (RH)
From : Centre for Social Gerontology, University of Keele, Keele, Staffordshire ST5 5BG. Website: www.keele.ac.uk/agesandstages
http://www.keele.ac.uk/media/keeleuniversity/group/agesandstages/downloads/Happy%20Returns%20Report%20-%20final.pdf

226/19 Ageing, drama and creativity: inter-professional training course: workshop details and resources, August 2013; by Ages and Stages Theatre Company; Centre for Social Gerontology, Keele University; New Vic Theatre; New Dynamics of Ageing Programme - NDA. Keele: Keele University, August 2013, 15 pp.
'Ageing, Drama and Creativity' was a pilot six session inter-professional training course that took place February-April 2013. It focused on the use of intergenerational drama in professional practice and was delivered collaboratively by Keele University and the New Vic Theatre as part of the Arts and Humanities Research Council (AHRC) funded Ages and Stages follow-on project. The course developed practice capabilities and age awareness amongst professionals working in arts organisations, the voluntary sector, local government, health and social services and housing. This document details the aims and objectives of the course; provides an overview of each of the sessions; summarises the exercises that were used; and provides web links for further information. (RH)
From : Centre for Social Gerontology, University of Keele, Keele, Staffordshire ST5 5BG. Website: www.keele.ac.uk/agesandstages
http://www.keele.ac.uk/media/keeleuniversity/group/agesandstages/downloads/ADC%20course%20training%20notes%20final.pdf

226/20 Ages and Stages: An introduction to the project; Translating research into practice; Policy brief; Our Age, Our Stage [DVD]; The place of theatre in representation and recollections of ageing; Happy returns; by Miriam Bernard, David Amigoni, Lucy Munro (et al), Centre for Social Gerontology, Keele University; New Vic Theatre; New Dynamics of Ageing Programme - NDA; Department of Sociological Studies, University of Sheffield. Keele: Keele University, 2013, folder (with 6 inserts and DVD).
Ages and Stages is a collaboration between Keele University and the New Vic Theatre, Newcastle-under-Lyme. Between October 2009 and July 2012, the researchers explored historical representations of ageing within the Vic's social documentaries; and they interviewed 95 older people who have been involved with the theatre as volunteers, actors and employees, audience members, and sources for the documentaries. The research was drawn together to create a new piece of documentary drama called Our Age, Our Stage and the associated Ages and Stages Exhibition. The items in this folder reflect various stages in the research and its outcomes, such as the DVD of the Our Age, Our Stage performance at the New Victoria Theatre and the Ages & Stages Exhibition June 25th - July 21st 2012. The research demonstrates the importance of challenging stereotypes that creativity declines or ceases with age. The importance for older people of inclusion and participation through volunteering and involvement in creative activities is highlighted. The resaerch was funded by the Arts and Humanities Research Council (AHRC) and the New Dynamics of Ageing Programme (NDA) (RES-356-25-005). (RH)
From : Centre for Social Gerontology, University of Keele, Keele, Staffordshire ST5 5BG. Website: www.keele.ac.uk/agesandstages

226/21 Guidance for film-makers working with people with dementia; by Dementia Engagement and Empowerment Project.: Dementia Engagement and Empowerment Project, 2013, 6 pp (DEEP guide).
This is one of a series of guides designed to support the involvement of people with dementia and has been co-produced with people with dementia.

226/22 Scoping a creative age festival: meeting report, 8th July 2013, Keele University, Newvic Theatre; by Ages and Stages Theatre Company; Centre for Social Gerontology, Keele University; New Vic Theatre; New Dynamics of Ageing Programme - NDA. Keele: Keele University, July 2013, 14 pp.
Representatives from community arts organisations, Keele University, Staffordshire University, EngAGE over-50s group, cultural venues, and the health and social care sectors in North Staffordshire met to consider the idea for a creative age festival. Their report considers the potential benefits, barriers to success, resources needed, and who should be involved in such an event. (RH)
From : Centre for Social Gerontology, University of Keele, Keele, Staffordshire ST5 5BG. Website: www.keele.ac.uk/agesandstages
http://www.keele.ac.uk/media/keeleuniversity/group/agesandstages/downloads/Scoping%20Creative%20Age%20Festival%20meeting%20report%20final.pdf

226/23 Using sound recording to get your message across; by Dementia Engagement and Empowerment Project.: Dementia Engagement and Empowerment Project, 2013, 5 pp (DEEP guide).
This is one of a series of guides designed to support the involvement of people with dementia and has been co-produced with people with dementia.

ASSISTIVE TECHNOLOGY

226/24 Factors that influence intent to adopt a hearing aid among older people in Italy; by Nicola Cobelli, Liz Gill, Fabio Cassia, Marta Ugolini.: Wiley Blackwell.
Health and Social Care in the Community, vol 22, no 6, November 2014, pp 612-622.
Hearing loss is one of the most prevalent health impairments associated with ageing in developed

countries, and it can result in social, emotional and communication dysfunction. Hearing loss in Italy is increasing; yet, despite the availability of free hearing aids and access to qualified community-based health professionals specialising in audiology services, their uptake remains low (about 15%-20%). This paper presents an investigation of the possible reasons why older people in Italy resist adopting a hearing aid. The authors used the literature to identify factors influencing people with hearing loss's decision-making, and drew on the theory of reasoned action to create an explanatory model. They applied a cross-sectional design to test their hypotheses. They developed a questionnaire including 13 items related to adopting a hearing aid. Health professionals identified 400 people aged 60-90 who were candidates for a free hearing aid. Those willing to participate were sent a copy of the questionnaire and telephoned between August and September 2009; a total of 243 responded (response rate 60.8%). Linear regression analysis highlighted that a person's intention to adopt a hearing aid was positively related to attitude towards its adoption, but negatively linked to perceived subjective norms. It was found that trust in the health professional does not moderate the relationship between a person's attitude and the intention to adopt a hearing aid. However, trust does mitigate the relationship between the individual's perceived subjective norms and intentions. These findings underline the importance of the potential role that the healthcare professional could play in reducing the uncertainty created by external social pressures. For this purpose, stronger collaboration between the various health professionals involved in hearing aid provision, from diagnosis to fitting, is recommended. (RH)
ISSN: 09660410
From : wileyonlinelibrary.com/journals/hsc

226/25 Home environments and adaptations in the context of ageing; by Sylvie Renaut, Jim Ogg, Segolene Petite (et al).: Cambridge University Press.
Ageing and Society, vol 35, no 6, July 2015, pp 1278-1303.
'Ageing in place' initiatives form an important part of broader 'ageing well' strategies that are being developed in response to demographic change. Increasingly, it is acknowledged that it is important to understand how individuals shape and modify the space within their own home and immediate environment to facilitate flexible solutions in the event of a loss of independence. This research was carried out in France, and aims to understand how individuals construct the space both within their own home and their immediate surroundings and how this construction is linked to their own perception of ageing and growing old. A thematic analysis of 28 qualitative interviews resulted in two differentiated responses in relation to home adaptations: those respondents who had acted to modify their home and environment; and those who instead sought to delay or 'put off' any modifications. The results demonstrate the multi-dimensional experience of ageing, the diversity of types of home environment, and the interplay between compensatory solutions and the social contexts within which they take place. The need for a more holistic approach that takes into account factors such as an individual's experience of ageing is suggested, in order to understand the use of space in home environments and the adaptations that are made to them. Policy initiatives for 'ageing in place' can be reinforced by closer user involvement.
ISSN: 0144686X
From : journals.cambridge.org/aso

ATTITUDES TO AGEING

226/26 Life course influences of physical and cognitive function and personality on attitudes to aging in the Lothian Birth Cohort 1936; by Susan D Shenkin, Ken Laidlaw, Mike Allerhand ... (et al).: Cambridge University Press.
International Psychogeriatrics, vol 26, no 9, September 2014, pp 1417-1430.
Reports of attitudes to ageing from older people themselves are scarce. What life course factors predict differences in these attitudes are unknown. The present study aimed to investigate life course influences on attitudes to ageing in healthy, community-dwelling people in the UK. Participants in the Lothian Birth Cohort 1936 completed a self-report questionnaire (Attitudes to Ageing Questionnaire, AAQ) at around age 75. Demographic, social, physical, cognitive and personality/mood predictors were assessed around age 70. Cognitive ability data were available at age 11. Generally positive attitudes were reported in all three domains: low Psychosocial Loss, high Physical Change, and high Psychological Growth. Hierarchical multiple regression found that demographic, cognitive and physical variables each explained a relatively small proportion of the variance in attitudes to ageing, with the addition of personality/mood variables contributing most significantly. Predictors of attitudes to Psychosocial Loss were high neuroticism; low extraversion, openness, agreeableness, and conscientiousness; high anxiety and depression; and more physical disability. Predictors of attitudes to Physical Change were: high extraversion, openness, agreeableness, and conscientiousness; female sex; social class; and less physical disability. Personality predictors of attitudes to Psychological Growth were similar. In contrast, less affluent environment, living alone, lower vocabulary scores, and slower walking speed predicted more positive attitudes in this domain. Overall the study concludes that older people's attitudes to ageing are positive. The main predictors of attitude are personality traits. Influencing social circumstances, physical well-being or mood may result in more positive attitudes. Alternatively, interventions to influence attitudes may have a positive impact on associated physical and affective changes. (JL)
ISSN: 10416102 From : www.journals.cambridge.org

BEREAVEMENT

226/27 Primary care providers' bereavement care practices: recommendations for research directions; by Angela R Ghesquiere, Sapana R Patel, Daniel B Kaplan ... (et al).: Wiley Blackwell.
International Journal of Geriatric Psychiatry, vol 29, no 12, December 2014, pp 1221-1229.
Bereaved patients are often seen in primary care settings. Although most do not require formal support, physicians may be called upon to provide support to some bereaved, particularly those with bereavement-related mental health disorders like complicated grief and bereavement-related depression. Research evidence on physician bereavement care is scant. The present study makes recommendations for future research in this area. A literature review was conducted focusing on studies conducted between 1996 and 2013 in the United States. The limited existing research indicated substantial gaps in the research literature, especially in the areas of primary care physician skill and capacity, patient-level outcomes and the quality of research methodology. No US studies focused specifically on care for bereavement-related mental health disorders. The authors provide recommendations about how to improve research about primary bereavement care. The study concludes that the primary care sector offers ample opportunities for research on bereavement care. With greater research efforts, there may be improvements to quality of bereavement care in primary care in general, and also to the accurate detection and appropriate referral for bereavement-related mental health conditions. (JL)
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CARERS AND CARING

(See Also 226/17, 226/50, 226/122)

226/28 Prepared to care?: Exploring the impact of caring on people's lives; by Carers Week Partnership; Carers UK; Age UK (et al). London: Carers UK; Carers Week, 2013, 27 pp.
The Carers Week partnership wanted to find out from the UK's carers how prepared as a society we are and what could make a difference to carers' lives and the people they care for. This report explores the impact that caring has on people's lives, based on the findings of the survey of more than 2,100 carers The focus is on their relationships, career, finances, health and well-being, and support, advice and information. More than seven in ten carers were not prepared for all aspects of caring, the emotional impact of caring, changes to their lifestyle because of a caring role, the change in relationship with the person cared for, or the financial impact of their caring role. Just under two-thirds (63 per cent) of carers were unprepared for the impact caring had on their career. Among recommendations are for there to be a better public understanding and recognition of carers; and for access to information and the right support from the beginning, with good quality practical and emotional support and information, also breaks from caring, Professionals need to have a better understanding of the role of carers, and to share information, decision making and planning with them. Employers also need to be understanding and to offer flexible working practices. Financial support, including a welfare system that is fair and easy to navigate, is required. (RH)
From: http://www.carersweek.org/media/k2/attachments/Prepared_to_Care_FINAL.pdf

226/29 Problematising care burden research; by Mary Ellen Purkis, Christine Ceci.: Cambridge University Press.
Ageing and Society, vol 35, no 7, August 2015, pp 1410-1428.
The authors use Alvesson and Sandberg's strategy of problematisation to analyse the assumptions embedded in the development and use of the concept of 'caregiver burden'. They do this in order to develop an explanation as to why decades of research into the experience of providing home-based care to a family member with dementia has had little effect in relieving or reducing the 'burden' of that care. Though some part of this is undoubtedly political, the authors' analysis suggests that key assumptions of the research limit both knowledge development and intervention effectiveness. Especially problematic are first, an overriding focus on the isolated caregiver-recipient dyad as the appropriate object of inquiry and target of intervention; and second, an absence of an analysis of the materiality of care and care-giving practices. The heterogeneity of care situations, including interrelations among people, technologies, objects, spaces and other organisational worlds, appear in much of the research primarily as methodological problems, variables to be subdued through a more rigorous application of method. The high volume of research and acknowledged low impact of interventions, however, suggests that rethinking the nature of care practices, and how we come to know about them, is necessary if we are to develop and implement strategies that will contribute to better outcomes for caregivers. (RH)
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From : journals.cambridge.org/aso

DEMENTIA

(See Also 226/21, 226/60, 226/64, 226/70, 226/75, 226/94, 226/111)

226/30 The aesthetic approach to people with dementia; by Julian C Hughes.: Cambridge University Press.
International Psychogeriatrics, vol 26, no 9, September 2014, pp 1407-1413.
This guest editorial looks at aesthetic and ethical approaches to dementia in which the author seeks to gain a philosophical understanding of what it means to be a person with dementia, and how we ought to stand as human beings in relation to this person. After examining dictionary definitions of aesthetics, the author looks at the aesthetic poetry of John Keats (1795-1821) and goes on to consider what literature and art can tell us about dementia. He then examines the aesthetic experience of people with dementia themselves who receive treatment and describes the person with dementia as an aesthetic being. (JL)
ISSN: 10416102
From : www.journals.cambridge.org

226/31 Choosing a dementia-friendly meeting space; by Dementia Engagement and Empowerment Project.: Dementia Engagement and Empowerment Project, 2013, 6 pp (DEEP guide).
This is one of a series of guides designed to support the involvement of people with dementia and has been co-produced with people with dementia.

226/32 Dementia diagnostic criteria in Down syndrome; by Rory Sheehan, Amanda Sinai, Nick Bass ... (et al).: Wiley Blackwell.
International Journal of Geriatric Psychiatry, vol 30, no 8, August 2015, pp 857-863.
Dementia is a common clinical presentation among older adults with Downs syndrome. The presentation of dementia in Downs syndrome differs compared with typical Alzheimer's disease. The performance of manualised dementia criteria in the International Classification of Diseases (ICD)-10 and Diagnostic and Statistical Manual of Mental Disorders-IV-Text Revision (DSM-IV-TR) is uncertain in this population. The present study aimed to determine the concurrent validity and reliability of clinicians' diagnoses of dementia against ICD-10 and DSM-IV-TR diagnoses. Validity of clinical diagnoses were also explored by establishing the stability of diagnoses over time. The study used clinical data from memory assessments of 85 people with Downs syndrome, of whom 64 (75.3%) had a diagnosis of dementia. The cases of dementia were presented to expert raters who rated the case as dementia or no dementia using ICD-10 and DSM-IV-TR criteria and their own clinical judgment. It was found that clinician's judgment corresponded best with clinically diagnosed cases of dementia, identifying 84.4% cases of clinically diagnosed dementia at the time of diagnosis. ICD-10 criteria identified 70.3% cases, and DSM-IV-TR criteria identified 56.3% cases at the time of clinically diagnosed dementia. Over time, the proportion of cases meeting ICD-10 or DSM-IV-TR diagnoses increased, suggesting that experienced clinicians used their clinical knowledge of dementia presentation in Downs syndrome to diagnose the disorder at an earlier stage than would have been possible had they relied on the classic description contained in the diagnostic systems. Clinical diagnosis of dementia in Downs syndrome is valid and reliable and can be used as the standard against which new criteria such as the DSM-5 are measured. (JL)
ISSN: 08856230
From : www.orangejournal.org

226/33 Dementia: timely diagnosis and early intervention; by Louise Robinson, Eugene Tang, John-Paul Taylor.
BMJ 2015: 350:h3029.doi, 15 June 2015, 5 pp.
By 2050, an estimated 135 million people worldwide will have dementia. In 2010, the global cost of dementia care was estimated at $604 bn (£396 bn) and estimated to increase to $1 trillion by 2030. Of all chronic diseases, dementia is one of the most important contributors to dependence and disability. In the absence of a cure, a professional belief that nothing can be done has contributed to delays in diagnosis. However, increasing evidence showing that dementia can be preventable has led to an international focus on earlier diagnosis and intervention. This review aims to summarise current evidence and best practice in the diagnosis and early intervention in dementia care. (RH)
From : http://www.bmj.com/content/350/bmj.h3029.full

226/34 Deterioration of basic activities of daily living and their impact on quality of life across different cognitive stages of dementia: a European study; by Clarissa M Giebel, Caroline Sutcliffe, Minna Stolt ... (et al).: Cambridge University Press.
International Psychogeriatrics, vol 26, no 8, August 2014, pp 1283-1293.
Performing basic activities of daily living (ADLs) is one of the major difficulties encountered in dementia, which can have considerable negative impacts on the quality of life (QoL) of people with dementia (PwD). However the extent to which basic ADL performance deteriorates across mild, moderate and severe dementia is little examined and its impact, together with depression and neuropsychiatric behaviour upon QoL is of considerable relevance across European countries. In the present study data were drawn from people living in the community who were participants in

a large-scale European study on transition from community living to care homes of PwD. PwD completed measures on cognitive functioning and QoL, and informal carers reported upon QoL, depressive symptomatology, psychopathology and functional ability of the PwD. ADL performance deteriorated differently for each activity. In particular toileting, transfer and feeding remained relatively intact throughout, whereas performance on bathing and dressing deteriorated to a greater extent from mild to severe dementia. It appears that continence was not affected by the stage of dementia with similar levels of impairment. Basic ADL performance impacted to different degrees on QoL across dementia stages and countries. Interventions aimed at maintaining independence or QoL need to target different ADLs across different dementia stages and perhaps also tailor interventions to the context of different countries. The findings contribute to the development of non-pharmaceutical interventions and governmental pledges to promote independence in dementia. (JL)
ISSN: 10416102
From : www.journals.cambridge.org

