

New Literature on Old Age

EDITOR

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Contents for vol 41 no 245, 2018

Subject Headings	Page
Abuse, safeguarding and protection	1
Active ageing	1
Ageing (general)	1
Ageing without children	2
Alcohol and drug misuse	2
Alternative therapies	2
Arts, craft and music	3
Assistive technology	3
Attitudes to ageing	4
Black and minority ethnic groups	4
Carers and caring	4
Day care	6
Death and dying	6
Dementia	6
Dementia care	9
Depression	10
Dignity	11
Employment	11
End-of-life care	13
Epidemiology	13
Falls	13
Fashion	14
Frailty	14
Health and wellbeing	15
Health care	16
Home care	16
Hospital care	16
Housing	16
Housing with care	17
Images of ageing	17
Income and personal finance	17

Continued...

Subject Headings	Page
Integrated care	17
Intergenerational issues	17
International and comparative	18
Learning difficulties	21
Leisure	21
Lifestyle	21
Loneliness and social isolation	21
Long term care	22
Mental health	22
Mortality	23
Occupational therapy	23
Older men	24
Older women	24
Pain	24
Physical activity	25
Public health	25
Quality of life	25
Relationships (personal)	25
Religion and spirituality	26
Residential and nursing home care	26
Retirement	28
Retirement communities	29
Sensory loss	29
Sleep	29
Social networks	29
Suicide	30
Transport	30

ABUSE, SAFEGUARDING AND PROTECTION

(See Also 245/58)

- 245/1 Elder abuse and its medical outcomes in older Chinese people with cognitive and physical impairments; by Boye Fang, Elsie Yan, Ko Ling Chan, Partick Ip.: Wiley.
International Journal of Geriatric Psychiatry, vol 33, no 8, August 2018, pp 1038-1047.
The purpose of this Chinese study was to investigate the association between elder abuse by family caregivers and medical outcomes among older adults with cognitive and physical impairments. Using cross-sectional design, 1002 older patients aged 55 years or above and their family caregivers were recruited from three grade A hospitals in Guangdong Province. The major independent variable was caregiver-reported elder abuse, while outcome variables included cardiovascular disease, cerebrovascular disease, chronic obstructive pulmonary disease, peptic ulcer, digestive disorder, chronic hepatic disease, chronic renal disease, metabolic disease, acute inflammation, joint disease, tumour and general injury. The prevalence of these medical conditions among patients who were abused and those who were not were compared using descriptive analyses and chi-square tests, and logistic regression was used to establish the relevant independent associations. A total of 429 (42.8%) older individuals were found to have experienced physical or psychological abuse over the previous 12 months. After adjusting for potential confounders, abused older persons were more susceptible to any one of the aforementioned ailments. Elder abuse is associated with various major medical morbidities. Interdisciplinary cooperation is necessary to identify and reduce the adverse physiological consequences in victims. (JL)
ISSN: 08856230
From : <http://www.orangejournal.org>
- 245/2 Resilience and social support as protective factors against abuse of patients with dementia: a study on family caregivers; by Lidia Serra, Israel Contador, Bernardino Fernández-Calvo (et al): Wiley.
International Journal of Geriatric Psychiatry, vol 33, no 8, August 2018, pp 1132-1138.
Scientific literature has identified different vulnerability factors associated with abuse in people with dementia (PWD) but little is known about the psychosocial protective variables against abuse. The main objective of this Spanish study was to investigate a set of caregiver and patient factors linked to abuse-related behaviour of PWD. A total of 326 primary and family caregivers, residents of the Castile and León community (Spain) were evaluated. All participants filled out a standardised protocol which assessed sociodemographic characteristics, patient and care-related variables, as well as perceived burden, resilience and social support. Abuse-related behaviour was evaluated using the Caregiver Abuse Screen. Results showed that the severity of cognitive impairment and behaviour disorders of PWD, a greater number of caregiving hours, a worse previous relationship with the caregiver and perceived burden were positively related with abuse. However resilience and social support showed a negative relationship with Caregiver Abuse Screen scores, suggesting a protective effect on abuse, even after controlling the effect of a number of covariates. Indeed resilience was the only variable that remained significant after including the effect of burden.
The paper looks at the role of burden in abuse of PWD whilst concluding that resilience and social support are abuse protective factors. These variables should be considered in future guidelines for the prevention of abuse against PWD. (JL)
ISSN: 08856230
From : <http://www.orangejournal.org>

ACTIVE AGEING

(See 245/80)

AGEING (GENERAL)

- 245/3 Ageing in the 21st century: what are the implications for future ageing populations, academic and clinicians?; by Hannah R Marston.: British Society of Gerontology.
Generations Review, vol 26, no 2, December 2016, pp 6-11.
Having in mind future younger generations who will be reaching old age in the next 20, 50 or 100 years, this article aimed to generate thinking in the academic community as to how design, development, execution and analysis of projects which utilise technology. What issues and concerns could arise, and how should they be tackled? The author suggests that we and future generations of older people must not be caught off guard in considering needs and requirements for digital technology. (RH)
From : <http://www.britishgerontology.org>
- 245/4 Getting older: a new experience; by Anne Bailey, West Midlands Later Life Forum.: West Midlands Later Life Forum, March 2017, 39 pp.
The West Midlands Later Life Forum undertook this 'Getting Old - a New Experience' project in 2016, to explore both the individual experience of ageing and the implications of this for society as a whole. This report comments that we cannot afford to ignore the fact that a falling birth rate and increasing longevity has resulted in the proportion of the age 65+ now being almost 1 in 5 of the UK population. While there

upsides such as freedom from the pressures of work, there are downsides of failing abilities and health problems. Changes in attitude towards money and possessions, consumption patterns and what is important in life such as relationships with family, friends and others in the community are considered. Appendices include an explanation of how views were gathered in World Cafe and 'Thought Cloud' sessions. Also included are summaries of a 2015 report on happiness in later life by Ipsos MORI for the Centre for Ageing Better (CfAB), and of the International Longevity Centre (ILC-UK) 2015 report on understanding retirement journeys, which identified five categories of consumers. (RH)
From : Email: baileyanne600@gmail.com

245/5 Later living: are we planning for our future?; by Barton Willmore. Reading: Barton Willmore, [2018], 20 pp.
Barton Willmore commissioned the Centre for Economic and Business Research (Cebr) to analyse Office for National Statistics (ONS) Wealth and Assets Survey data (2017), to explore the property and pension wealth profile UK-wide, specifically within the older generations, to find out the answers to these questions. First, what is the scale of our middle market challenge - those who cannot access the current later living products on offer at either end of the scale - and how does this challenge differ geographically across the UK? Second, how much can this data inform industries' response to the later living challenge, in terms of product and approach? This report presents facts and figures to demonstrate the diversity of the 5.6m people currently aged over 65 in the UK. (RH)
From : <https://www.housinglin.org.uk/Topics/type/Later-Living-Are-we-planning-for-our-future/>

AGEING WITHOUT CHILDREN

245/6 Our voices: the experiences of people ageing without children; by Beth Johnson Foundation - BJF; Ageing Without Children. Stoke-on-Trent: Beth Johnson Foundation; Ageing Without Children, 2016, 34 pp.
Ageing without Children (AWOC) was formed in 2014, in response to the growing numbers of people (aged 50+) ageing without children, and because the issue had been largely overlooked in discussions, planning and policy on ageing. This report provides background information on the subject It is based on four focus groups held in York, Leeds, Kingston-upon-Thames and Henfield, West Sussex, attended by a total of 42 people. They included four people from an all-male focus group, and nine people from the LGBT community distributed throughout all four focus groups. The focus groups, survey and on-line discussions identified six key themes and trends: invisibility; being judged for not having children; 'Who will tell my story?'; becoming a carer as a trigger point; practical support; and losing touch with other generations. Many people ageing without children have concerns that no-one will speak for them. The focus groups offer solutions for action by central and local government, and health and social care services, as well as developing a national strategy. (RH)
From : Beth Johnson Foundation, Parkfield House, 64 Princes Road, Stoke-on-Trent, ST4 7JL.
Email: admin@bjf.org.uk
<https://ageingwithoutchildren.files.wordpress.com/2016/01/our-voices-final-report1.pdf>

ALCOHOL AND DRUG MISUSE

245/7 Squalor, chaos and feelings of disgust: care workers talk about older people with alcohol problems; by Lis Bodil Karlsson, Evy Gunnarsson.: Cambridge University Press.
Ageing and Society, vol 38, no 8, August 2018, pp 1624-1644.
Older people with alcohol problems have today become an all too common part of everyday elder care, but research in this area is still scarce. This article has a Swedish context, with the aim of describing and analysing home care workers' narratives about older people who can be characterised as heavy drinkers, i.e. people with severe alcohol problems who need considerable care for extended periods. Limited knowledge is available concerning this age group. This article therefore fills a knowledge gap about home care workers' perspective about body work and the abject, and breaches the myth that older individuals should be able to drink as they prefer and/or notions of drinking alcohol as a last enjoyment in life. The care workers talked about how they got drawn into the daily lives of the care recipients, and how they ended up in situations where they, on the one hand, removed the consequences of drinking, and on the other, felt that they sustained the drinking by cleaning out dirt and washing the care recipients' bodies. (RH)
ISSN: 0144686X
From : <http://www.cambridge.org/aso>

ALTERNATIVE THERAPIES

245/8 Yoga-based exercise improves health-related quality of life and mental well-being in older people: a systematic review of randomised controlled trials; by Alice Tulloch, Hannah Bombell, Catherine Dean, Anne Tiedemann.: Oxford University Press.
Age and Ageing, vol 47, no 4, July 2018, pp 536-544.
Health-related quality of life (HRQOL) and mental wellbeing are associated with healthy ageing. Physical activity positively impacts both HRQOL and mental wellbeing. Yoga is a physical activity that can be modified to suit the needs of older people and is growing in popularity. In this study a systematic review

was conducted with meta-analysis to determine the impact of yoga-based exercise on HRQOL and mental wellbeing in people aged over 60. Searches were conducted for relevant trials in a range of relevant databases. Trials that evaluated the effect of physical yoga on HRQOL and/or on mental wellbeing in people aged over 60 were included. Data on HRQOL and mental wellbeing were extracted. Standardised mean differences and 95% confidence intervals (CI) were calculated using random effects models. Methodological quality of trials was assessed using the PEDro scale. Twelve trials of high methodological quality totalling 752 participants were identified and provided data for the meta-analysis. Yoga produced a medium effect on HRQOL and a small effect on mental well-being. Overall yoga interventions resulted in small to moderate improvements in both HRQOL and mental well-being in people aged over 60. (JL)
ISSN: 00020729 [From](https://academic.oup.com/ageing) : <https://academic.oup.com/ageing>

ARTS, CRAFT AND MUSIC

- 245/9 Imagine Arts: how the arts can transform care homes; by Emma Broome.: Hawker Publications.
Journal of Dementia Care, vol 26, no 4, July/August 2018, pp 16-18.
Imagine Arts was a 3-year programme funded by Arts Council England and the Baring Foundation, which collaborated with y care home provider Abbeyfield, Nottingham City Council, City Arts Nottingham and Nottingham University. The author and colleagues report on outcomes of an independent evaluation exploring the impact of this initiative, which aimed to enrich care home residents' lives, by making the arts more accessible. This article covers the programme's feasibility in its provision of workshops across all art forms, the culture of care, and its legacy after funding ended. Recommendations emphasise the importance of training for those involved in arts provision to people with dementia. (RH)
ISSN: 13518372 [From](http://www.journalofdementiacare.co.uk) : <http://www.journalofdementiacare.co.uk>
- 245/10 The impact of the arts in healthcare on patients and service users: a critical review; by Melanie Boyce, Hilary Bungay, Carol Munn-Giddings, Ceri Wilson.: Wiley.
Health and Social Care in the Community, vol 26, no 4, July 2018, pp 458-473.
Internationally, there is growing interest in the use of the arts in the healthcare context supported by the number of research studies reported in the nursing and medical literature. There is evidence that arts interventions have positive effects on psychological and physiological outcomes on patients in a hospital environment. A critical review of the literature between 2011 and 2016 was undertaken. It provides an updated evaluation of the emerging body of literature on the value of the arts in healthcare settings (previously conducted by R L Staricoff and A Clift in 2011). The following databases were searched: MedLine, CINAHL, AMED, Web of Science and ASSIA. Searches included words from three categories: cultural activities, outcomes and healthcare settings. Initial searches identified 131 potentially relevant articles. Following screening and review by the research team, 69 studies were included in the final review. The majority of studies examined the effect of music listening on patients or service users (76.8%). These studies were primarily quantitative, focusing on the measurable effects of music listening in a surgical context. Overall, the studies in the review support the growing evidence base on the value of the arts in a variety of healthcare settings for patients or service users. The review findings suggest that now is the time for different voices and art forms to be considered and represented in the research on arts in healthcare. Further research is also required to strengthen the existing evidence base.
ISSN: 09660410 [From](http://www.wileyonlinelibrary.com/journal/hsc) : <http://www.wileyonlinelibrary.com/journal/hsc>
- 245/11 Scaffolding to facilitate artistic success; by Alexandra Ramsey.: Hawker Publications.
Journal of Dementia Care, vol 26, no 4, July/August 2018, pp 20-23.
Producing works of art can be fulfilling in its own right for people with dementia, regardless of therapeutic outcomes. The author and colleagues show how people can be supported to use their "retained skills" in painting and drawing. "Scaffolding" was originally an early years education theory, but here draws on the theories of others to describe it as a "naturally occurring process between people with dementia and their carers, in which an individual who lacks some cognitive, physical or linguistic ability is guided to participate in an activity that they struggle with on their own". The Little Art School Trust (LAST) offers art classes for people with dementia in Ayrshire and East Renfrewshire through its Art in a Suitcase project. This article focuses on results from LAST's investigation of scaffolded art activity. While these did not replicate the well-being improvements found in previous research, the use of retained skills was demonstrated. (RH)
ISSN: 13518372 [From](http://www.journalofdementiacare.co.uk) : <http://www.journalofdementiacare.co.uk>

ASSISTIVE TECHNOLOGY

- 245/12 Exploring factors that impact the decision to use assistive telecare: perspectives of family care-givers of older people in the United Kingdom; by Erica J Cook, Gurch Randhawa, Andy Guppy (et al).: Cambridge University Press.
Ageing and Society, vol 38, no 9, September 2018, pp 1912-1932.
In the United Kingdom (UK), an ageing population met with a reduction in social care funding has led to reduced support for older people marked with an increased demand on family care-givers. Assistive telecare (AT) devices are viewed as an innovative and effective way of supporting older

people. However, there is limited research which has explored adoption of AT from the perspectives of family care-givers. In-depth, semi-structured interviews were conducted with 14 family care-givers of patients who used the Assistive Telehealth and Telecare service in Cambridgeshire, UK. Family care-givers were either the spouse (N = 8) or child of the patient (N = 6). The patients' age ranged from 75 to 98, and either received a telecare standalone device or connected service. Framework analysis was used to analyse the transcripts. This study revealed that family care-givers play a crucial role in supporting the patient's decision to adopt and engage with AT devices. Knowledge and awareness, perceived responsibility, usefulness and usability, alongside functionality of the equipment, were influential factors in the decision-making process. AT devices were viewed positively, considered easy to use, useful and functional, with reassurance of the patient's safety being a core reason for adoption. Efforts to increase adoption and engagement should adapt recruitment strategies and service pathways to support both patients and their care-givers. (RH)

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

ATTITUDES TO AGEING

(See 245/54, 245/64)

BLACK AND MINORITY ETHNIC GROUPS

(See Also 245/30, 245/59)

- 245/13 Ethnic inequality in retirement income: a comparative analysis of immigrant-native gaps in Western Europe; by Jan Paul Heisig, Bram Lancee, Jonas Radl.: Cambridge University Press. Ageing and Society, vol 38, no 10, October 2018, pp 1963-1994.

