

# New Literature on Old Age

EDITOR

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VOLUME  
**42**

NUMBER  
**251**

**2019**

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# Contents for vol 42 no 251, 2019

<b>Subject Headings</b>	<b>Page</b>
Abuse, safeguarding and protection	1
Ageing (general)	1
Ageing in place	1
Ageism and age discrimination	1
Arts, craft and music	2
Attitudes to ageing	3
Black and minority ethnic groups	4
Carers and caring	4
Crime	4
Day care	5
Death and dying	5
Dementia	7
Dementia care	9
Dementia-friendly communities	12
Depression	12
Diet and nutrition	13
Diversity	16
Employment	16
End-of-life care	18
Ethical issues	19
Falls	19
Family and informal care	19
Gardening and horticultural therapy	20
Grandparents	20
Health and wellbeing	21
Health care	21
Home care	21
Hospice care	23
Hospital care	23
Hospital discharge	23
Housing	23

**Continued...**

<b>Subject Headings</b>	<b>Page</b>
Information and communication technology	24
Integrated care	25
Intergenerational issues	27
International and comparative	28
Legal issues	29
LGBT	29
Loneliness and social isolation	29
Long term care	30
Medication	31
Mental health	31
Mental health care	35
Mental health services	36
Neighbourhoods and communities	36
Older women	37
Palliative care	38
Participation	38
Pensions and benefits	38
Physical activity	39
Quality of life	39
Reablement and rehabilitation	39
Relationships (personal)	40
Religion and spirituality	40
Research	40
Residential and nursing home care	41
Retirement	41
Social care	41
Transport	42
Trauma, conflict and war	42
Volunteering and the voluntary sector	44

## **ABUSE, SAFEGUARDING AND PROTECTION**

- 251/1 The ageing process in older adults' narratives of family violence; by Ana Joan Santos, Ana Paula Gil, Oscar Ribeiro.: Emerald.  
Quality in Ageing and Older Adults, vol 20, no 2, 2019, pp 56-66.  
In this qualitative study, the authors examine how community elder abuse and the ageing process are represented in the older adults' narratives in reporting abuse perpetrated by family members. A general inductive approach of thematic content analysis was employed with a convenience sample of 22 interviews from 24 older adults (two couples) aged 60 years or older who had experienced one or more types of abuse and had sought help about the victimisation experience. The four main emergent themes related to the passage of time or the perception of becoming old within the process of abuse were: abuse grown old, abuse after entering later life, vulnerability to abuse, and responses to abuse. Ageing was found to be associated with an increase in vulnerability to abuse and an important element in shaping how older adults experience, report and cope with victimisation. The social and contextual issues of being older also influenced the decision of ending the abuse (or not), and the victims' repertoire of responses. Despite there being insufficient evidence regarding chronological age to define and delimit elder abuse, understanding the phenomenon demands the recognition of ageing (both as a process and as a product) in order to more accurately identify aetiology processes and develop interventions. (RH)  
ISSN: 14717794  
From : <http://www.emeraldinsight.com/loi/qaoa>
- 251/2 Sexual abuse of elderly people: a problem with deep, complex and hidden roots; by Ian James, Heather Birtles, Lauren Moody.: Investor Publishing.  
Journal of Dementia Care, vol 27, no 4, July/August 2019, pp 28-31.  
Where should the line be drawn between ordinary sexual activity and sexual abuse where a vulnerable older person is involved? This article sets out the thinking behind the authors' study of the dilemmas. Their literature review indicates the diverse nature of sexual abuse of the elderly (SAE), as detailed in case studies and as represented in their Tree of Abuse (which shows who the victims and perpetrators are). (RH)  
ISSN: 13518372  
From : <http://www.journalofdementia.co.uk>

## **AGEING (GENERAL)**

- 251/3 The perennials: the future of ageing; by Suzanne Hall, Kimberley Rennick, Rachel Williams, Ipsos MORI; Centre for Ageing Better. London: Ipsos MORI, 2019, 176 pp (Ipsos thinks series).  
Rising life expectancy and falling birth rates mean populations around the world are getting older; however, perceptions of old age vary between countries. This report looks at our ageing societies and their challenges and opportunities. It provides a mix of facts, figures and opinions on how later life is represented. It looks at grey power and politics, money and influence. The chapter, 'Changing later life' discusses employment (and valuing older workers), how and where older people live, and how we pay. The concluding chapter provides positive examples from around the world about how we think about later life and our attitudes to the old. (RH)  
From : Ipsos MORI, 3 Thomas More Square, London, E1W 1YW. Email: [ukinfo@ipsos.com](mailto:ukinfo@ipsos.com) Website: <https://thinks.ipsos-mori.com/>
- 251/4 When we're 64: your guide to a great later life; by Louise Ansari, Centre for Ageing Better. London: Green Tree - Bloomsbury, 2019, 200 pp.  
'When we're 64: your guide to a great later life' is a practical guide for preparing for later life. Sections cover issues such as funding retirement; working and volunteering; housing; relationships with family and friends; how to tackle loneliness; and attitudes to ageing. It provides advice and new evidence on how to age well, and to plan and prepare for the future. (RH)  
Price: £12.99  
From : Bloomsbury Publishing Plc, 30 Bedford Square, London WC1B 3DP.

## **AGEING IN PLACE**

(See 251/124)

## **AGEISM AND AGE DISCRIMINATION**

- 251/5 Ageist Britain?; by SunLife.: Sunlife, 2019, 24 pp.  
Casual ageism is this report's subject of research, which asks why do we discriminate against older age? The focus is on three areas. First is consumer research of 4,000 UK adults, to understand how and when people experience ageism, how many of us admit to being ageist, and if people feel progress is being made to stamp it out. The research is based on nationally representative survey conducted by Opinium in August-September 2018 and May 2019. Second, an analysis of the use of ageist phrases across blogs and Twitter. Researchers also searched for the report's ageist terms in the national newspapers The Sun, The Daily Express and the Daily Mail. Third, a review of some of the UK's biggest brands' representation of the over 50s in marketing communications. The report identifies L'Oreal, Barclays

Bank, No7, Dove and B&Q as brands as examamples of non-ageist best practice. Among the report's ten main findings is that a fifth don't believe the UK is a good place for over 50s to live; and 31% say they believe ageism is a bigger problem today than three years ago. (RH)  
From : <https://www.sunlife.co.uk/siteassets/documents/ageist-report-2019.pdf>

251/6 Everyday discrimination in the neighbourhood: what a doing perspective on age and ethnicity can offer; by Anna Wanka, Laura Wiesbock, Brigitte Alex (et al.): Cambridge University Press. Ageing and Society, vol 39, no 9, September 2019, pp 2133-2158.  
Despite the fact that urbanisation, population ageing and international migration constitute major societal developments of our time, little attention has been paid to studying them together in a comprehensive manner. The authors argue that, when treating age and ethnicity as practical processes for addressing and identifying with social groups, it is necessary to do so from a 'doing' perspective. The question they ask focuses on which social memberships are made relevant or irrelevant in residential environments, and how that relevance or irrelevance is established. Drawing upon a quantitative study among individuals of Turkish migrant origin living in Vienna, Austria, the authors find that it is rather common for the respondents to have been assigned to multiple intersecting social groups, and that they were treated unfairly in their own neighbourhoods. However, such ascriptions do not necessarily correspond to objective categorisation of research or subjective identification. Hence, the discrimination that is present in a neighbourhood does not necessarily lead to decreased place attachment or a diminishing sense of home. In fact, the authors find that the 'satisfaction paradox' is quite common in environmental gerontology, and that it may actually intersect with the 'immigration paradox'. Applying processual intersectionality is not only fruitful for research; it can also improve the conceptualisation of age-friendly cities. (RH)  
ISSN: 0144686X  
From : <http://www.cambridge.org.aso>

251/7 How young and older people differ in discriminatory behaviour towards older people?: An explanation of the knowledge-attitude-behaviour continuum model; by Soondool Chung, Hyunju Park.: Cambridge University Press.  
Ageing and Society, vol 39, no 9, September 2019, pp 1996-2017.  
This study examined the causal relationship between knowledge, attitudes and discriminatory behaviour towards older people. The study further explored age-group differences using multi-group analysis. Data were collected from 1,500 Korean adults aged 20 and older in 2011 using the multi-stage quota sampling method. Trained investigators collected data with a developed survey questionnaire in person. A structural equation modelling method was used for data analysis. Attitudes towards older people was measured using two variables: 'image of older people' and 'prejudice against older people'. The findings revealed that the younger and older generations demonstrated differences regarding the causal relationship between knowledge, attitudes and discriminatory behaviour towards older people. The paths model between independent and dependent variables in the structural equation modelling was non-equivalent in younger and older groups. For both groups, knowledge about ageing and older people led to a positive influence on their image of and prejudice against older people. The effect of prejudice on discriminatory behaviour was significant in the younger group, but not in the older group. Further implications for practice and future research to reduce ageism are discussed. (RH)  
ISSN: 0144686X  
From : <http://www.cambridge.org.aso>

## **ARTS, CRAFT AND MUSIC**

251/8 The association between singing and/or playing a musical instrument and cognitive functions in older adults; by D Mansens, D J H Deeg, H C Comijs.: Taylor and Francis.  
Aging and Mental Health, vol 22, no 8, August 2018, pp 970-977.  
Cognitive decline happens to everyone when ageing but to some more than others. Studies with children, adults and professional musicians suggest that making music could be associated with better cognitive functioning. In older adults however this association is less well investigated. In this cross-sectional study data from 1,101 participants aged 64 and older from the Longitudinal Aging Study Amsterdam were used. Multivariable linear regression analyses were performed to test the association between making music and cognitive functioning and time spent making music and cognitive functioning. ANCOVA (Analysis of Covariance) analyses were performed to differentiate between participants who made no music, only sang, only played an instrument or both sang and played an instrument in terms of cognitive functioning. Making music was found to be positively associated with letter fluency, learning, attention and short-term memory. Time spent making music yielded no significant results. The ANCOVA analyses showed higher scores for participants who only played an instrument compared to participants who made no music on learning, working memory and processing speed. For processing speed the instrument only group also had a higher score than participants who only sang. Making music at least once every two weeks and especially playing a musical instrument is associated with better attention, episodic memory and executive functions. These results suggest that making music might be a potential protective factor for cognitive decline. However to support this notion a longitudinal study design is needed. (JL)  
ISSN: 13607863  
From : <http://www.tandfonline.com/camh>

- 251/9 Facilitation of positive social interaction through visual art in dementia: a case study using video-analysis; by Justine Schneider, Spencer Hazel, Christian Morgner, Tom Dening.: Cambridge University Press.  
Ageing and Society, vol 39, no 8, August 2019, pp 1731-1751.  
The aims of this exploratory study were: to investigate the process of visual art appreciation in a person with dementia, in real time; and to test the feasibility of using video analysis as a method to explore this process by and with a person who has minimal verbal expression. Gallery personnel guided a woman with severe dementia around an exhibition. Audio-visual recordings of the interactions were analysed. Patterns were identified and interpreted in the light of conversation analysis theory and research. Evidence was found of turn-taking vocalisations on the part of the research participant. Her participation in a dialogical process was facilitated by the skilled and empathic gallery personnel in ways that the analysis makes clear. This paper argues that this supports the inference that successful communicative acts took place, contrary to expectations in the light of the participant's level of disability. This study demonstrates how a woman with minimal speech due to dementia was enabled to engage with visual art through the facilitation of an expert guide who was attuned to her needs. This is a novel example of a person-centred approach, because it takes place outside the context of caring, which is the typical setting for examining person-centred ways of relating to individuals with dementia. (RH)  
ISSN: 0144686X  
From : <http://www.cambridge.org.aso>

### **ATTITUDES TO AGEING**

(See Also 251/128)

- 251/10 Governing the ageing body: explicating the negotiation of positive ageing in daily life; by Rachael Pack, Carrie Hand, Debbie Laliberte Rudman, Suzanne Huot.: Cambridge University Press.  
Ageing and Society, vol 39, no 9, September 2019, pp 2085-2108.  
Positive ageing discourses have proliferated in Western nations, forming key aspects of structured mandates for how to think about, and act towards, ageing bodies. As interpretive resources, positive ageing discourses shape how adults growing older think about themselves, their bodies and the bodies of others in relation to the process of ageing and the imperative to "age well". Informed by governmentality, this paper considers how positive ageing discourses function as technologies of government to inform and direct conduct. Drawing on in-depth narrative data, this analysis traces how ageing citizens in Canada take up and negotiate positive ageing discourses in their everyday lives, drawing attention to the intensive work, inexorable focus on the body and numerous resources that the enactment of positive ageing requires. Specifically, this analysis illuminates the interplay between the lived experiences of ageing and the socio-culturally structured mandates that shape how ageing and ageing bodies are conceptualised and approached; the analysis draws attention to the moments of tension that arise out of such interplay. The authors suggest that these moments of tension highlight how the bodywork practices that older adults rigorously and continuously engage in are not so much directed towards the pursuit of ageless ageing, but rather are a response to the inescapable threat of dependency, decline and loss of agency, and thus operate to affirm ageist underpinnings of positive ageing discourses. (RH)  
ISSN: 0144686X  
From : <http://www.cambridge.org.aso>
- 251/11 The utility of a positive body image among community-dwelling older adults who perceive death to be near and fear it; by Ehud Bodner, Yoav S Bergman.: Wiley.  
Research on Aging, vol 41, no 8, September 2019, pp 751-771.  
Physical changes are an inevitable part of the ageing process. However, research has demonstrated inconclusive findings with regard to body image among older adults. This study attempts to clarify the utility of body image among this age group, by adopting the framework of terror management theory. It is suggested that a positive body image may moderate the connection between two types of death concerns and psychological distress: subjective nearness-to-death and death anxiety. A convenience sample of 386 community-dwelling older Israeli Jews aged 60-97 filled scales measuring subjective nearness-to-death, positive body image, psychological distress, and death anxiety. A significant negative association was found between a positive body image and distress. Moreover, positive body image moderated the connection between distress and both subjective nearness-to-death and death anxiety. Thus, holding a positive image of the body seems to be an important resource for older adults when death is perceived to be near. (RH)  
ISSN: 01640275  
From : <http://www.journals.sagepub.com/home/roa>