226/35 Disclosing a dementia diagnosis: what do patients and family consider important?; by Maree Mastwyk, David Ames, Kathryn A Ellis ... (et al).: Cambridge University Press.
International Psychogeriatrics, vol 26, no 8, August 2014, pp 1263-1272.
The literature available on the format of the feedback session following assessment of memory impairment is minimal. This study explored how this information should be presented from the perspective of patients and their families. 32 semi-structured interviews were conducted with memory clinic patients and their carer at the clinic visit that followed the feedback session, to ask: what they recalled, what they found helpful and what they thought was the best way to disclose a diagnosis of dementia. A second interview was conducted with 14 patient/carer dyads at their next appointment. Recall of information from the feedback session was variable. Most respondents (76% of patients; 66% of carers) thought that a direct approach was best when informing the patient of a dementia diagnosis, and that both written information and compassion demonstrated by the doctor were helpful. Opinions on whether all the information should be given at once or in stages were divided. The current format of the feedback session needs revision to improve recall. Patients and their families want a direct approach to be used by a supportive and professional doctor with an opportunity to ask questions. They want the support of a family member or friend when they are told of their diagnosis and they would like a written summary to refer to afterwards. (JL)
ISSN: 10416102
From : www.journals.cambridge.org

226/36 Disorders of "taste cognition" are associated with insular involvement in patients with Alzheimer's disease and vascular dementia: "Memory of food is impaired in dementia and responsible for poor diet"; by Teiko Suto, Kenichi Meguro, Masahiro Nakatsuka ... (et al).: Cambridge University Press.
International Psychogeriatrics, vol 26, no 7, July 2014, pp 1127-1138.
In dementia patients dietary intake problems may occur despite the absence of swallowing problems. The present study investigated cognitive functions on food and taste in Alzheimer's disease (AD) and vascular dementia (VaD) patients. Participants included 15 healthy controls (HC), 30 AD and 20 VaD patients. In the Food Cognition Test, replicas of three popular foods in Japan with no odours were presented visually to each participant, with the instruction to respond with the name of each food. Replicas of food materials were subsequently presented to ask whether they were included in these foods. In the Taste Cognition Test, replicas of 12 kinds of foods were presented to describe their expected tastes. The AD/VaD groups exhibited significantly lower scores on Food/Taste Cognition Tests compared with the HC group. These scores correlated inversely with Mini-Mental State Examination (MMSE) scores in the AD group. Decreased dietary intake was observed in 12 of the 50 patients: 8 of the 12 exhibited decreased Taste Cognition Test scores, higher than that of the normal-intake patients. There was no difference in the filter paper taste disc test between HC/AD/VaD groups. To test the hypothesis that the insula is associated with taste cognition, two MMSE-matched AD subgroups underwent positron emission tomography. Glucose metabolism in the right insula was lower in the low taste cognition subgroup. The VaD patients with insular lesions exhibited impaired Taste Cognition Test findings. It is important to consider the cognitive aspect of dietary intake when caring for dementia patients. (JL)
ISSN: 10416102
From : journals.cambridge.org/ipg

226/37 Driving and dementia: a clinical decision pathway; by Kirsty Carter, Sophie Monaghan, John O'Brien ... (et al).: Wiley Blackwell.
International Journal of Geriatric Psychiatry, vol 30, no 2, February 2015, pp 210-216.
Studies have shown that people with a diagnosis of dementia are at increased risk when driving. They are more likely to become lost, travel too slowly, not wear a seat belt and be involved in a collision. The present study considers whether a patient with dementia is safe to drive, and then presents a succinct clinical pathway for patients with dementia. This pathway provides a decision-making framework for how health professionals across a range of disciplines deal with patients with dementia who drive. By integrating the latest guidance from diverse roles within

older people's health services and key experts in the field, the resulting pathway reflects up-to-date policy and encompasses differing perspectives and good practice. It is potentially a general pathway that can be easily adaptable for use internationally, by replacing UK legislation for local regulations. A limitation of this pathway is that it does not address the concern of mild cognitive impairment and how this condition relates to driving safety. (JL)
ISSN: 08856230
From : www.orangejournal.org

226/38 From beginning to end: perspectives of the dementia journey in Northern Ontario; by Deanna Di Grigorio, Shannon Ferguson, Elaine Wiersma.: Cambridge University Press.
Canadian Journal on Aging, vol 34, no 1, March 2015, pp 100-112.
Research on dementia care continues to develop, yet little attention has been given to the dementia experience in rural, northern communities in Ontario. This study explored the dementia journey through the viewpoints of health service providers, caregivers, community members, and people living with dementia. The findings highlight the complexity of dementia awareness and understanding. Sound awareness and knowledge of dementia itself, the community services available, as well as of the perspectives of individuals living with dementia and care partners specifically in rural, northern Ontario are fundamental to quality care and support of individuals with dementia. Practical service implications and the need for greater developments with respect to the awareness and understanding of dementia in rural, northern communities are discussed. (RH)
ISSN: 07149808
From : journals.cambridge.org/cjg

226/39 Good days and bad days in dementia: a qualitative chart review of variable symptom expression; by Kenneth Rockwood, Sherri Fay, Laura Hamilton ... (et al).: Cambridge University Press.
International Psychogeriatrics, vol 26, no 8, August 2014, pp 1239-1246.
Despite its importance in the lived experience of dementia, symptom fluctuation has been little studied outside Lewy body dementia. The present study aimed to characterise symptom fluctuation in patients with Alzheimer's disease (AD) and mixed dementia. A qualitative analysis of health records that included notations on good days and bad days yielded 52 community-dwelling patients. Good days and/or bad days were most often described as changes in the same core set of symptoms (e.g. less/more verbal repetition). In other cases, only good or only bad days were described (e.g. no bad days, better sense of humour on good days). Good days were typically associated with improved global cognition, function, interest and initiation. Bad days were associated with frequent verbal repetition, poor memory, increased agitation and other disruptive behaviours. Clinically important variability in symptoms appears common in AD and mixed dementia. Even so, what makes a day `good' is not simply more (or less) of what makes a day `bad'. Further investigation of the factors that facilitate or encourage good days and mitigate bad days may help improve quality of life for patients and caregivers. (JL)
ISSN: 10416102 From : www.journals.cambridge.org

226/40 Involving people with dementia at conferences and events; by Dementia Engagement and Empowerment Project.: Dementia Engagement and Empowerment Project, 2013, 4 pp (DEEP guide).
This is one of a series of guides designed to support the involvement of people with dementia and has been co-produced with people with dementia.

226/41 The Koori Growing Old Well Study: investigating aging and dementia in urban Aboriginal Australians; by Kylie Radford, Holly A Mack, Hamish Robertson (et al).: Cambridge University Press.
International Psychogeriatrics, vol 26, no 6, June 2014, pp 1033-1043.
Dementia is an emerging health priority in Australian Aboriginal communities but substantial gaps remain in our understanding of this issue, particularly for the large urban section of the population. In remote Aboriginal communities, high prevalence rates of dementia at relatively young ages have been reported. The current study investigated ageing, cognitive decline and dementia in older urban/regional Aboriginal Australians. The study partnered with five Aboriginal communities across New South Wales to undertake a census of all Aboriginal men and women aged 60 years and over residing in these communities. This was followed by a survey of the health, well-being and life history of all consenting participants. Participants were also screened using three cognitive instruments. Those scoring below designated cut-offs, and a 20% random sample of those scoring above (i.e. `normal' range), completed a contact person interview (with a nominated family member) and medical assessment (blind to initial screening results), which formed the basis of `gold standard' clinical consensus determinations of cognitive impairment and dementia. This paper details protocol for a population-based study in collaboration with local Aboriginal community organisations. The study provides the first available prevalence rates for dementia and cognitive impairment in a representative sample of urban Aboriginal people across city and rural communities, where the majority of Aboriginal Australians live. It also contributes to improved assessment of dementia and cognitive impairment and to our understanding of social determinants of successful ageing of international significance. (JL)
ISSN: 10416102 From : journals.cambridge.org/ipg

226/42 A preliminary psychometric evaluation of Music in Dementia Assessment Scales (MiDAS); by Orii McDermott, Vasilike Orgeta, Hanne Mette Ridder ... (et al).: Cambridge University Press.
International Psychogeriatrics, vol 26, no 6, June 2014, pp 1011-1019.
Music in Dementia Assessment Scales (MiDAS), an observational outcome measure for music therapy with people with moderate to severe dementia, was developed from qualitative data of focus groups and interviews. Expert and peer consultations were conducted at each stage of the scale development to maximise its content validity. This study aimed to evaluate the psychometric properties of MiDAS. Care home residents with dementia attended weekly group music therapy for up to ten sessions. Music therapists and care home staff were requested to complete weekly MiDAS ratings. The Quality of Life Scale (QoL-AD) was completed at three time-points. In all, 629 MiDAS forms were completed. The statistical analysis revealed that MiDAS has high therapist inter-rater reliability, low staff inter-rater reliability, adequate staff test-retest reliability, adequate concurrent validity and good construct validity. High factor loadings between the five MiDAS Visual Analogue Scale (VAS) items, levels of Interest, Response, Initiation, Involvement, and Enjoyment, were found. This study indicates that MiDAS has good psychometric properties despite the small sample size. Future research with a larger sample size could provide a more in-depth psychometric evaluation, including further exploration of the underlying factors. MiDAS provides a measure of engagement with musical experience and offers insight into who is likely to benefit on other outcomes such as quality of life or reduction in psychiatric symptoms. (JL)
ISSN: 10416102
From : journals.cambridge.org/ipg

226/43 The prevalence and burden of behavioural and psychological symptoms of dementia in rural Tanzania; by S-M Paddick, A Kisoli, A Longdon ... (et al).: Wiley Blackwell.
International Journal of Geriatric Psychiatry, vol 30, no 8, August 2015, pp 815-823.
Behavioural and psychological symptoms (BPS) of dementia are common in high-income countries, but there are few data from sub-Saharan Africa. The aim of this study was to estimate the prevalence and pattern of BPS and associated caregiver distress in rural Tanzania. Prevalent cases of dementia (aged 70 and over) were identified during a community-based door-to-door study in six rural villages in Tanzania. Following cognitive screening, a stratified sample (over-sampled for people with dementia) of cases underwent a detailed clinical assessment including the brief 12 item neuropsychiatric inventory (NPI-Q), which assessed BPS and associated caregiver distress over the preceding 30 days. Of 78 people with dementia, at least one current BPS was reported by 69 (88.4%), with 40 (51.3%) reporting three or more symptoms. In 172 people with no cognitive impairment, 110 (64.0%) reported at least one symptom and 48 (27.9%) reported three or more. In dementia cases, the most frequent symptoms reported were anxiety (47.4%), agitation/aggression (38.5%), night-time behavioural disturbance (34.6%), irritability (33.3%) and depression (33.3%). The frequency of BPS in dementia in this rural Tanzanian population was high and comparable to that reported in prevalence studies from high income countries. Symptoms were also common, although to a lesser degree, amongst cognitively intact subjects. BPS are likely to have a significant impact on quality of life for older people and their carers in low-income settings. Low-cost interventions, such as community-based therapy and education, are needed. (JL)
ISSN: 08856230
From : www.orangejournal.org

226/44 Prevalence of dementia in East Asia: a synthetic review of time trends; by Yu-Tzu Wu, Carol Brayne, Fiona E Matthews.: Wiley Blackwell.
International Journal of Geriatric Psychiatry, vol 30, no 8, August 2015, pp 793-801.
This study aimed to synthesise evidence on time trends of dementia prevalence in East Asian countries including Japan, China, South Korea and Taiwan and assess the impact of the societal changes on future prevalence. Relevant reviews and recent nationwide studies in East Asia were identified to investigate changes in prevalence of dementia over time taking into account the potential impact of methodological factors and study designs. The robust evidence that has been interpreted to suggest a substantial increasing trend over time is less compelling once fundamental differences in study methods and populations across individual surveys are considered. In Japan, longitudinal studies in small areas suggest the potential increase of prevalence after 2000. Increasing trends in China, South Korea and Taiwan over the last 20-30 years are based on the literature review without adjustment for methodological differences. Economic development and huge societal changes alongside the rise of non-communicable disease in East Asia could lead to increasing prevalence of dementia in the future once those cohorts with high risk of dementia reached their older age. Current evidence is not sufficient to suggest increasing trends of dementia prevalence in East Asia. Longitudinal studies with representative samples and stable methodology are needed to provide fundamental information of the epidemiology of dementia and identify important risk factors in East Asian societies. (JL)
ISSN: 08856230
From : www.orangejournal.org

226/45 Rethinking dementia: how autonomy and control can be fostered through the development of person centred services; by Hugo de Waal.: Emerald.
Working with Older People, vol 18, no 2, 2014, pp 82-89.
There is limited understanding of the reasons why dementia services struggle to be user-friendly, accessible, transparent and responsive. This paper describes the loss of autonomy and control as the core problem in dementia, and highlights the individuality of the lived experience of dementia. It analyses the failure of dementia services to keep the individual central to their design, and identifies that failure as the unavoidable result of methodological error. The paper guides the reader through the conceptual error in dementia service design, and highlights the disconnect between clinical symptomatology and the lived experience of the person with dementia. The analysis continues with the fact that dementia diminishes those brain functions central to the lived individuality, a characteristic which should inform service design. The paper proposes an approach, building on these insights, to build a personalised care plan and resource centre, thus filling the gap system-level design of dementia services are bound to leave open. The paper presents a pragmatic approach using a digital, portable and editable care planning tool and personalised resource centre, which can be populated by the person with dementia and/or carer(s) with facilitation from, e.g. trained volunteers or others. The care planning tool will have a range of functions, including facilities to aid staying in touch with relatives or peers (or anyone else, dependent on personal preferences), enable building peer-to-peer support networks and thus minimise social isolation and loneliness. (RH)
ISSN: 13663666
From : www.emeraldgrouppublishing.com/wwop.htm

226/46 Special issue on young onset dementia; by Raymond Koopmans, Tor Rosness (eds).: Cambridge University Press.
International Psychogeriatrics, vol 26, no 12, December 2014, pp 1931-2021.
This special issue features a guest editorial followed by nine articles looking at Young Onset Dementia (YOD), which is generally defined as dementia starting before the age of 65. Topics covered are as follows: the experiences of adult children of persons with young-onset dementia; cognitive decline in patients with young onset Alzheimer's disease; the prevalence of YOD in Australia; family history of frontotemporal lobar degeneration in Asia; the characteristics of YOD patients in institutional care; psychotropic drug use in people with YOD; the relationship between unmet care needs in YOD patients and the course of neuropsychiatric symptoms; the experiences of children living with a parent with YOD; and the use of assistive technology in the lives of people with YOD. (JL)
ISSN: 10416102
From : journals.cambridge.org/ipg

226/47 Use of the Tailored Activities Program to reduce neuropsychiatric behaviors in dementia: an Australian protocol for a randomized trial to evaluate its effectiveness; by C M O'Connor, L Clemson, H Brodaty ... (et al).: Cambridge University Press.
International Psychogeriatrics, vol 26, no 5, May 2014, pp 857-869.
Behavioural and psychological symptoms of dementia (BPSD) are often considered to be the greatest challenge in dementia care, leading to increased healthcare costs, caregiver burden and placement into care facilities. With potential for pharmacological intervention to exacerbate behaviours or even lead to mortality, the development and rigorous testing of non-pharmacological interventions is vital. A pilot of the Tailored Activities Program (TAP) for reducing problem behaviours in people with dementia was conducted in the United States with promising results. This randomised trial investigated the effectiveness of TAP for reducing the burden of BPSD on persons with dementia and family caregivers within an Australian population. The trial also examined the cost-effectiveness and willingness to pay for TAP compared with a control group. The study aimed to recruit 180 participant dyads of a person with dementia and their caregivers. Participants had a diagnosis of dementia, exhibited behaviours as scored by the Neuropsychiatric Inventory, and the caregiver had to have at least seven hours of contact per week. Participants were randomly allocated to intervention (TAP) or control (phone-based education sessions) groups, both provided by a trained occupational therapist. Primary outcome measure was the revised Neuropsychiatric Inventory _ Clinician rating scale (NPI-C) to measure BPSD exhibited by the person with dementia. This trial investigated the effectiveness and cost-effectiveness of TAP within an Australian population. The results will address a significant gap in the current Australian community-support base for people living with dementia and their caregivers. (JL)
ISSN: 10416102
From : journals.cambridge.org/ipg

226/48 Usefulness of data from magnetic resonance imaging to improve prediction of dementia: population-based cohort study; by Blossom C M Stephan, Christophe Tzourio, Sophie Auriacombe (et al).
BMJ 2015:350:h2863.doi, 22 June 2015, 11 pp.
1721 people aged 65 and over without dementia who underwent a magnetic resonance imaging (MRI) scan at baseline and with known dementia status over 10 years' follow-up were part of the Dijon MRI study cohort from the Three Cities Study, France. During the 10 years of follow up,

there were 119 confirmed cases of dementia, 84 of which were Alzheimer's disease (AD). The study found that data from MRI do not significantly improve discrimination performance in prediction of all cause dementia beyond a model incorporating demographic, cognitive, health, lifestyle, physical function, and genetic data. There were, however, statistical improvements in reclassification, prognostic separation, and some evidence of clinical utility. (RH)
From : http://www.bmj.com/content/350/bmj.h2863

226/49 The value of personalized psychosocial interventions to address behavioral and psychological symptoms in people with dementia living in care home settings: a systematic review; by Ingelin Testad, Ann Corbett, Dag Aarsland ... (et al).: Cambridge University Press.
International Psychogeriatrics, vol 26, no 7, July 2014, pp 1083-1098.
Several important systematic reviews and meta-analyses focusing on psychosocial interventions have been undertaken in the last decade. However they have not focused specifically on the treatment of individual behavioural and psychological symptoms of dementia (BPSD) with personalised interventions. This updated systematic review focuses on studies reporting the effect of personalised psychosocial interventions on key BPSD in care homes. The authors undertook a systematic review of the evidence for psychosocial interventions for BPSD, focusing on papers published between 2000 and 2012. All care home and nursing home studies including individual and cluster randomised controlled trials (RCTs) and pre-/post-test studies with control conditions were included. 641 studies were identified, of which 40 fulfilled inclusion and exclusion criteria. There was good evidence to support the value of personalised pleasant activities with and without social interaction for the treatment of agitation, and reminiscence therapy to improve mood. The evidence for other therapies was more limited. There is a growing body of evidence indicating specific effects of different personalised psychosocial interventions on individual BPSD and mood outcomes. (JL)
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DEMENTIA CARE

(See Also 226/16, 226/17, 226/23, 226/45, 226/76, 226/95, 226/115, 226/119)