Previous research unequivocally shows that immigrants are less successful in the labour market than the native-born population. However, little is known about whether ethnic inequality persists after retirement. The authors use data on 16 Western European countries from the European Union Statistics on Income and Living Conditions (EU-SILC, 2004-2013) to provide the first comparative study of ethnic inequalities among the population aged 65 and older. The focus is on the retirement income gap (RIG) between immigrants from non-European Union countries, magnitude of which is compared with country differences in welfare state arrangements. Ethnic inequality after retirement is substantial: after adjusting for key characteristics including age, education and occupational status, the average immigrant penalty across the 16 countries is 28 per cent for men and 29 per cent for women. Country-level regressions show that income gaps are smaller in countries where the pension system is more redistributive. The authors also find that easy access to long-term residence is associated with larger RIGs, at least for men. There is no clear evidence that immigrants' access to social security programmes, welfare state transfers to working-age households, or the strictness of employment protection legislation affect the size of the RIG. (RH)

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

CARERS AND CARING

(See Also 245/35, 245/42, 245/72)

- 245/14 'It's not just the word care, it's the meaning of the word... (they) actually care': caregivers' perceptions of home-based primary care in Toronto, Ontario; by Tracy Smith-Carrier, Thuy-Nga Pham, Sabrina Akhtars (et al.): Cambridge University Press.

Ageing and Society, vol 38, no 10, October 2018, pp 2019-2040.

The frail and homebound older adult populations currently experience difficulties accessing primary care in GP surgeries. Given this fundamental problem of access to care, and the questionable care quality that arises when navigating a labyrinthine health-care system, these populations have typically been subject to inadequate primary care. To meet their needs better, a growing research stresses the importance of providing comprehensive home-based primary care (HBPC), delivered by an inter-professional team of healthcare providers. Family care-givers typically provide the majority of care within the home, yet their perceptions of HBPC remain under-researched. The purpose of this study was to explore unpaid care-givers' perceptions of and experiences with HBPC programmes in Toronto, Canada. The authors conducted qualitative inductive content analysis, using analytic procedures informed by grounded theory, to discover a number of themes regarding unpaid care-givers' understandings of HBPC. Findings suggest that, compared to the standard office-based care model, HBPC may better support unpaid care-givers, providing them assistance with system navigation, and offering them the peace of mind that they are not alone, but have someone to call should the need arise. The implications of this research suggest that HBPC could be a model to help mitigate the discontinuities in care that patients with comorbid chronic conditions and their attendant unpaid care-givers experience when accessing fragmented health, home and social care systems. (RH)

ISSN: 0144686X

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

- 245/15 Aging in place in every community: social exclusion experiences of parents of adult children with Autistic Spectrum Disorder; by Christina N Marsack, Tam E Perry.: Sage.
 Research on Aging, vol 40, no 6, July 2018, pp 535-557.
 This article offers an examination of ageing processes of lifelong caregivers and the possibilities for social exclusion place experienced by parents of adult children with autism spectrum disorder (ASD). This qualitative study of parental caregivers (n = 51) sheds light on how enduring caregiving roles can lead to social exclusion in three ways: misunderstanding of ASD and stigma; the complexity of the caregiving roles; and the impact on daily routines, including challenges with long-term planning for both the adult children and the parental caregivers. Implications for practice in relation to social exclusion include: education and building greater communication ties between family members; and advocacy for more and higher quality services, including respite care. The article concludes with discussion of the impact of this ageing yet caregiving population, and the need for knowledge about ageing processes and anticipating ageing for these caregivers. (RH)
 ISSN: 01640275
 From : <http://www.journals.sagepub.com/home/roa>
- 245/16 Care transition types across acute, sub-acute and primary care: case studies of older people with complex conditions and their carers; by Desley Harvey, Michele Foster, Rachel Quigley, Edward Strivens.: Emerald.
 Journal of Integrated Care, vol 26, no 3, 2018, pp 189-198.
 The purpose of this Australian study was to examine the care transitions of older people who transferred between home, acute and sub-acute care to determine whether there were common transition types and areas for improvement. A longitudinal case study design was used to examine care transitions of 19 older people and their carers as a series of transitions and a whole-of-system experience. Case study accounts synthesising semi-structured interviews with function and service use data from medical records were compared. Three types of care transitions were derived from the analysis: manageable, unstable and disrupted. Each type had distinguishing characteristics and older people could experience elements of all types across the system. Transition types varied according to personal and systemic factors. This study identifies types of care transition experiences across acute, sub-acute and primary care from the perspective of older people and their carers. Understanding transition types and their features can assist health professionals to better target strategies within and across the system and improve patient experiences as a whole. (JL)
 ISSN: 14769018
 From : <http://www.emeraldinsight.com/loi/jica>
- 245/17 The cost of caring: economic vulnerability, serious emotional distress, and poor health behaviors among paid and unpaid family and friend caregivers; by Geoffrey J Hoffman, Steven P Wallace.: Sage.
 Research on Aging, vol 40, no 8, September 2018, pp 791-809.
 This study examined differences between paid and unpaid family or friend caregivers, to better understand the consumer-driven caregiving workforce. The authors compared economic vulnerability, unhealthy behaviour and serious emotional distress for 475 paid and 10,500 unpaid family or friend informal caregivers from the 2009 California Health Interview Survey. The authors then estimated whether caregiver status moderated the relationship between economic vulnerability and health outcomes. Compared to unpaid family or friend caregivers, paid family or friend caregivers had a 27% greater risk (p = .002) of economic vulnerability. Among all family or friend caregivers, the probabilities of serious emotional distress and unhealthy behaviours increased by >100% and 28% for those with the greatest compared to the least economic vulnerability, and caregiver type did not moderate these relationships. To address economic and health vulnerabilities of paid informal caregivers, policy makers might increase wages in consumer-driven services. These changes could prove beneficial to both paid informal caregivers and their care recipients, while reducing long-term inefficiencies in consumer-driven services. (RH)
 ISSN: 01640275
 From : <http://www.journals.sagepub.com/home/roa>
- 245/18 Exploring the collaboration between formal and informal care from the professional perspective: a thematic synthesis; by Aldiene Henrieke Hengelaar, Margo van Hartingsveldt, Yvette Wittenberg (et al.): Wiley.
 Health and Social Care in the Community, vol 26, no 4, July 2018, pp 474-485.
 In Dutch policy and at the societal level, informal caregivers are ideally seen as essential team members when creating (with professionals) coordinated support plans for the persons for whom they care. However, collaboration between professionals and informal caregivers is not always effective. This can be explained by the observation that caregivers and professionals have diverse backgrounds and frames of reference regarding providing care. This thematic synthesis sought to examine and understand how professionals experience collaboration with informal caregivers to strengthen the care triad. PubMed, Medline, PsycINFO, Embase, Cochrane/Central and CINAHL were searched systematically until May 2015, using specific key words and inclusion criteria. Twenty-two articles were used for thematic synthesis. Seven themes revealed different reflections by professionals illustrating the complex, multi-faceted and dynamic interface of professionals and informal care. Working in collaboration with

informal caregivers requires professionals to adopt a different way of functioning. Specific attention should be paid to the informal caregiver, where the focus now is mainly on the client for whom they care. This is difficult to attain, due to different restrictions experienced by professionals on policy and individual levels. Specific guidelines and training for professionals are necessary in the light of the current policy changes in the Netherlands, where an increased emphasis is placed on informal care structures. (RH)

ISSN: 09660410

From : <http://www.wileyonlinelibrary.com/journal/hsc>

DAY CARE

245/19 Evidence briefing for commissioners: day centres for older people; by Katharine Orellana, Jill Manthorpe, Anthea Tinker, Institute of Gerontology, King's College London.: Institute of Gerontology, King's College London, February 2018, 2 pp.

In a research study undertaken 2014-17 and funded by the Dunhill Medical Trust, the authors investigated the role and purpose of generalist day centres for older people. This briefing summarises the study's findings, their relevance to policy, and implications for commissioners. The study shows the benefits gained by attenders, their family carers and centre volunteers are precisely the outcomes targeted by policy. It also identified the potential for centres' development and optimisation to improve older people's health and well-being, support carers and maximise the impact of health and social care services. Day centres are under-used, often because there is little awareness of their existence before attending one. (RH)

<https://www.kcl.ac.uk/sspp/policy-institute/scwru/people/orellana/Day-centres-for-older-people-Briefing-2017.pdf>

DEATH AND DYING

(See 245/42)

DEMENTIA

(See Also 245/2, 245/59)

245/20 Accuracy of death certification of dementia in population-based samples of older people: analysis over time; by Lu Gao, Rowan Calloway, Emily Zhao (et al): Oxford University Press. Age and Ageing, vol 47, no 4, July 2018, pp 589-594.

Death certification data are routinely collected in most developed countries. Coded causes of death are a readily accessible source and have the potential advantage of providing complete follow-up but with limitations. The objective of this study was to investigate the reliability of using death certificates for surveillance of dementia, the time trend of recording dementia on death certificates and predictive factors of recording of dementia. Individuals aged 65 and over in six areas across England and Wales were randomly selected for the Medical Research Council Cognitive Function and Ageing Study (CFAS) and CFAS II with mortality follow-up. Prevalence of dementia recorded on death certificates were calculated by year. Reporting of dementia on death certificates compared with the study diagnosis of dementia, with sensitivity, specificity and Cohen's kappa were estimated. Multivariable logistic regression models explored the impact of potential factors on the reporting of dementia on the death certificate. The overall unadjusted prevalence of dementia on death certificates rose from 5.3% to 25.9% over the last 26 years. Dementia reported on death certificates was poor with sensitivity 21.0% in earlier cohort CFAS but it had increased to 45.2% in CFAS II. Dementia was more likely to be recorded on death certificates in individuals with severe dementia, or those living in an institution, yet less likely reported if individuals died in hospital. Recording dementia on death certificates has improved significantly in England and Wales. However such information is still an underestimate and should be used alongside epidemiological estimations. (JL)

ISSN: 00020729

From : <https://academic.oup.com/ageing>

245/21 Dementia across local districts in England 2014 to 2015; by Gindo Tampubolon, James Nazroo, John Keady, Neil Pendleton.: Wiley.

International Journal of Geriatric Psychiatry, vol 33, no 8, August 2018, pp 1127-1131.

The number of older people needing dementia care is projected to rise rapidly and local districts are now charged with responding to this need. But evidence on local area factors of dementia is scarce. This study examined the odds of dementia prevalence and its individual risk factors enriched with area factors. The study analysed objectively assigned dementia prevalence in people aged 60 and over living in community in England, drawing data from the English Longitudinal Study of Ageing 2014 to 2015 and local districts statistics using multilevel logistic models. Dementia status was ascertained using a modified version of the Telephone Interview for Cognitive Status. A number of individual risk factors were considered including social determinants, internet use, social connections and health behaviours. Two contextual factors were included: the index of multiple deprivation and land use mix. The prevalence of dementia by this method was found to be 8.8% in older adults in England. Maps of dementia

prevalence across districts showed prevalent areas. In the full model, no area characteristics were significant in predicting dementia prevalence. Education, social connections, internet use and moderate to vigorous physical activity showed protective associations. Dementia in older adults in England is largely predicted by individual characteristics, although some districts have a large share of their population with dementia. Given the health and social care costs associated with dementia, differential interventions and support to districts and to groups of individuals defined by these characteristics seem warranted. (JL)

ISSN: 08856230

From : <http://www.orangejournal.org>

- 245/22 Dementia in the workplace case study research: understanding the experiences of individuals, colleagues and managers; by Louise Ritchie, Debbie Tolson, Mike Danson.: Cambridge University Press. *Ageing and Society*, vol 38, no 10, October 2018, pp 2146-2175. Receiving a diagnosis of dementia whilst still in employment may have negative consequences for a person's identity, further compounded by loss of employment. This article reports case study research which examines the gap in knowledge about dementia in the workplace. The study is the first to explore the employment-related experiences of people with dementia and their employers to determine the potential for continued employment post-diagnosis. Sixteen case studies centred on a person with dementia who was still in employment, or had left in the previous 18 months. Each involved interviews with the person with dementia, a family member and a workplace representative. This triangulation of the data promoted rigour, allowing the experiences to be viewed through a variety of lenses, to build a clear picture of each situation. Thematic analysis was carried out and three themes were developed: (a) dementia as experienced in the workplace; (b) work keeps me well; and (c) the wider impact of dementia in the workplace. These findings have the potential to initiate changes to policy and practice related to supporting employees with dementia. The implications of this research are multifaceted and need to be considered in terms of the individuals' well-being, organisational support, as well as the wider theoretical, economic and societal consequences of supporting an employee with dementia. (RH)
ISSN: 0144686X From : <http://www.cambridge.org/aso>
- 245/23 Development of the Adolescent Attitudes towards Dementia Scale (A-ADS); by Alys Wyn Griffiths, Sahdia Parveen, Saba Shafiq, Jan R Oyeboode.: Wiley. *International Journal of Geriatric Psychiatry*, vol 33, no 8, August 2018, pp 1139-1145. There has been an increasing interest in establishing dementia friendly communities leading to the development and delivery of various dementia awareness initiatives. These initiatives have generally been aimed at adults, however in order to sustain dementia friendly communities the involvement of young people is imperative. Very few dementia awareness initiatives exist for young people and none have been independently evaluated to establish their impact. This research aimed to design and develop a scale to measure adolescents' attitudes towards dementia to allow such initiatives to be evaluated. The Adolescent Attitudes toward Dementia Scale was developed in two stages. Firstly, cognitive interviews were conducted with 15 young people, and secondly, a new scale (based on items from two existing scales) was piloted with 262 young people, recruited through schools. A scale consisting of 23 items was developed. Exploratory factor analysis demonstrated that this captured three factors: perceptions of dementia, personal sacrifice and empathy with people living with dementia. The three sub-scales showed adequate internal consistency correlated with the original scales, and correlated with an existing measure of attitudes towards older people at a similar level to the original scales. The scale will allow the evaluation of educational initiatives for young people and provide a validated and standardised measure to establish adolescents' attitudes towards dementia. (JL)
ISSN: 08856230 From : <http://www.orangejournal.org>
- 245/24 Direct health and residential care costs of people living with dementia in Australian residential aged care; by Emmanuel S Gnanamanickam, Suzanne M Dyer, Rachel Milte (et al): Wiley. *International Journal of Geriatric Psychiatry*, vol 33, no 7, July 2018, pp 859-866. This analysis estimated the whole-of-system direct costs for people living with dementia in residential care by using a broad health and social care provision perspective and comparing it to people without dementia living in residential care. Data were collected from 541 individuals living permanently in 17 care facilities across Australia. The annual cost of health and residential care was determined by using individual resource use data and reported by the dementia status of the individuals. The average annual whole-of-system cost for people living with dementia in residential care was approximately AU\$88,000 (US\$ 67,100) per person in 2016. The cost of residential care constituted 93% of the total costs. The direct health care costs were comprised mainly of hospital admissions (48%), pharmaceuticals (31%) and out-of-hospital attendances (15%). While total costs were not significantly different between those with and without dementia, the cost of residential care was significantly higher and the cost of health care was significantly lower for people living with dementia. This study provides the first estimate of the whole-of-system costs of providing health and residential care for people living with dementia in residential aged care in Australia using individual level health and social care data. This predominantly bottom-up cost estimate indicates the high cost associated with caring for people with dementia living permanently in residential care, which is underestimated when limited cost perspectives or top-down population costing approaches are taken. (JL)
ISSN: 08856230 From : <http://www.orangejournal.org>