## **BLACK AND MINORITY ETHNIC GROUPS**

(See Also 251/30)

- 251/12 Capturing knowledge from staff to build a resource for cross cultural working; by Sarah Ghani, Geena Saini, Hivay Dag.: British Psychological Society.  
Psychology of Older People: The FPOP Bulletin, no 147, July 2019, pp 31-33.  
Drawing on data from their local clinical information system in West London, the authors identified the 35 different languages for which interpreters were needed. In March 2019, they began a project to gather information from service users, their family and friends and community groups to find out how ageing and dementia are understood in particular cultures. This article outlines their work with colleagues to formulate questions; a pilot collecting information from seven different cultures; and plans to share questions on the Mental Health Trusts internal website. (RH)  
ISSN: 23969652  
From : <http://www.bps.org.uk/member-microsites/dcp-faculty-psychology-older-people>

## **CARERS AND CARING**

(See Also 251/41, 251/64, 251/73, 251/92, 251/136)

- 251/13 The influence of autonomy on personal support workers' job satisfaction, capacity to care, and intention to stay; by Rachel Barken, Margaret Denton, Firat K Sayin (et al).: Taylor and Francis.  
Home Health Care Services Quarterly, vol 37, no 4, October-December 2018, pp 294-312.  
Personal support workers (PSWs) \_ also called home care workers, social and health care assistants or care aides \_ are unregulated workers who provide essential help with personal care, household tasks and some clinical care to older people in their homes. Using survey data collected in Ontario, Canada, the authors of this study explored the impacts of autonomy on community-based personal support workers' intrinsic job satisfaction, capacity to care for and about clients and intention to continue working in home care. Autonomy was measured as 'freedom to decide how to do one's job' and 'working on one's own'. Findings showed that freedom to do one's job and working on one's own were both positively associated with job satisfaction and capacity to care and indirectly increased intention to stay through their relationships with job satisfaction and capacity to care. It is suggested that policies should allow personal support workers to make decisions about how to do their job within the care plans provided in order to facilitate retention of this highly needed workforce. (JL)  
ISSN: 01621424  
From : <http://www.tandfonline.com>
- 251/14 The need for flexibility when negotiating professional boundaries in the context of home care, dementia and end of life; by Ruth Abrams, Tushna Vandrevalla, Kritika Samsi, Jill Manthorpe.: Cambridge University Press.  
Ageing and Society, vol 39, no 9, September 2019, pp 1976-1995.  
Professional boundaries may help care staff to clarify their role, manage risk and safeguard vulnerable clients. Yet there is a scarcity of evidence on how professional boundaries are negotiated in a non-clinical environment (e.g. the home) by the home-care workforce in the context of complex care needs (e.g. dementia, end-of-life care). Through analysis of semi-structured interviews, the authors investigated the experiences of home-care workers (N = 30) and their managers (N = 13) working for a range of home-care services in the South-East and London regions of England in 2016-17. Findings from this study indicate that home-care workers and their managers have clear perceptions of job role boundaries; yet these are modified in dementia care, particularly at end of life which routinely requires adaptability and flexibility. As a lone worker in a client's home, there may be challenges relating to safeguarding and risk to both clients and workers. The working environment exacerbates this, particularly during end-of-life care, where emotional attachments to both clients and their family may affect the maintenance of professional boundaries. There is a need to adopt context-specific, flexible and inclusive attitudes to professional boundaries, which reconceptualise these to include relational care and atypical workplace conventions. Pre-set boundaries which safeguard clients and workers through psychological contracts may help to alleviate to some extent the pressure of the emotional labour undertaken by home-care workers. (RH)  
ISSN: 0144686X  
From : <http://www.cambridge.org.aso>

## **CRIME**

- 251/15 Domestic homicide of older people (2010-15): a comparative analysis of intimate-partner homicide and parricide cases in the UK; by Hannah Bows.: Oxford University Press.  
British Journal of Social Work, vol 49, no 5, July 2019, pp 1234-1253.  
Despite half a century of research on both domestic violence and elder abuse, homicide of older people by a partner or family member (domestic homicide (DH)) remains largely unexplored. This article presents data drawn from a larger Study examining homicide of older people (aged sixty and over) in the UK. This analysis is based on a subset of 221 cases that would fall within current definitions of DH. In 97 of these cases (81%), the perpetrator was a child or grandchild, bringing these offences under



current definitions of 'parricide'. Analysis reveals differences in DH of older men and women in relation to the perpetrator gender, and relationship and differences between intimate-partner homicides and those perpetrated by other family members. Implications for research, theory and practice are discussed. (RH)  
ISSN: 00453102

From : <https://academic.oup.com/bjsw/article/49/5/1234/5211414>

## DAY CARE

- 251/16 Experiences of attending day care services designed for people with dementia: a qualitative study with individual interviews; by Margit Gausdal Strandenaes, Anne Lund, Anne Marie Mork Rokstad.: Taylor and Francis.

*Aging and Mental Health*, vol 22, no 6, June 2018, pp 764-772.

Day care is assumed to promote independence in home-dwelling people with dementia, increase wellbeing and enhance social stimulation. Few studies have directly engaged people with dementia to better understand the benefits and impacts of such services. The aim of this study was to explore attendees' experiences with day care designed for people with dementia. The study had a qualitative descriptive design and included individual interviews with 17 users attending day care. The analysis was undertaken using content analyses. Study participants reported that day care had a positive influence on their physical functioning, cognition, wellbeing and situation at home because they were provided with social stimulation, meals and activities. Day care contributed to the maintenance of a rhythm and structure in everyday life. Furthermore the staff contributed to making the day care a safe place to be and enhanced a sense of belonging. This study reveals the positive impact of day care on the daily lives of people with dementia because this service contributes to the enhancement of activities and social support, prevents isolation and enhances practical and cognitive functioning as experienced by the users. Staff members have a major impact on the experience of the participants in day care. (JL)

ISSN: 13607863

From : <http://www.tandfonline.com/camh>

## DEATH AND DYING

(See Also 251/11, 251/62, 251/78, 251/95, 251/97)

- 251/17 The "medicalized death": dying in the hospital; by Benyamin Schwarz, Jacquelyn J Benson.: Taylor and Francis.

*Journal of Housing for the Elderly*, vol 32, nos 3-4, July-December 2018, pp 379-430.

This article is part of a larger study dedicated to the place of death and dying. Its focus is on the "medicalized death" of older people who died in hospitals in Israel and the United States, and is based on the experiences of four family members who cared for them at the end of their lives. In-depth interviews were conducted with each participant, and narrative analysis methods were utilized to identify themes in the data. In the findings section, participant accounts are presented as individual monologues, each followed by the authors' theoretical commentary. Despite the fact that the process of dying in a hospital is often depicted in the media as being fraught with excessive and aggressive procedures, the cases described in this article suggest there is marked ambiguity and contradiction experienced by caregivers and patients regarding the hospital setting for the process of dying. In some cases, the hospital was perceived as a preferred place for dying, because it often reduced caregiver strain. However, participants also remarked on many undesirable aspects about hospital deaths, including dying in the company of strangers; the lack of empathy from physicians; and existential dilemmas about the withdrawal of treatment. (RH)

ISSN: 02763893

From : <http://www.tandfonline.com>

- 251/18 Care pathways for the dying patients: physician perspective; by Benyamin Schwarz, Jacquelyn J Benson.: Taylor and Francis.

*Journal of Housing for the Elderly*, vol 32, nos 3-4, July-December 2018, pp 431-461.

The overriding care philosophy in medicine is to prevent death, rather than focus on dying. However, increasing longevity in most parts of the world has resulted for many people in prolonged periods of declining health toward the end of life. This has complicated our understanding of when the dying process begins. As a result, there has been a growing movement within society and among health care systems to focus on finding ways to contribute to patients' quality of life just before they die. The modern hospice and palliative care movement has gained distinction as an alternative way of looking at health care. These care philosophies perceive dying as a natural part of the life cycle. Staff members prioritise comfort and quality of life over longevity. However, the goals of hospice and palliative care are often misunderstood by the public. This article is based on interviews with two palliative care physicians that were conducted as part of a larger study about the place of dying. The goal of these interviews was to obtain the physician perspective of dying at a hospital, at home, and in an institutional setting, as well as to provide readers greater clarity on the palliative and hospice care perspectives within these contexts. (RH)

ISSN: 02763893

From : <http://www.tandfonline.com>

- 251/19 Comparing the attitudes of four groups of stakeholders from Quebec, Canada, toward extending medical aid in dying to incompetent patients with dementia; by Gina Bravo, Lise Trotter, Claudie Rodrigue (et al.): Wiley.  
International Journal of Geriatric Psychiatry, vol 34, no 7, July 2019, pp 1078-1086.  
The Canadian province of Quebec has recently legalised medical aid in dying (MAID) for competent patients who satisfy strictly defined criteria. The province is considering extending the practice to incompetent patients. In this study the authors compared the attitudes of four groups of stakeholders toward extending MAID to incompetent patients with dementia. The study conducted a province-wide postal survey in random samples of older adults, informal caregivers of persons with dementia, nurses and physicians caring for patients with dementia. Clinical vignettes featuring a patient with Alzheimer's disease were used to measure the acceptability of extending MAID to incompetent patients with dementia. Vignettes varied according to the stage of the disease (advanced or terminal) and type of request (written or oral only). The generalised estimating equation (GEE) approach was used to compare attitudes across groups and vignettes. Response rates ranged from 25% for physicians to 69% for informal caregivers. In all four groups the proportion of respondents who felt it was acceptable to extend MAID to an incompetent patient with dementia was highest when the patient was at the terminal stage, showed signs of distress and had written a MAID request prior to losing capacity. In those circumstances this proportion ranged from 71% among physicians to 91% among informal caregivers. Overall there was found to be high support in Quebec for extending the current MAID legislation to incompetent patients with dementia who had reached the terminal stage, appeared to be suffering and had requested MAID in writing while still competent. (JL)  
ISSN: 08856230  
From : <http://www.orangejournal.org>
- 251/20 The last habitat: living and dying in residential care facility; by Benjamin Schwarz, Rachel Molnar, Jacquelyn J Benson, Ruth Brent Tofie.: Taylor and Francis.  
Journal of Housing for the Elderly, vol 32, nos 3-4, July-December 2018, pp 337-378.  
This article is a part of a larger study regarding the place of dying. Through narrative analysis methods, the authors strived to obtain rich descriptions and idiosyncratic accounts of the experience of dying in institutional settings, predominately in the nursing home. The quality of the physical environment can impede or greatly enhance the extent to which a disabled older person can remain in his or her own home, where most of the long-term care is provided by family members. However, as the condition of the care recipient deteriorates and the stress level of the caregiver increases, the need to supplement the informal care with formal care resources grows. Consequently, frail older adults may be relocated to a residential care facility. In other cases, they may be discharged from a hospital to these institutional settings. Nursing homes are considered the last resort for frail, old people. Despite attempts to improve the environment of long-term care settings through "cultural change", the overriding theme of much of the literature about the nursing home experience is one of rejection, loss, and in some extreme accounts, a "double burial" that equates relocation to a nursing home with a person's final terminus of life. (RH)  
ISSN: 02763893  
From : <http://www.tandfonline.com>
- 251/21 The motivations and consequences of dying at home: family caregiver perspectives; by Jacquelyn J Benson, Benjamin Schwarz, Ruth Brent Tofie, Debra Parker Oliver.: Taylor and Francis.  
Journal of Housing for the Elderly, vol 32, nos 3-4, July-December 2018, pp 278-336.  
Although there is ample research suggesting that individuals prefer to die at home, the realities of a home death experience, from the perspective of family members, are not well understood. The authors examine this gap in knowledge via a narrative analysis about the process of dying at home. Five family caregivers participated in semi-structured interviews about their experiences witnessing and supporting the end-of-life process of an older family member who died at home. Their stories paint a vivid picture about the motivations and consequences of the experience, including themes such as caregivers' immense feelings of uncertainty regarding their caregiving abilities and decision making, the significance of the home environment as a symbol of comfort and security, the influence of family and social networks, and "dying well" as a social justice issue. Overall, the caregivers' narratives support the notion that being at home is considered an essential aspect of "dying well". However, the narratives also demonstrate that dying at home presents many challenges for family members, especially to those with limited resources and social support. Thus, the authors caution against viewing the home death as a proxy for a good death. (RH)  
ISSN: 02763893  
From : <http://www.tandfonline.com>
- 251/22 Place of death and dying: introduction; by Benjamin Schwarz, Jacquelyn J Benson.: Taylor and Francis.  
Journal of Housing for the Elderly, vol 32, nos 3-4, July-December 2018, pp 267-277.  
This special issue of Journal of Housing for the Elderly focuses on the environments of dying, death and caregiving at end of life for older people. This article introduces four articles by researchers at the University of Missouri about a project which considers older patients', family caregivers' and physicians' perspectives on the process of dying in three different environments: home, nursing home, and hospital. (RH)  
ISSN: 02763893  
From : <http://www.tandfonline.com>