226/50 How are decisions on care services for people with dementia made and experienced?: a systematic review and qualitative synthesis of recent empirical findings; by Annika Taghizadeh Larsson, Johannes H Osterholm.: Cambridge University Press.
International Psychogeriatrics, vol 26, no 11, November 2014, pp 1849-1862.
During recent decades there has been a growing recognition that people cannot be assumed incapable of making decisions about their own care solely on the basis of a dementia diagnosis. International agreements and legislative changes have strengthened the formal right for people with dementia to participate in decisions on care services. This raises important questions about how these decisions are currently made and experienced in practice. This review aims to address this question and highlight directions for further research. Following a literature search of relevant databases, 24 articles were identified, all representing qualitative studies. Relevant findings were extracted and synthesised along dimensions of involvement of the person with dementia in decisions on care services, using an integrative approach. The study identified three overarching ways in which people with dementia are involved primarily in the informal part of a process of decisions: excluded, prior preferences taken into account, and current preferences respected. Ten articles seemed to be based on the assumption that decisions on care services are invariably and solely made within the family and without participation of the person with dementia. This review emphasises the need for more updated research about international debates and agreements concerning capabilities and rights of people with dementia and about the potential formal contexts of care decisions in the country concerned. (JL)
ISSN: 10416102
From : www.journals.cambridge.org

226/51 Life story resources in dementia care: a review; by Jacqueline Kindell, Simon Burrow, Ray Wilkinson (et al).: Emerald.
Quality in Ageing and Older Adults, vol 15, no 3, 2014, pp 151-161.
Life story work has a relatively long tradition in the caring sciences and is recognised as an important component of dementia care and practice. Following a systematic approach to identification and inclusion, this paper reviews 11 life story resources, to ascertain areas of commonality and divergence between the materials. The authors were able to group the analysis under eight areas. However, at the end of this process, it was uncertain whether life story work is a formal staff intervention, or is an informal activity that people with dementia and their families could engage in. Resources also varied in terms of whether the life story information was organised in a chronological way, or with topics of interest/discussion or with a combination of both. Life story evaluation and its impact on the life of the person with dementia is in need of development. Across the resources, the authors identified four reasons for doing life story work, namely: emotional connections; interactional connections; building new connections; and practical care connections. There was limited guidance aimed at helping people with dementia to develop and compile their own life story. This paper provides new insights into the usefulness, future

directions and content of life story resources in dementia care. It will be of interest to those in health and social care as well as people living with dementia. (RH)
ISSN: 14717794
From : www.emeraldinsight.com

226/52 The Namaste Care programme can reduce behavioural symptoms in care home residents with advanced dementia; by Miranda Stacpoole, Jo Hockley, Amanda Thompsell ... (et al).: Wiley Blackwell.
International Journal of Geriatric Psychiatry, vol 30, no 7, July 2015, pp 702-709.
The objective of this study was to evaluate the effects of the Namaste Care programme on the behavioural symptoms of residents with advanced dementia in care homes and their pain management. Six dementia care homes collaborated in an action research study (one withdrew). Inclusion criteria were a dementia diagnosis and a Bedford Alzheimer's Nursing Severity Scale score of 16 or less. Primary research measures were the Neuropsychiatric Inventory-Nursing Homes (NPI-NH) and Doloplus-2 behavioural pain assessment scale for older people. Measures were recorded at baseline and at three 1-2 monthly intervals after Namaste Care started. Management disruption occurred across all care homes. The severity of behavioural symptoms, pain and occupational disruptiveness (NPI-NH) decreased in four care homes. Increased severity of behavioural symptoms in one care home was probably related to poor pain management, reflected in increased pain scores and disrupted leadership. Comparison of NPI-NH scores showed that severity of behavioural symptoms and occupational disruptiveness were significantly lower after initiation of Namaste Care and after the second interval. However comparison of these measures in the second and third intervals revealed that both were slightly increased in the third interval. These findings demonstrate that where there are strong leadership, adequate staffing and good nursing and medical care, the Namaste Care programme can improve quality of life for people with advanced dementia in care homes by decreasing behavioural symptoms. Namaste is not a substitute for good clinical care. (JL)
ISSN: 08856230
From : www.orangejournal.org

226/53 Organisational space for partnership and sustainability: lessons from the implementation of the National Dementia Strategy for England; by Charlotte Laura Clarke, Sarah Elizabeth Keyes, Heather Wilkinson (et al).: Wiley Blackwell.
Health and Social Care in the Community, vol 22, no 6, November 2014, pp 634-645.
National policy initiatives are faced with challenges in their partnership development and sustainability. The National Dementia Strategy for England recommended Dementia Adviser (DA) and Peer Support Network (PSN) services; 40 demonstration sites were established. The authors report on the national evaluation of these demonstration sites, with specific reference to aspects of organisational development. The research used a mixed-methods design with three main strands: (i) activity and outcome monitoring; (ii) organisational surveys and collaborative discussion; and (iii) in-depth case studies in eight of the 40 sites. This paper focuses primarily on three rounds of organisational surveys distributed to all 40 demonstration sites over a period of 21 months and interviews in the case studies. Data identify the significance of infrastructure within immediate services as well as the position of services within the external infrastructure of the wider health and social care landscape. Partnership - both internally and externally - was key to establishing and sustaining services that flourished. When working well, DAs and PSNs acted as a link between services and people with dementia at the same time as filling gaps in existing support, providing information, advice and interpersonal support that was tailored to individual needs and circumstances. In conclusion, to achieve the full potential and sustainability of services requires them to be in an organisational space that allows them to work in partnership and collaboration with other services, and that values their distinct knowledge of their communities. (RH)
ISSN: 09660410
From : wileyonlinelibrary.com/journals/hsc

226/54 The relationship between small-scale nursing home care for people with dementia and staff's perceived job characteristics; by B M Willemse, M F I A Depla, D Smit ... (et al).: Cambridge University Press.
International Psychogeriatrics, vol 26, no 5, May 2014, pp 805-816.
Over recent decades, new care models that are more resident-oriented and directed toward small-scale and homelike environments have been developed worldwide. The impact of these care models on the quality of life of residents has been studied. However little research has been conducted to gain insight into how these new care models influence healthcare staff's work environment. This study focuses on the consequences of small-scale care on staff's perceived job characteristics. Data were derived from a sample of 136 Dutch living arrangements providing nursing home care for people with dementia (2008/2009), in which 1,327 residents and 1,147 staff participated. The relationship between two indicators of small-scale care (small-scale care characteristics and total number of residents with dementia in facility) and staff's job characteristics (job demands, decision authority, coworker and supervisor support) were studied with multilevel regression analyses. All analyses were adjusted for staff, resident and living arrangement characteristics when needed. Both indicators of small-scale care were associated with

job demands: staff perceived less time and work pressure as more characteristics of small-scale care were integrated and the facility had less residents with dementia in total. Only one indicator was associated with decision authority. As more characteristics of small-scale care were integrated, staff's perceived decision authority was higher. No relationship was found with coworker and supervisor social support. Knowing that job demands and decision authority are important predictors of job appraisal and well-being, thrse findings show that small-scale care could have a beneficial impact on healthcare staff's work environment. (JL)
ISSN: 10416102
From : journals.cambridge.org/ipg

226/55 Service utilisation and family support of people with dementia: a cohort study in England; by Heather Gage, Jerome Cheynel, Peter Williams ... (et al).: Wiley Blackwell.
International Journal of Geriatric Psychiatry, vol 30, no 2, February 2015, pp 166-177.
This study aimed to compare costs of caring for people with dementia in domiciliary versus residential settings in central England. A cohort of people with dementia was recruited during a hospital stay from 2008 through to 2010. Data were collected by interview at baseline and 6- and 12-month follow-up, covering living situation (own home with or without co-resident carer, care home); cognition, health status and functioning of person with dementia; carer stress; utilisation of health and social services; and informal (unpaid) caring input. Costs of formal services and informal caring (replacement cost method) were calculated. Costs of residential and domiciliary care packages were compared. Data for 109 people with dementia were collected at baseline; 95 (87.2%) entered hospital from their own homes. By 12 months, 40 (36.7%) had died and 85% of the survivors were living in care homes. Over half of people with dementia reported social care packages at baseline; those living alone had larger packages than those living with others. Median caring time for co-resident carers was 400 minutes per day and 10 hours per week for non co-resident carers. Residential care was more costly than domiciliary social care for most people. When the value of informal caring was included, the total cost of domiciliary care was higher than residential care, but not significantly so. Carer stress reduced significantly after the person with dementia entered a care home. The study concludes that caring for people with dementia at home may be more expensive, and more stressful for carers, than care in residential settings. (JL)
ISSN: 08856230
From : www.orangejournal.org

DEMOGRAPHY AND THE DEMOGRAPHICS OF AGEING

226/56 Europe's ageing demography: ILC-UK 2014 EU factpack; by Helen Creighton, International Longevity Centre UK - ILC-UK. London: International Longevity Centre UK - ILC-UK, November 2014, 19 pp (Population patterns seminar series).
The ILC-UK Population patterns seminar series considers the evidence base of our changing demography and explores how policy-makers need to respond to demographic change. This factpack sets out the evidence on health and life expectancy, for example, that males born in Western Europe today can expect to live for 67.5 years in good health. It focuses on pensioner poverty, with evidence that more than 70% of Bulgarian pensioners live in material deprivation. It examines the employment and retirement prospects of older workers, and finds that on average only 1 in 2 55-64 year olds are employed across the region. Also investigated are the costs of ageing; and whereas Denmark spends the equivalent of more than 5,000 euros per person in old age, Latvia, Romania and Croatia spend only a tenth of this. (RH)
From : ILC-UK, 11 Tufton Street, London SW1P 3QB. Download also available at: http://www.ilcuk.org.uk/images/uploads/publication-pdfs/Europes_Ageing_Demography.pdf

226/57 Who will care for older people in China?: Exploring the implications of gender imbalance at birth; by Yoshihiko Kadoya, Ting Yin.: Emerald.
Working with Older People, vol 18, no 2, 2014, pp 97-105.
Much of the literature about the gender imbalance at birth in China presents discussions based on the traditional assumption that Chinese sons are more involved in taking care of parents than are Chinese daughters, and thus that Chinese parents prefer sons. Yet, empirical evidence is lacking. This paper verifies the assumption by using the 'Preference Parameters Study in China 2011', which conducted 652 face-to-face interviews with randomly selected individuals in six major Chinese cities. This paper first presents empirical evidence that Chinese sons (and their wives) are more likely, compared to daughters (and their husbands), to be primary caregivers for parents. The paper also reports the finding that Chinese parents' dependencies on their children would not necessarily decrease with the development of social security, although that may be the case when a child has a highly educated spouse. The paper suggests that the Chinese government needs to increase long-term care services for older people, especially since more women are being educated. (RH)
ISSN: 13663666
From : www.emeraldgrouppublishing.com/wwop.htm

DENTAL HEALTH

226/58 Determinants of tooth loss and chewing ability in mid- and late life in three Swedish birth cohorts; by Duanjai Lexomboon, Inger Wardh, Mats Thorslund (et al).: Cambridge University Press.
Ageing and Society, vol 35, no 6, July 2015, pp 1304-1317.
The aim of the research presented is to determine the influence of socio-economic factors in childhood and mid-life on multiple tooth loss and chewing problems in mid- and late life in three Swedish birth cohorts (1903-1910, 1911-1920 and 1921-1925). Longitudinal national Swedish surveys were used for the analysis. Participants were interviewed in mid-life in 1968 and later in life (age 77-99) in 2002. Childhood socio-economic positions (SEP) did not result in different odds of multiple tooth loss and chewing problems in mid- and late life, but those with higher mid-life SEP had lower odds. Those born into the 1921-1925 birth cohort had significantly lower odds of multiple tooth loss in late life than the 1903-1910 birth cohort. Women had higher odds of losing multiple teeth than men in late life but not mid-life. Neither gender nor childhood and mid-life SEP predicted chewing problems late in life, but older people with multiple tooth loss had higher odds of chewing difficulty than those with mainly natural teeth. Childhood conditions may contribute to multiple tooth loss in mid-life, which subsequently contributes to multiple tooth loss in late life. Tooth loss in late life is strongly associated with difficulty chewing hard food. Prevalence of multiple tooth loss is higher in women than in men in late life but not in mid-life.
ISSN: 0144686X From : journals.cambridge.org/aso

DEPRESSION

(See Also 226/118)

226/59 Hundred forty eight more days with depression: the association between marital conflict and depression-free days; by Mijung Park, Jurgen Unutzer.: Wiley Blackwell.
International Journal of Geriatric Psychiatry, vol 29, no 12, December 2014, pp 1271-1277.
Although collaborative care programmes are effective in improving late-life depression, only about half of treated patients achieve clinically meaningful improvement. Thus there is a need to examine what characteristics may predict poor late-life depression course. Despite the robust evidence for the negative association between the quality of couple relationships and depression outcomes, few studies have examined these associations in the context of long-term late-life depression course. The objective of this study was to examine the relationship between the severity of couple conflict, receiving collaborative depression care programme, and 24-months depression outcomes. The study sample comprised 840 depressed older adults subsample from the Improving Mood, Promoting Access to Collaborative Treatment for late-life depression trial (IMPACT). Depression and couple conflict were assessed at baseline, 12-month and 24-month follow-up. Descriptive statistics and multivariate regression analyses were performed to examine mean 24-month depression-free days (DFDs) and the marginal effects of receiving IMPACT programme over usual care among participants with varying degrees of 24-month couple conflict. Compared with those who never endorsed frequent couple conflict over the three observation points, those who did twice had 63 fewer DFDs, and those who did three times experienced 148 fewer DFDs. Although the marginal effects of receiving IMPACT programme over usual care was greater in the overall sample, it was not statistically significant among those who endorsed frequent conflict at two or three times. The study concludes that frequent couple conflict is associated with worse long-term late-life depression outcomes among the patients in primary care clinics. (JL)
ISSN: 08856230 From : www.orangejournal.org

DESIGN

226/60 Design for people with dementia: an overview of building design regulators: England edition; by Alison S Smith, Dementia Services Development Centre - DSDC, University of Stirling. Stirling: Dementia Services Development Centre, University of Stirling, 2014, 47 pp (Dementia design series).
This report provides a briefing on key legislation, regulation, standards and guidance, with associated inspection and enforcement powers, relating to building design matters, including external spaces, for people with dementia. It considers where the legislation, regulation, standards and guidance seem to be at variance with optimal building and external space design guidance for people with dementia. It seeks to find a constructive way forward once variance has been clarified. (RH)
Price: £20.00
From : Dementia Services Development Centre, Iris Murdoch Building, University of Stirling, Stirling FK9 4LA.
http://www.dementia.stir.ac.uk

DISABILITY

(See 226/24)

ECONOMIC ISSUES

(See 226/106)

EDUCATION AND TRAINING

(See 226/80)

EMPLOYMENT

(See Also 226/80, 226/138)

226/61 Changing the perception of younger workers towards older workers: workers under the age 50 imagine themselves as older ones; by Ivana Pejrova.: Emerald.
Working with Older People, vol 18, no 3, 2014, pp 152-160.
Projections of demographic trends worldwide show that the number of older workers in the workplace is increasing. Older workers possess knowledge which is crucial to company competitiveness. Considering this, companies should make full use of this valuable resource. However, there have been limited research studies focusing on older workers' knowledge and on the connection between human resource management and knowledge management. This paper used data from a questionnaire survey among 35 workers under 50 in two firms in the Czech Republic, to determine how current younger workers imagine themselves when they become workers over 50. Younger workers consider themselves to be a future valuable resource for their company. They are also positive about taking part in training and development as they get older. However, they have rather negative opinion about remaining in the organisation beyond the retirement age, even on a part-time basis.
Workers aged over 50 possess knowledge which is necessary to a company's development and success. Therefore, it is important to heeding older workers and to appreciate of their knowledge. Current younger workers think positively about their future status as older workers. This outlook could contribute to an improved quality of life for older workers and socially responsible management practices. This paper supports a positive view of older workers which is based on their knowledge and qualification. (RH)
ISSN: 13663666 From : www.emeraldgrouppublishing.com/wwop.htm

226/62 Fuller working lives: a framework for action; by Department ofr Work and Pension - DWP. London: Department ofr Work and Pension, 2014, 27 pp.
Part of the Age Positive initiative, this document explains how working longer can benefit individuals, businesses, society and the economy.
It looks at what is known about early labour market exits: the aim is to stop people leaving the labour market involuntarily in their 50s and early 60s. It identifies the main groups affected: carers; disabled people and those with health conditions; and people who are made redundant. It considers how skills, workplace factors, financial security and incentives can help people stay in work longer. (RH)
From: https://www.gov.uk/government/publications/fuller-working-lives-a-framework-for-action

226/63 A sense of a future: a study of training and work in later life: a NIACE summary report for the Nuffield Foundation; by Stephen McNair, NIACE - National Institute of Adult Continuing Education. Leicester: NIACE, 2010, 44 pp.
This report is based on the Learning and Work in Later Life Project carried out by the Centre for Research into the Older Workforce (CROW) and funded by the Nuffield Foundation. It examines the claim that training might help extend average working life and raise workforce skills levels in response to demographic change. Set against the backdrop of rising life expectancy and a shrinking population of 'working age', the report highlights the need for employers and employees to be aware of the risks demographic change can bring.
It makes recommendations relating to these two key policy concerns: how to best respond to an aging society; and how to ensure an adequate labour force and skills base in the face of growing global competition. (RH)
From : NIACE, 21 De Montfort Street, Leicester LE1 7GE. Website: www.niace.org.uk Download: http://shop.niace.org.uk/lwll-short-report.html

226/64 Tips for employers who want to be more dementia friendly; by Dementia Engagement and Empowerment Project.: Dementia Engagement and Empowerment Project, 2013, 4 pp (DEEP guide).
This document discusses some of the issues related to employment and dementia and highlights ways in which employers can become more dementia friendly. It covers openess about dementia, getting a diagnosis, adjusting to dementia, and retirement. It is one of a series of guides designed to support the involvement of people with dementia and has been co-produced with people with dementia.