- 245/25 Investigating the impact of primary care payments on underdiagnosis in dementia: a difference-in-differences analysis; by Anne Mason, Dan Liu, Panagiotis Kasteridis (et al.): Wiley. International Journal of Geriatric Psychiatry, vol 33, no 8, August 2018, pp 1090-1097. In England two primary care incentive schemes were introduced to increase dementia diagnosis rates to two-thirds of expected levels. This study aimed to assess the effectiveness of these schemes. The study used a difference-in-differences framework to analyse the individual and collective impacts of the incentive schemes: (1) Directed Enhanced Service 18 (DES18: facilitating timely diagnosis of and support for dementia) and (2) the Dementia Identification Scheme (DIS). The dataset included 7,529 English general practices, of which 7,142 were active throughout the 10-year study period (April 2006 to March 2016). The study controlled for a range of factors, including a contemporaneous hospital incentive scheme for dementia. The study's dependent variable was the percentage of expected cases that was recorded on practice dementia registers, or the 'rate'. From March 2013 to March 2016 the mean rate rose from 51.8% to 68.6%. Both DES18 and DIS had positive and significant effects. In practices participating in the DES18 scheme, the rate increased by 1.44 percentage points more than the rate for non-participants; DIS had a larger effect, with an increase of 3.59 percentage points. These combined effects increased dementia registers nationally by an estimated 40,767 individuals. Had all practices fully participated in both schemes, the corresponding number would have been 48,685. The primary care incentive schemes appear to have been effective in closing the gap between recorded and expected prevalence of dementia but the hospital scheme had no additional discernible effect. This study contributes additional evidence that financial incentives can motivate improved performance in primary care. (JL)
ISSN: 08856230 [From : http://www.orangejournal.org](http://www.orangejournal.org)
- 245/26 A roadmap to advance dementia research in prevention, diagnosis, intervention, and care by 2025; by James Pickett, Cathy Bird, Clive Ballard (et al.): Wiley. International Journal of Geriatric Psychiatry, vol 33, no 7, July 2018, pp 900-906. National and global dementia plans have focused on the research ambition to develop a cure or disease-modifying therapy by 2025, with the initial focus on investment in drug discovery approaches. The main aim of this study was to develop complementary research ambitions in the areas of prevention, diagnosis, intervention and care and strategies for achieving them. The Alzheimer's Society facilitated a taskforce of leading UK clinicians and researchers in dementia, UK funders of dementia research, people with dementia and carer representatives to develop, using iterative consensus methodology, goals and recommendations to advance dementia research. The taskforce developed five goals and 30 recommendations. The goals focused on preventing future cases of dementia through risk reduction, maximising the benefit of a dementia diagnosis, improving quality of life, enabling the dementia workforce to improve practice, and optimising the quality and inclusivity of health and social care systems. Recommendations addressed gaps in knowledge and limitations in research methodology or infrastructure that would facilitate research in prioritised areas. A ten-point action plan provided strategies for delivering the proposed research agenda. By creating complementary goals for research that would mirror the need to find effective treatments, a framework was provided that enabled a focus for new investment and initiatives. This would support a broader and more holistic approach to research on dementia, addressing prevention, surveillance of population changes in risk and expression of dementia, the diagnostic process, diagnosis itself, interventions, social support and care for people with dementia and their families. (JL)
ISSN: 08856230 [From : http://www.orangejournal.org](http://www.orangejournal.org)
- 245/27 Selective forgetting of self-threatening statements: mnemonic neglect for dementia information in people with mild dementia; by Richard Cheston, Emily Dodd, Gary Christopher (et al.): Wiley. International Journal of Geriatric Psychiatry, vol 33, no 8, August 2018, pp 1065-1073. Selective forgetting is a phenomenon whereby individuals, cognitively impaired or not, allow memories to become less threatening in order to fit their perceptions of the world and of themselves. In this study the authors tested whether people with dementia manifest selective forgetting for self-threatening information, the mnemonic neglect effect (MNE). This selective forgetting was observed among healthy adults in the recall, but not the recognition, of self-threatening feedback. 64 statements about dementia were rated for their level of negativity by 280 staff and students at University of the West of England. The 12 statements rated as most negative and the 12 statements rated as least negative were then read to 62 people with dementia. Participants were randomised to one of two conditions with the statements referring either to self or to another person. High negativity and self referent statements had strong threat potential. Participants recalled the statements and then completed a recognition task which consisted of the 24 previously read statements and 24 new statements. Participants manifested the MNE: they recalled fewer high negativity compared with low negativity statements, but only when these referred to the self rather than another person. This pattern occurred independently of levels of depression or anxiety. Participants also made more self-protective intrusion errors when the statements referred to the self than another person. Participants did not differ in their recognition of statements. The MNE occurs among people with dementia. The selective forgetting of highly negative, self-referent statements serves to protect the self against the threat that dementia represents. Given the similarities between the MNE and the clinical phenomenon of repression the findings may mark psychological processes that are implicated in the acceptance (or lack thereof) of a dementia diagnosis. (JL)
ISSN: 08856230 [From : http://www.orangejournal.org](http://www.orangejournal.org)

DEMENTIA CARE

(See Also 245/11, 245/24, 245/61)

- 245/28 The effects of recreational activities on falls and aggressive behaviour among residents of a dementia care home; by Mollie Jennings-Parkes, Samuel R Nyman.: British Society of Gerontology. *Generations Review*, vol 27, no 1, October 2017, pp 19-29.
A key issue for care home staff is how to balance the needs of people with dementia: while we need to keep residents safe, they also need to have fun. This study aimed to evaluate whether existing provision of recreational activities would reduce the incidence of falls and aggressive behaviour in people with dementia. Thirty-seven residents of a UK dementia care home were provided with recreational activities on some evenings and no activities on other evenings. Activities included music sessions, board games, singing, entertainment and light exercise. This article reports on the results, which were unexpected, as they suggested that provision of recreational activities for care home residents with dementia may increase the incidence of falls and had no effect on aggressive behaviour, contradicting previous findings. The authors conclude that while particular care should be taken with residents who become agitated by certain recreational activities or choose not to participate, may fall while staff are busy leading the group activity. (RH)
From : <http://www.britishgerontology.org>
- 245/29 Evaluation of the implementation of the Meeting Centres Support Program in Italy, Poland, and the UK: exploration of the effects on people with dementia; by Dawn Brooker, Simon Evans, Shirley Evans (et al): Wiley.
International Journal of Geriatric Psychiatry, vol 33, no 7, July 2018, pp 883-892.
The Meetings Centre Support Programme (MCSP), originally developed in the Netherlands, is a way of providing accessible support on a local level that focuses on both the person living with dementia and their family. The purpose of this study was to investigate whether MCSP could be implemented in Italy, Poland and the UK with comparable benefits. The paper reported on the impact on people living with dementia attending pilot Meeting Centres in the three countries. Nine pilot Meeting Centres (MCs) participated including five in Italy, two in Poland and two in the UK. Effectiveness of MCSP was compared with Usual Care (UC) on outcomes measuring behavioural and psychological symptoms (NPI), depression (CSDD) and quality of life (DQoL, QOL-AD), analysed in a six-month pre-test/post-test controlled trial. Pre- and post-test data were collected for 85 people with dementia and 93 carers (MCSP) and 74 people with dementia /carer dyads' receiving UC. MCSP showed significant positive effects for DQoL positive affect, feelings of belonging with medium and large effect sizes. Higher attendance levels correlated with greater neuropsychiatric symptom reduction and a greater increase in feelings of support. Overall MCSPs showed significant wellbeing and health benefits compared with UC, building on the evidence of effectiveness from the Netherlands. In addition to the previously reported successful implementation of MCSP in Italy, Poland and the UK, these findings suggest that further international dissemination of MCSP is recommended. (JL)
ISSN: 08856230
From : <http://www.orangejournal.org>
- 245/30 The IDEMCare Study - improving dementia care in Black African and Caribbean groups: a feasibility cluster randomised controlled trial; by Moise Roche, Naaheed Mukadam, Simon Adelman, Gill Livingston.: Wiley.
International Journal of Geriatric Psychiatry, vol 33, no 8, August 2018, pp 1048-1056.
The present study aimed to evaluate the feasibility and acceptability of a tailored evidence-based intervention consisting of a leaflet and a letter to encourage timely help-seeking for dementia and memory problems in Black African and Caribbean older adults. Participating GP surgeries were randomised to send either the intervention or a control leaflet about ageing well to Black patients aged 50 years and above without known dementia. Patients were then interviewed two weeks later about the intervention's acceptability using closed and open-ended questions and they completed a Theory-of-Planned-behaviour questionnaire about what they would do if they developed memory problems, which they also completed four months later. Five of 26 surgeries approached agreed to invite patients. 65 patients responded, of whom 61 (93.8%) agreed to participate. At two weeks the authors consented and interviewed 47/61 (77%) patients, of whom 24 received the intervention. At four months 43/47 (91.5%) of these patients were followed up. At two weeks 44/47 (93.6%) found either intervention acceptable to receive by post, including 23/24 of the intervention. 19 of 24 (79.2%) reported reading the intervention leaflet compared with 13/23 (56.5%) controls. The intervention leaflet made 16/24 (66.7%) think about visiting their doctor for memory problems and led four to help-seeking behaviour. It was calculated that 191 patients and 24 surgeries were required for an efficacy trial. Given the intervention is acceptable, inexpensive and unlikely to cause harm, it would be appropriate to disseminate it without a full-scale trial. Recruitment attainment, retention and projected sample size calculation would indicate feasibility for a larger trial. (JL)
ISSN: 08856230
From : <http://www.orangejournal.org>

245/31 Questionable practices despite good intentions: coping with risk and impact from dementia-related behaviours in care homes; by Tamara Backhouse, Bridget Penhale, Richard Gray, Anne Killett.: Cambridge University Press.
Ageing and Society, vol 38, no 9, September 2018, pp 1933-1958.
Care-home residents with dementia can experience behavioural and psychological symptoms such as aggression, agitation, anxiety, wandering, calling out and sexual disinhibition. Care-home staff have a duty to keep residents safe. However, residents with dementia can pose particular challenges in this area. The authors draw on a study which explored how care-home staff manage dementia-related behaviours. In-depth ethnographic case studies at four separate care homes were conducted in England. These involved interviews with 40 care-home staff and 384 hours of participant observation. Analysis showed that some residents with dementia experience behaviours which can either create risks for, or negatively impact on, themselves and/or other residents or staff members. It emerged that the consequences of the behaviours, rather than the behaviours themselves, created difficulties for staff. To cope with the risk and impact of behaviours, staff employed multiple strategies such as surveillance, resident placement, restrictions and forced care. Using the data, the authors explore how actions taken by staff to manage the risk and impact of behaviours in these communal settings relate to residents' human rights. The findings have particular relevance for care-home staff who need support and guidance in this area, for service development worldwide, and for the global ageing population whose valued human rights may become under threat, if they require long-term care. (RH)
ISSN: 0144686X
From : <http://www.cambridge.org/aso>

245/32 Using dolls for therapeutic purposes: a study on nursing home residents with severe dementia; by A Cantarella, E Borella, S Faggian (et al).: Wiley.
International Journal of Geriatric Psychiatry, vol 33, no 7, July 2018, pp 915-925.
Among psychosocial interventions intended to reduce behavioural and psychological symptoms of dementia (BPSD) doll therapy (DT) is increasingly used in clinical practice. Few studies on DT have been based on empirical data obtained with an adequate procedure. Moreover none have assessed the effectiveness of DT using an active control group, and the scales used to assess changes in BPSD are usually unreliable. The aim of the present study was to measure the impact of DT on people with severe dementia with a reliable, commonly used scale for assessing their BPSD, and the related distress in formal caregivers. Effects of DT on the former's everyday abilities, especially eating behaviour, were also examined. 29 nursing home residents aged from 76 to 96 years old with severe dementia took part in the experiment. They were randomly assigned to an experimental group that used dolls or an active control group that used hand warmers with sensory characteristics equivalent to the dolls. Benefits of DT on BPSD and related formal caregiver distress were examined with the Neuropsychiatric Inventory. The effects of DT on eating behaviour were examined with the Eating Behavior Scale. Results revealed that only the DT group showed a reduction in BPSD scores and related caregiver distress. DT did not benefit eating behaviour however. This study suggests that DT is a promising approach for reducing BPSD in people with dementia, supporting evidence emerging from previous anecdotal studies. (JL)
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DEPRESSION

(See Also 245/52)

245/33 Losing the battle: perceived status loss and contemplated or attempted suicide in older adults; by Alexandre Y Dombrowski, Elizabeth Aslinger, Aidan G C Wright, Katalin Szanto.: Wiley.
International Journal of Geriatric Psychiatry, vol 33, no 7, July 2018, pp 907-914.
While loss of socioeconomic status (SES) has been linked to suicidal behaviour, it is unclear whether this experience is merely a downstream effect of psychopathology ('downward drift'), a sign of hardship or an independent psychological contributor to suicide risk. In this study the association between the subjective experience of status loss and suicidal behaviour and ideation in old age, while accounting for potential confounders, was examined. The researchers were also interested in whether status loss was associated with mere thoughts of suicide versus suicidal behaviour. 50 older depressed suicide attempters, 29 depressed suicide ideators with no history of attempted suicide, 38 nonsuicidal depressed participants and 45 nonpsychiatric controls underwent detailed clinical characterisation and reported their current and highest lifetime SES. Suicide attempters were more likely to report a decline in their SES compared to healthy controls and nonsuicidal depressed older adults, while not differing from suicide ideators. This difference was not explained by objective predictors of SES, including education, financial difficulties and the presence of addiction. Interestingly while the current SES of suicide attempters was much lower than that of comparison groups, their reported highest lifetime SES was just as high, despite the differences in education. In older adults, the experience of status loss is associated with contemplated and attempted suicide even after accounting for objective indicators of social status and psychopathology. It is possible that suicidal individuals retrospectively inflate their previous status, making their current standing appear even worse by comparison. (JL)
ISSN: 08856230
From : <http://www.orangejournal.org>

- 245/34 Parenthood and depression: is childlessness similar to sonlessness among Chinese seniors?; by Maja Djundeva, Tom Emery, Pearl A Dykstra.: Cambridge University Press.
Ageing and Society, vol 38, no 10, October 2018, pp 2097-2121.
The authors investigate how the mental health of older adults (aged 60-85) is associated with childlessness and sonlessness in China, where gender-biased filial expectations and a strong son preference exist. The China Family Panel Study (2012, N = 6,021) and ordinary least squares regression models are used to investigate the relationship between depression (Center for Epidemiologic Studies - Depression scale, CES-D) and parental status, distinguishing between childless, parents of both sons and daughters, parents of only sons, and parents of only daughters. The authors argue that modernisation shapes gender preferences for children as well as formal care and pension provisions for older adults; and they find a sharp rural-urban divide in the relationship between parental status and depression. Just having a son is not what matters, as the groups that fare best are parents who have both sons and daughters, regardless of the number of children. Rural childless and sonless are similar, while in urban areas parental status is not so salient, supporting modernisation theory. (RH)
ISSN: 0144686X
From : <http://www.cambridge.org/aso>

DIGNITY

- 245/35 Doing it well: seven steps to dignity and compassion in caring for older people: guidance for those who care; by Amanda Waring, Beth Johnson Foundation - BJF. Stoke-on-Trent: Beth Johnson Foundation, 2018, 47 pp.
The guidance is intended as an integrated resource for group discussion or independent learning for health and social care professionals, managers, nursing staff and care workers. It suggests topics for discussion, tips and exercises on these seven steps that will help improve older people's quality of life: dignity awareness; recognising ageism; understanding dementia; addressing burnout; growing a culture of care; promoting meaningful activity and relationships; and spiritual and emotional care. The emphasis is on an approach that highlights dignity, compassion and respect. (RH)
From : Beth Johnson Foundation, Parkfield House, 64 Princes Road, Stoke-on-Trent, ST4 7JL. Email: admin@bjf.org.uk

EMPLOYMENT

(See Also 245/22, 245/93)