## DEMENTIA

(See Also 251/9, 251/93, 251/137)

- 251/23 APOE e4 and the long arm of social inequity: estimated effects of socio-economic status and sex on the timing of dementia onset; by Caroline Hasselgren, Hans Ekbrand, Madeleine Mellqvist (et al.): Cambridge University Press.  
Ageing and Society, vol 39, no 9, September 2019, pp 1951-1975.  
It is well established that carriers of the apolipoprotein E (APOE) e4 allele (apolipoprotein epsilon 4 allele) run a greater risk of developing Alzheimer's disease, the most common form of dementia and a strongly age-related condition known to disproportionately affect women. Low educational attainment also stands out as a prominent risk factor, and it has been suggested that occupational class plays a similar role in disease susceptibility. Not yet fully explored, however, is the question of whether socio-economic status (SES) could moderate the effect of APOE e4, which the authors examine. As substantial inequities in workforce participation and educational opportunities have existed between men and women in previous generations, the authors further examine whether SES-related moderations of the relationship between dementia and APOE e4 are sex-specific. Their analyses are based on a sample of 580 individuals from the H70 Birth Cohort Study and the Prospective Population Study on Women in Gothenburg, Sweden. Data were analysed using Cox proportional hazards regression; and the results suggest that while high SES postpones dementia onset among male APOE e4 carriers, this is not the case for women. These findings underscore the long-term impact of social inequity on health as well as the importance of considering potential interactions between social and genetic risk factors, if we are to understand better the complex aetiology of dementia. (RH)  
ISSN: 0144686X  
From : <http://www.cambridge.org.aso>
- 251/24 The costs of dementia in England; by Raphael Wittenberg, Martin Knapp, Bo Hu (et al.): Wiley.  
International Journal of Geriatric Psychiatry, vol 34, no 7, July 2019, pp 1095-1103.  
This study aimed to measure the average per person and annual total costs of dementia in England in 2015. Up-to-date data for England were drawn from multiple sources to identify prevalence of dementia by severity, patterns of health and social care service utilisation and their unit costs, levels of unpaid care and its economic impacts, and other costs of dementia. These data were used in a refined macrosimulation model to estimate annual per person and aggregate costs of dementia. There were found to be around 690,000 people with dementia in England, of whom 565,000 received unpaid care or community care or lived in a care home. Total annual cost of dementia in England was estimated to be £24.2 billion in 2015, of which 42% (£10.1 billion) was attributable to unpaid care. Social care costs (£10.2 billion) were three times larger than health care costs (£3.8 billion). £6.2 billion of the total social care costs were met by users themselves and their families, with £4.0 billion (39.4%) funded by government. Total annual costs of mild, moderate and severe dementia were £3.2 billion, £6.9 billion, and £14.1 billion, respectively. Average costs of mild, moderate and severe dementia were £24,400, £27,450 and £46,050, respectively, per person per year. Dementia has huge economic impacts on people living with the illness, their carers and society as a whole. Better support for people with dementia and their carers as well as fair and efficient financing of social care services are essential to address the current and future challenges of dementia. (JL)  
ISSN: 08856230  
From : <http://www.orangejournal.org>
- 251/25 The development and validation of the Dementia Quality of Life Scale for Older Family Carers (DQoL-OC); by Deborah C Oliveira, Catherine Vass, Aimee Aubeeluck.: Taylor and Francis.  
Aging and Mental Health, vol 22, no 5, May 2018, pp 709-716.  
Little is known about how caregiving affects the quality of life (QoL) of older family carers and no dementia and age-specific QoL scale is available for use with this population. This study aimed to develop and validate a unique dementia caregiving- and age-specific tool, namely the 'Dementia Quality of Life Scale for Older Family Carers' (DQoL-OC). The scale items were identified in focus groups with older family carers in the UK. Content and face validity were evaluated by a panel of six experts. A set of 100 items assessed on a five-point Likert scale was tested with 182 older family carers. Test-re-test reliability was conducted with 18 individuals. Exploratory factor analysis was used to identify the QoL model and reduce the number of scale items. Convergent construct validity and internal consistency were also established. A one-factor solution containing 22 items was obtained. Test-re-test reliability, internal consistency and convergent construct validity were established. Significantly lower levels of QoL were found in female older carers; those who perceived their relatives with dementia as being at the earlier stages of the disease and with unstable dementia symptoms; those providing care more hours per day and more days per week; and those in younger-old age. The DQoL-OC is a valid and reliable scale that will be useful for research and in clinical practice with older family carers of people with dementia. These study results will inform future health and social care aiming to improve life quality for this overlooked population of carers. (JL)  
ISSN: 13607863  
From : <http://www.tandfonline.com/camh>

- 251/26 From conversion to connection: a cross-case analysis of life-story work with five couples where one partner has semantic dementia; by Jackie Kindell, Ray Wilkinson, John Keady.: Cambridge University Press.  
Ageing and Society, vol 39, no 10, October 2019, pp 2322-2345.  
Semantic dementia causes progressive communication difficulties that significantly affect the person and his/her family. There is a paucity of research examining conversation skills and associated interventions to support interaction for this condition, such as life-story work. This study used a multiple case study design to: (a) explore the everyday conversation experiences of five individuals with semantic dementia and their spouses; and (b) examine how intervention using interaction-focused life-story work could support communication needs. A total of 74 home visits were conducted during this four phase study. An innovative combination of conversation analysis of video and audio data alongside biographical interviewing was used. Information derived from these strands was utilised to design an individually tailored life-story intervention. Cross-case analysis examined the contribution of life-story work to interaction and other aspects of care. Results showed that a range of challenges and skills were present within conversation. Life-story work was delivered in all cases using a variety of formats, and the work could be conceptualised under various points of connection: interactional, emotional, new, practical and future. Detailed assessment was important to define aims for intervention and appropriate format(s) for life-story work for the individual concerned. Outcomes for communication in this study were not solely about supporting the telling of facts about the person's life, but represented a broader focus to facilitate embodied and emotional connections. This study demonstrates that creativity within life-story work is important in fostering social interaction, beyond information exchange, using both verbal and non-verbal behaviours. In addition, video data show promise for exploring in-the-moment outcomes for research and practice, particularly to capture the non-verbal dimensions of this work. (RH)  
ISSN: 0144686X From : <http://www.cambridge.org.aso>
- 251/27 Patient and companion concerns when receiving a dementia diagnosis: an observational study of dementia diagnosis feedback meetings; by Penny Xanthopoulou, Jemma Dooley, Ilaria Meo, Nick Bass, Rose McCabe.: Cambridge University Press.  
Ageing and Society, vol 39, no 8, August 2019, pp 1782-1805.  
Receiving a diagnosis of dementia is a life-changing event and can cause strong emotional reactions. This study examined patient and companion concerns expressed during dementia diagnosis feedback meetings. Sixty consultations between 19 health-care professionals (HCPs), 60 patients and 59 companions were video-recorded and transcribed at nine NHS specialist memory clinics in London and Devon. Concerns were identified from the transcripts and were (a) content analysed, (b) coded as elicited by the HCP or volunteered by the patient or companion, and (c) coded according to whether the HCP encouraged or discouraged elaboration of the concern. A total of 249 concerns were identified (average four concerns per consultation). There were three areas of findings. First, patients and companions were concerned about the symptoms of dementia and receiving a diagnosis; other concerns related to patients' mental and physical health, and prognosis. Second, HCPs elicited more patient than companion concerns, and mostly elicited concerns aligned with the agenda of diagnosis feedback. Third, HCPs were more likely to encourage elaboration when they elicited the concern. Nearly 40 per cent of concerns were discouraged by the HCP changing the subject, with concerns about prognosis most commonly discouraged. The findings suggest that there was a wide variety of concerns at dementia diagnosis, many extending beyond the experience of dementia symptoms. HCP avoidance of concerns about prognosis demonstrated the delicacy in discussing the deteriorating course of dementia. (RH)  
ISSN: 0144686X From : <http://www.cambridge.org.aso>
- 251/28 The relationship between perceived functional difficulties and the ability to live well with mild-to-moderate dementia: findings from the IDEAL programme; by Anthony Martyr, Sharon M Nelis, Catherine Quinn (et al.): Wiley.  
International Journal of Geriatric Psychiatry, vol 34, no 8, August 2019, pp 1251-1261.  
The objectives of this study were to investigate how different levels of functional ability relate to quality of life, wellbeing and life satisfaction, conceptualised as reflecting capability to 'live well' in people with dementia. Participants were 1,496 people with mild-to-moderate dementia and 1,188 informants who completed baseline assessments in the Improving the experience of Dementia and Enhancing Active Life (IDEAL) cohort study. Total self-rated and informant-rated scores on the Functional Activities Questionnaire were split into six ability levels to monitor how poorer functioning impacted the ability to live well. The study also investigated the potential influence of sociodemographic and diagnostic variables, depression, cognition and carer stress. Multivariate multiple regression models found that people with dementia who had the greatest functional impairment according to self-ratings and informant ratings had poorer living well scores than those with the least functional impairment. Sociodemographic and diagnostic factors and cognition had little impact on effect sizes. For self-ratings, depression attenuated the relationship between functional ability and living well, whereas carer stress attenuated informant ratings. People with dementia with the least functional impairments had greater capability to live well than those with the most functional impairment. Even subtle perceived difficulties in functional ability had a detrimental effect on the ability of people with dementia to live well. Depression in people with dementia and carer stress in informants influenced these associations, therefore these factors should be routinely included in future research studies and clinical assessments. (JL)  
ISSN: 08856230 From : <http://www.orangejournal.org>

251/29 Special issue: Treating neuropsychiatric symptoms of Alzheimer's disease: an update; by Grazia D'Onofrio (guest editor).: Wiley.  
International Journal of Geriatric Psychiatry, vol 34, no 9, September 2019, pp 1285-1358 (whole issue).  
Neuropsychiatric symptoms (NPS), previously referred to as behavioural and psychological symptoms of dementia, are common features of Alzheimer's disease (AD), and are one of the major risk factors for institutionalisation. It is estimated that up to 80% of patients with AD have shown NPS in the history of the disease. NPS require a multifaceted approach to achieve successful management. Treatment options for managing NPS have typically involved an array of pharmacological approaches, however there is growing evidence to suggest that there needs to be a shift away from the traditional practice of medication-based symptom management to non-pharmacological approaches grounded on maintaining the physical and emotional comfort of the individual within their environment. This special issue of the journal, which comprises an editorial followed by nine articles, includes the following topics: current nutritional and pharmacological interventions of NPS in patients with AD; relationship between caregiver burden and NPS management in AD; non-invasive brain stimulation for NPS in dementia; and non-drug strategies as physical activity, doll therapy, tailored activity programme (TAP), and DementiaAbility Methods: the Montessori Way in ameliorating NPS in AD. It is argued that pharmacological treatments, even when supported by several studies, deliver limited symptomatic benefits. So the provision of non-pharmacological treatments, in addition to standard outpatient care, is an asset of good clinical practice. (JL)  
ISSN: 08856230 From : <http://www.orangejournal.org>

251/30 Validation of a brief Multicultural Cognitive Examination (MCE) for evaluation of dementia; by T Rune Nielsen, Kurt Segers, Valérie Vanderaspoilden (et al).: Wiley.  
International Journal of Geriatric Psychiatry, vol 34, no 7, July 2019, pp 982-989.  
The aims of this study were to present the psychometric properties of a newly designed cognitive screening instrument, the Multicultural Cognitive Examination (MCE), and to compare it with the Rowland Universal Dementia Assessment Scale (RUDAS) in a multicultural population. This was a Western European cross-sectional multicentre study. The MCE consists of four components evaluating separate cognitive functions and was constructed by adding measures of memory, verbal fluency and visuospatial function to the RUDAS to create a scale with 0 to 100 points. A total of 66 patients with dementia and 123 cognitively intact participants were included across six memory clinics; 96 had minority ethnic background and 93 had majority ethnic background. Moderate to large differences were present between patients with dementia and control participants on all MCE components. The MCE significantly improved diagnostic accuracy compared with using the RUDAS alone, with area under the curves of .918, .984, and .991 for the RUDAS, MCE composite and demographically corrected composite scores, respectively. Diagnostic accuracy of the MCE did not significantly differ between minority and majority ethnic groups. Across MCE subcomponents, patients with Alzheimer's disease (AD) dementia performed significantly poorer on the memory component compared with those with non-AD dementia. The MCE is a brief cross-cultural cognitive screening instrument that expands evaluation of the cognitive functions covered by the RUDAS, does not require any specialised training and may be useful for classification of mild dementia or dementia subtypes. (JL)  
ISSN: 08856230 From : <http://www.orangejournal.org>

## DEMENTIA CARE

(See Also 251/14, 251/16, 251/68, 251/91)