END-OF-LIFE CARE

226/65 National End of Life Care Intelligence Network: what we know now 2014; by National End of Life Care Intelligence Network, Public Health England. London: Public Health England, 2015, 55 pp.
Public Health England's National End of Life Care Intelligence Network (NEoLCIN) works with partner organisations to collect, analyse and present end of life care intelligence from a wide variety of sources. This report summarises the key findings of the Network and its partners during 2014 on five main themes: trends and attitudes to death, dying and society; care delivery and preferences for place of care; care in different settings; support for carers and families; and the end of life care workforce. Among the findings are that: the proportion of people dying at home or in care homes continues to increase; patients with an Electronic Palliative Care Co-ordination System (EPaCCS) record and those receiving palliative care services such as hospice at home, Gold Standards Framework or Macmillan services are more likely to die in the place of their preference; two in five people with dementia die in hospital, indicating that the trend towards increasing hospital deaths for people living with dementia has reversed. The factors most importance to people at the end of their life were: having pain and other symptoms managed effectively; being surrounded by loved ones; and being treated with dignity. More general practitioners (GPs) are having conversations with people about their end of life care wishes; but 25% still say they have never initiated such a conversation. (RH)
From: http://www.endoflifecare-intelligence.org.uk/resources/publications/what_we_know_now_2014

EPIDEMIOLOGY

(See 226/132)

FAMILY AND INFORMAL CARE

(See 226/29, 226/57, 226/76)

GOVERNMENT AND POLICY

(See Also 226/7)

226/66 Ageing: the silver lining: the opportunities and challenges of an ageing society for local government; by Guy Robertson (ed), Task and Finish Group on Ageing, Local Government Association - LGA. London: Local Government Association, 2015, 70 pp.
Older people can be net contributors to the country's economy, if local government has the financial sustainability, freedom and flexibility to support them. Following on from the Local Government Association's previous joint Ageing Well programme with the Department for Work and Pensions (DWP), the LGA Task and Finish Group on Ageing explored the possible role of local government in respect of an ageing population in the context of ongoing austerity. This report presents evidence on the need for local government to be enabled to deliver an age friendly approach. It looks at how older people can or could contribute to economic activity and civic engagement. Examples of good practice from leading councils demonstrate what older people could contribute when their needs are taken into account in relation to: housing and neighbourhoods; outdoor spaces and buildings; transport; information and advice; health and well-being; social participation and respect and social inclusion. The Centre for Policy on Ageing (CPA) organised a call for evidence, and collated examples of the positive work local councils are currently engaged in, many of which are included as case studies. (RH)
From : Local Government Association, Local Government House, Smith Square, London SW1P 3HZ. Website: www.local.gov.uk

GRANDPARENTS

226/67 Child care by grandparents: changes between 1992 and 2006; by Teun Guerts, Theo van Tilburg, Anne-Rigt Poortman (et al).: Cambridge University Press.
Ageing and Society, vol 35, no 6, July 2015, pp 1318-1334.
This study considers changes in child care by grandparents between 1992 and 2006 in relation to changes in mothers' need for and grandparents' opportunity to provide child care. Data from the Longitudinal Aging Study Amsterdam (LASA) are used to compare two cohorts of Dutch grandparents aged 58-68 (N=181 in 1992; and N=350 in 2006). Multi-level regression analysis shows that the probability that grandparents care for their adult daughters' children (N=261 for 1992; N=484 for 2006) increased from 0.23 to 0.41. The increase can be ascribed to higher maternal employment rates, growth in single motherhood, reduced travel time, and a decline in the number of adult children. The increase would have been higher if the employment rate of grandparents had not risen.
ISSN: 0144686X
From : journals.cambridge.org/aso

HEALTH CARE

(See Also 226/127)

226/68 Negotiating vulnerabilities: how older adults with multiple chronic conditions interact with physicians; by Laura Hurd Clarke, Erica V Bennett, Alexandra Korotchenko.: Cambridge University Press.
Canadian Journal on Aging, vol 33, no 1, March 2014, pp 26-37.
The literature on patient-physician interactions has largely ignored the perspectives of older adults with multiple morbidities. Featuring in-depth interview data from 16 men and 19 women with an average of six chronic conditions, this study focused on how participants perceived and experienced the care provided by their primary care physicians. Participants suggested that physicians caring for patients with multiple chronic conditions should be thorough, amenable to gate keeping, trustworthy, and open to different decision-making styles. However, many study participants perceived that they received inadequate care due to the personal failings of their physicians, constraints of medical consultations, and societal ageism. Consequently, many of the participants, especially the women, employed various strategies to maximise the care they received and manage their physicians' impressions of them as worthy patients. The findings suggest that older patients with multiple morbidities perceive that their health needs are not being adequately met. (RH)
ISSN: 07149808 From : journals.cambridge.org/cjg

HEALTH SERVICES

226/69 Improving access to adult vaccination: a tool for healthy ageing; by Jonathan Scrutton, David Sinclair, Trinley Walker.: Emerald.
Working with Older People, vol 18, no 2, 2014, pp 58-66.
This paper demonstrates how access to vaccination for older people in the UK can be both improved and used as a tool for healthy ageing. ILC-UK released a report 'Adult immunisation in the UK', which applied a UK perspective to a 2013 Supporting Active Ageing Through Immunisation (SAATI) report on immunisation. The ILC report combined the SAATI findings with a traditional literature review, a policy review incorporating grey literature, and the outcomes of a focus group discussion. This paper highlights the ILC-UK report's key findings, that: vaccination needs to be included as part of proactive strategies to promote healthy and active ageing; initiatives need to be explored that increase the rate of delivery of vaccinations; and barriers to the vaccination of health and social care professionals working with older people need to be removed. The report recommends that: the government should explore using psychological insights into human behaviour to improve the take-up of vaccinations amongst adults; the range of settings where older people can receive vaccination needs to be expanded; and information on the potential benefits of immunisation should be made readily available and easily accessible to older people. The paper calls for a structural shift in how vaccination services in the UK are organised. The paper also calls for a cultural shift in how society views immunisation and the role it has to play in the healthy ageing process. (RH)
ISSN: 13663666 From : www.emeraldgrouppublishing.com/wwop.htm

HOME CARE

226/70 Familial perceptions of the impact of outcome-based homecare with older people experiencing dementia and living alone; by Stephen Gethin-Jones.: Emerald.
Working with Older People, vol 18, no 2, 2014, pp 90-96.
This paper discusses whether the use of outcome-focused homecare improves the subjective well-being of the familial carers of older people with dementia. It also discusses familial carers' perception of whether this intervention has improved the well-being of their relative. The qualitative study followed the familial carers of 20 service users suffering from dementia over a six-month period. Semi-structured interviews were undertaken at three intervals during the six months. The carers were asked to assess their subjective well-being at the start, middle and end of the study. The key findings were that all 20 familial carers expressed an improvement in their subjective well-being and that of their older family member, who appeared more settled as a result of this model of care. These findings highlight the need to consider the use of outcome-focused care as an intervention strategy for older people living alone in the community; also the need to provide supportive environments for the carers of older people with dementia to limit their sense of isolation, and the prioritising of outcome-focused care in the most complex and chaotic cases. This study provides an insight into the effectiveness of outcome-focused homecare with older people experiencing dementia as perceived by their familial carers. Previously, research has established that outcome-focused care increased the subjective well-being of non-dementia sufferers. This study dovetails neatly with this, in demonstrating the same effect on dementia sufferers as perceived by their familial carers. Additionally, this study also demonstrated that this model of outcome-focused care also improved the subjective well-being of the familial carers themselves. These finding will help practitioners consider the use of this model of homecare as a potential alternative or a delaying strategy to residential care. (RH)
ISSN: 13663666 From : www.emeraldgrouppublishing.com/wwop.htm

226/71 Influence of home care on life satisfaction, loneliness, and perceived life stress; by Laura Kadowaki, Andrew V Wister, Neena L Chappell.: Cambridge University Press.
Canadian Journal on Aging, vol 34, no 1, March 2015, pp 75-89.
Strong evidence has established the medical and health services utilisation benefits of home care services for older adults. However, research conducted on potential psychosocial benefits has been sparse. Older adults (65 and over) receiving home care with their needs met are compared with those who have unmet needs (whether they received home care or not) on three key indicators of quality of life: life satisfaction, loneliness, and perceived life stress. Data are drawn from the 2008-2009 Canadian Community Health Survey respondents who met the study criteria (n = 3,244). Regression analyses showed that older adults who had their home care needs met reported higher levels of life satisfaction, and lower levels of loneliness and perceived life stress, than those with unmet needs, net of co-variates. The results suggest that filling this home care gap would significantly raise quality of life by increasing social and environmental resilience to age in place. (RH)
ISSN: 07149808
From : journals.cambridge.org/cjg

HOSPITAL DISCHARGE

226/72 Experiences of older adults in transition from hospital to community; by Elena Neiterman, Walter P Wodchis, Ivy Lynn Bourgeault.: Cambridge University Press.
Canadian Journal on Aging, vol 34, no 1, March 2015, pp 90-99.
This study examined how patients experience transitions to community from hospitals, inclusive of daily living problems and medical concerns. It analyses qualitative data from interviews with 36 individuals including 17 high-risk older adults with multiple chronic health conditions recently discharged from hospital, and 19 family members who provided the patients with ongoing care to answer to questions. First, what are the challenges that patients experience in transitioning home from the hospital. Second, what are the system and policy solutions that can address the challenges these patients experience? Findings reveal both short- and long-term challenges associated with transitions back home. Short-term challenges include preparing the dwelling for the patient and understanding the organisation of care at home. Long-term challenges are associated with practical and emotional concerns. Reflecting on their findings, the authors suggest that patients' social needs may be equally important to their medical needs during post-discharge recovery, and they discuss implications for policy. (RH)
ISSN: 07149808
From : journals.cambridge.org/cjg

226/73 Safely home: what happens when people leave hospital and care settings?; by Healthwatch England. London: Healthwatch England, July 2015, 59 pp.
When discharge from hospital or mental health settings goes wrong, it comes at significant cost, both to individuals and to the health and social care system. This report is based on stories of more than 3,000 people about their experiences of the emotional and physical impact of the hospital discharge process. There was a particular focus on older people, homeless people, and people with mental health conditions. The findings reveal five core reasons why people feel their departure is not handled properly: they experience delays and a lack of co-ordination between services; they feel left without the services and support they need after discharge; they feel stigmatised and discriminated against, and that they are not treated with appropriate respect because of their conditions and circumstances; they feel they are not involved in decisions about their care or given the information they need; and they feel that their full range of needs is not considered. The report includes examples of good practice and initiatives and projects designed to help older people, homeless people, and people with mental health conditions resolve the difficulties they experience during the discharge process. (RH)
From: http://www.healthwatch.co.uk/sites/healthwatch.co.uk/files/170715_healthwatch_special_inquiry_2015_1.pdf

HOUSING

226/74 Co-housing and intergenerational exchange: exchange of housing equity for personal care assistance in intentional communities; by Michele Coele.: Emerald.
Working with Older People, vol 18, no 2, 2014, pp 75-81.
As a disabled person, the author had found it interesting to actively explore with younger people the impact upon both generations of issues around housing equity. Her paper suggests that it should be possible to devise mechanisms which will enable communities to address the changing assistance needs of disabled and older residents, whilst giving younger resident assistants an equity stake in the housing market. The existence of such mechanisms on a national scale would facilitate mobility between otherwise independent communities, and maximise the choices available to residents requiring different forms of assistance at different stages in their lives. The paper draws upon the author's personal experience of exchanging accommodation with a team of assistants. The author considers how this model could be made more sustainable and replicable. Action research is needed to explore similar models within the context of intentional communities.

Two pressing social challenges could have a unified solution. Co-housing provides potential for people to remain within an intergenerational community as they grow older and develop assistance needs, while providing accommodation equity. Today's "baby boomer" generation may contribute to less advantaged future generations, by leaving behind them dedicated housing for assistants in order to make sure that such provision is present within communities in perpetuity. The author has already, and would like to test further, the potential of non-monetary exchange within intentional communities. (RH)
ISSN: 13663666
From : www.emeraldgrouppublishing.com/wwop.htm

INFORMATION AND COMMUNICATION TECHNOLOGY

226/75 Creating website for people with dementia; by Dementia Engagement and Empowerment Project.: Dementia Engagement and Empowerment Project, 2013, 4 pp (DEEP guide).
This is one of a series of guides designed to support the involvement of people with dementia and has been co-produced with people with dementia.

226/76 Effectiveness of computer-mediated interventions for informal carers of people with dementia: a systematic review; by Vicky McKechnie, Chris Barker, Josh Stott.: Cambridge University Press. International Psychogeriatrics, vol 26, no 10, October 2014, pp 1619-1637.
Caring for a friend or relative with dementia can be burdensome and stressful, and puts carers at increased risk of physical and psychological problems. A number of psychosocial interventions, some delivered by computer, have been developed to support carers. This review evaluates the outcomes of computer-mediated interventions. PsychINFO, MEDLINE, and CINAHL Plus were searched for papers published between January 2000 and September 2012. Study quality was evaluated using a modified version of Downs and Black's (1998) checklist. 14 empirical studies evaluating a range of complex and multifaceted interventions met inclusion criteria. The most commonly measured variables were carer burden/stress and depression. In general, higher quality studies found that interventions did have an effect on these variables. Two higher quality studies also found that anxiety was reduced following intervention. Most studies found that positive aspects of caring were increased through these interventions, as was carer self-efficacy. There were mixed results in relation to social support, and physical aspects of caring did not seem to be affected. Programme impact measures indicated general acceptability of these interventions.
These findings support the provision of computer-mediated interventions for carers of people with dementia. Future studies would benefit from design improvements, such as articulating clearly defined aims, having a control group, having adequate statistical power, and measuring a greater range of factors important to carers themselves. (JL)
ISSN: 10416102
From : www.journals.cambridge.org

INTERGENERATIONAL ISSUES

(See Also 226/61, 226/74, 226/116, 226/117)

226/77 Est modus in rebus: a longitudinal study of integrational solidarity and locus of control; by Valeria Bordone.: Cambridge University Press.
Ageing and Society, vol 35, no 6, July 2015, pp 1242-1277.
This study challenges the persistent assumption behind research on intergenerational relationships, wondering: 'can there be too much of a good thing'? The guiding hypothesis states that intergenerational solidarity, although beneficial for older parents' well-being at moderate levels, may be negatively associated with their individual sense of control at high levels. In contrast to previous studies, fixed-effects regression models on panel data from the English Longitudinal Study of Ageing (ELSA) control for selection in solidarity and changes in health. The analysis of 4,811 women and 3,847 men aged over 50 also accounts for intergenerational conflict. Using multiple dimensions of intergenerational solidarity, the findings offer insight into the different roles of the various types of solidarity, and can aid the design of formal and informal social support interventions.
ISSN: 0144686X
From : journals.cambridge.org/aso

INTERNATIONAL AND COMPARATIVE

(See Also 226/6, 226/10, 226/11, 226/41, 226/43, 226/44, 226/57, 226/123)

226/78 Ghana country assessment report on ageing and health; by Department of Ageing and Life Course, World Health Organization. London: Department of Ageing and Life Course, World Health Organization, 2014, 34 pp.
Like many other countries, Ghana is experiencing a demographic transition: the number of older people (age 60+) has increased more than seven-fold since the 1960 census (213,477) to 1,643,381 in the 2010 census. This document was originally prepared as a longer report for the Ghana Ageing and Health Policy Dialogue in 2013. It reviews aspects of physical and mental

health, and health systems response and policies, including implementation of Ghana's National Ageing Policy. It proposes five priorities relating to the prevention, treatment and care needs of older people in Ghana. (RH)
From : Department of Ageing and Life Course, World Health Organization, 20 Avenue Appia, 1211 Geneva 27, Switzerland. Weblink: http://www.who.int/ageing/publications/ghana/en/

226/79 The global aging preparedness index; by Richard Jackson, Neil Howe, Tobias Peter, Center for Strategic and International Studies- CSIS; Prudential PLC. 2nd ed Washington, DC; London: Center for Strategic and International Studies; Prudential PLC, 2013, 59 pp.
The Global Aging Preparedness Index (or GAP Index) aims to provide a comprehensive assessment of progress made by 20 countries, including most major developed economies and some economically emerging markets. The overall index consists of two sub-indices. The first, a "fiscal sustainability index", looks at projections of government old-age benefit spending (including pensions and health benefits) and burdens such as raising taxes, borrowing or cutting other spending. The second, an "income adequacy" index, tracks trends in older people's living standards relative to those of the rest of the population. Overall, it finds that while some countries manage to score well on both income adequacy and fiscal sustainability, others fail to score well on either dimension of ageing preparedness. (RH)
From : Center for Strategic and International Studies, 1616 Rhode Island Avenue, Washington, DC 20036; Prudential PLC, Laurence Pountney Hill, London EC4R 0HH.