- 245/36 The consequences of extending working lives; by Sarah Vickerstaff.: ESRC - Economic and Social Research Council, 2017[?], 4 pp (Impact).
The University of Kent is working in collaboration with the International Longevity Centre - UK (ILC-UK) and the Institute of Occupational Medicine to explore various aspects of extending working lives and organisations' and individuals' uncertainty about how to manage retirement. This ESRC (Economic and Social Research Council) Impact outlines objectives of the research. The first is to map existing and emerging late-career transitions using exploiting longitudinal datasets and organisational case studies. The second is to identify opportunities and risks for organisations and individuals in extending working lives. (RH)
From : Other information at: <https://www.kent.ac.uk/extendingworkinglives>
- 245/37 Gender roles and employment pathways of older women and men in England; by Mariska van der Horst, David Lain, Sarah Vickerstaff, Charlotte Clark, Ben Baumberg Geiger.
Sage Open, vol 7, no 4, October-December 2017, pp 1-17.
In the context of population ageing, the UK government is encouraging people to work longer and delay retirement, and it is claimed that many people now make "gradual" transitions from full-time to part-time work to retirement. However, part-time employment in older age may be largely due to women working part-time before older age, as per a UK "modified male breadwinner" model. This article therefore separately examines the extent to which men and women make transitions into part-time work in older age, and whether such transitions are influenced by marital status. Following older men and women over a 10-year period using the English Longitudinal Study of Ageing (ELSA), this article presents sequence, cluster, and multinomial logistic regression analyses. Little evidence is found for people moving into part-time work in older age. Typically, women did not work at all, or they worked part-time (with some remaining in part-time work and some retiring or exiting from this activity). Consistent with a "modified male breadwinner" logic, marriage was positively related to the likelihood of women belonging to typically "female employment pathway clusters", which mostly consist of part-time work or not being employed. Men were mostly working full-time, regardless of marital status. Attempts to extend older women's working lives are therefore likely to be complicated by the influence of traditional gender roles on employment. (OFFPRINT.) (RH)
ISSN: 21582440 From : Kent Academic Repository: <https://kar.kent.ac.uk/63692/>
DOI: <https://doi.org/10.1177/2158244017742690>

- 245/38 A new start?: Negotiations of age and chrononormativity by older apprentices in England; by Pauline Leonard, Alison Fuller, Lorna Unwin.: Cambridge University Press.
Ageing and Society, vol 38, no 8, August 2018, pp 1667-1692.
The decision to start a new career might seem an unusual one to make in later life. However, England has seen a steady rise in numbers of workers undertaking an apprenticeship in their fifties and sixties, through a government-funded policy initiative opening up training to adults at all stages of the life-course. At the same time, in most Western contexts, the amalgamation of 'older' and 'apprentice' presents a challenge to normative understandings of the 'right age' to undertake vocational training. What is it like to make a new start as an older worker? This paper draws on new qualitative research conducted in England with older apprentices, exploring how they found the experience and management of training 'out of step'. Inspired by Elizabeth Freeman's temporalities approach, the authors' findings reveal how powerful norms of age normativity routinely structure understandings, experiences and identities of older-age training for both organisations and apprentices. While these norms demand careful negotiation by both apprentices and trainers, if managed successfully, older workers gain significant benefits from their training. These findings have resonance not only for England, but for other international contexts where expanding vocational training into older age is being considered. The paper concludes that if adult training schemes are to succeed, some fundamental changes may need to be made to understandings of age and ageing within contemporary workplaces. (RH)
ISSN: 0144686X
From : <http://www.cambridge.org/aso>
- 245/39 Older workers and employer-provided training in the Netherlands: a vignette study; by Maria Fleischmann, Ferry Koster.: Cambridge University Press.
Ageing and Society, vol 38, no 10, October 2018, pp 1995-2018.
Older workers throughout Europe are increasingly expected to participate longer in the labour market. While training appears to increase workers' employability, previous research indicates that employers are less inclined to provide training with increasing age of workers. In this study, the authors aim to provide a better understanding of what affects employers' considerations. They conduct a vignette experiment among Dutch employers to investigate how the government and workers themselves can exert influence on employers' willingness to provide training. The authors' analyses show that employers' provision of training declines with a worker's age, and additionally reveal two mitigating mechanisms. First, government reimbursements appear to work as a buffer: when reimbursements are offered, the decline in employers' willingness to offer training is less pronounced throughout workers' careers. Second, workers' interest in training has a delaying effect: when workers are interested in training, employers' willingness to provide training remains quite stable until workers are aged about 55, and decreases only afterwards. This is in contrast to the constant decline with age when workers had no interest in training. The findings emphasise that employers' considerations cannot be understood without taking the context into account, because governments and workers can affect employers' decisions through cost reduction and social exchange relations, respectively. More research is needed to disentangle other possible underlying mechanisms. (RH)
ISSN: 0144686X
From : <http://www.cambridge.org/aso>
- 245/40 The policies, practices and predicaments of senior employment in Hong Kong and Singapore; by Paul Higgins, Lina Vyas.: Cambridge University Press.
Ageing and Society, vol 38, no 8, August 2018, pp 1715-1739.
The ageing of populations is an unprecedented worldwide phenomenon that has created anxiety about labour and skill shortages in many developed countries. One way to address these concerns is to extend the working lives of seniors through appropriate retirement, retention and recruitment policies. This paper utilises official policy documentation and employment data to compare the policies, practices and predicaments of employment of older people in Hong Kong and Singapore, two of developed Asia's most ageing economies. It finds that while labour force participation rates among Hong Kong seniors have declined since the early 1990s, older workers in Singapore remain largely confined to the secondary labour market. This paper examines why these trends are occurring and whether longer working lives will lead to greater opportunities for 'active ageing' in employment or, conversely, force older workers into a reserve army of labour to maintain their incomes. (RH)
ISSN: 0144686X
From : <http://www.cambridge.org/aso>
- 245/41 A qualitative study into the prospect of working longer for physiotherapists in the United Kingdom's National Health Service; by Deborah Roy, Andrew Weyman, Anitha George, Nathan Hudson-Sharp.: Cambridge University Press.
Ageing and Society, vol 38, no 8, August 2018, pp 1693-1714.
Little is known about the perspectives of health-care workers when it comes to prolonging their working lives. This exploratory paper focuses on physiotherapists, and aims to offer new insights into the underlying processes that may influence perceptions of ageing and how they impact on motivation to work longer. Data gathering took the form of focus groups with 43 National Health Service (NHS) physiotherapists. A thematic analysis was used to characterise and articulate key concepts and

meanings. The analysis applied interpretive techniques. The six headline themes to emerge were: worry over physical capability and ability to cope; the need to maintain a professional image; work, retirement and exit norms; beliefs about ageing; extrinsic job demands; organisational support - line management; and organisational support - career progression. The key findings suggest that the current unchanging context of high job demands is very salient, consequently resulting in negative and pessimistic feelings about capabilities when it comes to being an older worker and having an extended working life. (RH)

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

END-OF-LIFE CARE

245/42 Caring about dying persons and their families: interpretation, practice and emotional labour; by Laura M Funk, Sheryl Peters, Kerstin Stieber Roger.: Wiley.

Health and Social Care in the Community, vol 26, no 4, July 2018, pp 519-526.

The importance of emotional support for dying people and their families has been well established, yet we know less about how care workers understand emotional processes related to death and dying, or how these understandings are connected to care practices and emotional labour at the end of life. The aim of this study was to explore how healthcare workers interpret and respond to emotional needs of dying people and their families. Qualitative data were collected between 2013 and 2014 through in-depth, in-person interviews with 14 nurses and 12 healthcare aides in one Western Canadian city. Transcripts were analysed using an inductive, interpretive thematic coding approach and the analytic lens of emotional labour. Dominant interpretive frames of a "good death" informed participants' emotionally supportive practice. This included guiding patients and families to "open up" about their emotions to activate the grief process. There was concern that incomplete grieving would result in anger being directed towards care staff. The goal of promoting emotional sharing informed the work of "caring about". Although palliative philosophies opened up moral and professional space for "caring about" in the context of organisational norms which often discouraged these practices, the tension between the two (and the lack of time for this work) may encourage surface expressions rather than authentic emotional care. (RH)

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From : <http://www.wileyonlinelibrary.com/journal/hsc>

EPIDEMIOLOGY

(See Also 245/20)

245/43 How do self and proxy dependency evaluations agree?: results from a large cohort of older women; by Nathalie Bouscaren, Laureen Dartois, Marie-Christine Boutron-Ruault, Marie-Noel Vercambre.: Oxford University Press.

Age and Ageing, vol 47, no 4, July 2018, pp 619-624.

Epidemiological studies based on questionnaires can face difficulties when collecting data on functional ability of older people and may thus use a proxy to obtain or confirm data. It is therefore of importance to compare data from older people and from their proxies, to establish to what extent proxies' answers can be used as a substitute or a complement in epidemiological studies on dependency. The aim of this French study was to evaluate agreement in dependency assessment, and to identify factors associated with discrepancy between older people and proxy reports, in a large postal epidemiological survey. An autonomy of 5,164 community-dwelling women from the French E3N cohort study aged between 75 and 83 years was self- and proxy-evaluated with the instrumental activities of daily living (IADL) scales. Agreement was assessed using Cohen's kappa coefficients, and factors associated with discrepancy were determined using logistic regression models. Results found that there was agreement between self and proxy dependency assessment in 90.8% of the women, with satisfactory Cohen's kappa. Discrepancy was associated with older age, poor self-reported health, prior low level of physical activity and the proxy being the partner. It was found that a proxy could be a reliable source of dependency assessment in large epidemiological surveys, and that some characteristics of the older person and of the proxy could modulate the agreement between proxy- and self-dependency assessments. (JL)

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FALLS

245/44 New horizons in falls prevention; by Stephen R Lord, Jacqueline C T Close.: Oxford University Press. Age and Ageing, vol 47, no 4, July 2018, pp 492-498.

Falls pose a major threat to the wellbeing and quality of life of older people. They can result in fractures and other injuries, disability and fear and can trigger a decline in physical function and loss of autonomy. This article synthesises recent published findings on fall risk and mobility assessments and fall prevention interventions and considers how this field of research may evolve in the future. Fall risk topics include the utility of remote monitoring using wearable sensors and recent work investigating brain activation and gait adaptability. New approaches for exercise for fall prevention including dual-task training, cognitive-motor training with exergames and reactive step training are discussed. Additional

fall prevention strategies considered include the prevention of falls in older people with dementia and Parkinson's disease, drugs for fall prevention and safe flooring for preventing fall-related injuries. The review discusses how these new initiatives and technologies have potential for effective fall prevention and improved quality of life. It concludes by emphasising the need for a continued focus on translation of evidence into practice including robust effectiveness evaluations so that resources can be appropriately targeted into the future. (JL)

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FASHION

(See 245/54)

FRAILITY

245/45 Early life determinants of frailty in old age: the Helsinki Birth Cohort Study; by M J Haapanen, M M Perala, M K Salonen (et al): Oxford University Press.

Age and Ageing, vol 47, no 4, July 2018, pp 569-575.

There is evidence suggesting that several chronic diseases have their origins in utero and that development taking place during sensitive periods may affect the ageing process. The aim of this study was to investigate whether early life determinants would be associated with frailty in old age. At a mean age of 71 years, 1,078 participants belonging to the Helsinki Birth Cohort Study were assessed for frailty according to the Fried frailty criteria. Early life measurements (birth weight, length, mother body mass index [BMI] and parity) were obtained from birth, child welfare and school health records. Multinomial regression analysis was used to assess the association between early life determinants and frailty in old age. Weight, length and BMI at birth were all inversely associated with frailty in old age. A 1 kg increase in birth weight was associated with a lower relative risk ratio (RRR) of frailty compared to non-frailty. Associations persisted after adjusting for several confounding factors. Compared to cohort members in the upper middle class those who as adults worked as manual workers or belonged to the lower middle class were at an increased risk of frailty. Those who were small at birth were at an increased risk of developing frailty in old age, suggesting that frailty is at least partly programmed in early life. A less privileged socioeconomic status in adulthood was associated with an increased risk of frailty in old age. (JL)

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245/46 Evaluating frailty scores to predict mortality in older adults using data from population based electronic health records: case control study; by Daniel Stow, Fiona E Matthews, Stephen Barclay (et al): Oxford University Press.

Age and Ageing, vol 47, no 4, July 2018, pp 564-569.

Recognising that a patient is nearing the end of life is essential in order to enable professional carers to discuss prognosis and preferences for end of life care. The aim of this study was to investigate whether an electronic frailty index (eFI) generated from routinely collected data could be used to predict mortality at an individual level. Study participants were 13,149 individuals aged 75 and over who died between January 2015 and January 2016, matched by age and sex to individuals with no record of death in the same time period. Two subsamples were randomly selected to enable development and validation of the association between eFI three months prior to death and mortality. Receiver operator characteristic (ROC) analyses were used to examine diagnostic accuracy of eFI at three months prior to death. An eFI score of 0.19 or more predicted mortality in the development sample at 75% sensitivity and 69% area under received operating curve (AUC). In the validation dataset this cut point gave 76% sensitivity, 53% specificity. Overall these results show that the eFI measured at a single time point has low predictive value for individual risk of mortality even at three months prior to death. Although the eFI is a strong predictor of mortality at a population level its use for individuals is far less clear. (JL)

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245/47 Frailty: mind the gap; by Alison M Mudge, Ruth E Hubbard.: Oxford University Press.

Age and Ageing, vol 47, no 4, July 2018, pp 508-511.

Frailty has become the focus of considerable research interest and media attention in recent years. While it has much to offer geriatric medicine potential pitfalls also need to be acknowledged. The conceptualisation of frailty in very different ways _ as a syndrome or a risk state _ has created semantic dissonance: the frailest patients by one definition may have early sarcopenia, by another be bedbound and in institutional care. Caution is required in transferring findings between studies enrolling these different populations. Furthermore a yawning gap has emerged between the number of studies reporting the associations of frailty and those investigating interventions such that the empirical benefits of identifying and treating frailty currently remain unclear. Perhaps most importantly, frailty research has evolved with little account of the perspectives and preferences of patients themselves. The label of 'frail', being linked to mental or moral weakness, has pejorative implications and care should be taken to avoid the adverse functional effects of negative priming. In this study pathways are suggested for future

studies to provide a stronger evidence base to apply this important concept. This research is essential to avoid frailty becoming the new cloak of ageism, a tool for discrimination and disempowerment applied to the most vulnerable. (JL)
ISSN: 00020729 [From : https://academic.oup.com/ageing](https://academic.oup.com/ageing)

- 245/48 Perceptions and experiences of frailty interventions: quantitative and qualitative results from a survey of partners within the European Innovation Partnership on Active and Healthy Ageing (EIP-AHA); by Holly Gwyther, Richard Cooke, Rachel Shaw (et al.): Cambridge University Press.
Ageing and Society, vol 38, no 9, September 2018, pp 1843-1867.
The European Innovation Partnership on Active and Healthy Ageing (EIP-AHA) was launched by the European Commission in 2011 to promote innovation in ageing research. This paper explores the experiences of partners delivering frailty interventions within Europe, registering their programmes with the EIP-AHA. Data were collected using an online survey from 21 partners in seven countries. A mixed-method approach was used, with inductive thematic analysis of free-text responses to improve data richness. Responses indicated that there was a lack of consistency between EIP-AHA partners in methods of defining, screening and measuring for frailty and pre-frailty. Open responses to survey questions about intervention facilitators, moderators and barriers were coded into two themes: working with stakeholders, and project management. It was concluded that EIP-AHA partners are providing interventions addressing physical, cognitive and well-being elements of frailty. However, there needs to be an increase in the proportion of interventions that consistently apply valid methods of screening and/or measuring frailty and pre-frailty. Most, but not all projects are targeting pre-frail older adults, suggesting an appropriate balance of prevention in a useful 'intervention window', but also a growing understanding that frailty at later stages is amenable to intervention. Findings suggest design manipulations to improve outcomes and adherence to interventions, specifically inclusion of a perceived benefit or reward for older adults, e.g. a social aspect or health-care promotion. (RH)
ISSN: 0144686X [From : http://www.cambridge.org/aso](http://www.cambridge.org/aso)