251/31 Antidementia medication use by aged care facility residents with dementia; by Kimberly E Lind, Leonard C Gray, Magdalena Z Raban (et al).: Wiley.  
International Journal of Geriatric Psychiatry, vol 34, no 7, July 2019, pp 1029-1040.  
Little is known about the use of anti-dementia medication in Australia. The objective of this study was to estimate prevalence, duration and time to initiation of anti-dementia medication (cholinesterase inhibitors or memantine) among Australians with dementia in residential aged care facilities and to evaluate resident and facility factors associated with use. This was a dynamic retrospective cohort study of people with dementia in 68 residential aged care facilities during 2014 to 2017 using electronic health record and medication administration data. Relationships between medication use (prevalence, duration and time to initiation) and resident and facility characteristics were evaluated. 5,354 residents with dementia were included in the analyses. Annual prevalence of anti-dementia medication use was less than 10% each year and decreased during the study period by 2 percentage points by 2017 relative to 2014. Anti-dementia medication use varied by sociodemographic characteristics (3 points lower for single, 4 points lower for divorced relative to married residents and 3 points higher for Australian-born). Each point in ADL score was associated with 0.1 point lower medication use. Anti-dementia medication use was lower in outer regional facilities. Most comorbidities were associated with lower anti-dementia medication use (myocardial infarction, cerebrovascular disease and heart failure 3 points lower, respiratory disease and diabetes 2 points lower). Age had a complex relationship with anti-dementia medication use that varied by sex and whether medication was started before or after admission. After admission, males initiated anti-dementia medication earlier than females. Compared with other countries, anti-dementia medication use in Australian facilities was lower and varied by clinical and sociodemographic factors. (JL)  
ISSN: 08856230 From : <http://www.orangejournal.org>

- 251/32 The application of positive behavioural support to dementia care: insights from experts in behaviours that challenge; by Emma Lawson, Ian A James.: British Psychological Society.  
Psychology of Older People: The FPOP Bulletin, no 147, July 2019, pp 14-23.  
Positive behavioural support (PBS) is becoming increasingly popular as a framework to help understand behaviour that challenges (BtC) across a ranges of specialities (e.g. learning disability, child, forensic). This article aims to explore what PBS can offer to people with dementia, who present with a unique profile of strengths and difficulties. Experts in BtC from older adults services attended a PBS training session. They were asked to evaluate the training session and to share their views on the application of PBS to dementia care services through focus groups. Participants found the training sessions improved their attitudes toward PBS, their confidence in understanding it and how useful they thought it would be to dementia services. Thematic analysis showed that participants identified many similarities between PBS and existing models used in dementia care, although valuable additional perspectives were identified within the PBS framework. However, participants noted there were major obstacles to the use of PBS frameworks, particularly given the profile of people with dementia (e.g. difficulties with new learning, issues with insight and time-shifting). There were also concerns about organisational barriers and difficulties associated with training staff in learning theory. The authors conclude with the cautionary note of 'not throwing out our baby with the bath water'. (RH)  
ISSN: 23969652  
From : <http://www.bps.org.uk/member-microsites/dcp-faculty-psychology-older-people>
- 251/33 Cognitive stimulation through book clubs; by Lynne Phair.: Investor Publishing.  
Journal of Dementia Care, vol 27, no 4, July/August 2019, pp 25-27.  
Books can be a great source of cognitive stimulation. However, reading as a meaningful activity for someone with dementia may be challenging. This article reviews the use of book clubs in long term care, on which the authors have been building an evidence base, Dementia and Supported Living - the Montessori Way education programme. They have been working with Milford Care based in the Midlands, finding books and obtaining permission for adapting those that would be suitable for people with dementia. They describe the process of testing, discussing and reviewing texts with patients, who suggest changes, corrections or additions, before producing a finished resource. (RH)  
ISSN: 13518372  
From : <http://www.journalofdementia.co.uk>
- 251/34 Communication training interventions for family and professional carers of people living with dementia: a systematic review of effectiveness, acceptability and conceptual basis; by L Morris, M Horne, P McEvoy, T Williamson.: Taylor and Francis.  
Aging and Mental Health, vol 22, no 7, July 2018, pp 863-880.  
The aim of this study was to update previous reviews and provide a more detailed overview of the effectiveness, acceptability and conceptual basis of communication training interventions for carers of people living with dementia. A range of databases were searched, and risk of bias was assessed using the Cochrane Collaboration guidelines. Quality of qualitative studies was also systematically assessed. Searches identified 450 studies, 38 of which were identified for inclusion in the review. 22 studies focused on professional carers while 16 studies focused mainly on family carers. Training interventions were found to improve communication and knowledge. Overall training interventions were not found to significantly improve challenging behaviour and caregiver burden. Acceptability levels were high overall but satisfaction ratings were found to be higher for family carers than for professional carers. Although many interventions were not supported by a clear conceptual framework, person-centred care was the most common framework described. This review indicated that training interventions were effective in improving carer knowledge and communication skills. Effective interventions involved active participation by carers and were generally skills based (including practising skills and discussion). However improvements to quality of life and psychological wellbeing of carers and people living with dementia may require more targeted interventions. (JL)  
ISSN: 13607863  
From : <http://www.tandfonline.com/camh>
- 251/35 Developing a positive behaviour support pathway for people with dementia; by Anna Rickard.: British Psychological Society.  
Psychology of Older People: The FPOP Bulletin, no 146, April 2019, pp 40-43.  
As part of a placement as a trainee clinical psychologist, the author has been based in an inpatient unit for older people with dementia. She describes the development of a pathway for people with dementia who have behaviours that challenge - Positive Behaviour Support (PBS). Her article describes the process and its impact on the person with dementia, family and carers, also the experiences of other members of the multidisciplinary team. (RH)  
ISSN: 23969652  
From : <http://www.bps.org.uk/networks-and-communities/member-microsite/dcp-faculty-psychology-older-people-fpop>

- 251/36 Developing an animated resource for children; by Helen Green, Zena Aldridge.: Investor Publishing. Journal of Dementia Care, vol 27, no 4, July/August 2019, pp 22-24.  
How should we engage with young children who have a family member or someone close to them living with dementia? The authors conducted a literature review and found a lack of research or suitable resources. They describe how Admiral nurses have developed an animated resource designed to help young children to understand what is happening. The authors suggest two books suitable for children aged under 8, and discuss key themes for older children, such as understanding and recognition of symptoms, and then knowing how to support a person with dementia. They conclude that the project highlighted the need for good quality information and advice for children of any age, but that schools have a role in raising dementia awareness. (RH)  
ISSN: 13518372 From : <http://www.journalofdementia.co.uk>
- 251/37 Development of memory clinics in the Netherlands over the last 20 years; by Angélique A A Gruters, Inez H G B Ramakers, Roy P C Kessels (et al).: Wiley.  
International Journal of Geriatric Psychiatry, vol 34, no 8, August 2019, pp 1267-1274.  
Memory clinics (MCs) have been established to improve diagnosis and treatment of cognitive disorders including dementia. The aim of this study was to determine the characteristics and working methods of MCs in the Netherlands in 2016. The study argues that more insight into different working methods could be used to improve the quality of care in Dutch MCs. Findings of this study were compared with earlier results to investigate the development of MCs since 1998. A survey was sent in 1998, 2004, 2009 and 2017 to all operational Dutch MCs with questions about organisation, collaboration, patients and diagnostic procedures. From 1998 to 2016 the number of MCs increased substantially from 12 to 91. The capacity increased from 1,560 patients to 24,388. In 1998 most patients received a dementia diagnosis (85%), while in 2016 half of the patients were diagnosed with milder cognitive problems. MCs are more often part of regional care chains and are better embedded within regional care organisations. Diagnostic tools, such as blood tests (97%), neuropsychological assessment (NPA) (95%) and neuroimaging (92%) were used in nearly all MCs. The number of patients in whom these tools were used differed greatly between MCs. There was an increase in the use of NPA, while the use of neuroimaging, CSF and EEG/ECG decreased by 8% to 15% since 2009. Since 1998 MCs have developed substantially and outgrown the primarily research-based university settings. They are now accepted as regular care facilities for people with cognitive problems. (JL)  
ISSN: 08856230  
From : <http://www.orangejournal.org>
- 251/38 Evaluation of psychologically informed, person-centred dementia care training; by E Hemming, L Bltchford, J Cook (et al).: British Psychological Society.  
Psychology of Older People: The FPOP Bulletin, no 147, July 2019, pp 34-41.  
Figures for 2014 estimate some 850,000 people with a dementia diagnosis living in the UK, and a quarter of hospital beds are recorded as being occupied by people with dementia. There is a need for adequate, appropriate training for staff in supporting people with dementia and understanding their unmet needs. In light of findings from Health Education England's (HEE) PROMPT upskilling project (2016) and a Care Quality Commission (CQC) review of gaps in dementia training, this article evaluates the strengths and limitations of a questionnaire comparing the mental health workforce's pre- and post-training differences in confidence and knowledge of person-centred therapeutic skills in dementia care provision. (RH)  
ISSN: 23969652  
From : <http://www.bps.org.uk/member-microsites/dcp-faculty-psychology-older-people>
- 251/39 Hospital readmission in persons with dementia: a systematic review; by Chenjuan Ma, Silin Bao, Peter Dull (et al).: Wiley.  
International Journal of Geriatric Psychiatry, vol 34, no 8, August 2019, pp 1170-1184.  
Hospital readmission in people with dementia is becoming a critical safety and cost issue. The purpose of this review was to systematically assess published evidence on hospital readmissions in people with dementia including rate, clinical reasons, risk factors and prevention programmes. A systematic review of relevant literature was conducted. Studies found were then assessed independently by reviewers using quality assessment checklists. 19 studies met the inclusion criteria and were reviewed. In people with dementia all-cause 30-day readmission rate was most frequently reported and ranged from 7% to 35%. Compared with those without dementia, people with dementia had significantly higher rate of readmission. Reported risk factors of readmission varied across studies from patient sociodemographic and clinical status, and history of health care utilisation to family caregivers. Reasons for readmission were rarely documented. Programmes of home-based individualised care and interdisciplinary team care were used for preventing readmissions. Findings from some of the studies were limited by small sample sizes, single data source and other methodologic flaws. Overall study findings showed that people with dementia are at high risk for hospital readmission but many of the readmissions are potentially preventable. Multiple strategies such as identifying high risk individuals and the clinical reasons for index admission and readmission and implementing home-based individualised care by an interdisciplinary team can reduce preventable hospital readmissions. Future studies should use multiple national data sources and advanced methodology to identify risk factors and clinical reasons for hospital readmissions. (JL)  
ISSN: 08856230 From : <http://www.orangejournal.org>

251/40 Impact of a dementia-specific program of equine-assisted activities: providers' perspectives; by Beth Fields, Wendy Wood, Rebecca Lassell.: Emerald.  
Quality in Ageing and Older Adults, vol 20, no 2, 2019, pp 37-47.  
Establishing the acceptability of complex interventions to stakeholders is vital in early scientific development. This paper aims to ascertain the acceptability of a program of equine-assisted activities (EAAP) for people with dementia, by elucidating programmatic practices needed to enhance their safety and quality of life (QoL) from the perspectives of service providers. Semi-structured interviews with five providers were analysed using a basic qualitative approach. Providers perceived the EAAP to be acceptable and having potential mechanisms of change to support well-being, including aspects related to the physical and social environment and person with dementia. Linkages identified in the EAAP and its physical and social context support its complexity. Practices that promote safety and QoL can be implemented through staff training and tailoring activities to each person's preferences and needs. These practices aligned with best dementia care approaches, underscoring that the EAAP is a promising intervention that merits further scientific development. This work adds to the literature by illuminating the role of a community-based, animal-assisted programme for enhancing the QoL of older adults with dementia who live in long-term care facilities. (RH)  
ISSN: 14717794  
From : <http://www.emeraldinsight.com/loi/qaqa>

251/41 Impact of three dementia-related behaviors on caregiver depression: the role of rejection of care, aggression, and agitation; by Scott Seung W Choi, Chakra Budhathoki, Laura N Gitlin.: Wiley.  
International Journal of Geriatric Psychiatry, vol 34, no 7, July 2019, pp 966-973.  
The relationship of specific dementia-related behaviours to caregiver depression and moderating factors is unclear. The present study aimed to examine the role of rejection of care, aggression and agitation to caregiver depression. A secondary objective was to ascertain whether social support and mastery independently moderated associations. The method used was a cross-sectional, secondary analysis using baseline data from two community-based clinical trials. The study examined frequency of occurrence of presenting behaviours and their combinations in people with dementia. Multiple logistic regression analyses examined associations between non-overlapping behavioural clusters (agitation alone, agitation + rejection, agitation + aggression, and agitation + rejection + aggression) and caregiver depression. Multiple logistic regression with interaction terms was also used to investigate whether social support or caregiver mastery moderated the relationship between behavioural symptom clusters and caregiver depression. Results showed that three of four symptom clusters (all three behaviours, agitation + rejection of care, and agitation + aggression) had a positive association with caregiver depression, whereas agitation alone was not significantly associated with caregiver depression. Neither social support nor mastery significantly moderated the relationship between these three behavioural clusters and caregiver depression. The study concludes that caregiver depression was associated with different combinations of behaviours but not with agitation alone. These results have implications for intervention development and identifying caregivers at risk for depression. Level of social support and mastery does not appear to moderate impact on caregiver depression. (JL)  
ISSN: 08856230  
From : <http://www.orangejournal.org>

## **DEMENTIA-FRIENDLY COMMUNITIES**

(See 251/125)

## **DEPRESSION**

(See Also 251/147)