LIFE-LONG LEARNING

226/80 How can lifelong learning, including continuous training within the labour market, be enabled and who will pay for this?: Looking forward to 2025 and 2040 how might this evolve?; by Martin Hyde, Chris Phillipson, Foresight Future of Ageing project, Government Office for Science. London: Government Office for Science, 2015, 34 pp (Future of ageing: evidence review).
There is a growing need to increase skill levels to make sure that as the population gets older people remain healthy and productive. This review has been commissioned as part of the UK government's Foresight Future of an Ageing Population project. It looks at the benefits of, trends in and barriers to lifelong learning; the proportion of older people engaged in lifelong learning; and how much training older people receive at work (fewer than 7 days a year in 2013). It considers how to support lifelong learning, what challenges are faced, and how this could be financed. (RH)
From : https://www.gov.uk/government/publications/future-of-ageing-lifelong-learning

LONELINESS AND SOCIAL ISOLATION

(See Also 226/130)

226/81 "Being all alone makes me sad": loneliness in older adults with depressive symptoms; by Ilse M J van Beljouw, Eric van Exel, Jenny de Jong Gierveld ... (et al).: Cambridge University Press.
International Psychogeriatrics, vol 26, no 9, September 2014, pp 1541-1551.
The consequences of co-occurring persistent loneliness and late life depression are as yet unknown. The aim of this study was to get a deeper insight into the mental health consequences of loneliness in older persons with depressive symptoms and their perspectives of emotional distress by using a mixed-methods study design. 249 community-dwelling older persons with depressive symptoms according to the Patient Health Questionnaire-9 were included. A validated cut-off score on the Loneliness Scale was used to distinguish lonely older people from those who were not lonely. Quantitative and qualitative data were used to examine differences in mental health and perspectives on emotional distress between lonely and not lonely older persons with depressive symptoms.
Loneliness was highly prevalent among older persons with depressive symptoms (87.8%). Lonely people suffered from worse mental ill-health (e.g., more severe depressive symptoms, more often a depressive disorder and a lower quality of life) compared to not lonely individuals. Depressive symptoms were regarded as a logical consequence of loneliness. Lonely people perceived little command over their situation: causes of loneliness were attributed externally to perceived deficits in their social networks and they mainly expressed the need to be listened to. Overall these findings underline the importance of paying considerable attention to (severe) loneliness in older adults with depressive symptoms given its high prevalence and serious mental health consequences. Future studies should look into whether addressing loneliness when discussing depressive symptoms in clinical practice may provide an opportunity to better adjust to older persons' depression perceptions and might therefore improve care utilisation. (JL)
ISSN: 10416102
From : www.journals.cambridge.org

226/82 Determinants of loneliness among older adults in Canada; by Jenny de Jong Gierveld, Norah Keating, Janet E Fast.: Cambridge University Press.
Canadian Journal on Aging, vol 34, no 2, June 2015, pp 125-136.
Much has been learned about the links between social networks and loneliness. This study aimed to determine the key determinants of loneliness of older Canadians. The authors drew on the

assumptions concerning the importance of person-environment fit to test the relative importance of personal characteristics, deprived living conditions, social network/social engagement, and satisfaction in explaining loneliness. Data comprised a sample of 3,799 respondents over age 65 drawn from Statistics Canada's General Social Survey, Cycle 22 (2008) Personal characteristics, social network size and composition, and satisfaction with network contact were found to be related to loneliness, as were indicators of living in economically and socially challenging conditions. Older adults who had experienced a recent downturn in their financial situation, and who lacked the help needed to cope with a recent personal challenge, reported higher levels of loneliness. A striking feature of the findings is the relatively low scores on loneliness of older Canadians compared to older adults in other countries. (RH)
ISSN: 07149808
From : journals.cambridge.org/cjg

226/83 Social change and birth cohort increase in loneliness among Chinese older adults: a cross-temporal meta-analysis, 1995-2011; by Zhimin Yan, Xun Yang, Lei Wang ... (et al).: Cambridge University Press.
International Psychogeriatrics, vol 26, no 11, November 2014, pp 1773-1781.
In China rapid economic growth and increasing social problems constitute two basic characteristics underlying contemporary social change. With dramatic social change, loneliness in older adults may have changed across birth cohorts, thus altering older adults' mental health. The present study aims to identify birth cohort changes in Chinese older adults' loneliness and the social indicators underlying these changes. Cross-temporal meta-analysis was utilised to investigate changes in Chinese older adults' loneliness from 1995 to 2011. 25 studies comprising 13,280 adults aged 60 years or over were analysed employing the University of California at Los Angeles Loneliness Scale. Loneliness scores were correlated with social indicators and matched for three periods: ten years before the data collection, five years before data collection, and during the year of data collection. Results showed that loneliness levels in Chinese older adults have increased by 1.02 standard deviations from 1995 to 2011. Social indicators such as increased urbanisation level, personal medical expenditure, divorce rate, the Gini coefficient and unemployment rate significantly predicted loneliness in Chinese older adults. Decrease in social connectedness and increase in levels of health threat may be responsible for the observed increase in levels of loneliness. Overall, cross-temporal meta-analysis revealed a birth cohort increase in loneliness among Chinese older adults. So changes in social connectedness and levels of health threat are likely to play an important role in predicting loneliness in the population of Chinese older adults. (JL)
ISSN: 10416102
From : www.journals.cambridge.org

MEDICAL ISSUES

226/84 Hypertension and older people; by Peter Lloyd-Sherlock, Mark Gorman, Paul Ong, HelpAge International. London: HelpAge International, 2014, 8 pp (Policy brief).
Arising from research funded by the Economic and Social Research Council (ESRC; grant ES/K003526/1), this policy brief reports that hypertension is the leading cause of death and disability among older people in developing countries. It uses data from the World Health Organization (the WHO Survey of Global Ageing and Adult Health, or SAGE) which indicates that older people living in poverty in rural settings are particularly at risk of stroke, heart disease and other serious illnesses caused by hypertension, as they are less likely to be able to manage their condition. (RH)
ISBN: 1872590586
From : HelpAge International, PO Box 70156, London WC1A 9GB.

MENTAL CAPACITY

226/85 Predictors of financial capacity performance in older adults using the Financial Competence Assessment Inventory; by Nancy A Pachana, Gerard J Byrne, Jill Wilson ... (et al).: Cambridge University Press.
International Psychogeriatrics, vol 26, no 6, June 2014, pp 921-927.
Declines in financial capacity in later life may arise from both neurocognitive and/or psychiatric disorders. In the present study the influence of socio-demographic, cognitive, health and psychiatric variables on financial capacity performance was explored. 76 healthy community-dwelling adults and 25 older patients referred for assessment of financial capacity were assessed on pertinent cognitive, psychiatric and financial capacity measures, including Addenbrooke's Cognitive Examination _ Revised (ACE-R), Informant Questionnaire on Cognitive Decline in the Elderly (IQCODE), Geriatric Depression Scale (GDS), Geriatric Anxiety Inventory (GAI), selected Neuropsychiatric Inventory (NPI) items, Financial Competence Assessment Inventory (FCAI) and Social Vulnerability Scale (SVS). The internal consistency of the debt management subscale of the FCAI was relatively poor in the sample. Financial capacity performance differed between controls and patients. Performance on the FCAI was predicted by Mini-Mental State Examination, IQCODE, and GAI, but not by ACE-R, GDS, NPI items or SVS. Anxiety but not depression predicted financial capacity performance, possibly reflecting relatively

low variance of depressive symptoms in this sample. Current cognitive decline as measured by the informant-rated IQCODE was more highly correlated to financial capacity than either educational attainment or ACE-R scores. Lack of significance of ACE-R data may reflect the instrument's decreased sensitivity to domains relevant to financial capacity compared with more detailed neuropsychological assessment tools. The FCAI displayed fairly robust psychometric properties apart from the debt management subscale. (JL)
ISSN: 10416102
From : journals.cambridge.org/ipg

MENTAL HEALTH

(See Also 226/85)

226/86 Balancing psychache and resilience in aging Holocaust survivors; by Irit Ohana, Hava Golander, Yoram Barak.: Cambridge University Press.
International Psychogeriatrics, vol 26, no 6, June 2014, pp 929-934.
Psychache, or severe psychological distress, can and does co-exist alongside resilience and coping amongst trauma survivors. This has been the centre of the a-integrative theory of ageing demonstrating an attitude to life based on cognitive and emotional dimensions. Ageing of Holocaust survivors (HS) is especially difficult when focus is brought to the issue of integrating their life history. The present study aimed to investigate the interplay between psychache and resilience amongst ageing HS. A cross-sectional study of HS and a matched comparison group recruited from the general population was carried out. All underwent a personal interview and endorsed quantifiable psychache and resilience scales. 214 older participants were enrolled for the study: 107 HS and 107 comparison participants. Mean age for the participants was approcimately 80 years; there were 101 women and 113 men in each group. Holocaust survivors did not differ in the level of resilience from comparisons, although psychache was significantly more intense in the HS group This demonstrates the complex interplay between psychache and resilience. Ageing HS still have to cope with high levels of psychache while realising a life-long process of development through resilience. (JL)
ISSN: 10416102
From : journals.cambridge.org/ipg

226/87 How to age positively: a handbook for personal change in later life; by Guy Robertson. Bristol: Positive Ageing Associates, 2014, 106 pp.
Most people tend to have very negative ideas about ageing. This book concentrates on the psychological and emotional aspects of ageing. It attempts to explode four myths about ageing, that it is a steady downward spiral; is a miserable time; illness is completely beyond our control; and how long we live is all in our genes. It then suggests ten steps to ageing positively: set your intention to age positively; find out what you believe about your own ageing; replace the negative beliefs with positive ones; create a positive mental image of yourself; maximise your optimistic outlook; increase your sense of gratitude; be mindful; undertake a life review; establish what is most important to you; and develop a life plan for your later years. (RH)
Price: £7.99
From : Email: info@positiveageing.org.uk Website: positiveageing.org.uk

226/88 Neuropsychological characteristics of people living in squalor; by Sook Meng Lee, Matthew Lewis, Deborah Leighton ... (et al).: Cambridge University Press.
International Psychogeriatrics, vol 26, no 5, May 2014, pp 837-844.
Squalour is an epiphenomenon associated with a range of medical and psychiatric conditions. People living in squalour are not well described in the literature, and prior work has indicated that up to 50% do not have a psychiatric diagnosis. Squalour appears to be linked with neuropsychological deficits suggestive of the presence of impaired executive function. This study presents a case series of people living in squalour that examines their neuropsychological assessment and diagnosis. Clinicians from local health networks were invited to submit neuropsychological reports of patients living in squalour. These selected reports were screened to ensure the presence of squalour and a comprehensive examination of a set of core neuropsychological domains. Assessments were included if basic attention, visuospatial reasoning, information processing speed, memory function and executive function were assessed. 69 neuropsychological reports were included. 68% of the group underwent neuropsychological assessments during an inpatient admission. For participants where it was available (52/69), the mean Mini-Mental State Examination score was 25.29. Neuropsychological assessment showed a range of cognitive impairment with nearly all the participants (92.75%) found to have frontal executive dysfunction. One person had an unimpaired neuropsychological assessment. Results indicated that dorsolateral prefrontal rather than orbitofrontal functions were more likely to be impaired. Vascular etiology was the most common cause implicated by neuropsychologists. Frontal executive dysfunction was a prominent finding in the neuropsychological profiles of this sample of squalour patients, regardless of their underlying medical or psychiatric diagnoses. The study highlights the importance of considering executive dysfunction when assessing patients who live in squalour. (JL)
ISSN: 10416102 From : journals.cambridge.org/ipg

226/89 Participation of end users in the design of assistive technology for people with mild to severe cognitive problems: the European Rosetta project; by F J M Meiland, B J J Hattink, T Overmars-Marx ... (et al).: Cambridge University Press.
International Psychogeriatrics, vol 26, no 5, May 2014, pp 769-779.
In the European Rosetta project three separate, previously developed, ICT systems were improved and integrated to create one modular system that helps community-dwelling people with mild cognitive impairment and dementia in different stages of the disease. The system aims to support them in daily functioning, monitoring deviations from patterns in daily behaviour and to automatically detect emergency situations. The study aimed to inventory the end users' needs and wishes regarding the development and design of the new integrated Rosetta system, and to describe the to be developed Rosetta system. This was a qualitative user-participatory design study with in total 50 persons: 14 people with dementia, 13 informal carers, six professional carers, nine dementia experts, seven care partners within the project, and one volunteer. In the Netherlands user focus group sessions were performed and in Germany individual interviews. Dementia experts were consulted by means of a questionnaire, an expert meeting session and interviews. Persons with dementia and informal carers appreciated the following functionalities most: help in cases of emergencies, navigation support and the calendar function. Dementia experts rated various behaviours relevant to monitor in order to detect timely changes in functioning, e.g. eating, drinking, going to the toilet, taking medicine adequately, performance of activities and sleep patterns. No ethical issues regarding the use of sensors and cameras were mentioned. The user participatory design resulted in valuable input from persons with dementia, informal carers and professional carers/dementia experts, based on which a first prototype Rosetta system was built. (JL)
ISSN: 10416102
From : journals.cambridge.org/ipg

MENTAL HEALTH CARE

226/90 Comparison of access, outcomes and experiences of older adults and working age adults in psychological therapy; by Robert Chaplin, Lorna Farquharson, Melissa Clapp, Mike Crawford.: Wiley Blackwell.
International Journal of Geriatric Psychiatry, vol 30, no 2, February 2015, pp 178-184.
This study aimed to evaluate the access, experiences and outcomes of older adults receiving psychological therapies in comparison with adults of working age. Primary and secondary care providers of psychological therapy services participated in the National Audit of Psychological Therapies. The main standards of access, experience and outcomes were measured by retrospective case records audits of people who completed therapy and a service user questionnaire. Outcomes were measured pre-treatment and post-treatment on the PHQ-9 and GAD-7. A total of 220 services across 97 organisations took part, 137 (62%) in primary care. Service user questionnaires were received from 14,425 (20%) respondents. A total of 122,740 records were audited, of whom 7,794 (6.4%) were older adults. They were under represented as 13% of the sample would have been expected to be over 65 years according to age adjusted psychiatric morbidity figures. People over 75 years had the third expected referral rate. Significantly, more older adults than working age adults completed therapy (59.6% vs 48.6%) and were assessed as having 'recovered' post-treatment (58.5% vs 45.5%). Older adults were more satisfied with waiting times and numbers of sessions, but there were no differences in self-reported experience of therapy. Although older adults are less likely to gain access to psychological therapies, they appear to have better outcomes than working age adults. Further work is needed to improve access for older people. (JL)
ISSN: 08856230
From : www.orangejournal.org

226/91 Findings on advance care plans among cognitively impaired older adults; by Anna Jeznach, Holly Anna Tuokko, Mauricio A Garcia-Barrera.: Cambridge University Press.
Canadian Journal on Aging, vol 34, no 2, June 2015, pp 165-175.
Cognitively impaired and cognitively intact older adults seemingly differ regarding engagement in aspects of advance care plans (ACPs). The authors used informant reports in the Canadian Study on Health and Aging to examine differences between deceased cognitively impaired and intact older adults in components of ACPs: (1) discussions or arrangements for end-of-life care; (2) creation of legal documents; and in ACP outcomes, (3) location of death; and (4) dying in accordance with wishes. Cognitively impaired older adults were more likely to have made arrangements for a substitute decision-maker (OR = 1.90) and to have created legal documents (OR = 2.64 for health care preferences, OR = 2.00 for naming a decision-maker). They were less likely to have discussed preferences for end-of-life care (OR = 0.62). These findings suggest that ACPs differ for cognitively impaired people, indicating a need for further investigation. This is a step towards understanding this complex process in a particularly vulnerable population. (RH)
ISSN: 07149808
From : journals.cambridge.org/cjg

226/92 Impediments to community-based care for people ageing with intellectual disability in rural New South Wales; by Stuart Wark, Rafat Hussain, Helen Edwards.: Wiley Blackwell.
Health and Social Care in the Community, vol 22, no 6, November 2014, pp 623-633.
The emerging phenomenon of ageing with an intellectual disability has become subject to an increasing research focus in recent years. However, there remains little knowledge regarding the specific impediments that community workers face in supporting this cohort. This study aimed to identify the major factors that direct care staff believe have most impact upon individuals ageing with an intellectual disability in the community. A three-round Delphi project was conducted across rural areas of New South Wales in Australia with 31 disability support workers, to gain their perspectives on the main impediments facing a person ageing with intellectual disability. The 2010 study identified that the issue of ageing with an intellectual disability was presenting significant problems for community-based service delivery to this group of people. The panel identified 25 different impediments to the provision of support. A thematic analysis of the items indicated three main themes of 'funding', 'training' and 'access to services'. By identifying these impediments to supporting people ageing with an intellectual disability in the community, both services and government funding bodies have the ability to plan to overcome both current and future problem areas. This identification of impediments may facilitate individuals to receive more appropriate assistance, which in turn may lead to an improved quality of life and maintenance of a community-based placement rather than premature admission to the congregate-care system. This study is particularly timely, given that Australia is in the midst of implementing a National Disability Insurance Scheme, and is an opportunity for all levels of government to agree on the mechanisms to appropriately assist individuals with an intellectual disability to continue to be supported in the community as they age. (RH)
ISSN: 09660410
From : wileyonlinelibrary.com/journals/hsc

226/93 Joint geriatric and old-age psychiatric wards in the UK, 1940s-early 1990s: a historical study; by Claire Hilton.: Wiley Blackwell.
International Journal of Geriatric Psychiatry, vol 29, no 10, October 2014, pp 1071-1078.
This study aims to investigate the history of joint geriatric-psychiatric units. For policy making and planning of high-quality clinical service models, clinical and social contexts need to be considered. Longitudinal, contextual information can be provided by historical analyses, including the successes and failures of earlier, similar services. Historical analyses complement clinical, randomised controlled studies and may contribute to ensuring optimum outcomes for future schemes. In the present study standard historical methodology was used, including searching published sources and institutional and personal archives and conducting a 'witness seminar' and individual oral history interviews. Findings showed that proposals to create joint units have existed since 1947. Most clinically successful units were led by enthusiastic, dedicated clinicians. Joint units had the potential to provide appropriate assessment and treatment for patients with multiple disorders and education for staff and students. Joint units never became widespread. Reasons for the limited success of joint geriatric-psychiatric units might have included personalities of individuals, administrative boundaries separating geriatrics and medicine, unequal numbers of geriatricians and old-age psychiatrists, varying professional ideologies about the meaning of 'integrated' services, lack of reciprocity for each other's inpatients and lack of government support. Identified stumbling blocks need to be considered when planning joint clinical schemes. If current research indicates benefits of integrated wards for patients and their families, there need to be ways to ensure that personal factors and fashions of management or government re-prioritisation will not lead to their premature termination. (JL)
ISSN: 08856230
From : www.orangejournal.org

226/94 A national survey of memory clinics in the Republic of Ireland; by Suzanne Cahill, Maria Pierce, Vanessa Moore.: Cambridge University Press.
International Psychogeriatrics, vol 26, no 4, April 2014, pp 605-613.
This national survey investigated the location, resourcing, staff composition, treatments, waiting time and numbers of patients attending memory clinics (MCs) in the Republic of Ireland. It also explored Directors' attitudes to future service development including their views about the advantages and disadvantages of quality standards for MCs. An audio-taped telephone interview was conducted with the Directors. A total of 14 MCs were identified across Ireland, ten of which were hospital-based. Of these, most offered diagnostic services and were located in Dublin. Nine MCs were medical consultant led and operated under the direction of either Old Age Psychiatrists or Geriatricians. Results showed wide variation regarding the location, team size, service availability and numbers of patients attending. The average number of patients attending in 2011 was 126. Only six clinics employed dedicated Allied Health Professionals. Less than half of the clinics were research active. Whilst most Directors welcomed the availability of national standards, several expressed concern that standards might, in the absence of funding, result in the closure of the most poorly resourced services. This survey provides valuable data on the main characteristics of all of the 14 MCs delivering services in the Republic of Ireland and raises critical and fundamental questions about the goals and outcomes of MC services. The survey data collected can be used by other countries for cross-national comparison. (JL)
ISSN: 10416102 From : journals.cambridge.org/ipg

226/95 Review of family therapy and dementia: twenty-five years on; by Susan Mary Benbow, Victoria Sharman.: Cambridge University Press.
International Psychogeriatrics, vol 26, no 12, December 2014, pp 2037-2050.
The present study reviewed the literature on family therapy and dementia to investigate the following: what is known about the use of family therapy in the context of living with dementia; what are the challenges of working in this context; and what guidelines/models are available to guide family therapists working with families living with dementia. A literature search was carried out of papers published from 1992 onwards. These were in turn classified into broad categories of theoretical, expository or research (descriptive, quantitative, or qualitative). A narrative review was then conducted to draw learning points from the identified papers. In total 31 papers were identified: five theoretical, 11 expository; and 15 research papers. Several papers described methodologies: psychotherapeutic interventions applied to family members; or complex intervention packages in which the role of family therapy could not be separately identified, rather than family therapy. A range of outcomes were investigated, often involving the caregiver. Several authors suggest areas in dementia care where family therapy is likely to be beneficial. Although the literature on family therapy and dementia has grown over the past 25 years and suggests potentially useful roles for therapy, a number of challenges exist in terms of context, family and therapy itself. There is a need for further research, particularly into the following fields: how to evaluate the success of therapy; how to ensure treatment integrity; how to make techniques from family therapy available more widely; and how to train the health and social care workforce in working with families. (JL)
ISSN: 10416102
From : journals.cambridge.org/ipg