HEALTH AND WELLBEING

- 245/49 Healthy aging after age 65: a life-span health production function approach; by Nasim B Ferdows, Gail A Jensen, Wassim Tarraf.: Sage.
Research on Aging, vol 40, no 5, June 2018, pp 480-507.
This article examines the determinants of healthy ageing using Grossman's framework of a health production function. Sometimes described as successful ageing, healthy ageing comes about by way of a variety of inputs, determined in early life, young adulthood, midlife and later life.
The authors use nationally representative data from the 2010 and 2012 US Health and Retirement Study on 7,355 non-institutionalised older people, to estimate a healthy ageing production function.
They use a simultaneous equation mediation model to quantify how childhood factors contribute to healthy ageing, both directly and indirectly through effects on mediating adult outcomes. The authors find that favourable childhood conditions significantly improve healthy ageing scores, both directly and indirectly, mediated through education, income and wealth. They also find that good health habits have positive effects on healthy ageing that are larger in magnitude than the effects of childhood factors. Their findings suggest that exercising, maintaining proper weight, and not smoking are likely to translate into healthier ageing. (RH)
ISSN: 01640275 [From : http://www.journals.sagepub.com/home/roa](http://www.journals.sagepub.com/home/roa)
- 245/50 Trajectories of ageing well among older Australians: a 16-year longitudinal study; by Colette J Browning, Joanne C Enticott, Shane A Thomas, Hal Kendig.: Cambridge University Press.
Ageing and Society, vol 38, no 8, August 2018, pp 1581-1602.
The authors used individual differences concepts and analyses to examine whether older people achieve different ageing well states universally, or whether there are identifiable key groups that achieve them to different extents. The data used in the modelling were from the Melbourne Longitudinal Studies on Healthy Ageing (MELSHA) programme, a prospective 16-year longitudinal study of 1,000 older Australians. The authors examined predictors of trajectories for ageing well using self-rated health, psychological well-being and independence in daily living as joint indicators of ageing well in people aged over 65 years at baseline. Group-trajectory modelling and multivariate regression were used to identify characteristics predicting 'ageing well'. The results showed three distinct and sizeable ageing trajectory groups: (a) 'stable-good ageing well' (classified as ageing well in all longitudinal study waves; achieved by 30.2% of women and 28.0% of men); (b) 'initially ageing well then deteriorating' (50.5% women and 47.6% men); and (c) 'stable-poor' (not ageing well in any wave; 19.3% women and 24.4% men). Significant gender differences were found in membership in different ageing well states. In the stable-poor groups there were 103/533 females, which was significantly lower than 114/467 men (z -statistic = 22.6, $p = 0.005$); women had a 'zero' probability of progressing to a better ageing well classification in later years, whilst males had a one-in-five probability of actually improving. Robust final state outcome predictors at baseline were: lower age and fewer medical conditions for both genders; restful sleep and Australian-born for women; and good nutrition, decreased strain, non-smoker and good social support for men. These results confirm that ageing well trajectories are influenced by modifiable factors. The findings will assist better targeting of health-promoting activities for older people. (RH)
ISSN: 0144686X [From : http://www.cambridge.org/aso](http://www.cambridge.org/aso)

HEALTH CARE

(See 245/41, 245/89)

HOME CARE

- 245/51 Case study of home care for isolated and frail elderly patients by general practice nurses: a controlled 17-month study, to May 2016; by Sarah Longstaff, Jeni Rees, Elizabeth Good, Elizabeth Kirby.: Emerald. *Journal of Integrated Care*, vol 26, no 3, 2018, pp 211-218.
In this NE Hampshire-based study, two part-time 'link nurses' were funded by a local charity in order to assess and manage the unmet needs of isolated frail older patients at home. Patients in this vulnerable group with no recorded healthcare contact for a prolonged period were identified from practice computer records. One group was to be assessed at home, and appropriate interventions effected. Follow-up visits or telephone contacts also offered support to carers as well as isolated individuals. A matching quasi control group was identified but not visited, to assess the overall impact on the patients, GP and other healthcare contacts. Difficulties with the control group were encountered and addressed. Important unmet healthcare needs were found amongst the visited patients, which the nurses were able to address themselves, or refer to the GPs or appropriate agencies. The control group demonstrated greater demand for out-of-hours, GP and district nurse contacts, and more unplanned hospital admissions. Besides dealing with unmet needs at home, ongoing support by local GP nurses may reduce bed-blocking by moving away from 'crisis management' of patients in this vulnerable group. (JL)
ISSN: 14769018
From : <http://www.emeraldinsight.com/loi/jica>

HOSPITAL CARE

- 245/52 Hospitalisation and surgery: is exposure associated with increased subsequent depressive symptoms?: evidence from The Irish Longitudinal Study on Ageing (TILDA); by Helen O'Brien, Siobhan Scarlett, Celia O'Hare (et al.): Wiley.
International Journal of Geriatric Psychiatry, vol 33, no 8, August 2018, pp 1105-1113.
The dramatic increase in the ageing population has led to greater numbers of older people undergoing hospitalisation and surgical procedures. These exposures may in turn lead to an increase in depressive symptoms. The purpose of this Irish study was to determine whether hospitalisation or hospitalisation with surgery under general anaesthetic is associated with an increase in depressive symptoms in adults over the age of 50. Depressive symptoms were assessed using the Center for Epidemiologic Studies Depression Scale in 8,036 individuals at waves 1 and 2 of The Irish Longitudinal Study on Ageing (TILDA), two years apart. Mixed-effects models were used to investigate the hypothesis after adjustment for risk factors for depression and potential confounders. During the 12 months preceding wave 1, a total of 459 participants were hospitalised and a further 548 participants were hospitalised and underwent surgery with general anaesthetic; 6,891 were not hospitalised. Analysis of waves 1 and 2 data using mixed-effects models demonstrated that there was a 7% increased adjusted incidence rate of depressive symptoms in the Center for Epidemiologic Studies Depression Scale in the hospitalisation group and a 4% increased adjusted incidence rate of depressive symptoms in the surgery group compared with those with no hospitalisation. These findings demonstrate that hospitalisation with or without surgery and general anaesthetic is associated with increased depressive symptoms. This is the first time a longitudinal population-representative study has demonstrated this relationship for both exposures simultaneously. (JL)
ISSN: 08856230
From : <http://www.orangejournal.org>

HOUSING

(See Also 245/94)

- 245/53 Quality of life trajectories of older adults living in senior housing; by Amy Restorick Roberts, Kathryn Betts Adams.: Sage.
Research on Aging, vol 40, no 6, July 2018, pp 511-534.
Quality of life (QoL) in the face of declining health, mobility, and social losses is a central issue for older adults. This study examined changes in QoL over time for older adults residing in independent senior housing within continuing care retirement communities (CCRCs), and estimated how residents' social engagement during their first year influenced QoL over the next 4 years. Data were drawn from a 5-year panel study of 267 older adults who moved into senior housing within four CCRCs, one in Virginia and three in Maryland. Although initial QoL varied between individuals, QoL declined for the group over time. One component of early social engagement _ participating in a greater number of formal social activities organised by the CCRC _ significantly slowed the rate of decline in QoL. Findings suggest that senior housing residents may benefit from early participation in organized social and leisure activities soon after move-in to forestall declines in QoL over the long term. (RH)
ISSN: 01640275 From : <http://www.journals.sagepub.com/home/roa>

HOUSING WITH CARE

(See 245/94)

IMAGES OF AGEING

- 245/54 Beauty, representation and ageing; by Hannah Zeilig.: British Society of Gerontology. Generations Review, vol 26, no 2, December 2016, pp 3-5.
The author was involved in organising the 'Ageing - the Bigger Picture' photographic competition, the aim of which was to explore the concepts of beauty and ageing, how we imagine 'age' within our society, and how we imagine our own ageing. The author uses images of two older women and a photo/montage of a mother and daughter, to consider two key questions. First, are age and beauty (in terms of visual representation) always diametrically opposed? Second, why are we so often told that older women are invisible? In starting to understand the beauty that is associated with age and ageing, the author expresses optimism that western society in the 21st century is "beginning to represent ageing in ways that allow us to see the potential for ageing and beauty". (RH)
From : <http://www.britishgerontology.org>

INCOME AND PERSONAL FINANCE

(See 245/13)

INTEGRATED CARE

- 245/55 The primary care home: a new vehicle for the delivery of population health in England; by Richard Q Lewis, Nav Chana.: Emerald.
Journal of Integrated Care, vol 26, no 3, 2018, pp 219-230.
The purpose of this paper was to consider how the evolving concept of the 'primary care home' (PCH), under development in England, might be an effective vehicle for the delivery of the goals of 'population health'. Population health is a concept that encompasses the proactive and multi-disciplinary management of the health and wellbeing of a defined population. It embodies notions of planning, population segmentation and disease prevention and management. In this study the authors examine evidence from earlier initiatives to achieve similar objectives of primary care-led health system planning and care integration to understand relevant lessons for the PCH. Findings showed that the PCH is likely to bring forth relatively high engagement from general practitioners due to its neighbourhood scale, voluntary nature and its focus on professional partnership, personalisation of care and outcomes. It is important that participants have sufficient autonomy to act and that financial incentives are aligned with the goals of population health. It is also important that, unlike some earlier primary care initiatives, the PCH is given time to develop to maturity. (JL)
ISSN: 14769018
From : <http://www.emeraldinsight.com/loi/jica>

INTERGENERATIONAL ISSUES

(See Also 245/64)

- 245/56 Making intergenerational connections: an evidence review: what are they, why do they matter and how to make more of them; by Lisbeth Drury, Dominic Abrams, Hannah J Swift, Centre for the Study of Group Processes - CSGP, University of Kent. London: Age UK, 2017, 74 pp.
Social psychological research has long gathered evidence highlighting the key benefits arising from promoting good relationships between seemingly opposing social groups. This review brings together peer-reviewed research on intergenerational contact between people in different age groups, which can range from longstanding friendships and regular face-to-face meeting, to occasional or incidental encounters. First, it looks at the psychology of contact between groups. Second, a review of intergenerational contact research examines quantitative evidence about the effects of contact on attitudes and relationships between different age groups; also the effects of different types of contact and evidence about when and how they work best. Third, a Review of Intergenerational Contact Programme focuses mainly on children or young people (aged 11 upwards) and older adults, and the value of intergenerational contact. The authors propose some best practice advice for developing and running intergenerational contact programmes, and for intergenerational contact more broadly. This report was supported by grants to the authors from Age UK, the Economic and Social Research Council ESRC; ES/J500148/1), and from the European Commission (EC-FP7 320333). (RH)
https://www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/reports-and-briefings/active-communities/rb_2017_making_intergenerational_connections.pdf

INTERNATIONAL AND COMPARATIVE

(See Also 245/29, 245/34, 245/40, 245/50, 245/74, 245/93)

- 245/57 Association of providing/receiving support on the mortality of older adults with different living arrangements in Taiwan: a longitudinal study on ageing; by Miao-Yu Liao, Chii-Jung Jeh, Shu-Hsin Lee (et al.): Cambridge University Press.
Ageing and Society, vol 38, no 10, October 2018, pp 2082-2096.
This longitudinal study evaluated the direct effects of providing or receiving family support on mortality in older adults with different living arrangements in Taiwan. All data analysed were obtained from the Taiwan Longitudinal Study on Aging (1996-2007), of residents aged 67+ (1,492 men and 1,177 women) and Taiwan's National Death Register. Living arrangements were divided into living alone, living only with spouse, living with family and living with others. Support was mainly defined as family support divided into two categories: providing and receiving. The effect of providing or receiving family support on older adults' mortality was evaluated using Cox regression analysed by living arrangement. Participants living with their families had lower educational levels (illiterate or elementary school), and more disability in both activities of daily living (ADLs) and instrumental activities of daily living (IADLs). However, they provided more family support than those in other living arrangements. After adjusting for several potentially confounding variables - including background characteristics, economic status and various health status measures - results showed that older adults living with their families and providing support had an 11 per cent lower mortality rate (Hazard ratio = 0.89; 95 per cent confidence interval = 0.83-0.96; p = 0.0018). In conclusion, the authors found that, when living with family, older adults' lives can be extended by providing support, clearly supporting the old adage 'it is more blessed to give than to receive'. Older adults wanting to extend their lives can be encouraged to provide more help to their families. (RH)
ISSN: 0144686X
From : <http://www.cambridge.org/aso>
- 245/58 Development, elder abuse and quality of life: older women in urban India; by Nidhi Gupta.: International Institute on Ageing (United Nations - Malta).
International Journal on Ageing in Developing Countries, vol 1, no 2, 2016, pp 158-173.
Often, 'development' is simplistically equated to economic growth; however, philosophically it has a deeper meaning that points towards improvement of humankind. The implicit meaning entailed in 'improvement of mankind' is 'increasing the lifespan' as well as people's 'quality of life'. With economic development and technological advancements, life expectancy at birth in India has almost doubled in the last five decades and continues to increase. However, with the changing socio-cultural context and weakening inter-generational bonds, the value system of filial piety is rapidly fading. These changes have led to increased incidence of elder abuse and neglect, especially within the family, which adversely affects older people's quality of life, more so for older women. Older women are more vulnerable, due to inadequate access to resources, and the dependence on spouse and family to meet their basic needs during the life course. This paper highlights the types of abuse experienced by older women in an urban context in India, and its influence on various dimensions and overall quality of life. The author uses data from a cross-sectional survey conducted in suburbs of Mumbai, India; she also refers to other empirical studies which provide an Indian context. The findings show a high incidence of elder abuse, family members being the main perpetrators. Elder abuse had a significantly negative impact on all dimensions of quality of life of older women, reflecting an urgent need for change in social attitude coupled with policy and programmatic interventions. (RH)
ISSN: 25191594
From : <https://www.inia.org.mt>
- 245/59 Do community-dwelling Maori and Pacific peoples present with dementia at a younger age and at a later stage compared with NZ Europeans?; by Sarah Cullum, Katherine Mullin, Irene Zeng (et al.): Wiley.
International Journal of Geriatric Psychiatry, vol 33, no 8, August 2018, pp 1098-1104.
Ethnicity may affect presentation to clinical services in people with dementia, however no studies have examined this in Maori or Pacific peoples in New Zealand (NZ). The objective of this study was to examine routinely collected clinical data from a memory assessment service in South Auckland to examine the presentation of dementia in the major NZ ethnic groups. A total of 360 patients presenting to a memory service with a new diagnosis of dementia were included in this study. Demographic data (age, sex and ethnicity) and dementia sub-type and severity were analysed. There were 142 NZ European, 43 Maori, 126 Pacific and 49 other ethnicities presenting with a new diagnosis of dementia. After adjustment for gender and dementia subtype, Maori and Pacific patients were 8.5 and 5.3 years younger than NZ European patients. Pacific peoples tended to present with more advanced dementia after adjustment for age and gender. There was little difference in the subtypes of dementia between ethnic groups. Overall, Maori and Pacific peoples with dementia presented to an NZ memory service at a younger age than NZ Europeans, and Pacific peoples presented with more advanced dementia. A population-based epidemiological study is critical to determine whether Maori and Pacific peoples have indeed a higher risk of developing dementia at a younger age. (JL)
ISSN: 08856230
From : <http://www.orangejournal.org>