251/42 Food insecurity and depressive symptoms of older adults living alone in South Korea; by Youngmi Kim, Aely Park, Kyeongmo Kim.: Cambridge University Press.  
Ageing and Society, vol 39, no 9, September 2019, pp 2042-2058.  
In South Korea, the number of older people living alone is rapidly increasing with the growth of the ageing population. Although there is some evidence of a link between financial strain and depression in this population, there is limited empirical evidence on the relationship between food insecurity and depression in older people living alone, despite the fact that they have a high prevalence of food insecurity and tend to seek food assistance. This study aims to investigate whether food insecurity explains depressive symptoms in Korean older people living alone. The authors employed data from the Korea Welfare Panel Study collected from a large-scale national sample in South Korea, comprising 815 older adults aged 65 or older who lived alone. Conducting ordinary least square regression analyses, the authors tested the main effect of food insecurity on depression and the interaction effect of food insecurity and low income. They found that the relationship between food insecurity and depressive symptoms differed by low-income status ( $b = 6.27, p = 0.047$ ). The association was significant only in the low-income group ( $b = 1.37, p = 0.04$ ). These findings suggest that protecting access to food may be a promising strategy to lessen depressive symptoms associated with financial strain among older people living alone. (RH)  
ISSN: 0144686X From : <http://www.cambridge.org.aso>



251/43 Overgeneral autobiographical memory and depression in older adults; by F C L Wilson, J D Gregory.: Taylor and Francis.  
Aging and Mental Health, vol 22, no 5, May 2018, pp 575-586.  
Overgeneral autobiographical memory (OGM) is a phenomenon whereby people recall personal events in an 'overgeneral' way where memories are grouped into themes and 'chapters' rather than recalled as individual, specific events. OGM is a well-researched phenomenon in working age adults with depression, however the relevance and importance of OGM in older adult depression is not well established. The aim of this review was to synthesise existing literature on OGM and depression in older adults under the framework of the Capture and Rumination, Functional Avoidance and Impaired Executive Control (CaR-FA-X) model. Literature searches were conducted using a range of databases and 18 articles were reviewed. OGM was found to be elevated in healthy older adults compared to adults of working age and further elevated in older adults with depression. Evidence supports the role of impaired executive function as a mechanism for OGM in older adults with depression but no studies measured other components of the CaR-FA-X model (i.e. functional avoidance and rumination). OGM is prevalent in older adults and more so for those with depression, however there is no clear understanding of the underpinning mechanisms. It is recommended that future research looks at the role of functional avoidance and rumination, and at the use of memory specificity interventions being developed in the working age adult literature. (JL)  
ISSN: 13607863  
From : <http://www.tandfonline.com/camh>

251/44 Prevalence of depressive symptoms and its associated factors among healthy community-dwelling older adults living in Australia and the United States; by Mohammadreza Mohebber, Bruno Agustini, Robyn L Woods (et al): Wiley.  
International Journal of Geriatric Psychiatry, vol 34, no 8, August 2019, pp 1208-1216.  
This study was conducted to estimate prevalence rates and factors associated with depressive symptoms indexed by the Centre for Epidemiological Studies-Depression (CES-D-10) score in a large sample of community-dwelling healthy older adults from Australia and the United States. Convergent and divergent validity of the CES-D-10 were also examined. 19,114 individuals aged 65 years and above were enrolled from a primary prevention clinical trial. Depressive symptoms were classified using the CES-D-10 score greater than or equal to 8 and greater than or equal to 10. Gender-specific prevalence for subgroups according to sociodemographic characteristics were reported and factors associated with depression were estimated. Overall prevalence rates of depressive symptoms were 9.8%, 95% CI, 8.5-11.2 and 5.0%, 95% CI, 4.0-6.0, according to the CES-D-10 score greater than or equal to 8 and greater than or equal to 10, respectively. Depressive symptoms were more common in women, individuals with less than 12 years of education, those living alone or in residential care, ethnic minorities, current smokers and former alcohol users. Convergent and divergent validities of the CES-D-10 were confirmed by observing strong negative association with the SF-12 mental health component and a modest negative association with SF-12 physical component, respectively. This study reports the prevalence of depressive symptoms in Australian and US community-dwelling healthy older populations. These findings emphasise the high burden of the condition and factors associated with depressive symptoms, to better inform clinicians and help with early detection and treatment of depression in this age group. (JL)  
ISSN: 08856230  
From : <http://www.orangejournal.org>

## DIET AND NUTRITION

(See Also 251/42, 251/140)

251/45 Comparison of patient food intake, satisfaction and meal quality between two meal service styles in a geriatric inpatient unit; by Adrienne M Young, Susan J de Jersey, Jennifer Ellick (et al): Taylor and Francis.  
Journal of Nutrition in Gerontology and Geriatrics, vol 37, nos 3-4, January-December 2018, pp 158-168.  
This Australian pilot study evaluated the introduction of a bistro evening meal service in a geriatric inpatient unit in Brisbane, by comparing patient intake, satisfaction and meal quality of this new service to the usual central pre-plated service. Ten meals were observed under each condition (n = 30; mean age 79 years, 47% male). Data were collected on intake of each meal component (none, a quarter, a half, three-quarters, all; converted to energy and protein using known food composition data), patient satisfaction with meals (meal flavour and taste, appearance, quality, staff demeanour; seven-point scale), and meal quality (sensory properties, temperature; five-point scale). Independent t-tests were used to compare energy and protein intakes between bistro and pre-plated services. There was no difference in mean energy or protein intake (energy: 2524 ± 927 kJ vs 2692 ± 857 kJ, p = 0.612; protein: 29 ± 12 g vs 27 ± 11 g, p = 0.699), patient satisfaction or meal quality between the bistro and pre-plated meal services. Patients were provided with fewer meal items during the bistro service, but ate a higher proportion of what was provided to them. Implementing a bistro service did not increase intake, satisfaction or meal quality in this study. This finding suggests that meal plating may be only one of many factors influencing older inpatients' food intake and satisfaction. (RH)  
ISSN: 21551197 From : <http://www.tandfonline.com>

- 251/46 Construct validity of the Mealtime Scan: a secondary data analysis of the Making Most of Mealtimes (M3) study; by Sabrina Iuglio, Heather Keller, Habib Chaudhury (et al.): Taylor and Francis. *Journal of Nutrition in Gerontology and Geriatrics*, vol 37, no 2, January-December 2018, pp 82-104. Long-term care (LTC) physical and psychosocial mealtime environments have been inconsistently assessed, due to the lack of a standardised measure. This Canadian study examines the construct validity of a new standardised observational measure, the Mealtime Scan (MTS), using the Making Most of Mealtimes data collected on 639 residents in 82 dining rooms in 32 LTC homes. The MTS includes physical, social and person-centred care summary scales scored from 1 to 8. Mean ratings on these summary scales were moderate for physical (5.6 SD 0.9), social (5.0 SD 0.9) and person-centred care (PCC; 5.5 SD 0.8). Regression analyses determined which items within the MTS were associated with these summary scales: physical - music ( $B = 0.27$ ,  $p = 0.04$ ), number of staff passing food ( $B = ?0.11$ ,  $p = 0.03$ ), number of residents ( $B = ?0.03$ ,  $p = 0.01$ ); social - social sound ( $B = 0.31$   $p = 0.0001$ ), number of residents requiring assistance with eating ( $B = 0.11$ ,  $p = 0.02$ ); PCC - lighting ( $B = 0.01$   $p = 0.04$ ), and total excess noise ( $B = 0.05$ ,  $p = 0.0001$ ). The Mealtime Relational Care Checklist (M-RCC) was associated positively with ratings on all three summary scales. Correlations revealed that the MTS summary scales were associated with other constructs: Dining Environment Audit Protocol functionality scale, resident and dining room level M-RCC, Mini Nutritional Assessment- Short Form, and resident Cognitive Performance Scale. These results demonstrate that the MTS summary scales exhibit construct validity, as the ratings were associated with expected observed mealtime characteristics. (RH)  
ISSN: 21551197  
From : <http://www.tandfonline.com>
- 251/47 Could eggs help increase dietary protein intake in older adults?: Exploring reasons for the consumption and non-consumption of eggs in people over 55 years old; by Emmy van den Heuvel, Jane L Murphy, Katherine M Appleton.: Taylor and Francis. *Journal of Nutrition in Gerontology and Geriatrics*, vol 37, nos 3-4, January-December 2018, pp 292-309.  
Data from the UK National Diet and Nutrition Survey (NDNS) show that older people's current intake of eggs and egg dishes represent only 2% of daily total energy intake and only 3% of average daily protein intake. Compared to other protein-rich foods, eggs are of soft texture, easy to cook and low cost; and they may be useful in increasing protein intakes in older adults. This study used focus groups and interviews with older people to explore all reasons for consuming and not consuming eggs. Forty-two individuals (20 males, 22 females, aged 56-96 years) took part in one of eight focus groups or two individual interviews. Thematic analyses revealed 69 different reasons for eating or not eating eggs in this population. Reasons were related to: hedonics, properties of the food, preparation style, convenience, physical environment, variety, physical health or abilities, nutrition and health knowledge, food safety, social environment, morality, emotion and habit. Some of these reasons are likely to be specific to egg consumption by older people, e.g. properties of the food and convenience, combined with physical health and/or abilities. Some reasons are also likely to be more relevant to older than younger individuals, e.g. medical factors. Investigation of the reasons most related to intake on a population-wide scale would assist in developing food-based interventions. This study was funded by Bournemouth University and the British Egg Industry Council. (RH)  
ISSN: 21551197  
From : <http://www.tandfonline.com>
- 251/48 Factors influencing dietary intake frequencies and nutritional risk among community-residing older adults; by Lindsay MacNab, Sarah L Francis, Ingrid Lofgren (et al.): Taylor and Francis. *Journal of Nutrition in Gerontology and Geriatrics*, vol 37, nos 3-4, January-December 2018, pp 255-268.  
Older adult (OA) dietary practices may be placing them at nutritional risk. This cross-sectional study examined the dietary intake frequencies (DIF) and nutritional risk (NR) using the Dietary Screening Tool (DST) of OA attending community-based nutrition education and physical activity programmes. Most were white females aged 60-80 years. The majority (80.1%) were classified as "at NR" or "at possible NR." Participants had "low" lean protein, dairy and processed meat DIF, and "moderate" whole fruit and juice, total and whole grains, vegetables and added fats, sugars, and sweets DIF. State influenced whole fruit and juice ( $p = .001$ ) and vegetable ( $p = .021$ ) DIF, age influenced processed meat DIF ( $p = .001$ ), and gender influenced NR ( $p = .006$ ), vegetable ( $p = .022$ ), and processed meat ( $p = .033$ ) DIF. Results indicate that OA participating in lifestyle interventions are at NR. When developing future nutrition education courses, educators should consider socio-demographic factors to promote dairy and protein-rich foods to OA at NR. (RH)  
ISSN: 21551197 From : <http://www.tandfonline.com>
- 251/49 Food and nutrition care in long-term care facilities: examining the perspectives of frontline workers; by Renata Blumberg, Charles Feldman, Douglas Murray (et al.): Taylor and Francis. *Journal of Nutrition in Gerontology and Geriatrics*, vol 37, nos 3-4, January-December 2018, pp 145-157.  
Malnutrition in older adults living in long-term care facilities continues to be a problem in the United States. Existing research has identified a list of possible contributing factors, including staffing problems. Few studies on food and nutrition care have attempted to gain the perspectives of nursing or dietary aides (referred to hereafter as aides), the frontline staff who work most closely with the residents

of long-term care facilities. The current study takes a qualitative approach grounded in a theoretical perspective based on Total Quality Management (TQM) to increase understanding of the interpersonal and management practices that affect resident well-being, health and nutrition. Four focus groups (n = 24) were conducted with aides working in long-term care facilities. Aides expressed emotional closeness with residents and provided detailed knowledge about food and nutrition care. They reported both compassion fatigue and satisfaction. An element of dissatisfaction related to aide relationships with management and other employees who did not actively solicit their perspectives and knowledge on feeding residents. The knowledge and experience of aides could be better utilised, by shifting management strategies to focus on employee empowerment and training. Principles of TQM could be applied to improve food and nutrition care in long-term care facilities. (RH)

ISSN: 21551197

From : <http://www.tandfonline.com>

- 251/50 Measuring nutrition-related unmet needs in recently hospital-discharged homebound older adults; by Anna Vaudin, Hee-Jung Song, Mira Mehta, Nadine Sahyoun.: Taylor and Francis.

Journal of Nutrition in Gerontology and Geriatrics, vol 37, no 1, January-December 2018, pp 30-48.

Functional limitations in housebound older people may cause difficulties with obtaining and preparing adequate healthy food. Services exist to help with these difficulties; however, not all individuals who could benefit receive them. This secondary analysis of observational data was obtained via questionnaires from housebound older people recently discharged from hospital (n=566) in Maryland (MD). It aimed to identify the prevalence and correlates of unmet need for such services, and to examine the disagreement between self-reported need for a service and functional limitation that could be addressed by that service. One-fifth of respondents reported unmet need for vision services and oral health services, and one-tenth reported unmet need for transport services and physical therapy. There was a significant association between reported need and functional limitation (p 0.001) for all services, except for mental health and grocery delivery. However, for each service, there were participants who under-reported need, compared with functional ability indicators. More research is required to determine the best methods for measuring these needs, to ensure that nutritional vulnerability is detected and addressed in those returning home from hospital. (RH)

ISSN: 21551197

From : <http://www.tandfonline.com>

- 251/51 Nutrition risk measured online in community-living older Australians; by Dana L Craven, Fiona E Pelly, Geoff P Lovell, Elisabeth Isenring.: Taylor and Francis.

Journal of Nutrition in Gerontology and Geriatrics, vol 37, nos 3-4, January-December 2018, pp 241-254.