MIGRATION

226/96 To flee, or not to flee, that is the question for older asylum seekers; by Samantha Loi, Suresh Sundram.: Cambridge University Press.
International Psychogeriatrics, vol 26, no 9, September 2014, pp 1403-1406.
Most literature and media coverage on refugees and asylum seekers tends to focus on adults and children with little or no consideration of issues relating to the older asylum seeker. This short guest editorial considers the social policy ramifications of older asylum seekers with particular reference to the mental health of this group. The case of Sigmund Freud, who in 1938 was forced to flee Vienna with his family at the age of 82 is cited as an example. (JL)
ISSN: 10416102
From : www.journals.cambridge.org

NEIGHBOURHOODS AND COMMUNITIES

226/97 An age friendly city: how far has London come?; by Anthea Tinker, Jay Ginn, Institute of Gerontology, King's College London. London: King's College London, 2015, 60 pp.
The Greater London Authority (GLA) asked the Institute of Gerontology to undertake this research. This report follows the previous study for the World Health Organization (WHO), 'What makes a city age friendly? London's contribution to the WHO Age Friendly Cities Project', by Simon Biggs and Anthea Tinker (Help the Aged, 2007). The report reviews research on what additional actions the city could implement to make London more age friendly in terms of: better homes; the outdoor environment and 'walkable' neighbourhoods; accessible public transport; social, cultural and civic participation; opportunities for employment and volunteering; accessible health and social care services; readily-available information (including the internet); and social inclusion, dignity and respect. The report considers lessons from other countries and provides evidence from one London Borough, Hackney. The report acknowledges the importance of engagement with older people, putting them at the heart of change and using their knowledge and expertise to contribute to an age-friendly London. (RH)
From : https://www.kcl.ac.uk/newsevents/publications/Age-Friendly-London-Report.pdf

226/98 Ageing in cities; by Setsuko Saya, Regional Policies for Sustainable Development Division, Organisation for Economic Co-operation and Development - OECD. [Paris]: OECD Publishing, 2015, 200 pp.
Cities are home to 43.2% of those over 65 years old. In OECD countries, the population share of those aged over 65 reached 17.8% in 2010, up from 7.7% in 1950, and is expected to be 25.1% in 2050. This report was prepared as the final outcome of the OECD Sustainable Urban Development Policies in Ageing Societies project. It is organised in two parts, and explores the roles of cities in overcoming the challenges and in making the most of the opportunities caused by demographic shifts in ageing societies. Part 1, on sustainable urban development, examines trends, impact, policy strategies and governance of ageing societies. Part 2, on how cities are handling their ageing societies, comprises nine case studies: Toyama, Japan; Yokohama, Japan; Lisbon, Portugal; Calgary, Canada; Cologne, Germany; Brno, Czech Republic; Manchester, United Kingdom; Philadelphia, United States; and Helsinki, Finland. Each provides a demographic and economic overview, an assessment of the current ageing challenges, and an exploration of the policy actions and strategies.

The report uses quantitative evidence in the form of bar charts, maps and other statistical presentations. This report is also available as PDF (ISBN 9789264231160) (at: http://www.oecd.org/regional/ageing-in-cities-9789264231160-en.htm). (RH)
Price: £45.00 From : TSO Shop: http://www.tsoshop.co.uk/bookstore.asp?Action=Book&ProductID=9789264231146

226/99 Asset based community development: enriching the lives of older citizens; by Deborah Klee, Marc Mordey, Steve Phuare, Cormac Russell.: Emerald.
Working with Older People, vol 18, no 3, 2014, pp 111-119.
This paper demonstrates how asset-based community development (ABCD) can be used to build inclusive, connected communities that intentionally value the contribution of older citizens. ABCD was used as an approach to enable older people to transform their neighbourhood, and to make them a better place to live for all ages. The paper describes this approach and goes on to illustrate how it has been applied in three neighbourhoods case studies. The case studies show that by using ABCD, connections can be made between people, associations/clubs, businesses and services, to achieve the aspirations the citizens have for their neighbourhood. The contribution of older citizens to community life is valued and the risk of isolation and loneliness reduced. The three case studies presented in this paper are unique in that they have applied ABCD with older people taking on the role of community builders and connectors. (RH)
ISSN: 13663666
From : www.emeraldgrouppublishing.com/wwop.htm

226/100 Demographic shifts: how an increasing active Third Age could come to shape the future of our cities; by James Parkinson.: Emerald.
Working with Older People, vol 18, no 2, 2014, pp 67-74.
There is little in the way of progressive thought as to how architecture, planning and urban policy can better accommodate an older population and ensure that cities embrace the whole population for the duration of their lifetime. This paper is adapted from a Royal Institute of British Architects (RIBA) Building Futures project and is intended to stimulate discussion around the impact that the ageing population could have on the way cities of the near future are designed (and lived in). Specifically considered is the positive contribution that an active, older generation could make to both society and the economy in the UK. Following a public debate and a series of roundtable discussions with experts across a wide range of disciplines from architecture and urban design to gerontology, in both academia and practice, the project team developed a series of potential future scenarios - speculations that draw out the potential positive contribution that an active Third Age could make, both socially and economically. The author makes practical recommendations for architecture and design professions related to these speculative scenarios. It is imperative that ageing becomes part of the mainstream debate on city design and planning. Whilst the scenarios presented respond directly to the trends identified and evidenced, they remain speculations to stimulate debate and are not themselves grounded in rigour. The practice of architecture, urban design and planning must better recognise the implications of an ageing population and look for ways of harnessing the opportunities that this presents, whilst addressing the clear challenges. Urban policy must also better reflect a shifting demographic landscape and adapt appropriately to encourage the necessary innovation. The author hopes that this work begins to reposition ageing - and particularly active ageing - as a positive opportunity for both society and the national economy, shifting the debate from one currently focused on challenges and the potential public sector burden. (RH)
ISSN: 13663666
From : www.emeraldgrouppublishing.com/wwop.htm

226/101 Researching age-friendly communities: stories from older people as co-investigators; by Tom Buffet (ed), Manchester Institute for Collaborative Research on Ageing - MICRA. Manchester: University of Manchester Library, 2015, 142 pp.
The participatory dimension of a study which explored the age-friendliness of three wards in the city of Manchester is evaluated. The study aimed to examine opportunities and constraints for older people living in urban environments, with a view to improving their experience of living in the city. The study builds on policy priorities in the context of Manchester City Council being an active member of the World Health Organization's (WHO) Global Network of Age-Friendly Cities. This guide follows the experiences of 18 older residents who not only participated in research but were themselves trained to become researchers and interviewers. They have played a key role in all stages of the research, including the planning, design, execution and implementation phases of a research project focusing on developing age-friendly neighbourhoods in Manchester. The guide has been produced in partnership with the Manchester Institute for Collaborative Research on Ageing (MICRA), Age UK, Age-Friendly Manchester (Manchester City Council), and the Office for Social Responsibility at the University of Manchester. A 15-minute film has been produced in collaboration with the older co-researchers (see the link, https://youtu.be/WXELgwHQ34o). (RH)
From : MICRA, The University of Manchester, Oxford Road, Manchester M13 9PL. PDF: (http://www.socialsciences.manchester.ac.uk/medialibrary/brochures/Age-Friendly-Booklet.pdf)

226/102 Socio-spatial aspects of ageing in an urban context: an example from three Czech Republic cities; by Lucie Galcanova, Dana Sykorova.: Cambridge University Press.
Ageing and Society, vol 35, no 6, July 2015, pp 1200-1220.
The purpose of this study is to examine how older people make sense of the changing urban environment - that is, how they experience, perceive and interpret their everyday interaction with its materiality, as well as their social ties, networks and relations. The study is based on seven focus groups and 37 individual in-depth interviews with older residents of the three most populous Czech cities. The results show how older people maintain the continuity of their activities, autonomy and independence within the limits of their personal resources in an active relationship with a changing urban environment and within the post-socialist context. The research supports the results of previous studies that emphasise the ability of older adults to negotiate their position and actively cope with change while they age in place.
ISSN: 0144686X
From : journals.cambridge.org/aso

OLDER WOMEN

226/103 Older women, embodiment and yoga practice; by Barbara Humberstone, Carol Cutler-Riddick.: Cambridge University Press.
Ageing and Society, vol 35, no 6, July 2015, pp 1221-1241.
The authors consider the ageing body and the 'body techniques' practised by older women in their yoga classes. The paper emphasises the importance of exploring alternative definitions of the human condition, and how these are shaped and assembled through particular embodied practices which are realised personally and socially. Taking a contextualised phenomenological approach, older women's experiences are made visible through interview and participant observation. Unlike much sporting practice, the body techniques managed by the women did not emphasise sporting prowess but provided for an integration of body and mind. In the process, biological ageing was accepted; yet the women maintained control over the process, troubling prevailing narratives of ageing, declining control and increasing weakness that are taken for granted in much of Western society. The paper highlights the significance of socially rooted ontological embodiment in understanding the ageing body and particular bodily practices.
ISSN: 0144686X From : journals.cambridge.org/aso

OLDEST OLD

(See Also 226/133)

226/104 An age of wonders: the story of the Newcastle 85+ Study; by Gordon Morris, Tom Kirkwood, Institute for Ageing and Health, Newcastle University. Newcastle upon Tyne: Institute for Ageing and Health, Newcastle University, 2014, 234 pp.
In May 2006 a multidisciplinary team in the Institute for Ageing and Health at Newcastle University began a major study of health and ageing in the oldest old population. The Newcastle 85+ Study recruited a birth cohort of more than one thousand people from Newcastle and North Tyneside who were born in 1921. This major output from the Study looks at the lives of some of the participants, and why the research nurses found working with them so rewarding. It describes how the Study came into being, and gives an overview of how the data is being used to produce new insights. It looks at the bigger picture of research on ageing; the causes of age-related diseases such as dementia, arthritis and fibrosis; and the part played by diet, exercise and movement in healthy old age. It examines the opportunities and challenges for society: changing attitudes about ageing; engaging with older people; the contribution of the cultural and creative arts in promoting a more positive understanding of ageing; and how businesses associated with ageing are being supported and encouraged through developments at Newcastle University's Campus for Ageing and Vitality. (RH)
From : Institute for Ageing and Health, Newcastle University, Campus for Ageing and Vitality, Newcastle upon Tyne NE4 5PL.

PARTICIPATION

(See 226/5)

PENSIONS AND BENEFITS

226/105 Freedom and choice in pensions: risks and opportunities; by Ben Franklin, International Longevity Centre UK - ILC-UK. London: International Longevity Centre UK - ILC-UK, June 2014, 25 pp.
The most sweeping pension reform by the Coalition Government has been the end of the effective requirement to annuitise for a large number of people. ILC-UK analyses the removal of the effective requirement to annuitise that was announced in the 2014 Budget. Following a detailed exploration of many of the factors likely to determine the choices that people could make at the point of retirement, this report argues that a number of issues need to be resolved in order to minimise the risks associated with the new freedoms. The financial services industry has been set a significant challenge to develop new products and services that will meet the retirement income

needs of individuals throughout the duration of retirement, while continuing to demonstrate the value of more traditional product offerings. Questions remain about the financial viability of providing advice to those with moderate sized pension pots, and the capability of the advice industry to be able to do this on a large scale. The financial services industry, the Government and regulators must quickly decide how this can be delivered if we are to close the advice gap which threatens to exacerbate many of the risks associated with the new pension freedoms. (RH)
From : ILC-UK, 11 Tufton Street, London SW1P 3QB.
Download: http://www.ilcuk.org.uk/index.php/publications/publication_details/freedom_and_choice_in_pensions_risks_and_opportunities

226/106 Lifecourses, pensions and poverty among elderly women in Belgium: interactions between family history, work history and pension regulations; by Hans Peeters, De Tavernier Wouter.: Cambridge University Press.
Ageing and Society, vol 35, no 6, July 2015, pp 1171-1199.
The precarious financial situation of many older women in developed countries is well established. Nevertheless, in-depth insight into the persistent vulnerability of this group remains largely absent. In this article, the authors demonstrate how a specific focus on the interaction between work history, family history and pension regulations can provide greater insight into the mechanisms that produce poverty among older women in Belgium. To that end, the authors make use of register data on some 9,000 women aged 65-71. Data on the poverty risk of these women is linked to career and family data, spanning over 45 years. The authors find that pension policy can indeed account for the higher poverty risk of some groups of older women (e.g. divorcees) as compared to others (e.g.widows). Similarly, pension policy can, to a large extent, directly or indirectly explain how previous lifecourse events, such as marital dissolution or childbirth, affect old-age poverty risk. However, the study also reveals some unexpected findings. Most notably, pension regulations fail to account for the beneficial situation of married women. Indeed, the analyses that were conducted suggest that capital (income) may prove more decisive than pension rights in explaining the low poverty risk of married women when compared to other marital groups. The authors draw on their findings to suggest where pension policy should go from here.
ISSN: 0144686X From : journals.cambridge.org/aso

PERSONALISATION

226/107 Personalization: from day centres to community hubs?; by Catherine Needham.
Critical Social Policy, vol 34, no 1, 2014, pp 90-108.
The article explores the relationship between personalisation reforms of social care services in England and the redevelopment of day centres for older people and people with a disability. Recognising the ways in which personalisation reforms have been driven by a rejection of institutionalisation, it considers how intersecting story-lines delegitimise the day centre model and promote alternative shared spaces such as 'community hubs'. Using responses drawn from a small survey of day centre workers and case study interviews with social care managers, the article argues that the personalisation narrative has been much more effective in legitimising the closure of day centres than in stimulating the emergence of new collective spaces. There are a range of possible explanations for this apparent disconnect between the narrative and the practice context, including a neo-liberal agenda which uses the community hub story-line simply as cover for retrenchment of the welfare state, or an assumption that the financial context has knocked the story off track. However, a broader explanation was considered to be more plausible, acknowledging the difficulty that ambiguous narratives have in marshalling resources and 'freezing' change. (OFFPRINT). (RH)
ISSN: 1461703X

PETS

226/108 Positive effect of pets on memory-impaired residents at Silverado communities; by Stephen F Winner.: Emerald.
Working with Older People, vol 18, no 3, 2014, pp 134-141.
In the United States, Silverado assisted living communities are home to a variety of pets which are used in the care of their residents who have memory-impairing diseases such as Alzheimer's disease, vascular dementia and Parkinson's disease. Observations were gathered for some 18 years, from 1996 to 2014, regarding the positive effects pets have on individuals diagnosed with various memory-impairing diseases. These observations, which began in just one Silverado community exclusively for those with memory impairments, have remained consistent over time and are now seen in 33 communities across the USA. Frequent interaction and access to various pets adds a sense of purpose and life to Silverado residents, each of whom was diagnosed with dementia or other memory impairing diseases. The findings rely on a variety of personal observations from caregivers, doctors, nurses, resident families and community leadership. Including pets in an assisted living community creates an environment filled with life and compassion, which ultimately gives many residents a sense of purpose again. The Silverado Pet Philosophy furthers the organisation's mission to change the way the world perceives and cares for those with memory impairments. (RH)
ISSN: 13663666 From : www.emeraldgrouppublishing.com/wwop.htm

226/109 The role of pets in the lives of older people: a review; by June McNicholas.: Emerald.
Working with Older People, vol 18, no 3, 2014, pp 128-133.
A review of findings from major international studies across health-related disciplines summarises some of the major scientific research projects that identify the value of pet ownership and pet interaction to older people. The review concludes that pets may serve significant functions that enhance older people's physical, emotional and social well-being. With recognition from health professionals, pet ownership is something which should be continued wherever possible. (RH)
ISSN: 13663666
From : www.emeraldgrouppublishing.com/wwop.htm

PHYSICAL ACTIVITY

226/110 Aerobic activity preferences among older Canadians: a time use perspective; by Jamie E L Spinney.: Cambridge University Press.
Canadian Journal on Aging, vol 32, no 4, December 2013, pp 443-451.
Numerous health benefits are associated with a physically active population. This study used nationally representative data from Statistics Canada's General Social Survey on Time Use (GSS-TU) for 1992, 1998, 2005 and 2010, combined with energy expenditure information. The aim was to discover older Canadians' aerobic activity preferences, and to determine both participation rates and time spent in the 10 most frequently reported aerobic activities. Aerobic activity preferences are dominated by domestic chores (15% to 30% participation for about two hours per day), recreational walking (15% to 30% participation for about one hour per day), and active transportation (generally less than 5% participation for less than 30 minutes per day). Although there have been several changes in older Canadians' revealed preferences for aerobic activities over the past three decades, the prevalence of domestic chores points towards the importance of policies that support older Canadians remaining in their homes, whereas the popularity of walking suggests that "walkability" needs to be considered in neighbourhood design. (RH)
ISSN: 07149808
From : journals.cambridge.org/cjg

226/111 Moderate-to-high intensity aerobic exercise in patients with mild to moderate Alzheimer's disease: a pilot study; by Kristian S Frederiksen, Nanna Sobol, Nine Beyer ... (et al).: Wiley Blackwell.
International Journal of Geriatric Psychiatry, vol 29, no 12, December 2014, pp 1242-1248.
Physical exercise may modulate neuropathology and symptoms of Alzheimer's disease (AD). This pilot study assessed the feasibility of conducting a study of moderate-to-high intensity aerobic exercise in home-dwelling patients with mild AD. The study used an uncontrolled preintervention-postintervention test design with a single group receiving the same intervention. A total of eight patients with mild to moderate AD from the Copenhagen Memory clinic were included in the study. The intervention lasted for 14 weeks and consisted of supervised one-hour sessions of aerobic exercise three times per week (50-60% of heart rate reserve for a two-week adaptation period and 70-80% of heart rate reserve for the remaining 12 weeks). Feasibility was assessed based on acceptability, including attendance and drop-out, safety and patients' and caregivers' attitudes towards the intervention as well as other relevant parameters. Attendance (mean, range: 90%, 70-100%) and retention (seven out of eight) rates were very high. No serious adverse events were observed. Generally patients and caregivers were positive towards the intervention. This study shows that it is feasible to conduct moderate-to-high intensity aerobic exercise in community-dwelling patients with mild AD. These findings indicate that aspects such as a longer adaptation period, information about injury prevention and need for involvement and support from caregivers should be addressed when planning an exercise intervention in an AD population. (JL)
ISSN: 08856230
From : www.orangejournal.org