- 245/60 Gender differences in prevalence and associated factors of multi-morbidity among older persons in Vietnam; by Le Duc Dung, Giang Thanh Long.: International Institute on Ageing (United Nations - Malta).
International Journal on Ageing in Developing Countries, vol 1, no 2, 2016, pp 113-132.
The prevalence and determining factors of multi-morbidity among older men and women in Vietnam were examined. This study used data from a nationally representative survey, the Vietnam Ageing Survey (VNAS) in 2011. The study sample was restricted to older people (those aged 60 and over). Multi-morbidity was defined as having at least two presences of chronic diseases. Bivariate, t-test, and multivariable logistic regression analyses were applied to identify potential factors correlated with multi-morbidity among older men and women. The results showed that around 44 per cent of older people reported having multi-morbidity; a higher prevalence was found in women (49.4 per cent) than men (36.7 per cent). The results of multivariate analysis indicate that factors associated with multi-morbidity were found to vary by gender, in which advanced age and living alone were the strongest predictive variables in both genders. Therefore, health interventions with regards to gender are increasingly essential to reduce burdens of chronic diseases. (RH)
ISSN: 25191594
From : <https://www.inia.org.mt>
- 245/61 Health conditions and unmet needs for assistance to perform activities of daily living among older adults with dementia in Chile; by Yi Zhou, Andrea Slachevsky, Esteban Calvo.: Wiley.
International Journal of Geriatric Psychiatry, vol 33, no 7, July 2018, pp 964-971.
This study aimed to address gaps in health conditions and unmet needs in daily activities between people with dementia (PWD) and without dementia in a developing country and to identify the variables associated with unmet needs among PWD to guide practitioners and policymakers in dealing with an increased burden of dementia. Nationally representative data on 4,655 Chileans age 60 and over were used to compare health conditions and unmet needs in daily life activities between individuals with and without dementia. Regression analysis was conducted to identify the variables associated with unmet needs among PWD. Overall PWD had worse health and needed greater assistance in performing daily activities than people without dementia. Among PWD, being male was associated with more unmet needs, in both activities of daily living (ADL) and instrumental ADL. Lower educational level and fewer caregivers were associated with more unmet needs for ADL, while inferior functional ability was associated with more unmet needs for instrumental ADL. The results from this study call for action by practitioners and policymakers to foster caregiver training, increase supportive services and advance care planning for PWD. (JL)
ISSN: 08856230
From : <http://www.orangejournal.org>
- 245/62 Intergenerational relations and rural development among the Karen in Northern Thailand; by Pia Jolliffe.: International Institute on Ageing (United Nations - Malta).
International Journal on Ageing in Developing Countries, vol 1, no 2, 2016, pp 143-157.
The author provides a qualitative analysis of how rural development - in particular changing modes of production and learning - shapes inter-generational relationships among the Karen people in northern Thailand. Using long-term ethnographic research with the Karen, she argues that intergenerational relations and household inter-dependency give meaning to ethnic Karen peoples' aspirations for work and family life. She explains how traditionally, during childhood transitions, Karen adults guide children and young people towards mastery of culturally relevant skills and technologies. She discusses how social transformations and rural development in recent decades have led to major changes in Karen household economies and inter-generational relationships. (RH)
ISSN: 25191594
From : <https://www.inia.org.mt>
- 245/63 Malta's strategic vision for a national dementia policy; by Charles Scerri.: International Institute on Ageing (United Nations - Malta).
International Journal on Ageing in Developing Countries, vol 1, no 2, 2016, pp 133-142.
Malta is experiencing a demographic transition characterised by an increase in the old age population. While this may indicate social success, it creates important challenges such as the inevitable rise in age-related neurodegenerative disorders, including the most common forms of dementia. This will pose significant societal demands, as most dementia care is provided informally by family members living in the community. Furthermore, local research studies have shown that there is considerable lack of awareness and professional training, and this is seriously undermining timely diagnosis and management. As a result, Malta opted to take a holistic approach towards dementia care by embarking on a long-term strategy focusing on increasing awareness, providing the best services leading to high quality dementia care, and fostering dementia training to healthcare professionals in order to be better equipped to support individuals with dementia. It is a vision that promotes excellence, and effectively reflects the current and future needs of these individuals, their relatives and caregivers. (RH)
ISSN: 25191594
From : <https://www.inia.org.mt>

- 245/64 Self-image and intergenerational relationships as correlates of life satisfaction in Chinese older adults: will gender make a difference?; by Xua Bai, Yu Guo, Yuan Yuan Fu.: Cambridge University Press. *Ageing and Society*, vol 38, no 7, July 2018, pp 1502-1519.
Promoting life satisfaction in later life has long been both a policy and practice challenge. This study examined the association between older adults' self-image and life satisfaction, and that between their intergenerational relationships and life satisfaction. Given that sources of well-Being for older men and women may vary due to socially constructed realities in early life, gender differences were also investigated in the correlates of life satisfaction. A face-to-face questionnaire survey was conducted in 2014 with a sample of 1,099 older adults aged 60 years and over from four cities in China. Findings showed that older adults' self-image and intergenerational relationships were significantly associated with their life satisfaction, after controlling for certain socio-demographic characteristics, and health and self-care ability. The correlates of life satisfaction were shown to differ between older men and women. Programmes and Services should be developed for older adults to explore and identify positive aspects of themselves, to improve their relationships with their adult children, and to foster a more positive image of ageing in wider society. In addition, service providers should take gender differences in correlates of life satisfaction into account in service and intervention programme development.
ISSN: 0144686X
From : <http://www.cambridge.org/aso>
- 245/65 Social support and care arrangements of older people living alone in rural Malaysia; by Natalie Evans, Pascale Allotey, Joanna D Imelda, Daniel D Redpath, Robert Pool.: Cambridge University Press. *Ageing and Society*, vol 38, no 10, October 2018, pp 2061-2081.
Malaysia has an ageing population and an increasing number of older people who live alone. This study explores the social support and care arrangements of older people living alone in rural Malaysia. The study took a qualitative approach: semi-structured interviews were conducted with a purposive sample of Malay (N = 20) and Chinese (N = 20) Malaysians aged over 65. Five cross-cutting themes were identified through a thematic analysis: degrees of aloneness; relationships and social support; barriers to social support; and future illness, care and death. All participants said they lived alone; however, living arrangements were often complex. For Malays, most support came from nearby adult children and relatives, whereas Chinese participants, who less frequently had adult children living locally, emphasised support from friends and neighbours. Emigrant adult children's assistance was mostly informational and financial: instrumental assistance was either substituted for money, or provided solely during periods of ill-health. Physical decline, limited telephone use, inadequate access to transport, and fears of crime were barriers to social support. Participants avoided thinking or talking about future care needs. These findings have implications for Malaysian old age policy, which is currently focused on supporting families to care for older relatives. Child migration and a growing preference for a period of independent living in old age may require policies and resources directed at older people as individuals to support their own efforts to remain independent, active and age 'in place'. (RH)
ISSN: 0144686X
From : <http://www.cambridge.org/aso>
- 245/66 We are strangers in our homes: older widows and property inheritance among the Esan of South-South Nigeria; by Friday Asiazobor Eboiyehi, Akanni Ibukun Akinyemi.: International Institute on Ageing (United Nations - Malta). *International Journal on Ageing in Developing Countries*, vol 1, no 2, 2016, pp 90-112.
The study examined the plight of older widows as it relates to property inheritance among the Esan of South-South Nigeria. The aim was to identify the challenges associated with bereavement among widows, particularly on property and assets bequeathed from their late spouse and the strategies they employed to cope with the identified challenges. The study was conducted with the aim of raising discourses regarding social-cultural issues affecting widows' survival. Data were purposively collected from respondents in two local government areas - namely, Esan Central and Esan West - with the aid of questionnaires and in-depth interviews. In all, 200 questionnaires were administered, of which 180 (90.0 per cent) were retrieved and analysed. Moreover, 36 in-depth interviews were conducted with purposively selected older widows with certain peculiarities. About 33 per cent of the widows suffered eviction from a late husband's house, while others suffered partial denial from inheritances. Arising from these, the consequences of negative cultural practices are illustrated by loneliness (16.7 per cent), poor access to basic healthcare (15.5 per cent), constant illness (11.5 per cent) and poverty (6.6 per cent). Other challenges identified include psychological trauma (5.6 per cent), poor nutrition (5.6 per cent), abandonment (3.9 per cent) and loneliness (1.7 per cent). The study concludes that socio-cultural practices attributed to inheritance among widows escalates their predicaments among the Esan people. Government and other relevant agencies and organisations must act to alleviate the infringement of fundamental human rights of this population through the instruments of social institutions and the legal framework. (RH)
ISSN: 25191594
From : <https://www.inia.org.mt>

LEARNING DIFFICULTIES

- 245/67 Ageing with a learning disability: self-building peer support to combat loneliness and social isolation; by Andrew Power, Ruth Bartlett.: British Society of Gerontology. *Generations Review*, vol 26, no 2, December 2016, pp 23-27.
In recent years, around one third of local authorities have closed day services to adults with learning disabilities, resulting in about 1 in 4 of these adults being stuck at home and vulnerable to social isolation. In addition, an outcome of local authority austerity cuts have affected the whole adult social care sector. The co-researchers of this article wanted to find out what is filling this gap for people with learning disabilities' daily lives, and particularly to know whether local peer advocacy has a role to play. Interviews were conducted with 12 participants in two age groups (40-55 and 55+). The study also identified a small range of local peer-support groups around the urban region where the study took place, which enabled people to meet other self-advocates and to feel comfortable being with others. Not only did this form of peer advocacy relieve loneliness and isolation, it also gave participants the opportunity to learn skills enabling them to participate in the community. (RH)
From : <http://www.britishgerontology.org>

LEISURE

- 245/68 Life transitions and leisure activity engagement in later life: findings from the Consumption and Activities Mail Survey (CAMS); by Yura Lee, Joohong Min, Iris Chi.: Cambridge University Press. *Ageing and Society*, vol 38, no 8, August 2018, pp 1603-1623.
This study examined engagement in leisure activities among older people, specifically focusing on how life transition factors in later life, including retirement and marital status, are associated with leisure activity engagement, using a national sample of older American men and women. The authors conducted multiple regression analyses with a sample of 5,405 individuals (2,318 men; 3,087 women) from the Consumption and Activities Mail Survey (CAMS), a supplementary sample of the US Health and Retirement Study (HRS). Activity engagement in each of four domains of leisure activities was analysed: mental, physical, social and religious. Retirement status was categorised into three groups: working (referent), completely retired and partly retired. Marital status was categorised into four groups: married (referent), divorced or separated, widowed and never married. The authors found an overall trend of a positive relationship between retirement and leisure activity engagement, which suggests that retirement provides a chance for older adults to participate in leisure activities after withdrawal from the labour force. The overall trend of a negative relationship between non-married status and leisure activity engagement suggests that the loss or absence of a spouse may serve as a barrier to participate in leisure activities. Nevertheless, variation among retirees and non-married individuals suggests future studies should compare completely and partly retired individuals or those who are widowed, divorced or separated, or never married to elucidate distinguishable leisure activity profiles. (RH)
ISSN: 0144686X
From : <http://www.cambridge.org/aso>

LIFESTYLE

- 245/69 Disorderly households, self-presentation, and mortality: evidence from a national study of older adults; by Markus H Schafer, Laura Upenieks, Andie MacNeil.: Sage. *Research on Aging*, vol 40, no 8, September 2018, pp 762-790.
This article examines whether disorderly household conditions and bodily self-presentation predict mortality, above and beyond four sets of variables conceptually linked to both death and disorder. Data come from 2005/2006 and 2010/2011 waves of the US National Social Life, Health, and Aging Project (NSHAP). The authors used naturalistic observation of respondents' homes and bodies, along with a diverse range of additional covariates, to predict probability of death. Older adults living in disorderly households were at highest risk of death over 5 years, primarily because they confronted high levels of frailty. Disorderly bodily self-presentation was also related to mortality risk, but this association could be only partially explained by demographic factors, health conditions, frailty and low social connectedness. Findings suggest that disorder in the residential context – dress and hygiene in particular – is a strong predictor of mortality. Support providers should be mindful of changes in bodily presentation of older people living in the community.
ISSN: 01640275
From : <http://www.journals.sagepub.com/home/roa>

LONELINESS AND SOCIAL ISOLATION

(See Also 245/97)

- 245/70 Loneliness in later life: research, engagement and impact; by Deborah Morgan, Alexandra Hillman, Steve Huxton.: British Society of Gerontology. *Generations Review*, vol 26, no 2, December 2016, pp 13-18.
The authors report on a one-day event in Cardiff in May 2016 on loneliness and isolation in later life, held by the British Society of Gerontology (BSG) Emerging Researchers in Ageing (ERA) in partnership

with Ageing Well in Wales and the Campaign to End Loneliness. The event brought together emerging academic researchers, community project teams, service providers, practitioners and older people to discuss perspectives on, and research needs for, combatting loneliness and isolation. This article outlines some key areas of research, and the need to develop resources and share good practice on the themes discussed. (RH) **From** : <http://www.britishgerontology.org>

- 245/71 Ruptures of affiliation: social isolation in assisted living for older people; by Jari Pirhonen, Elisa Tilikainen, Ilkka Pietila.: Cambridge University Press.
Ageing and Society, vol 38, no 9, September 2018, pp 1868-1886.
Transfer from a private home to an assisted living facility has been pictured as a major change in an older person's life. Older people themselves tend to perceive the change as something eventual that breaks the bonds and familiarities of previous life. The aim of this article is to shed light on residents' chances to reach affiliation (as M C Nussbaum defines it) in their new living surroundings, and thus adjust to that social environment. Ethnographic data were gathered in a Finnish sheltered home in 2013-14, whereby the authors studied residents' affiliations through ruptures, namely residents' perceived social isolation. Social isolation was found to be connected with two separate social worlds: the one inside the facility, and the one outside. Social isolation resulted from different factors connected to the quality of social interaction with co-residents and the staff, daily routines of the institution, and residents' personal life histories. Also, residents' older friends seemed to avoid visiting care facilities, which caused perceived social isolation. This article deepens the insights into the perceived social isolation of assisted living. It thus helps care providers to create new strategies, to enable due affiliation for their residents. (RH)
ISSN: 0144686X **From** : <http://www.cambridge.org/aso>

LONG TERM CARE

- 245/72 Forecasting the care needs of the older population in England over the next 20 years: estimates from the Population Ageing and Care Simulation (PACSim) model; by Andrew Kingston, Adelina Comas-Herrera, Carol Jagger.
The Lancet Public Health, Vol 3 no 9, September 2018.
By 2035 over one million adults aged 65 will require round-the-clock care and the number of over-85s with multi-morbidity, requiring 24-hour care will double to 446,000. These predictions, using the Population Ageing and Care Simulation (PACSim) model, suggest that the majority of older people (over 65) will continue to live independent lives but, despite increasing healthy life expectancy, the changing demographic will increase the need for 24-hour care, particularly for women, who are more likely than men to have a disability.

MENTAL HEALTH

(See Also 245/82)

- 245/73 Exploring associations between social support and mental health in older people: a systematic narrative review; by Maryam Tajvar, Astrid Fletcher, Emily Grundy.: International Institute on Ageing (United Nations - Malta).
International Journal on Ageing in Developing Countries, vol 1, no 2, 2016, pp 174-193.
The association between social support and mental health is still not fully understood, especially among older people. This review summarises the current state of research on the topic. The authors undertook a systematic review to identify all review studies irrespective of date, and new primary research studies published since 2007 that examined the associations between social support and mental health among older people. Overall, 24 citations (6 review and 18 original articles) met the inclusion criteria. The results for the 'main effect' model and the 'stress-buffering effect' model of the action of social support on health were summarised. Overall, the review studies provided moderate evidence that social support has a protective effect on mental health. Results from primary research studies lend some support to the hypothesis of a protective main effect of support, but are far from conclusive. There was weak evidence for a stress buffering effect on mental health. Stronger evidence was found for the association of emotional support than instrumental support with depression. Diversity in the characteristics of the studies included (in addition to limitations in their size and methodology), makes comparisons and the estimation of the effects of social support on health complicated and the interpretation of their findings difficult. This review indicates areas which need further investigation, such as studies focusing on older people across non-western countries, studies with prospective research design, and investigation on the role of gender and support providers, using more comprehensive instruments. (RH)
ISSN: 25191594 **From** : <https://www.inia.org.mt>
- 245/74 Mental well-being of older people in Finland during the first year in senior housing and its association with physical performance; by Sinikka Lotvonen, Helvi Kyngäs, Pentti Koistinen, Risto Bloigu, Satu Elo. International Journal of Environmental Research and Public Health, vol 15, no 7, 2018, 19 pp.
Growing numbers of older people relocate to senior housing when their physical or mental performance declines. Such relocation is known to be one of the most stressful events in older people's lives and affects their mental and physical well-being. More information about the relationships between mental and physical parameters is required. The authors examined self-reported mental well-being of 81 older

people aged 59-93 living in northern Finland, and changes in their well-being 3 and 12 months after relocation to senior housing. Most participants were female (70%). Their physical performance was also measured, and associations with gender were analysed. After 12 months, mental capability was very good or quite good in 38% of participants; however 22% of participants felt depressive symptoms daily or weekly. Moreover, 39% of participants reported daily or weekly loneliness. After 12 months, participants reported a significant increase in forgetting appointments, losing items and difficulties in learning new things. They felt that opportunities to make decisions concerning their own lives had significantly decreased. Furthermore, their instrumental activities of daily living (IADL), dominant hand's grip strength and walking speed decreased significantly. Opportunities to make decisions concerning their lives, feeling safe, loneliness, sleeping problems, negative thoughts, as well as fear of falling or having an accident outdoors were associated with these physical parameters. In addition to assessing physical performance and regular exercise, the various components of mental well-being and their interactions with physical performance should be considered during adjustment to senior housing. (RH)
From : doi: 10.3390/ijerph15071331

245/75 Social needs of older people: a systematic literature review; by Tina Ten Bruggencate, Katrien G Luijkx, Janienke Sturm.: Cambridge University Press.