Many community-living older adults experience the condition of malnutrition; the causes are complex and multi-factorial. This study examined nutrition risk in a sample of community-living older Australians (n = 77, age 65+) using an online, self-administered survey consisting of two validated questionnaires (SCREEN II and SF-12). A significant relationship between health status and nutrition risk was found; those with higher self-rated health status had lower nutrition risk. Forty percent of the participants were categorised at high nutritional risk, 26% at moderate nutritional risk, and 34% not at nutritional risk. The most common nutrition risk factors were: (i) weight perception (perceiving weight to be more than it should be); (ii) food avoidance; (iii) low intake of milk, milk products and alternatives; and (iv) finding meal preparation a chore. Many nutrition risk factors were consistent with population survey data, highlighting the need for greater awareness of nutritional requirements for healthy ageing. (RH)

ISSN: 21551197

From : <http://www.tandfonline.com>

- 251/52 Review of nutrition screening and assessment practices for long-term care residents; by Shanthi Johnson, Roseann Nasser, Kayla Rustad (et al.): Taylor and Francis.

Journal of Nutrition in Gerontology and Geriatrics, vol 37, nos 3-4, January-December 2018, pp 169-182.

The older adult population in Canada is increasing, creating a greater demand for long-term care (LTC) facilities. Seniors living in LTC are more vulnerable to malnutrition, making it important to implement nutrition screening tools on a routine basis. This study explored the practices of Registered Dietitians (RDs) related to nutritional screening, nutritional assessment, and follow-ups conducted within LTC facilities. The study also explored possible barriers hindering the application of these practices. Nine RDs from two health regions in Southern Saskatchewan completed a phone interview to address nutrition care practices and policies, and barriers in LTC facilities. Results showed a considerable amount of variability in nutrition care practices for screening and assessment; lack of time was identified as the greatest barrier. These findings highlight the importance of having consistent policies and a sufficient number of RDs available in LTC facilities to provide the required level of nutrition care for residents. (RH)

ISSN: 21551197

From : <http://www.tandfonline.com>

## DIVERSITY

- 251/53 A different age: a snapshot of diverse later lives; by International Longevity Centre UK - ILC UK. London: International Longevity Centre UK, July 2019, 8 pp.  
International Longevity Centre UK (ILC UK) uses data from the English Longitudinal Study of Ageing (ELSA; Waves 0-8, 1998-2017) to demonstrate diversity in today's older population and inequalities in social, economic and health status. This pamphlet sets out 10 differences that have been observed between different groups in the current population. Women aged 50+ are less likely to be in work than men aged 50+. Those aged 50+ not in a couple are significantly less likely to be in work than those who are. Non-white older people are more likely to be in work than white older people. Women aged 75+ are more likely to be lonely than older men. There is a gap in experience of loneliness by ethnicity in later life. Relationship status in later life is related to home ownership. Men are more likely than women to have a private pension, as are white older people than non-white. Those living in a couple tend to be healthier than those who do not. The link between ethnicity and health looks different for different age cohorts. (RH)  
From : <https://ilcuk.org.uk/wp-content/uploads/2019/07/ILC-A-diferent-age.pdf>

## EMPLOYMENT

(See Also 251/26)

- 251/54 Belgian temporary workers at end of working life: an intersectional lifecourse analysis; by Nathalie Burnay.: Cambridge University Press.  
Ageing and Society, vol 39, no 10, October 2019, pp 2267-2289.  
The temporary employment agencies sector in Belgium has been growing for more than 20 years. If temporary work is seen primarily as a path into the workforce for young people, it also concerns seniors in increasing proportions. The problematical nature of end-of-career temporary work was analysed from a dual perspective, considering the embedding of temporalities in advanced modernity, and more broadly the 'life-course' paradigm. A typology was created based on qualitative analysis of 36 semi-structured interviews of temporary workers aged 45+. Results demonstrate how the experiences of temporary workers nearing retirement depend on professional, familial and social paths, and also reveal the presence of three different cultural models. What is the importance of work in construction of an identity? What standards and values are applied? How is social time prioritised according to these norms? These analyses incorporate an intersectoral framework in which gender and social inequalities structure the lives of workers approaching the end of their careers. (RH)  
ISSN: 0144686X  
From : <http://www.cambridge.org.aso>
- 251/55 Gendered impacts of extended working life on the health and economic wellbeing of older workers: special issue introduction; by Aine Ni Leime, Jim Ogg.: Cambridge University Press.  
Ageing and Society, vol 39, no 10, October 2019, pp 2163-2169.  
The six contributions to this special issue of Ageing and Society on the gendered impacts of extended working life reinforce the need for further research. Each paper is based on work from the COST Action IS1409 Gender and Health Impacts of Policies Extending Working Life in Western Countries, supported by COST (European Cooperation in Science and technology). Issues considered include: the "one size fits all" policies such as raising the state pension age in Western countries as a response to population ageing; older workers' ill health; temporary and precarious employment; and training needs. The extent to which older workers are restricted in career progression (or even continuation) requires further investigation. (RH)  
ISSN: 0144686X  
From : <http://www.cambridge.org.aso>
- 251/56 The influence of family and professional lifecourse histories on economic activity among older French workers; by Jim Ogg, Sylvie Renault.: Cambridge University Press.  
Ageing and Society, vol 39, no 10, October 2019, pp 2242-2266.  
This paper examines associations between early and mid life-course events with economic activity in later life. These life-course trajectories are in turn examined for their impact on men's and women's pathways to retirement, including whether these pathways are perceived by individuals as been chosen or imposed. Data are from the three waves (2005, 2008 and 2011) of the French version of the Gender and Generations survey, comprising a sub-sample of 2,016 respondents in the 1941-1960 birth cohort who participated in all three waves. The analysis is undertaken within a gender perspective and in the context of the (de)standardisation of the life-course. The results show that mid-life and later-life work history, job category, employment sector and economic activity are influenced by early life-course events for both men and for women. Different pathways to retirement are observed according to institutional factors that determine access to pension rights. Women whose family formation occurred early, together with women who had an absence of family events (partnership or childlessness), were much more likely to be economically active in later life than men with the same characteristics. The results suggest that institutionalised (standardised) life-course patterns exist simultaneously with individualised (destandardised) patterns. (RH)  
ISSN: 0144686X From : <http://www.cambridge.org.aso>

- 251/57 Teaching older workers new tricks: workplace practices and gender training differences in nine European countries; by Jeile Lossbroek, Josan Radl.: Cambridge University Press.  
Ageing and Society, vol 39, no 10, October 2019, pp 2170-2193.  
Despite its benefits for prolonging careers, participation in training is far lower among older employees (age 50+) than among younger employees. This study analyses gender differences in older employees' training participation. To investigate the predictors of training intensity, the authors examine two forms of training: formal educational programmes, and on-the-job training. The study draws on a novel data-set, the European Sustainable Workforce Survey, carried out in nine European countries in 2015 and 2016, which analysed 2,517 older employees and their managers across 228 organisations. (The countries are the Netherlands, Germany, Finland, Sweden, the UK, Portugal, Spain, Hungary and Bulgaria.) The authors concentrate on the interplay between employees' gender, managers' gender and managers' ageism in shaping older employees' participation in training. Their findings indicate comparable training participation of older men and women in both forms of training, yet older women more often pay for enrolment in educational programmes themselves. Also, predictors of participation in training are different. In line with the tenet of 'gendered ageism', it is found that managerial ageism primarily targets older women, excluding female employees from the training opportunities available to their comparable male colleagues. Finally, female managers are associated with higher training participation rates for older employees, but only for older men. This result supports 'queen bee' arguments and runs counter to 'homophily' arguments. Overall, the study demonstrates that workplace dynamics and managerial decisions contribute to the reproduction of traditional gender divides in late career. (RH)  
ISSN: 0144686X  
From : <http://www.cambridge.org.aso>
- 251/58 Time, precarisation and age normality: on internal job mobility among men in manual work; by Clary Krekula.: Cambridge University Press.  
Ageing and Society, vol 39, no 10, October 2019, pp 2290-2307.  
The conditions for extended working life are explored from an organising perspective, based on the idea that temporality makes up a fundamental organising dimension. This article discusses conceptions of internal job mobility, and if and when employees are expected to relocate to a different unit at work. It uses interviews with 11 men aged 56-74, working in manual and managerial capacities at a foundry of a Swedish branch of a large international steel company. The results show that internal work mobility is regulated by normative assumptions of mobility in terms of on- and off-time. This socio-temporal order constructs younger age groups as the age norm, while designating the older employees' transitions as a normative breach. It is also shown that the temporal order constitutes a disciplining element, steering employees from an early stage to plan for limitations that may arise as a result of ageism and/or physical changes. The result confirms that transition to less physically demanding tasks is a prerequisite for continuing working in a physically demanding job. However, these transitions are not included in the company's socio-temporal order, but are presented as the older employees' individual problems. In all, these results show the need to introduce organisational practices and corporate strategies in the debate on extended working life. (RH)  
ISSN: 0144686X  
From : <http://www.cambridge.org.aso>
- 251/59 Understanding older worker precarity: the intersecting domains of jobs, households and the welfare state; by David Lain, Laura Airey, Wendy Loretto, Sarah Vickerstaff.: Cambridge University Press.  
Ageing and Society, vol 39, no 10, October 2019, pp 2219-2241.  
In policy debates, it is commonly claimed that older workers are entering a period of choice and control. In contrast, Guy Standing's book 'The Precariat: the dangerous new class' (Bloomsbury Academic, 2011) argues that older people are increasingly joining the 'precariat', by taking low-level jobs to supplement dwindling pension incomes. The authors of this article argue that many older workers, not just those in 'precarious jobs', feel a sense of 'ontological precarity'. Pressures to work longer, combined with limited alternative employment prospects and inadequate retirement incomes, give rise to a heightened sense of precarity. The authors develop a new theoretical model for understanding precarity as a lived experience, which is influenced by the intersection between precarious jobs, precarious welfare states and precarious households. This model is then illustrated using qualitative research from two employment sectors in the United Kingdom: 'Local Government' and 'Hospitality'. In both sectors, older workers experienced a sense of ontological precarity because they worried about the long-term sustainability of their jobs and saw limited alternative sources of retirement income. Household circumstances either reinforced interviewees' sense of precarity, or acted as a buffer against it. This was particularly important for women, as they typically accrued smaller financial resources in their own right. The concluding discussion builds on this more advanced theoretical understanding of older worker precarity, to call for a rethinking of state and employer support for decisions around later-life working and retirement. (RH)  
ISSN: 0144686X  
From : <http://www.cambridge.org.aso>

- 251/60 Working after retirement and life satisfaction: cross-national comparative research in Europe; by Ellen Dingemans, Kene Henkens.: Sage.  
 Research on Aging, vol 41, no 7, August 2019, pp 648-669.  
 The authors examine differences in life satisfaction between full retirees and working retirees in Europe. They hypothesise that these differences depend on retirees' financial resources and the resources available in the household and country context. Retirees were selected from the Survey of Health, Ageing and Retirement in Europe (SHARE) project; and their life satisfaction was explained using estimated country fixed effects models. The results indicate a positive relationship between working after retirement and life satisfaction for retirees with low pension income without a partner. Additionally, working after retirement seems to be most important for life satisfaction in relatively poor countries. (RH)  
 ISSN: 01640275  
 From : <http://www.journals.sagepub.com/home/roa>
- 251/61 Working later in the USA and Ireland: implications for precariously and securely employed women; by A Nie Leime, Debra Street.: Cambridge University Press.  
 Ageing and Society, vol 39, no 10, October 2019, pp 2194-2218.  
 Policies to extend working life (EWL) assume that homogeneous workers face similar choices about working longer: this may be difficult for women, workers in physically onerous jobs or in low-paid precarious employment. Work-life trajectories are gendered: women interrupt their employment and pension-building in order to provide care. There is occupational variation in capacity to prolong working lives: physically demanding jobs cause work-related health deficits. The precariously employed cannot contribute regularly to pensions and may face age discrimination. This research provides an inter-occupational and cross-national dimension to EWL research, comparing women teachers and health-care workers in the United States of America (USA) and the Republic of Ireland. It documents intra-cohort distinctions that emerge among women when considering educational opportunities and occupational tracks expressed in life-course trajectories and accumulated capacities for extended work. Analysis draws on interview data from ten teachers and ten health-care workers in each country, comparing the implications of EWL policies for women workers in precarious versus secure occupations, and occupations with different physical demands. It reveals work-life trajectories leading to poorer financial and health outcomes for older health-care workers, especially in the USA. Most women (regardless of occupation or country) opposed extending working life, with concerns ranging from health status and ability to work, to the desire to have healthy years in retirement. The most important distinctions are between the occupational categories considered, rather than cross-national differences. Implications for national and work-place policy and research are considered. (RH)  
 ISSN: 0144686X  
 From : <http://www.cambridge.org.aso>

#### **END-OF-LIFE CARE**

(See Also 251/14, 251/19)

- 251/62 Caregiver informational support in different patient care settings at end of life; by Susan A Lavalley.: Taylor and Francis.  
 Home Health Care Services Quarterly, vol 37, no 2, April-June 2018, pp 97-112.  
 Family members and friends who care for terminally ill loved ones face many complicated tasks including providing direct patient care, communicating with clinicians and managing the logistical demands of daily activities. They require instructive information at all points in the illness process and across several settings where patients receive end-of-life care. This study examined how the setting where a patient receives end-of-life care affects caregivers' informational support needs by thematically analysing data from caregiver interviews and clinical observations. Caregivers providing care for patients at home received informational support related to meeting patients' mobility, medication and nutritional needs. Caregivers who provided care remotely received informational support to navigate transitions between patient care settings or long-term care arrangements, including financial considerations and insurance logistics. The findings document that interventions designed to enhance information for caregivers should account for caregiving context and that health care providers should proactively and repeatedly assess caregiver information needs related to end-of-life patient care. (JL)  
 ISSN: 01621424  
 From : <http://www.tandfonline.com>
- 251/63 Community perspectives of end-of-life preparedness; by Davina Banner, Shannon Freeman, Damanpreet K Kandola (et al.): Taylor and Francis.  
 Death Studies, vol 43, no 4, April 2019, pp 211-223.  
 While death is a universal human experience, the process of planning for death can be difficult and may be avoided altogether. To understand community perspectives of end-of-life preparedness, the authors undertook a multi-method study in Prince George, British Columbia, Canada exploring the experiences of 25 community members and 10 stakeholders engaged in end-of-life planning. In addition, card sorting activities and focused discussions with 97 older adults were undertaken to highlight perspectives and needs. Data were analysed using descriptive statistics and qualitative description. Overall, the participants perceived many benefits to being end-of-life prepared; however, few community members

had engaged in formal planning. Key barriers include concerns about the accessibility and accuracy of information, discomfort when engaging in end-of-life conversations, and perceptions about the cost associated with engaging in formal legal or financial preparations. Areas for further research include the need for studies that capture the cultural dimensions of end-of-life planning and explores the implementation and evaluation of community-based interventions to improve preparedness. (RH)

ISSN: 07481187

From : <http://www.tandfonline.com>

## **ETHICAL ISSUES**

- 251/64 Surveillance, intervention and the politics of care; by Chris Kubiak, Leah Tomkins, Mary Larking.: Policy Press.