226/112 Predictors of adherence in a community-based Tai Chi program; by Suhayb Shah, Chris Ardern, Hala Tamim.: Cambridge University Press.
Canadian Journal on Aging, vol 34, no 2, June 2015, pp 237-246.
This study examined factors affecting adherence in a 16-week tai chi programme among multi-ethnic middle-aged and older adults living in a low socioeconomic environment in Toronto. Analysis was based on data collected from three tai chi programme cohorts that took place from August 2009 to March 2012. The main outcome variable, adherence, was measured by the total number of sessions attended by each of the participants. Total sample size was 210 participants (mean age, 68.1 ± 8.6). Based on the regression model, greater adherence was significantly associated with older age, greater perceived stress, higher education, and higher mental and physical scores of Short Form-36 components. Conversely, lower adherence was significantly associated with higher baseline weekly physical activity. The findings suggest that less-educated individuals with poor mental and physical health should be targeted, to optimize adherence for future community-based tai chi programmes. (RH)
ISSN: 07149808
From : journals.cambridge.org/cjg

QUALITY OF LIFE

(See 226/5, 226/34, 226/120, 226/139)

RESIDENTIAL AND NURSING HOME CARE

(See Also 226/3, 226/52, 226/73, 226/131)

226/113 Care ... about physical activity in care homes in Scotland; by Edith A Macintosh, Bob Laventure.: Emerald.
Working with Older People, vol 18, no 3, 2014, pp 120-127.
This paper draws attention to a new resource pack for care homes in Scotland for promoting an active life based on a self-improvement process, and for improving opportunities for, and increasing levels of physical activity amongst residents in care homes in Scotland, which has the potential to make a significant difference to the quality of lives. The approach is designed to raise awareness about the importance of physical activity, increase skills, knowledge and capacity amongst the workforce. The paper describes the reasons for promoting physical activity in care homes. It provides a case study which exemplifies how the ideas in the resource pack can be applied on a day-to-day basis. The paper provides insights into the challenges in the care home sector to promoting physical activity, and offers some ways round these. It describes two strategies within the new resource pack to support care home residents to make person centred physical activity choices. This paper suggests that to promote physical activity in a care home, the choices and needs of an individual must be the starting point. It requires partnership working and good leadership, and where staff have the permission to work in a new way. It suggests that risk enablement is key, and the benefits of physical activity outweigh the risks, even with frail older people. (RH)
ISSN: 13663666
From : www.emeraldgrouppublishing.com/wwop.htm

226/114 Exploring the ecology of Canada's publicly funded residential long-term care bed supply; by Saskia N Sivananthan, Malcolm Doupe, Margaret J McGregor.: Cambridge University Press.
Canadian Journal on Aging, vol 34, no 1, March 2015, pp 60-74.
Despite Canada's increasing population of older people and the varying long-term care (LTC) strategies that provinces have implemented, little research has focused on understanding the extent to which publicly funded residential LTC bed supply varies across provinces, or the factors influencing this variation. This study involved an analysis in which the authors examined the association of three select jurisdictional characteristics with LTC bed supply: population age demographics, provincial wealth, and provincial investments in home care. No significant cross-jurisdictional "ecology" or inter-relatedness was found between the variation in LTC bed supply and any of the examined variables. Interprovincial variation in bed supply also did not statistically influence alternate level of care days specific to LTC waits, suggesting that these days were not influenced simply by differences in LTC bed supply, and that other provincial-level factors were in play. (RH)
ISSN: 07149808
From : journals.cambridge.org/cjg

226/115 Implementing national guidelines for person-centered care of people with dementia in residential aged care: effects on perceived person-centeredness, staff strain, and stress of conscience; by David Edvardsson, P O Sandman, Lena Borell.: Cambridge University Press.
International Psychogeriatrics, vol 26, no 7, July 2014, pp 1171-1179.
Person-centredness has had substantial uptake in the academic literature on care of older people and people with dementia. However challenges exist in interpreting and synthesising the evidence on effects of providing person-centred care, as the person-centred components of some intervention studies are unclear _ targeting very different and highly specific aspects of person-centredness, as well as not providing empirical data to indicate the extent to which care practice was actually perceived to become more person-centred post-intervention. The study employed a quasi-experimental, one-group pre-test_post-test design with a 12-month follow-up to explore intervention effects on person-centredness of care and the environment (primary endpoints), and on staff strain and stress of conscience (secondary endpoints). The intervention resulted in significantly higher scores on person-centredness of care at follow-up, and the facility was rated as being significantly more hospitable at follow-up. A significant reduction of staff stress of conscience was also found at follow-up, which suggests that, to a larger extent, staff could provide the care and activities they wanted to provide after the intervention. These results indicated that an interactive and step-wise action-research intervention consisting of knowledge translation, generation and dissemination, based on national guidelines for care of people with dementia, increased the staff self-reported person-centredness of care practice, perceived hospitality of the setting, and reduced staff stress of conscience by enabling staff to provide the care and activities that they wanted. (JL)
ISSN: 10416102
From : journals.cambridge.org/ipg

226/116 Intergenerational proximity and the residential relocation of older people to care institutions and elsewhere; by Marieke Van Der Pers, Eva U B Kibele, Clara H Mulder.: Cambridge University Press.
Ageing and Society, vol 35, no 7, August 2015, pp 1429-1456.
The authors investigated the extent to which the geographic proximity of adult children affected the relocations of older people in the Netherlands in 2008. A major contribution of this study is the examination of the differentiation between relocation to care institutions and elsewhere. Data from the Dutch population register linked to complementary datasets were analysed for nearly one million inhabitants aged 75+, using multinomial logistic regression models to estimate the effects of intergenerational proximity and of other factors on the propensity to relocate to an institution and elsewhere. An interaction of proximity with partnership status as an indicator of the presence of an important care provider was considered. It was found that older people were less likely to move elsewhere when their children were living very close by, and were more likely to do so when their children were living farther away. Having children living close was negatively associated with the likelihood of moving to a care institution. Very close proximity had an additional negative effect on the propensity of older people with a partner to relocate elsewhere, whereas the negative effect was less for older people without a partner on moving elsewhere. However, the findings did show that (recently) widowed people were more likely to move elsewhere when their children were living more than 40 kilometres away. (RH)
ISSN: 0144686X
From : journals.cambridge.org/aso

226/117 Intergenerational proximity and the residential relocation of older people to care institutions and elsewhere; by Marieke Van Der Pers, Eva U B Kibele, Clara H Mulder.: Cambridge University Press.
Ageing and Society, vol 35, no 7, August 2015, pp 1429-1456.
The authors investigated the extent to which the geographic proximity of adult children affected the relocations of older people in the Netherlands in 2008. A major contribution of this study is the examination of the differentiation between relocation to care institutions and elsewhere. Data from the Dutch population register linked to complementary datasets were analysed for nearly one million inhabitants aged 75+, using multinomial logistic regression models to estimate the effects of intergenerational proximity and of other factors on the propensity to relocate to an institution and elsewhere. An interaction of proximity with partnership status as an indicator of the presence of an important care provider was considered. It was found that older people were less likely to move elsewhere when their children were living very close by, and were more likely to do so when their children were living farther away. Having children living close was negatively associated with the likelihood of moving to a care institution. Very close proximity had an additional negative effect on the propensity of older people with a partner to relocate elsewhere, whereas the negative effect was less for older people without a partner on moving elsewhere. However, the findings did show that (recently) widowed people were more likely to move elsewhere when their children were living more than 40 kilometres away. (RH)
ISSN: 0144686X
From : journals.cambridge.org/aso

226/118 Need fulfillment, need importance, and depressive symptoms of residents over the first eight months of living in a nursing home; by Annette F J Custers, Antonius H J Cillessen, Gerben J Westerhof ... (et al).: Cambridge University Press.
International Psychogeriatrics, vol 26, no 7, July 2014, pp 1161-1170.
Based on self-determination theory and adaptation theories, the study aim was to investigate the relationship between need fulfilment (of autonomy, relatedness, and competence), need importance and depressive symptoms during the first months of living in a nursing home. This was an eight-month longitudinal questionnaire study in which 75 persons newly admitted to units for physically frail residents participated at baseline. 23 longitudinal participants were remaining at the third and final measurement wave. The results show a main effect of need fulfilment and an interaction effect of need fulfilment and need importance on depressive symptoms over time. A prototypical plot shows that residents with low need fulfilment had higher initial levels of depressive symptoms that decreased modestly over time, regardless of their need importance. Residents with high need fulfilment had lower initial levels of depressive symptoms, but their trajectories differed for participants with low and high need importance. Residents with low need importance started with lower levels of depressive symptoms but remained stable over time, whereas residents with high need importance had more depressive symptoms at time 1 that decreased slightly over time. Generally these findings show that depressive symptoms do not change over time. However individual trajectories of depressive symptoms seem to depend on individual need fulfilment and need importance. The residents that consider need fulfilment to be highly important but experience low need fulfilment had higher initial levels of depressive symptoms that decreased modestly over time, although the level of depressive symptoms remained higher as compared to the other residents. (JL)
ISSN: 10416102
From : journals.cambridge.org/ipg

226/119 PerCEN: a cluster randomized controlled trial of person-centred residential care and environment for people with dementia; by Lynn Chenoweth, Ian Forbes, Richard Fleming ... (et al).: Cambridge University Press.
International Psychogeriatrics, vol 26, no 7, July 2014, pp 1147-1160.
There is good evidence of the positive effects of person-centred care (PCC) on agitation in dementia. In the present study it was hypothesised that a person-centred environment (PCE) would achieve similar outcomes by focusing on positive environmental stimuli, and that there would be enhanced outcomes by combining PCC and PCE. 38 Australian residential aged care homes with scope for improvement in both PCC and PCE were stratified, then randomised to one of four intervention groups: (1) PCC; (2) PCE; (3) PCC +PCE; (4) no intervention. People with dementia, over 60 years of age and consenting were eligible to take part. Co-outcomes assessed pre and four months post-intervention and at eight months follow-up were resident agitation, emotional responses in care, quality of life and depression, and care interaction quality. From 38 homes randomised, 601 people with dementia were recruited. At follow-up the mean change for quality of life and agitation was significantly different for PCE and PCC, compared with the non-intervention group. Quality of life improved non-significantly for both PCC and PCE, but not for agitation. Improvements in care interaction quality and in emotional responses to care in PCC and PCE were not observed in the other groups. Depression scores did not change in any of the groups. Intervention compliance for PCC was 59%, for PCE 54% and for PCC and PCE 66%. The hypothesis that PCC and PCE would improve quality of life and agitation even further was not supported, even though there were improvements in the quality of care interactions and resident emotional responses to care for some of this group. (JL)
ISSN: 10416102
From : journals.cambridge.org/ipg

226/120 Residents' self-reported quality of life in long-term care facilities in Canada; by Vahe Kehyayan, John P Hirdes, Suzanne L Tyas, Paul Stolee.: Cambridge University Press.
Canadian Journal on Aging, vol 34, no 2, June 2015, pp 149-164.
Quality of life (QoL) of long-term care (LTC) facility residents is an important outcome of care. This cross-sectional, descriptive study examined the self-reported QoL of LTC facility residents in Canada using the interRAI Self-Report Nursing Home Quality of Life Survey instrument. A secondary purpose was to test the instrument's psychometric properties. Psychometric testing of the instrument supported its reliability and its convergent and content validity for assessing the residents' QoL. Findings showed that residents rated positively several aspects of their life, such as having privacy during visits (76.9%) and staff being honest with them (73.6%). Residents gave lower ratings to other aspects such as autonomy, staff-resident bonding, and personal relationships. The findings point to gaps between facility philosophies of care and their translation into a care environment where care is truly resident-directed. Moreover, the findings have potential implications for resident care planning, facility programming, social policy development, and future research. (RH)
ISSN: 07149808
From : journals.cambridge.org/cjg

226/121 Unhappy anniversary?; by Joe Hanley, David Marsland.: Emerald.
Journal of Adult Protection, vol 16, no 2, 2014, pp 104-112.
The importance and nature of relationships of trust in care settings is explored. This paper aattempts to answer the question, what is it about these kinds of relationships that is associated with harm and abuse? The paper takes a discursive approach, based implicitly on an ecological framework of analysis. The analysis draws on the broad array of enquiries, studies, reports and serious case reviews (SCRs) that are available on specific adult safeguarding issues. The conclusion is that the relationships between staff and service users in residential care settings are characterised by non-mutual dependency, isolation and unequal decision-making powers. Therefore, such relationships deserve special focus and attention, in order to safeguard and protect the people concerned. The paper implies that practitioners and policy makers should find ways to ensure that they listen more closely to people living in residential settings. Practitioners should ask more about the quality of relationships that people enjoy with the staff that support them. The paper suggests that in order to safeguard people more effectively, practitioners and policy makers should reconsider the central focus of their energies and revisit issues such as isolation, in the lives of disabled and older people living in residential care. (RH)
ISSN: 14668203
From : www.emeraldinsight.com/jap.htm

226/122 Who is looking after mom and dad?: Unregulated workers in Canadian long-term care homes; by Carole A Estabrooks, Janet E Squires, Heather L Carleton (et al).: Cambridge University Press.
Canadian Journal on Aging, vol 34, no 1, March 2015, pp 47-59.
Older adults living in residential long-term care or nursing homes have increasingly complex needs, including more dementia than in the past, yet we know little about the unregulated workforce providing care. The authors surveyed 1,381 care aides in a representative sample of 30 urban nursing homes in the three Canadian Prairie provinces and report demographic, health and well-being, and work-related characteristics. Over 50% of respondents were not born in Canada and did not speak English as their first language. They reported moderately high levels of burnout

and a strong sense of their work's worth. Few respondents reported attending educational sessions. This direct caregiver workforce is poorly understood, has limited training or standards for minimum education, and training varies widely across provinces. Workplace characteristics affecting care aides reflect factors that precipitate burnout in allied health professions, with implications for quality of care, staff health, and staff retention. (RH)
ISSN: 07149808
From : journals.cambridge.org/cjg

RESILIENCE

(See 226/86)

RETIREMENT

(See Also 226/7)

226/123 Satisfaction with daily activities after retirement in Europe; by Eric Bonsang, Arthur van Soest.: Cambridge University Press.
Ageing and Society, vol 35, no 6, July 2015, pp 1146-1170.
This paper analyses the determinants of satisfaction with daily activities among retirees aged 65+ in 11 European countries: Belgium, Czech Republic, Denmark, France, Germany, Greece, Italy, Netherlands, Poland, Spain and Sweden. It uses data from the Survey of Health, Ageing and Retirement in Europe (SHARE) on self-assessed satisfaction with daily activities. It also uses anchoring vignettes to correct for potential differences in response scales across countries and socio-demographic groups. On average, retired Europeans appear to be satisfied with their daily activities, but there are large differences across countries: respondents from Northern countries tend to be more satisfied than individuals from Central European or Mediterranean countries. The analysis shows that correcting for response scale differentials alters the country ranking for satisfaction with daily activities, but hardly affects the conclusions on the factors driving within-country differences between socio-demographic groups.
ISSN: 0144686X
From : journals.cambridge.org/aso

SENSORY LOSS

(See Also 226/24)

226/124 Commission on Hearing Loss: final report; by Sally Greengross (Chair), International Longevity Centre UK - ILC-UK. London: International Longevity Centre UK - ILC-UK, July 2014, 38 pp.
For too long, hearing loss has been ignored, overlooked and disregarded, despite the millions of people experiencing hearing loss and the devastating consequences that it can have on individuals, their families and society as a whole. This report presents new data to show not only the predicted growth in the number of people with hearing loss, which is set to account for almost 20% of the total population by 2031, but also highlights a £25 billion loss to the UK economy in potential economic output. The terms of reference of the Commission on Hearing Loss were to consider the extent of the challenges posed by age-related hearing loss in the UK and how it can be tackled. The report considers the rising social cost of hearing loss; makes recommendations on an alternative model of delivering hearing services involving earlier detection of hearing loss by national screening; and looks at ways in which society could become more adaptable to hearing loss. This report has been supported by Boots Hearingcare. (RH)
From : ILC-UK, 11 Tufton Street, London SW1P 3QB.
Download: http://www.ilcuk.org.uk/index.php/publications/publication_details/commission_on_hearing_loss_final_report

SEXUALITY

226/125 Ageing and lesbian, gay and bisexual relationships; by Dylan Kneale, Patrick Sholl, Chris Sherwood, Jessica Faulkner.: Emerald.
Working with Older People, vol 18, no 3, 2014, pp 142-151.
The needs of older lesbian, gay and bisexual (LGB) people and their relationships are often overlooked. This paper explores how minority stress and the experience of societal level hostility towards LGB people and their relationships may have affected their relationships and relationship histories. This paper introduces the Minority Stress Framework and examines the relationship histories of a small cohort aged 50 at the last sweep of data collection. The Minority Stress Framework states that societal level hostility will lead to unequal treatment and psychological distress among minority groups, which could impact on their relationships histories. In these data, those people identified as being LGB were significantly more likely to have had a higher number of cohabiting partnerships, were less likely to have had longer-term cohabiting relationships, and were less likely to be in a relationship at age 50. This is despite LGB people placing an equal importance on partnership and marriage. While these results come with caveats, the authors conclude that if minority stress does impact upon relationships, it is upon the stability and length

of relationships. Compared to older LGB couples, opposite sex couples, are more likely to have been in receipt of peer and especially familial support for their relationship, particularly around times of relationship crisis. Additionally, for those same sex couples who approached professional sources of support (e.g. couple counselling), heteronormative and even hostile attitudes from counselling providers may have meant that experienced and informed support was not available when needed. The findings therefore pose a challenge to service providers to ensure that relationship support and allied services are available and adapted to meet the needs of older LGB people, whose previous contacts with these service providers may have been substantially less than positive, and whose need for relationship support may be greater. The use of a small sample of cohort data to examine these issues provides new insight into the way in which older LGB people may age differently to non-LGB people. (RH)
ISSN: 13663666
From : www.emeraldgrouppublishing.com/wwop.htm