Ageing and Society, vol 38, no 9, September 2018, pp 1745-1770.

Social needs are important basic human needs. When social needs are not satisfied, this can lead to mental and physical health problems. With a growing population of older adults and the need for them to stay healthy and community-dwelling, satisfying social needs is important. The aim of this review is to give more insight into the social needs of older people, and subsequently into the characteristics of effective interventions for satisfying older people's social needs. A systematic review of the existing literature on quantitative, qualitative and mixed empirical studies on the social needs of older people was conducted. The themes that emerged were diversity, proximity, meaning of the relationship and reciprocity. These themes offered several intervention implications. Participation in hobbies and in volunteer work and being connected were among the main findings. The social needs of older people are diverse. They focus on both the intimate and the peripheral members of their networks. When satisfying social needs, reciprocity is important. The feeling of connectedness to others and to a community or neighbourhood contributes to well-being as well as a feeling of independence. Staying active by doing volunteer work or participating in (leisure) social activities satisfies social needs. Therefore, interventions should focus especially on the connectedness, participation and independence of the older adult. (RH)

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

245/76 Visual and hearing impairments are associated with cognitive decline in older people; by Asri Maharani, Piers Dawes, James Nazroo (et al.): Oxford University Press.

Age and Ageing, vol 47, no 4, July 2018, pp 575-581.

Hearing and vision sensory impairments among older people may contribute to the risk of cognitive decline and pathological impairments including dementia. This study aimed to determine whether single and dual sensory impairment (hearing and/or vision) are independently associated with cognitive decline among older adults and to describe cognitive trajectories according to their impairment pattern. The research used data from totals of 13,123, 11,417 and 21,265 respondents aged over 50 at baseline from the Health and Retirement Study (HRS), the English Longitudinal Study of Ageing (ELSA) and the Survey of Health, Ageing and Retirement in Europe (SHARE), respectively. The study performed growth curve analysis to identify cognitive trajectories and a joint model was used to deal with attrition problems in longitudinal ageing surveys. Respondents with a single sensory impairment had lower episodic memory score than those without sensory impairment in all three surveys. The analysis further showed that older adults with dual sensory impairment remembered fewer words compared with those with no sensory impairment. The stronger associations between sensory impairment and lower episodic memory levels were found in the joint model which accounted for attrition. Hearing and/or vision impairments are a marker for the risk of cognitive decline that could inform preventative interventions to maximise cognitive health and longevity. Further studies are needed to investigate how sensory markers could inform strategies to improve cognitive ageing. (JL)

ISSN: 00020729 From : <https://academic.oup.com/ageing>

MORTALITY

(See 245/57)

OCCUPATIONAL THERAPY

245/77 Making meaning around experiences in interventions: identifying meaningfulness in a group-based occupational therapy intervention targeting older people; by Ingeborg Nilsson, Anna Sofia Lundgren.: Cambridge University Press.

Ageing and Society, vol 38, no 9, September 2018, pp 1887-1911.

There is a need to understand the underlying mechanisms at work within health promotion and occupational therapy interventions. This article explores and describes how the participants of a group-based occupational therapy intervention in Sweden with positive health outcomes created

meaning of and around their experiences of the intervention. The studied intervention was part of the evaluation of a single-blinded, exploratory randomised controlled trial (RCT) of three different interventions. A total of 19 participants between 77 and 82 years of age with experiences from the group-based intervention were interviewed, and the transcribed interviews were analysed from a constructivist approach. The results showed five different perspectives of meaning: enjoyment, usefulness, togetherness, respect for individuality and self-reflection. Based on these findings, the authors argue that the possibility of getting information, sharing with others and having fun, and the ability to adjust the activities in the intervention so that they met the individual's needs, and created meaning for the participants. Moreover, meeting with others supported the participants' perspectives of themselves. The results are discussed in relation to the pervasive discourse of successful ageing, including how it was present but also challenged within the participants' accounts of the intervention. (RH)

ISSN: 0144686X

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

OLDER MEN

(See Also 245/37)

245/78 The personal and community impact of a Scottish Men's Shed; by Emma J Foster, Sarah-Anne Munoz, Stephen J Leslie.: Wiley.

Health and Social Care in the Community, vol 26, no 4, July 2018, pp 527-537.

Social isolation and loneliness are known to be associated with increased morbidity and mortality. Therefore, reducing social isolation and loneliness may improve such outcomes. In relation to men's health, Men's Sheds have been shown as one mechanism to achieve this. Studies in Australia and England have shown social, health and personal benefits; however, this remains an area that has not yet been researched in Scotland. This study aimed to assess the characteristics of attendees, self-reported motivations for, and the values and benefits of, attending the Shed from the views of the attendees themselves. Study participants were members of a Men's Shed in the North of Scotland, which was initially set up by a small number of core Shedders. A convenience sample was recruited by opportunistic interviewing of participants when they attended the Shed between 1 and 15 November 2016; a mixed methods approach was used. In the absence of a validated questionnaire, a bespoke questionnaire was developed in several iterative stages. The answers to the questionnaire were transferred to an electronic database and analysed by frequency and thematic analysis. The 31 participants had a mean age of 69.7 (SD \pm 9.5), all but one being retired. The results suggest that there were several benefits from attending the Shed. An overwhelming majority of the sample reported personal, social and health benefits; however, more research is needed to determine the magnitude of these benefits. This study has also shown that the men attending the Shed frequently discussed health, which could potentially have a beneficial effect. As a community project, the Shed has the potential to have a positive impact on health welfare by focusing on the social aspects of life. (RH)

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From : <http://www.wileyonlinelibrary.com/journal/hsc>

OLDER WOMEN

(See 245/37)

PAIN

245/79 Chronic pain and psychological distress among older adults: a national longitudinal study; by Alex Bierman, Yeonjung Lee.: Sage.

Research on Aging, vol 40, no 5, June 2018, pp 432-455.

In this research, the authors examines whether unobserved time-stable influences confound the association between chronic pain and psychological distress in older adults. They also examine how race and ethnicity combine with subjective social status (SSS) to modify the association. They use the US Health and Retirement Study (HRS), a nationally representative longitudinal survey, for ascertaining the extents to which the pain-depression relationship is reduced and the overall pain-anxiety relationship eliminated. The association with depression is stronger for Black and Hispanic elders, illustrating a process of double-jeopardy. Black elders with severe pain experience lower anxiety, as do Black elders with moderate pain and low SSS, which the authors suggest may be due to the enervating effects of undermanaged pain. Black elders at high SSS experience greater anxiety with moderate pain. This research suggests that undermanagement of chronic pain among racial and ethnic minorities differentiates the association between pain and distress in late life, and especially creates stronger associations with depression. (RH)

ISSN: 01640275

From : <http://www.journals.sagepub.com/home/roa>

PHYSICAL ACTIVITY

- 245/80 Cycling into older age: findings and recommendations for enabling a cycle BOOM?; by Tim Jones, Ben Spencer.: British Society of Gerontology. Generations Review, vol 26, no 2, December 2016, pp 30-33. The experiences are reported of 240 cyclists aged 60+ in Bristol, Oxford, Reading and Cardiff, as found in the cycle BOOM study. While cycling improved physical and mental health in "re-engaged" riders, it also requires willingness to develop resilience to traffic conditions. As part of an Age Friendly City agenda, cycling should be an easy, safe and enjoyable way of moving around urban and rural areas. (RH)
From : <http://www.britishgerontology.org>

PUBLIC HEALTH

- 245/81 Public health in Europe during the austerity years: a research report from ILC-UK; by Ben Franklin, Dean Hochlaf, George Holley-Moore, International Longevity Centre UK - ILC-UK. London: International Longevity Centre UK - ILC-UK, November 2017, 41 pp. Using cross-national data and evidence from individual countries, this report charts austerity across Europe, subsequent changes to health systems and health outcomes, and ways in which austerity may have affected health since the 2008 financial crisis. The report explores the types of austerity policies undertaken by different countries, focusing on health systems. It outlines health outcomes in the austerity years compared with the years before, and explores the statistical associations between austerity and health during an economic downturn. It reviews the literature and evidence on austerity and health in four countries (Greece, Spain, Ireland and the UK). While negative effects on mental health have been detected in Greece, there was little if any effect on mortality in that country. However, although mortality rates continued to improve for all countries, the rate of this improvement slowed during the austerity period. In turn, there were slower rates of improvement in life expectancy, particularly for Northern European countries. By contrast, Spain and Greece, two countries which undertook the severest austerity, experienced some of the fastest rises in life expectancy and falls in mortality during this time. Among other outcomes were: a slowdown in the improvement in self-reported health; and rising unmet medical needs (because rising medical costs and falling personal incomes made medical care too expensive for some). (RH)
From : ILC-UK, 11 Tufton Street, London SW1P 3QB. www.ilcuk.org.uk

QUALITY OF LIFE

(See 245/58)

RELATIONSHIPS (PERSONAL)

- 245/82 A qualitative study of female caregiving spouses' experiences of intimate relationships as cognition declines in Parkinson's disease; by Sabina Vatter, Kathryn R McDonald, Emma Stanmore (et al).: Oxford University Press. Age and Ageing, vol 47, no 4, July 2018, pp 604-610. The complex and progressive nature of Parkinson's disease (PD) and cognitive impairment may necessitate a care provider, a role which is frequently undertaken by a spouse. Providing and receiving care related to dementia impacts on a couple's partnership and may result in decreased intimacy and relationship satisfaction. The objective of this study was to explore changes in long-term intimate relationships in Parkinson's-related dementia as perceived by spouses providing care to their partners. Participants were identified using purposive sampling. Twelve female spouses whose partners had PD and mild cognitive impairment (PD-MCI), PD dementia (PDD) or dementia with Lewy bodies (DLB) completed semi-structured face-to-face interviews. Transcribed data were analysed using inductive thematic analysis. The consolidated criteria for reporting qualitative research (COREQ) were applied. Couples' relationship satisfaction, intimacy and communication had already reduced in the mild cognitive impairment stage of PD but the decline in these domains was markedly greater with the emergence of dementia. Increased spousal care responsibilities resulted in partners spending more time together, but feeling emotionally more distanced. Several participants' roles transitioned from spouse to caregiver and they reported feelings of frustration, resentment, anger, sadness and a worry for the future. Cognitive impairment was significantly harder to accept, manage and cope with than the motor symptoms of PD. Spouses acknowledged their marital commitments and exhibited acceptance, adjustment, resilience and various coping strategies. This is the first study exploring relationship satisfaction in Parkinson's-related dementia and has provided valuable insight into the changing patterns of intimate relationships. (JL)
ISSN: 00020729
From : <https://academic.oup.com/ageing>

RELIGION AND SPIRITUALITY

- 245/83 Forgiveness, attachment to God, and mental health outcomes in older U.S. adults: a longitudinal study; by Blake Victor Kent, Matt Bradshaw, Jeremy E Uecker.: Sage.
Research on Aging, vol 40, no 5, June 2018, pp 456-479.
A sample of older U.S. adults with religious backgrounds is analysed., to examine the relationships among two types of divine forgiveness and three indicators of psychological well-being (PWB), as well as the moderating role of attachment to God. Results suggest first, that feeling forgiven by God and transactional forgiveness from God are not associated with changes in PWB over time. Second, secure attachment to God at baseline is associated with increased optimism and self-esteem. Third, feeling forgiven by God and transactional forgiveness from God are more strongly associated with increased PWB among the securely attached. Lastly, among the avoidantly attached, PWB is associated with consistency in one's beliefs, that is, a decreased emphasis on forgiveness from God. Findings underscore the importance of subjective beliefs about God in the lives of many older adults in the United States. (RH)
ISSN: 01640275
From : <http://www.journals.sagepub.com/home/roa>
- 245/84 Intergenerational similarity of religiosity over the family life course; by Joohong Min, Merril Silverstein, Tara L Gruenewald.: Sage.
Research on Aging, vol 40, no 6, July 2018, pp 580-596.
Research consistently shows that parents influence children's religiosity. However, few studies acknowledge that there is within-group variation in the intergenerational transmission of religiosity. The authors examine whether and how congruence in religiosity between generations changes over the family life course and identifies unique parent-child trajectory classes. They used eight waves of data from the the University of Southern California (USC) Longitudinal Study of Generations, including 1,084 parent-child dyads, beginning in 1971 when the children were adolescents and young adults, and followed up to 2005. Growth mixture models (GMM) were tested. GMM revealed four temporal patterns: stable similar, child weakens, child strengthens, and child returns. Results showed that children who were married were more likely to be members of the child-returns class than members of the stable-similar class. Results are discussed in terms of the utility of the separation-individuation process and the life-course framework for understanding intergenerational differences and their stability over time. (RH)
ISSN: 01640275
From : <http://www.journals.sagepub.com/home/roa>

RESIDENTIAL AND NURSING HOME CARE

(See Also 245/28, 245/31)

- 245/85 'Essentially it's just a lot of bedrooms': architectural design, prescribed personalisation and the construction of care homes for later life; by Sarah Nettleton, Christina Buse, Daryl Martin.: Wiley-Blackwell.
Sociology of Health and Illness, vol 40, no 7, 2018, pp 1156-1171.
This article draws on ethnographic data from a UK Economic and Social Research Council (ESRC) funded study called 'Buildings in the Making'. The project aims to open up the black box of architectural work to explore what happens between the commissioning of architectural projects through to the construction of buildings; it seeks to understand how ideas about care for later life are operationalised into designs. The authors draw on recent scholarship on 'materialities of care' and 'practising architectures', which emphasise the salience of material objects for understanding the politics and practices of care; here, the focus is on 'beds'. References to 'beds' were ubiquitous throughout the data, and the authors analyse varied uses and imaginaries as a 'way in' to understanding the embedded nature of architectural work. Four themes emerged: commissioning architectures and the commodification of beds; adjusting architectures and socio-spatial inequalities of beds; prescribing architectures and person-centred care beds; and phenomenological architectures and inhabiting beds. The authors offer the concept 'prescribed personalisation', to capture how practising architectures come to reconcile the multiple tensions of commodification and the codification of person-centred care, in ways that might mitigate phenomenological and serendipitous qualities of life and living in care settings during later life. (OFFPRINT.) (RH)
ISSN: 01419889
From : <https://onlinelibrary.wiley.com/doi/10.1111/1467-9566.12747>
- 245/86 'If they don't use it, they lose it': how organisational structures and practices shape residents' physical movement in care home settings; by Rebecca Hawkins, Arvin Prashar, Adelaide Lusambili, David Ellard, Mary Godfrey.: Cambridge University Press.
Ageing and Society, vol 38, no 9, September 2018, pp 1817-1842.
Older people living in long-term facilities (nursing and residential homes providing 24-hour care) spend the majority of their time inactive, despite the known health and well-being benefits of physical activity and reduced time spent sedentary. In order to successfully embed interventions that aim to increase physical activity or reduce sedentary behaviour, it is necessary to understand the features of the care

environment that influence residents' routine patterns of movement. Drawing on an organisational perspective, this paper explores the structures and mechanisms that shaped different care practices concerning residents' movement in two contrasting care homes in the north of England. The study adopted an ethnographic approach, using a combination of qualitative observations, informal conversations and interviews. A grounded theory approach to data analysis was adopted. The findings illustrate the importance of translating espoused values of care into tangible and acceptable care practices, systems of management, staff training and development, and the use of care planning in residents' routine patterns of movement. Understanding how organisational factors shape routine movement among care home residents will help inform the development of embedded and sustainable interventions that enhance physical activity and reduce sedentary behaviour. This study is part of a wider programme of research developing and testing a complex intervention, embedded within routine care, to reduce sedentary behaviour among care home residents. The authors write on behalf of the REACH Programme Team (Research Exploring Physical Activity in Care Homes). (RH)
ISSN: 0144686X
From : <http://www.cambridge.org/aso>

245/87 Care homes in the UK: a briefing ...; by Beth Johnson Foundation - BJF; Anchor Group. Stoke-on-Trent: Beth Johnson Foundation, 2018, 5 pp.