International Journal of Care and Caring, vol 3, no 2, May 2019, pp 165-181.

This article connects with debates about the use of surveillance technology to detect, report and prevent abuse in care settings. Grounded in a Heideggerian theorisation of care as intervention, it argues that care unfolds in people's deliberations and decisions about whether and how to intercede when abuse is suspected. Such reflections reveal the politics of care, because they are contingent on how the need for care is constructed, and actions subsequently legitimised. From this perspective, surveillance can be seen as a manifestation of care, involving choice and responsibility for framing both the problem of, and solution to, abuse. (RH)

From : <http://www.policy.bristoluniversitypress.co.uk/journals/international-journal-of-care-and-caring>

## **FALLS**

- 251/65 Fear of falling: a manifestation of executive dysfunction?; by Geeske Peeters, Joanne Feeney, Daniel Carey (et al.): Wiley.

International Journal of Geriatric Psychiatry, vol 34, no 8, August 2019, pp 1275-1282.

Fear of falling (FoF) may be an early marker of decline in global cognitive functioning but associations with specific domains of cognitive functioning are unclear. The aim of this study was to examine associations between FoF and decline in memory, processing speed and executive functioning in adults aged 50 years and older over a four-year period. Data were from 5,174 participants aged 50 and above in The Irish Longitudinal Study on Ageing, a population-based study. FoF was self-reported in 2009 to 2011. Immediate and delayed recall, Colour Trails 1 and 2, choice reaction time, sustained attention to response task and verbal fluency were measured in 2009 to 2011 and 2014 to 2015. Prospective associations between FoF and domains of cognitive functioning were examined using linear mixed modelling. Adjustment was made for demographic and health factors. Interactions with age were examined. In 2009 to 2011, 20.6% of participants reported FoF. No statistically significant interaction of FoF with age was found for any of the associations. Participants with FoF had greater decline on delayed recall, verbal fluency and the In-transformed scores for the Colour Trails 1 test and the Colour Trails 2 test than participants without FoF. No statistically significant associations were found for any of the other outcomes. FoF may be an indicator of decline in domains of cognitive functioning, particularly those related to executive function and processing speed. However, studies with longer follow-up and/or higher average age are required to confirm this. (JL)

ISSN: 08856230

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

## **FAMILY AND INFORMAL CARE**

(See Also 251/21)

- 251/66 Life course trajectories of family care; by Norah Keating, Jacquie Eales, Laura Funk (et al.): Policy Press.

International Journal of Care and Caring, vol 3, no 2, May 2019, pp 147-163.

More than 30 years ago, G H Elder theorised multiple life-course trajectories in domains such as family and work, punctuated by transitions that create the structure and rhythm of individual lives. In this article, the authors argue that in the context of population ageing, family care should be added as a life-course domain. They conceptualise life courses of family care with core elements of 'care as doing' and 'care as being in relationship', creating hypothetical family care trajectories to illustrate the diversity of life-course patterns of care. The framework provides a basis for considering influences of care on cumulative advantage or disadvantage for family carers. (RH)

From : <http://www.policy.bristoluniversitypress.co.uk/journals/international-journal-of-care-and-caring>

- 251/67 Longitudinal study of factors associated with informal care provision: evidence from older Australians; by Rong Peng, Kaarin J Anstey.: Wiley.

Australasian Journal on Ageing, vol 38, no 2, June 2019, pp 98-106.

The purpose of this study was to explore factors associated with informal care provision by older Australians. Longitudinal cohorts of the Personality and Total Health Through Life project (PATH) were used to build a generalised estimating equation model. Older adults engaged in volunteer and religious activities were found to be 27.6% and 33.8%, respectively, more likely to provide informal care than their counterparts who were not engaged in such activities. Older adults who formerly provided care

were four times more likely to have a continued caregiving role than their counterparts who did not formerly provide care. Those in marriage-type relationships were 50.9% more likely, and those with primary responsibility for household and income tasks were respectively 28.0% and 31.0% more likely, to provide care than their counterparts. Personal values for social responsibility and role responsibility are significant predictors of informal care provision by older Australians. (JL)

ISSN: 14406381

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

## **GARDENING AND HORTICULTURAL THERAPY**

251/68 Digging for dementia: exploring the experience of community gardening from the perspectives of people with dementia; by Sarah Noone, Nicholas Jenkins.: Taylor and Francis.

*Aging and Mental Health*, vol 22, no 7, July 2018, pp 881-888.

The study sought to explore the lived experiences of people with dementia who participate in community-based gardening programmes. A collaborative gardening project was conducted over six weeks at a day centre for people with dementia. Six participants were recruited from the centre's attendees. Each session was co-designed by participants. Semi-structured group interviews were conducted each week, and researcher observations were documented. Semi-structured interviews were also conducted with the centre's staff to explore their views and to contextualise gardening participants' experiences. Data were analysed inductively using thematic analysis. This paper focused upon three of the study's emergent themes: identity, agency and community. The findings revealed that for people with dementia, gardening is not merely a matter of enjoying time outdoors \_ it is a forum for the articulation of identity and selfhood and expression of agency. It can also facilitate the development of new social bonds based upon shared interests rather than a shared diagnosis. Gardening-based interventions can offer more than simply facilitating outdoor engagement and promoting social interaction. When conditions are right, gardening can be an effective vehicle for the promotion of social citizenship and expression of selfhood and agency in dementia. (JL)

ISSN: 13607863

From : <http://www.tandfonline.com/camh>

## **GRANDPARENTS**

251/69 Connecting older grandmothers raising grandchildren with community resources improves family resiliency, social support, and caregiver self-efficacy; by Abhishek Pandey, Kerry Littlewood, Larry Cooper (et al): Taylor and Francis.

*Journal of Women and Aging*, vol 31, no 3, May-June 2019, pp 269-283.

Custodial grandparenting can be especially challenging for older grandmothers facing age-specific issues. Kinship navigator courses are social service delivery programs intended to inform grandparents and other relatives raising children about available resources and services; provide information specific to their individual needs; and help families navigate service systems. This study uses self-report data from one kinship navigator federal demonstration project, which used a randomised control trial (RCT), to examine demographic characteristics for grandmothers under and over 55 years of age; whether grandmother caregivers (age 55+) improve family resilience, social support and caregiver self-efficacy; and which interventions improved outcomes for grandmothers (age 55+). Each participant was randomly assigned to one of four groups: Usual Care (traditional child welfare services), Standard Care (family support and case management), Peer-to-Peer Care Only, and Full Kin Tech Care (peer navigators with computer access and interdisciplinary team). Thirty-nine percent of grandmothers (age 55-75) were mostly living in poverty, predominantly Caucasian, with 36% identifying as African American/Black, with at least one to two children at home. Repeated-measures ANOVAs for each sub-scale showed statistically significant within- and between-group differences for Family Functioning, Social Supports, Concrete Supports, Child Development, and Nurturing and Attachment, with the exception of Usual Care, which showed a decline in protective factors consistently across subscales. Future research with kinship families could qualitatively examine the experiences for older women in navigator programs; and replication of kinship navigator programs could build capacity in data collection and maintenance systems to gain better perspective about how systems of care affect families. (RH)

ISSN: 08952841

From : <http://www.tandfonline.com>

251/70 I want (to be) an active grandmother: activity as a new normative framework of subjective meanings and expectations associated with the grandmother role; by Jaroslava Hasmanova Marhankova.: Cambridge University Press.

*Ageing and Society*, vol 39, no 8, August 2019, pp 1667-1690.

The norms of grandmothers in relation to cultural representations of active ageing are analysed. Based on interviews carried out with 20 mothers and 20 grandmothers of children aged under ten in the Czech Republic, this article focuses on the way in which the current emphasis on activity influences ideas about how a grandparent's roles should be performed, and how women relate to their own ageing. The analysis shows that being active was significant to the mothers' notions and expectations associated with care provided by grandmothers, of grandmothers' talk about their own grandparental role, and how both generations of women interpret their own memories of their own grandmothers. Both the mothers and the grandmothers noted how the family role of grandmothers had changed compared to past generations



of grandmothers. This change was framed by the idea of having an active lifestyle, and this idea formed an important framework for the mothers' expectations about what their role as grandmothers might be like in the future. This paper critically analyses those representations of the grandmother role. It points to the emergence of new forms of conflicts and challenges, and the sense of ambivalence about traditional roles that result from the close association made between being active and the representation of grandmothers.

ISSN: 0144686X

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

## **HEALTH AND WELLBEING**

(See 251/98)

## **HEALTH CARE**

(See 251/130)

## **HOME CARE**

(See Also 251/21)

- 251/71 Adverse drug events and medication problems in "Hospital at Home" patients; by Elizabeth Mann, Orlando Zepeda, Tacara Soones (et al): Taylor and Francis.  
Home Health Care Services Quarterly, vol 37, no 3, July-September 2018, pp 177-186.  
'Hospital at Home' (HaH) was first piloted in the USA during the mid-1990s and has since been implemented in several health programmes as an alternative to hospitalisation for older adults. However the incidence of adverse drug events in these programmes is unknown. This study described adverse drug events and potential adverse drug events in a new HaH programme run by the Mobile Acute Care Team (MACT) and based at the Mount Sinai Health System, New York City. The study examined the charts of the first 50 patients admitted. 45 potential adverse drug events and 14 adverse drug events were found from admission to 30 days after HaH discharge. None of the adverse drug events were severe. Some events, like problems with medication administration, may be unique to the hospital at home setting. Monitoring for adverse drug events is feasible and important for hospital at home programmes. (JL)  
ISSN: 01621424  
From : <http://www.tandfonline.com>
- 251/72 Availability of Medicaid home- and community-based services for older Americans and people with physical disabilities; by Marissa R Meucci, Noelle K Kurth, Theresa I Shireman, Jean P Hall.: Taylor and Francis.  
Home Health Care Services Quarterly, vol 37, no 1, January-March 2018, pp 41-59.  
This study aimed to provide an overview of Medicaid home- and community-based services (HCBS) for older adults and individuals with physical disabilities by describing eligibility criteria, availability and types of services. All 50 state Medicaid programmes across the USA were found to provide supplementary HCBS in addition to mandatory services, although the amount, type and eligibility for HCBS varied widely between states. Variation in service provision and eligibility rules has led to a patchwork of services from state to state, with the same person eligible for services in one state but not another. (JL)  
ISSN: 01621424  
From : <http://www.tandfonline.com>
- 251/73 The effect of public home-care expenditure on unpaid caring: differences between the over-50s in work and not in work; by Debbie Verbeek-Oudijk, Isolde Woittiez, Alice de Boer.: Policy Press.  
International Journal of Care and Caring, vol 3, no 2, May 2019, pp 203-224.  
This study examines the relationship between public expenditure on professional home care and unpaid caring by the over 50s in Europe, and whether this relationship differs between working and non-working populations. The study uses Survey of Health, Ageing and Retirement in Europe (SHARE) data from eight European countries merged with Organisation for Economic Co-operation and Development (OECD) data on home-care expenditure in 2004, 2007, 2011 and 2013. (The eight countries are Austria, Belgium, Denmark, France, Germany, the Netherlands, Spain and Switzerland.) The authors use logistic regressions with fixed effects, and their findings provide evidence that rising expenditure is associated with lower probabilities of (regular) unpaid caring by the over 50s, but only among those not in work. The consequences of the increasing emphasis on unpaid caring, especially combined with paid work, should be studied further. (RH)  
From : <http://www.policy.bristoluniversitypress.co.uk/journals/international-journal-of-care-and-caring>