226/126 Time as a structuring condition behind new intimate relationships in later life; by Torbjorn Bildtgard, Peter Oberg.: Cambridge University Press.
Ageing and Society, vol 35, no 7, August 2015, pp 1505-1528.
Although mobility in and out of intimate relationships has become more common in later life, it has been a neglected issue in social gerontology. In this article, the authors ask what characterises the formation of new intimate relationships in later life, and whether there are any specific conditions that separate these from relationships in earlier stages of the lifecourse. On the basis of qualitative interviews with 28 Swedish people aged 63-91 who have established a new intimate heterosexual relationship after the age of 60 or who are dating singles, the authors argue that time constitutes such a central structuring condition. They discuss and theorise two aspects of time - post-(re)productive free time and remaining time - which have an important formative power on new late-in-life relationships. They argue that together these aspects form a central existential structure of ageing in many Western societies - the paradoxical condition of having lots of available free time but little time left in life - which, besides influencing new late-in-life relationships, might also be relevant to other aspects of and choices in later life. (RH)
ISSN: 0144686X
From : journals.cambridge.org/aso

SOCIAL CARE

(See Also 226/50, 226/92)

226/127 Developing evidence-enriched practice in health and social care with older people: [summary]; by Joseph Rowntree Foundation - JRF. York: Joseph Rowntree Foundation - JRF, April 2015, 4 pp (Inspiring social change; Ref: 3111).
Evidence-based practice is widely promoted but difficult to achieve. This summary outlines findings of a project by a team of six people led by Nick Andrews of Swansea University which took a collaborative approach to evidence-enriched practice, using research from the Joseph Rowntree Foundation (JRF) programme, A Better Life. The project ran for one year in six sites, five in Wales and one in Scotland; national policy emphasises the promotion of well-being in both countries. Each site chose particular topics for service and workforce developments, including relationship-centred practice, positive and rights-based approaches to risk management, the development of meaningful activities, short breaks, addressing loneliness and better recording and paperwork. Participants chose to implement actions that promoted relationship-centred services and greater autonomy for service users, carers and staff. A key success in this approach was that it established and focused on what mattered to participants (older people, carers, staff, organisations and researchers). The project demonstrated the benefits of using research and related contextual evidence in developing services and workforces, resulting in improved outcomes for older people, carers and staff.
From : Joseph Rowntree Foundation, The Homestead, 40 Water End, York YO30 6WP. http://www.jrf.org.uk/publications/developing-evidence-enriched-practice-health-and-social-care-older-people

226/128 Self-directed community services for older Australians: a stepped capacity-building approach; by Goetz Ottmann, Mohammedreza Mohebbi.: Wiley Blackwell.
Health and Social Care in the Community, vol 22, no 6, November 2014, pp 598-611.
Consumer-directed care (CDC) is an increasingly widespread aged care service option in Organisation for Economic Co-operation and Development (OECD) countries. Yet, the evidence base regarding the programmatic and contextual factors that affect the outcome of CDC interventions including their uptake rates is surprisingly small. As a result, policy makers have only limited information at their disposal when designing CDC programmes. This paper examines this issue by reporting on the outcomes of a stepped capacity-building-focused self-directed care (SDC) project designed for older Australians with complex care needs. It provides an overview of the outcomes for domiciliary aged care (hereafter 'community aged care') recipients and highlights key obstacles in the way of older people benefiting from SDC arrangements. The paper suggests that a stepped, SDC approach that focuses on capacity building may be more acceptable to older people and has the potential to improve older people's sense of satisfaction, control over

care options, their perceived standard of living and outlook on what they can achieve in life. The evaluation suggests that while only a very small segment of older people is interested in a voucher or cash option, a substantially larger group would like to have greater say over and more direct access to their care, without, however, assuming administrative and financial responsibilities. (RH)
ISSN: 09660410
From : wileyonlinelibrary.com/journals/hsc

SOCIAL NETWORKS

226/129 Peer support: what is it and does it work?; by NESTA (National Endowment for Science, Technology and the Arts); National Voices. London: NESTA; National Voices, 2015, 57 pp.
Peer support involves people drawing on shared personal experience to provide knowledge, social interaction, emotional assistance or practical help to each other, often in a way that is mutually beneficial. Peer support is different from other types of support because the source of support is a similar person with relevant experience. This review of the literature was undertaken by two reviewers at an independent organisation, The Evidence Centre; they searched ten bibliographic databases independently to identify studies published between January 2000 and January 2015. More than 20,000 studies were screened and 1,023 studies were identified for inclusion. 524 of these studies examined the outcomes of peer support, while the others described processes. This review examines the effect of various types of peer support on people's experience, behaviour and health outcomes and health service use. Based on the totality of evidence, the review concludes that the top three most useful types of initiatives for improving emotional and physical well-being may be: face-to-face groups run by trained peers which focus on emotional support, sharing experiences, education and specific activities such as exercise or social activities; one-to-one support offered face-to-face or by telephone; and online platforms such as discussion forums.
From: http://www.nationalvoices.org.uk/sites/www.nationalvoices.org.uk/files/peer_support_-_what_is_it_and_does_it_work.pdf

226/130 Together and apart: a typology of re-partnering in old age; by Chaya Koren.: Cambridge University Press.
International Psychogeriatrics, vol 26, no 8, August 2014, pp 1327-1350.
The human need for love, friendship and physical contact, and the fear of loneliness do not diminish with age. Widowhood and late-life divorce and increased life expectancy are likely to lead to alternative relationships, such as re-partnering. The purpose of this paper was to explore interplays between emotional and physical components of re-partnering in old age
Theoretical sampling of 20 couples included men who re-partnered at the age of 65+ years and women at the age of 60+ years, following termination of lifelong marriages due to death or divorce. Living arrangements included married or unmarried cohabitation under the same roof or in separate homes. 40 semi-structured interviews were tape-recorded and transcribed verbatim. The couple was the unit of analysis. Interplays between physical and emotional dimensions were examined using five abductive parameters derived from data analysis resulting in a fourfold typology of emotional and physical closeness/distance in re-partnering in old age: (1) living together (physically and emotionally); (2) living apart (physically) together (emotionally); (3) living together (physically) apart (emotionally); and (4) living apart (physically and emotionally). Findings revealed types of partner relationships that are different from lifelong marriages. The typology could help professionals working with older persons regarding what to expect in re-partnering in old age and be included in developmental theories as an option in old age. A quantitative tool for research and therapy purposes, entitled The Re-partnering in Old Age Typology Scale (RPOAT Scale), based on abductive parameters, could be established for measuring re-partnering relationship quality and classifying re-partnering couples. (JL)
ISSN: 10416102
From : www.journals.cambridge.org

SUICIDE

226/131 Completed suicide among nursing home residents: a systematic review; by Briony J Murphy, Lyndal Bugeja, Jennifer Pilgrim, Joseph E Ibrahim.: Wiley Blackwell.
International Journal of Geriatric Psychiatry, vol 30, no 8, August 2015, pp 802-814.
The aim of this study was to systematically review published research describing the frequency, nature and contributing factors of completed suicides among nursing home residents. In accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses Statement, this review examined all original, peer-reviewed literature published in English between 1949 and 2013 describing completed suicides among nursing home residents. Information extracted for analysis included: study and population characteristics, method of suicide, potential risk factors and interventions. Eight studies were identified, the majority of which were conducted in the USA. There were 113 suicides in nursing homes reported in the literature, 101 with detailed information available for aggregate analysis. The majority were male, aged between 61 and 93 years. Suicide was most commonly by hanging or falling from a height. Risk factors were considered in a proportion of studies. Depression was examined in 27 cases and present in 18 (67%). Duration of residence was examined in 25 cases, 13 (52%) of which had resided in the nursing home less than 12 months. Physical health was examined in 22 cases, 11 (50%) of whom

were experiencing physical decline. Prior suicidal behaviour, cognitive function and personal loss were also examined. Organisational risk factors and intervention strategies were rarely considered. There is a paucity of research describing completed suicide among nursing home residents. More large-scale research is required using standardised methods for reporting information to better understand and prevent completed suicides in this setting. (JL)
ISSN: 08856230
From : www.orangejournal.org

226/132 Medical examiner and coroner reports: uses and limitations in the epidemiology and prevention of late-life suicide; by Gary Cheung, Sally Merry, Frederick Sundram.: Wiley Blackwell.
International Journal of Geriatric Psychiatry, vol 30, no 8, August 2015, pp 781-792.
Late-life suicide is a growing public health concern in many parts of the world. Understanding the contributory factors to completed suicide is essential to inform the development of effective suicide risk assessment and management. The aim of this study was to synthesise the findings in studies that used coroner or medical examiner records to determine these contributory factors. The databases of Scopus (from 1960), MEDLINE (from 1946) and PsychINFO (from 1806) were searched in August 2013, to identify studies that used coroner or medical examiner records for investigating the epidemiological, sociodemographic characteristics and clinical aspects of late-life suicide. As a result 25 studies were identified. There was a lack of standardisation of variables assessed between studies leading to incomplete datasets in some work. However a diagnosis of depression was found in 33%, and depressive mood/symptoms in 47% of cases. About 55% had a physical health problem. Terminal illness was associated with a smaller proportion (7.1%) of the cases. Older people were more likely to have had contact with primary care rather than mental health services prior to suicide. Despite their limitations, coroner and medical examiner records provide an opportunity for examining suicide epidemiology. Targeting primary care providers where late-life depression and physical illness can be detected and treated is a potential strategy to address late-life suicide. (JL)
ISSN: 08856230
From : www.orangejournal.org

226/133 Suicide in centenarians: the international landscape; by Ajit Shah, Sofia Zarate-Escudero, Ravi Bhat ... (et al).: Cambridge University Press.
International Psychogeriatrics, vol 26, no 10, October 2014, pp 1703-1708.
Increased life expectancy worldwide has lead to an increase in the number of centenarians and their numbers are predicted to increase further. However little is known about suicide rates in this group. In the present study data on the number of suicides in centenarians of both genders for as many years as possible from 2000 were ascertained from three sources: colleagues, national statistics office websites and e-mail contact with the national statistics offices of as many countries as possible. The number of centenarians for the corresponding years was estimated for each country using data provided by the United Nations website.
Data were available from 17 countries. The suicide rate was 57 per 100,000 person years in men and 6.8 per 100,000 person years in women. Suicide rates were sufficiently large amongst centenarians for there to constitute a public health concern given the anticipated rise in the centenarian population and the paucity of data on risk and protective factors for suicide in this age group. (JL)
ISSN: 10416102
From : www.journals.cambridge.org

226/134 Suicide risk in long-term care facilities: a systematic review; by Briana Mezuk, Andrew Rock, Matthew C Lohman, Moon Choi.: Wiley Blackwell.
International Journal of Geriatric Psychiatry, vol 29, no 12, December 2014, pp 1198-1211.
Suicide risk is highest in later life, however little is known about the risk of suicide among older adults in long-term care facilities (eg nursing homes and assisted living facilities). The goal of this paper was to review and synthesise the descriptive and analytic epidemiology of suicide in long-term care settings over the past 25 years. Four databases were searched and 4073 unique research articles were identified. Of these, 37 were selected for inclusion in this review. Of the included reports, 21 were cross-sectional, eight cohort, three qualitative and five intervention studies. Most studies indicated that suicidal thoughts (active and passive) are common among residents (prevalence in the past month: 5-33%), although completed suicide is rare. Correlates of suicidal thoughts among long-term care residents include depression, social isolation, loneliness and functional decline. Most studies examined only individual-level correlates of suicide, although there is suggestive evidence that organisational characteristics (e.g., bed size and staffing) may also be relevant. Existing research on suicide risk in long-term care facilities is limited but suggests that this is an important issue for clinicians and medical directors to be aware of and address. Research is needed on suicide risk in assisted living and other non-nursing home residential settings, as well as the potential role of organisational characteristics on emotional well-being for residents. (JL)
ISSN: 08856230
From : www.orangejournal.org

TRANSPORT

(See Also 226/37)

226/135 The future of transport in an ageing society; by George Holley-Moore, Helen Creighton, International Longevity Centre UK - ILC-UK; Age UK. London: International Longevity Centre UK - ILC-UK, June 2015, 32 pp.
An ILC-UK and Age UK project sets out the key transport challenges arising from the UK's ageing population. This report uses analysis from the English Longitudinal Study of Ageing (ELSA) and evidence from transport experts at a stakeholder's workshop, to argue that the current transport system is failing to meet the needs of many older people. Despite free bus travel, one third of over 65s in England never use public transport. More than half either never use public transport or use it less than once a month. Some 35,000 people aged 65-84 in England have difficulty walking even a short distance, but are restricted to using public transport, making any journey difficult. 1.45 million over 65s find it quite difficult or very difficult to travel to a hospital, whilst 630,000 over 65s find it difficult or very difficult to travel to their GP. This report considers ways in which transport options could be improved for older people: devolution of central Government powers to local communities could mean more flexible transport services which better reflect the needs of older people; advances in technology (e.g. driverless cars and use of IT to provide public transport information; and volunteer-run transport schemes. (RH)
From : ILC-UK, 11 Tufton Street, London SW1P 3QB. Download: http://www.ilcuk.org.uk/index.php/publications/publication_details/the_future_of_transport_in_an_ageing_society

226/136 Is planning for driving cessation critical for the well-being and lifestyle of older drivers?; by Jacki Liddle, Trisha Reaston, Nancy Pachana ... (et al).: Cambridge University Press.
International Psychogeriatrics, vol 26, no 7, July 2014, pp 1111-1120.
Driving cessation has demonstrated impacts on well-being and lifestyle. Despite the recognised reluctance of older people to plan for driving cessation, this study identified a new group who had a stated plan to stop driving within 12 months. Although gradual reduction of driving has been documented as part of the usual driving cessation, this study explored the differences between retired drivers and those with a stated plan to retire within 12 months in sociodemographic, well-being and lifestyle outcomes. The study extracted all baseline data from a clinical trial exploring the effectiveness of a group programme for older retiring and retired drivers. Sociodemographic data included age, gender, health status, educational level and living situation. All participants completed measures related to episodes away from home, well-being and lifestyle. These were compared using parametric and nonparametric statistical analysis. The 131 participants included 68 retired drivers (mean age 79.8 years) and 63 retiring drivers (mean age 77.8 years). Retiring drivers engaged in more episodes away from home and more social activities, used less alternative transport, displayed fewer anxiety and depressive symptoms, but demonstrated lower transport and lifestyle self-efficacy. Both retired and retiring drivers require support for driving cessation and community engagement. Retiring drivers may be in a critical position to engage in driving cessation interventions to improve self-efficacy and begin adapting community mobility. (JL)
ISSN: 10416102
From : journals.cambridge.org/ipg

226/137 Mandatory retirement for older professional drivers: an exploration of experiences for older Singaporean taxi drivers; by Mei Leng Chan, L Gustafsson, Jacki Liddle.: Cambridge University Press.
Ageing and Society, vol 35, no 7, August 2015, pp 1384-1409.
Singapore has an age-based mandatory retirement policy for taxi drivers. In 2006, the upper age limit of mandatory retirement was raised from 70 to 73 years for healthy, older taxi drivers. Retirement from taxi driving in Singapore often results in simultaneous retirement from work and forced driving cessation due to limited private vehicle ownership. While both retirement from work and driving cessation have been found to have negative implications for health and wellbeing in Western countries, little is known about the effects of mandatory retirement and driving cessation for healthy professional drivers in an Asian context. This study aimed to explore the mandatory retirement experience of older Singaporean taxi drivers, aged 70-73 years. In-depth interviews were conducted within a descriptive phenomenological approach with 23 older Singaporean taxi drivers who were retired or retiring drivers. Findings showed the experience to be dominated by retirement from work issues rather than by driving cessation. Three themes described the experiences: 'stories of taxi driving', 'feeling lost in retirement', and 'contradictions of growing old in Singapore'. Taxi driving was a valued role. Despite an expected retirement, most participants were not prepared for the retirement transition. They struggled with emotional adjustment, financial vulnerability, identity, reduction in life-space and meaningful activity participation. Participants felt under-valued despite having personal achievements and support from family and 'successful ageing' policies. Work remained a preferred activity, despite limited re-employment opportunities. The unique context of expected but forced retirement, financial need in a non-welfare system, high cultural value on work, and limited options for productive or meaningful activities and roles, predisposed this sub-group of older Singaporean men to be

vulnerable retirees in terms of identity and wellbeing issues. Support for a stressful late-life transition is indicated for continued health and wellbeing. (RH)
ISSN: 0144686X
From : journals.cambridge.org/aso

VOLUNTEERING

226/138 Volunteering, providing informal care and paid employment in later life: role occupancy and implications for wellbeing; by James Nazroo, Foresight Future of Ageing project, Government Office for Science. London: Government Office for Science, 2015, 30 pp (Future of ageing: evidence review).
The average age of the UK population is expected to increase significantly over the coming decades, affecting society as a whole. According to the Office for National Statistics (ONS), the proportion of the UK population aged 65+ is projected to reach 24.3% by 2037. The Future of an Ageing Population project aims to help government improve the quality of the ageing experience in the UK, and to ensure that the impact of population ageing is as positive as possible for citizens of all ages. This paper focuses on the interplay between roles related to paid work, volunteering and informal care provision in later life, and how these activities relate to health and well-being. It documents the significant role the over 50s play in the provision of care (for older parents, partners and grandchildren), and wider volunteering alongside paid work. While there is much debate in the literature, the author finds that involvement in paid work and volunteering roles is likely to have a positive impact on well-being if these roles are of good quality. (RH)
From : https://futureofageing.blog.gov.uk/evidence-papers/

WELLBEING

(See Also 226/9, 226/10, 226/87, 226/136, 226/138)

226/139 Life satisfaction among older people in Italy in a gender approach; by Silvia Meggiolaro, Fausta Ongaro.: Cambridge University Press.
Ageing and Society, vol 35, no 7, August 2015, pp 1481-1504.
Over the last few decades, increasing attention has been paid to the issue of wellbeing among older people, and life satisfaction has been used as an indicator to evaluate older people's life conditions. This paper sheds some light on this topic with reference to Italy, a country characterised by an increasing ageing population. The aim is to examine life satisfaction among people aged 65 and older and its predictors. The authors adopt a gender approach to examine whether - as suggested by the literature - older men and women have different sources of satisfaction. They test this hypothesis in Italy, a country still characterised by an unbalanced public and private gender system. In doing this, they also test whether living arrangements - specifically living alone - influence the determinants of life satisfaction of older men and women. The data used are from the cross-sectional surveys 'Aspects of Daily Life', undertaken in Italy by the National Statistical Institute. The results do not show clear gender differences in the determinants of life satisfaction, with only some slight gender differences among those living alone. This suggests that the social and cultural environment may play a relevant role for older people's life satisfaction. (RH)
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