In the UK, over 18,000 care homes currently provide places for more than 450,000 people who are cared for by more than one million care workers, 24 hours a day, seven days a week. In this short briefing, the term 'care home' refers to all residential long-term care settings which provide group living and personal or nursing care, or both, for older people and other adults. The briefing notes trends in staffing and provision of care, the need for change in care homes, such as relationship-centred care (relationships between older people, relatives and staff), workforce development, ensuring that the voices of residents are heard, and involvement in the local community. This briefing complements two other Beth Johnson Foundation (BJF) publications: 'Doing it well: seven steps to dignity and compassion in caring for older people: guidance for those who care', and 'Experiences of being: the benefit of drama, music and dancing in improving the wellbeing of older people in care homes'. (RH)

From : Beth Johnson Foundation, Parkfield House, 64 Princes Road, Stoke-on-Trent, ST4 7JL. Email: admin@bjf.org.uk

245/88 Opening a new care home: a guide for care operators on successfully opening a new care home; by Sara Livadeas, Social Care Works. [Oxford]: Social Care Works, May 2018, 35 pp.

Based on the author's experiences of working in or supporting newly opened care homes, this guide pools the experiences of several organisations, to produce guidance on anticipating and overcoming some difficulties and challenges routinely occurring in the first twelve months following completion of a new building. Six keys to success are discussed: write a business plan and stick to it; run the home as a project for at least 12 months post opening; recruit the right staff and give them the support they need to succeed; implement a properly resourced marketing plan; audit care quality early and regularly, taking appropriate remedial action promptly; and manage expectations through clear and regular communications. Appendices include an outline project plan, and a management competency self-assessment for a registered manager. (RH)

From : www.socialcareworks.org.uk E: s.livadeas@socialcareworks.org.uk

245/89 Optimal healthcare delivery to care homes in the UK: a realist evaluation of what supports effective working to improve healthcare outcomes; by Adam L Gordon, Claire Goodman, Sue L Davies (et al.): Oxford University Press.

Age and Ageing, vol 47, no 4, July 2018, pp 595-603.

Care home residents have high healthcare needs not fully met by prevailing healthcare models. This study explored how healthcare configuration influences resource use. A realist evaluation took place using qualitative and quantitative data from case studies of three UK health and social care economies selected for differing patterns of healthcare delivery to care homes. Four homes per area (12 in total) were recruited. A total of 239 residents were followed for 12 months to record resource use. Overall 181 participants completed 116 interviews and 13 focus groups including residents, relatives, care home staff, community nurses, allied health professionals and General Practitioners. Context-mechanism-outcome configurations were identified explaining what supported effective working between healthcare services and care home staff: (i) investment in care home-specific work that legitimises and values work with care homes; (ii) relational working which over time builds trust between practitioners; (iii) care which 'wraps around' care homes; and (iv) access to specialist care for older people with dementia. Resource use was similar between sites despite differing approaches to healthcare. There was greater utilisation of GP resource where this was specifically commissioned but no difference in costs between sites. Activities generating opportunities and an interest in healthcare and care home staff working together are integral to optimal healthcare provision in care homes. Outcomes are likely to be better where: focus and activities legitimise ongoing contact between healthcare staff and care homes at an institutional level; link with a wider system of healthcare; and provide access to dementia-specific expertise. (JL)

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From : <https://academic.oup.com/ageing>

245/90 Reflecting on our perceptions of the worth, status and rewards of working in nursing homes; by Desmond O'Neill.: Oxford University Press.
Age and Ageing, vol 47, no 4, July 2018, pp 502-504.
Briefly provides a critique of the poor standards of medical care in nursing homes which according to the author persist to this day. Key points can be summarised as follows: Medical care in nursing homes does not routinely match developments in geriatric medicine and gerontological nursing. Improvement in medical care requires a broader palette of reflection, action and strategic advocacy. Nurturing, formalising and mainstreaming the contribution of gerontological nursing should be a central goal of future strategy. Geriatricians should reflect on perceptions of the worth, status and rewards of working in nursing homes. (JL)
ISSN: 00020729
From : <https://academic.oup.com/ageing>

245/91 Unexplained absence resulting in deaths of nursing home residents in Australia: a 13-year retrospective study; by Marta H Woolford, Lyndal Bugeja, Carolina Weller (et al.): Wiley.
International Journal of Geriatric Psychiatry, vol 33, no 8, August 2018, pp 1082-1089.
The purpose of this study was to examine deaths of Australian nursing home (NH) residents following an unexplained absence. A population based cross-sectional study was conducted using data from the National Coronial Information System. Participants were residents of accredited NHs if death followed an unexplained absence and was reported to the Coroner between July 2000 and June 2013. Individual, organisational, environmental and unexplained absence event factors were extracted from coronial records. Data were analysed using descriptive statistics. Of 21,672 NH deaths, 24 (0.1%) followed an unexplained absence. This comprised 17 unintentional external (injury-related) causes and seven natural cause deaths. Drowning was the most frequent external cause of death (59%). Deaths occurred more frequently in males and in the age group 85-94 years. The majority of NH residents for whom data were available had a diagnosis of dementia. Most residents were found in waterways. Median distance travelled was 0.5 km, with almost 70% of residents found within 1.0 km of their NH. Most residents left the NH by foot. Half of the residents were found within six hours of time last seen. Unexplained absences in older NH residents are a relatively common event. This study provides valuable information for aged care providers, governments and search and rescue teams, and should contribute to debates about balancing issues of safety with independence. (JL)
ISSN: 08856230
From : <http://www.orangejournal.org>

RETIREMENT

245/92 'Since I retired, I can take things as they come. For example, the laundry': gender, class and freedom in retirement in Switzerland; by Marion Repetti, Toni Calasanti.: Cambridge University Press.
Ageing and Society, vol 38, no 8, August 2018, pp 1556-1580.
Population ageing has led many countries to be concerned about the 'economic burden' of older people, and several have adopted the active ageing paradigm to reform policy. However, gender differences that moderate the effect of active ageing have been little considered. As in other nations in the European Union (EU), Swiss federal authorities use the active ageing paradigm to reshape ageing policies, including the provision of incentives to seniors to remain in the labour market. At the same time, many recent and proposed changes draw on the assumption of gender equality, even though actual parity has not yet been demonstrated. We know little about how gender shapes retirement in Switzerland, other than in relation to financial inequality between women and men. Qualitative analysis of semi-structured interviews conducted with 15 Swiss retirees shows how men and women describe this time of life differently. All respondents characterised retirement as a time of freedom; but the meaning of such freedom diverged for men and women, reflecting the gender division of labour, which is further shaped by class. The authors discuss the implications of this difference for the gendered consequences of active ageing policies. (RH)
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245/93 Work-retirement cultures: a further piece of the puzzle to explain differences in the labour market participation of older people in Europe?; by Andreas Jansen.: Cambridge University Press.
Ageing and Society, vol 38, no 8, August 2018, pp 1527-1555.
This article examines the extent to which culture is a further piece of the puzzle in explaining differences in labour market participation of older people in Europe. This approach is in clear contrast to the existing literature on that topic, which is largely economics oriented and more focused on socio-economic determinants. In the first part of the article, different theoretical conceptions regarding the impact of culture on individual actions are discussed, with the aim of developing the concept of work-retirement cultures. The second part gathers empirical evidence on differences in the work-retirement culture in 22 European societies. Using logistic random intercept regression analysis, the interplay between the work-retirement culture and the labour market participation of people aged 55-64 is analysed. The analysis draws on the third round of the European Social Survey. The results give some clear indications that the work-retirement culture plays its part in explaining differences in labour market participation of older people in Europe, and thus clarifies that the timing of retirement is not fully determined by pension

policies. Accordingly, the results of the study illustrate that it is not sufficient to solely change the legal rules for the transition to retirement. Rather, people need to be additionally convinced of the individual benefits of remaining in employment. (RH)

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RETIREMENT COMMUNITIES

245/94

'All the corridors are the same': a qualitative study of the orientation experiences and design preferences of UK older adults living in a communal retirement development; by Mary O'Malley, Anthea Innes, Sarah Muir, Jan M Weiner.: Cambridge University Press.

Ageing and Society, vol 38, no 9, September 2018, pp 1791-1816.

Environments need to be designed, such that they support successful orientation for older adults and those with dementia who often experience marked difficulties in their orientation abilities. To better understand how environments can compensate for decreasing orientation skills, voice should be given directly to those experiencing dementia, to describe how they find their way and to understand their design preferences. This study explored the navigational experiences and design preferences of older adults with memory difficulties living in a retirement development. In-depth semi-structured interviews with 13 older adults experiencing memory difficulties were conducted. All participants were residents of one retirement development in the United Kingdom. Questions began broadly, for example, to describe their experiences of navigating in their living environment, before discussing any specific navigation difficulties in detail. Thematic analysis identified three main themes: highlighting environmental design that causes disorientation; strategies to overcome disorientation; and residents' suggestions to improve the design. The design suggestions were particularly informative, heavily focusing on the importance of having memorable and meaningful spaces which were favoured more than signage as an orientation aid. The findings demonstrate the need to consider environmental design to support orientation for those with memory difficulties. Of particular importance is the use of meaningful and relevant landmarks as orientation aids which can additionally stimulate conversation and increase well-being. Given the range of suggestions in dementia-friendly design guidelines aimed to support orientation, it is crucial to speak directly to those living in different environments, to learn how they find their way around and what design works in their environment. (RH)

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SENSORY LOSS

(See 245/76)

SLEEP

245/95

Pharmaceuticalisation and the social management of sleep in old age; by Elsa Pegado, Noemia Lopes, Joana Zozimo.: Cambridge University Press.

Ageing and Society, vol 38, no 8, August 2018, pp 1645-1666.

This paper discusses sleep as a social phenomenon, analysing it in the older population within the frame of a growing pharmaceuticalisation of conditions associated with old age. Two analytical dimensions are privileged: one pertains to patterns of sleep in old age, showing these patterns to be socially differentiated; while another has to do with the subjective experience of sleep, particularly in terms of the social meanings attributed to sleep as well as the strategies employed to manage it. These strategies may be therapeutic or non-therapeutic, as an expression of different rationales favouring or resisting the pharmaceuticalisation of sleep. This analysis is empirically based on data from a research project on the consumption of psychopharmaceuticals among the older population, in an urban context in Portugal. The research methodology followed a mixed-methods approach: a survey was deployed to a sample of individuals aged 65 years and over (N = 414); and life history interviews were conducted with a number of respondents (N = 30) from the previous survey. Both techniques included individuals with physical and cognitive autonomy, living at home or in institutional settings. The results reveal a considerable social adherence to the use of pharmaceuticals to manage sleep problems, although consumption practices are socially differentiated in terms of gender, age and living contexts. They also reveal the use of non-therapeutic strategies, stemming from a resistance to the pharmaceuticalisation of sleep. (RH)

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SOCIAL NETWORKS

(See Also 245/75, 245/78)

245/96

The association of mobility limitation and social networks in relation to late-life activity; by Howard Litwin, Maayan Levinson.: Cambridge University Press.

Ageing and Society, vol 38, no 9, September 2018, pp 1771-1790.

Although the importance of activity participation to successful ageing has been well established, it is

still unclear what contributes to higher levels of activity. This research addresses this issue, using data from the Survey of Health, Ageing and Retirement in Europe (SHARE). The analysis focuses on a sub-sample of respondents aged 60 and older, from 13 countries, who participated in two specific waves, in 2011 and 2013. Multivariate analysis of the longitudinal data was conducted using hierarchical generalised Poisson regression and incorporating a new comprehensive social network scale. The inquiry found that having multiple mobility limitations is associated with less activity, and that having a resourceful social network contributes to more activity. The research further revealed that a social network is particularly beneficial to those with multiple mobility limitations, because it mitigates the negative association with activity. This conclusion furthers the understanding of the relationship between different key dimensions in the successful ageing paradigm. Specifically, the findings imply the significance of having a social network among those who are functionally challenged. This finding has important implications for active ageing policies. (RH)

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- 245/97 From social integration to social isolation: the relationship between social network types and perceived availability of social support in a national sample of older Canadians; by Oksana Harasemiw, Nancy Newall, Shahin Shoostari, Corey Mackenzie, Verena Menec.: Sage.

Research on Aging, vol 40, no 8, September 2018, pp 715-739.

It is well-documented that social isolation is detrimental to health and well-being. What is less clear is what types of social networks allow older adults to get the social support they need to promote health and well-being. In this study, the authors identified social network types in a national sample of older Canadians, and explored whether these network types are associated with perceived availability of different types of social support (affectionate, emotional or tangible, and positive social interactions). Data were drawn from the baseline questionnaire of the Canadian Longitudinal Study on Aging for participants aged 65-85 (unweighted n = 8,782). Cluster analyses revealed six social network groups: diverse; diverse few siblings; family friend-focused; few children; few friends; and restricted. Social support generally declined as social networks became more restricted. However, different patterns of social support availability emerged for different social network groups. These findings suggest that certain types of social networks place older adults at risk of not having met specific social support needs. (RH)

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SUICIDE

(See 245/33)

TRANSPORT

- 245/98 Does economic vulnerability moderate the association between transportation mode and social activity restrictions in later life?; by Amanda Lehning, Kyeongmo Kim, Richard Smith, Moon Choi.: Cambridge University Press.

Ageing and Society, vol 38, no 10, October 2018, pp 2041-2060.

Access to transport is critical to older adults' ability to participate in social activities in their community. The authors examined the association between modes of transport and restrictions in social activity (i.e. visiting with others, religious attendance, clubs and organised activities, and going out for enjoyment), with particular attention to the moderating effects of economic vulnerability. Logistic regression was used to analyse data from 7,197 community-dwelling older adults from the 2011 wave of the National Health and Aging Trends Study, a representative sample of adults aged 65 and over in the United States of America. Economic vulnerability moderated the association between mode of transport and social activity restrictions. Findings suggest that even when economically vulnerable older adults have access to driving, walking or public transport, they may be at a higher risk of social exclusion than their counterparts with more financial resources. (RH)

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- 245/99 Explaining gender differences in self-regulated driving: what roles do health limitations and driving alternatives play?; by Anne E Barrett, Clayton Gumber, Rachel Douglas.: Cambridge University Press. Ageing and Society, vol 38, no 10, October 2018, pp 2122-2145.

One of the strongest and most consistent predictors of self-regulated driving is gender, with women more likely than men to limit their driving in situations like bad weather or at night. However, studies have focused more on documenting these gender patterns than on explaining the processes underlying them, which may vary in their implications for transportation, health and ageing policy. This study addresses this issue, by examining two potential explanations for women's greater likelihood of self-regulated driving: their greater health limitations, and use of driving alternatives. The authors use a nationally representative sample of older Americans (2011 National Health and Aging Trends Study, N = 4,842), to conduct logistic regressions predicting driving under four limitations: alone, at night, in rain or other bad weather, and on highways. The results provide stronger support for the driving

alternatives explanation, especially women's greater reliance on rides from family and friends. Health limitations do contribute to explaining one of the self-regulated driving behaviours - avoiding driving alone. The findings suggest that willingness to use driving alternatives is part of transitioning from driving. However, the relatively low use of all the alternatives examined points to the importance of better understanding older adults' transport needs and preferences, including their gendered dimensions. (rh)

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