- 251/74 The effectiveness of home health care for reducing readmissions: an integrative review; by Danielle M Siclovan.: Taylor and Francis.  
Home Health Care Services Quarterly, vol 37, no 3, July-September 2018, pp 187-210.  
Acute care hospital readmissions are frequent and costly, with estimated costs exceeding \$26 billion in the US. Discharge with referral to post-acute care provides an option to continuing care, home health care (HHC) being the most common and effective resource. The purpose of this integrative review was to analyse research on the relationship of HHC to readmissions, specifically, identifying moderating and mediating factors and measurement constraints influencing effectiveness evaluations of HHC in reducing readmissions. HHC patients' readmission rates were found to be higher than patients not receiving home health services but measurement of effectiveness was confounded by both practice variation and comparisons using non-comparable control groups. Effectiveness evaluations of HHC in reducing readmission requires attention to sample comparability and control for mediating variables. Establishing evidence of effectiveness clarifies the utility of HHC as a strategy to reduce readmissions. (JL)  
ISSN: 01621424  
From : <http://www.tandfonline.com>
- 251/75 Linkage of social care and hospital admissions data to explore non-delivery of planned home care for older people in Scotland; by Josie Evans, Karen Methven, Nicola Cunningham.: Emerald.  
Quality in Ageing and Older Adults, vol 20, no 2, 2019, pp 48-55.  
As part of a pilot study assessing the feasibility of record-linking health and social care data, this paper examines patterns of non-delivery of home care among older clients (age 65+) of a social home care provider in Glasgow, Scotland. The paper also assesses whether non-delivery is associated with subsequent emergency hospital admission. After obtaining appropriate permissions, the electronic records of all home care clients were linked to a hospital inpatient database and anonymised. Data on home care plans were collated for 4,815 older non-hospitalised clients, and non-delivered visits were examined. Using case control methodology, those who had an emergency hospital admission in the next calendar month were identified (n=586), along with age and sex-matched controls, to determine whether non-delivery was a risk factor for hospital admission. There were 4,170 instances of "No Access" non-delivery among 1,411 people, and 960 instances of "Service Refusal" non-delivery among 427 people. The median number of undelivered visits was two among the one-third of clients who did not receive all their planned care. There were independent associations between being male and living alone, and non-delivery, while increasing age was associated with a decreased likelihood of non-delivery. Having any undelivered home care was associated with an increased risk of emergency hospital admission, but this could be due to uncontrolled confounding. This study demonstrates untapped potential for innovative research into the quality of social care and effects on health outcomes. Non-delivery of planned home care, for whatever reason, is associated with emergency hospital admission; this could be a useful indicator of vulnerable clients needing increased surveillance. (RH)  
ISSN: 14717794  
From : <http://www.emeraldinsight.com/loi/qaoa>
- 251/76 Protecting workers in the home care industry: workers' experienced job demands, resource gaps, and benefits following a socially supportive intervention; by Linda Mabry, Kelsey N Parker, Sharon V Thompson (et al.): Taylor and Francis.  
Home Health Care Services Quarterly, vol 37, no 3, July-September 2018, pp 259-276.  
The Community of Practice and Safety Support (COMPASS) programme is a peer-led group intervention for home care workers. In a randomised controlled trial COMPASS significantly improved workers' professional support networks and safety and health behaviours. However quantitative findings failed to capture workers' complex emotional, physical and social experiences with job demands, resource limitations and the intervention itself. In this study the authors conducted qualitative follow-up interviews with a sample of 28 participants in the programme. Results provided examples of unique physical and psychological demands, revealed stressful resource limitations (e.g. safety equipment access) and elucidated COMPASS's role as a valuable resource. (JL)  
ISSN: 01621424  
From : <http://www.tandfonline.com>
- 251/77 Understanding complex care for older adults within Canadian home care: a systematic literature review; by Shanthi Johnson, Juanita Basco.: Taylor and Francis.  
Home Health Care Services Quarterly, vol 37, no 3, July-September 2018, pp 232-246.  
In the context of an ageing population both the need for home care services and its complexity of care have increased in many high income countries. However the definition of what constitutes complex care is largely elusive. This systematic review examined the conceptual definition of complex care within the home care environment using several social and health science databases for research published from 2000 to 2017. Of the 25 articles and reports identified only 16 addressed complex care specifically and included older adults, ageing and/or home care. The results showed that complex care for older adults is primarily defined from a biomedical approach focusing on chronic disease and management and less commonly from the perspective of the social determinants of health. Future studies should consider the importance of the continuum of care needs from both the biomedical and the social determinants to adequately plan and provide care for older adults. (JL)  
ISSN: 01621424  
From : <http://www.tandfonline.com>

## **HOSPICE CARE**

- 251/78 "Magic happens here": environmental serenity in residential hospice care; by Deborah P Waldrop, Jacqueline M McGinley.: Taylor and Francis.  
Journal of Housing for the Elderly, vol 32, nos 3-4, July-December 2018, pp 462-478.  
The authors explore the unique interaction between the care that is provided in, and the environmental features of, hospice residences. Interviews with 40 professionals from eight hospice residences focused on elements of care. Visual content analysis was conducted with 187 photographs of internal and external environments. Three themes illuminated residential care as: patient-family-centred, flexible, and comfort-focused. Six environmental features are described as: site and context; nature connectivity; arrival spaces; communal spaces; private spaces; and transitional spaces. The interaction between residential care and the environmental features creates environmental serenity. (RH)  
ISSN: 02763893  
From : <http://www.tandfonline.com>

## **HOSPITAL CARE**

(See 251/17, 251/39, 251/117)

## **HOSPITAL DISCHARGE**

(See 251/50)

## **HOUSING**

- 251/79 Decisions about the "if", "when" and "how" of moving home: can a relocation service help? A Welsh case study; by Sarah Hillcoat-Nalletamby, Alexandra V Sardani.: Taylor and Francis.  
Journal of Housing for the Elderly, vol 33, no 3, July-September 2019, pp 275-297.  
This small-scale, Welsh qualitative study explores how a new "moving on" service empowered older people to move voluntarily from their home to an extra-care facility. Eighteen older people were interviewed about their experiences of the service, which offered in-person, bespoke information, advice, financial, practical, brokerage and emotional support about moving. Findings indicate three service use patterns: continuous, partial and discontinued. It was instrumental in empowering clients to exercise decision-making, delegated, and/or consumer autonomies, and following through on what had been decided. Recommendations for future developments of a prototype "moving on" service include a multi-partner approach and caseworker case management training modelled on social work practice. (RH)  
ISSN: 02763893  
From : <http://www.tandfonline.com>
- 251/80 The evolution of housing typologies for older adults in The Netherlands from 1945 to 2016: an analysis in the context of policy, societal and technological developments; by Masi Mohammadi, Maurice Dominicus, Leonie van Buuren (et al).: Taylor and Francis.  
Journal of Housing for the Elderly, vol 33, no 3, July-September 2019, pp 205-226.  
The effects of policy, societal and technological changes can greatly affect the demand for and availability of suitable, comfortable housing for older people. This article aims to shed light on the relationship of these factors and how housing (and the type of dwellings) for older people in the Netherlands evolved between 1945 and 2016. The study used quantitative data to map developments in inpatient and assisted ambulatory housing facilities for older people. Using these data, five transition periods can be distinguished. Whereas in the earlier transition periods policy factors were tremendously important, during the later ones societal influence empowered by technological change became the main factor. This research shows that the classification of inpatient, assisted ambulatory housing, and outpatient housing may no longer be applicable in its current form. (RH)  
ISSN: 02763893  
From : <http://www.tandfonline.com>
- 251/81 Intergenerational housing: the case of Humanitas Netherlands; by Marlous Elisabeth Arentshorst, Roy Reinier Kloet, Alexander Peine.: Taylor and Francis.  
Journal of Housing for the Elderly, vol 33, no 3, July-September 2019, pp 244-256.  
The authors analyse a case study of an innovative intergenerational housing arrangement in the Netherlands as an example of how a local long-term care practice evolved in response to contemporary challenges. The elements identified relate to the characteristics and strategies of an institutional entrepreneur. However, reciprocity and mutual learning have a central place, since these elements might also benefit future housing initiatives for older people, as could be case with innovative intergenerational living environments such as Humanitas Netherlands. In this instance, the current intergenerational living environment at Humanitas comprises 6 students and 160 older residents, examples of whose (mainly positive) experiences are described. (RH)  
ISSN: 02763893  
From : <http://www.tandfonline.com>

- 251/82 Lighting effects on older adults' visual and nonvisual performance: a systematic review; by Xiaojie Lu, Nam-Kyu Park, Sherry Ahrentzen.: Taylor and Francis.  
Journal of Housing for the Elderly, vol 33, no 3, July-September 2019, pp 298-324.  
Lighting plays an important role in daily life. It helps people perform daily activities independently and safely, and also benefits their health. This study assesses the research evidence of lighting's impacts on older adults in four domains: (a) performance of activities of daily living (ADLs) and instrumental activities of daily living (IADLs); (b) circadian rhythm; (c) fall prevention and postural stability; and (d) sleep quality. A comprehensive review of lighting studies on older adults' visual and non-visual performance was conducted using a modified PRISMA systematic review process. For the first domain, some older adults had difficulty in using the toilet, preparing meals and doing laundry under lower illumination. For the second domain, brighter and bluish lighting improved older adults' circadian rhythm. For the third domain, low-intensity LED lighting affixed to door frames can help older adults maintain postural stability and prevent falling when moving around during the night. Finally, some studies concluded that receiving outdoor daylight during exercise was beneficial to older adults' sleep quality. This study provides several methodological, theoretical and collaborative suggestions for developing a more conclusive evidence base for lighting standards and strategies for older adults. (RH)  
ISSN: 02763893  
From : <http://www.tandfonline.com>

## INFORMATION AND COMMUNICATION TECHNOLOGY

(See Also 251/116, 251/119)

- 251/83 Digital inclusion in later life: cohort changes in internet use over a ten-year period in England; by Katey Matthews, James Nazroo, Alan Marshall.: Cambridge University Press.  
Ageing and Society, vol 39, no 9, September 2019, pp 1914-1932.  
The ability to use the internet frequently is likely to provide a useful means of engaging with society and using services in later life, yet older people are the most likely to suffer digital exclusion, with those of the oldest ages at the greatest risk. Using six waves (2002-2012) of the English Longitudinal Study of Ageing (ELSA), the authors model cohort-specific patterns of frequent internet use for people aged 50 and over. Multi-level growth models are used to observe trajectories of internet use over the ten-year period. Firstly, analyses are stratified by gender and wealth, and secondly additionally testing for health effects. The study finds cohort-specific differences in patterns of internet use. Rates of internet use increase faster among younger cohorts; yet, despite initially increasing, usage rates begin to decline among older cohorts. Poor health is shown to be a key factor in shaping the trajectory of internet use over time. Rates of internet use are consistently lower for women than men and for those in poorer financial circumstances, independent of age cohort. The findings demonstrate the importance of ensuring that older people can remain digitally included throughout later life, including after the onset of poorer health, especially as some of these individuals might benefit the most from some of the services the internet can provide. (RH)  
ISSN: 0144686X  
From : <http://www.cambridge.org.aso>
- 251/84 Technostress: measuring a new threat to well-being in later life; by Galit Nimrod.: Taylor and Francis.  
Aging and Mental Health, vol 22, no 8, August 2018, pp 1086-1093.  
Technostress is stress induced by an inability to cope with Information and Communication Technology (ICT) in a healthy manner. Research on the topic has focused primarily on the workforce and tended to overlook senior citizens. This study presented the development of a new scale which was designed to measure technostress specifically among older adults. The scale explored five constructs: overload, invasion, complexity, privacy and inclusion. The initial 20-item measure was tested in a pilot study and then included in an online survey of 537 Internet users aged 60 years and over. Based on the statistical analysis the scale was reduced to 14 items. The constructs had good internal homogeneity, significant inter-construct correlations and high loadings on a single latent factor. The scores were well distributed along the range. Concurrent validity was assessed using the Satisfaction with Life Scale. A significant negative association was found between the two scales \_ a correlation that remained significant even after controlling for background variables. The new scale is useful for measuring technostress in older people, and technostress ought to be considered a particular threat to wellbeing in later life. Future research should explore its antecedents and consequences and identify interventions useful in alleviating its harmful effect on older ICT users. (JL)  
ISSN: 13607863  
From : <http://www.tandfonline.com/camh>
- 251/85 When your world gets smaller: how older people try to meet their social needs including the role of social technology; by Tina Ten Bruggencate, Katrien G Luijkx, Janienke Sturm.: Cambridge University Press.  
Ageing and Society, vol 39, no 8, August 2019, pp 1826-1852.  
Social needs are important basic human needs. When social needs are not fulfilled, it can lead to mental and physical health problems. In an ageing society, meeting the social needs of older adults is important to sustain their well-being and quality of life. Social technology is used by younger people attempting

to fulfil social needs. This study aims to understand the social needs of older people and the role of social technology in fulfilling these needs; and using this information, to find opportunities for (technological) interventions. The authors conducted a qualitative explorative field study, by interviewing 19 community-dwelling older adults (age 75+) in a medium-sized town in the south of the Netherlands. The participants were selected by professional care-givers with the help of a list of criteria for people at risk of social isolation or loneliness. Semi-structured interviews were conducted, using a list covering the following topics: social networks, social support, connectedness, neighbourhood, activities and hobbies, as well as use of and experiences with social technology. After thematic analysis, inductive codes were attached to quotations relevant to the research question. The results were described in four sections: (a) social needs and relationships; (b) the influence of life history and personality; (c) possibilities and barriers to meet social needs; and (d) use of and attitude towards social technology. The results indicate that the group of participants is heterogeneous and that their social needs and the way they try to meet these are diverse. The Social Production Functions Theory of Successful Aging (SPF-SA) was found to be a useful basis for interpreting and presenting the data. Social needs such as connectedness, autonomy, affection, behavioural confirmation and status are important for older people's well-being. Although the need for affection is most easy to fulfil for older people, it looks like satisfaction of the need for behavioural confirmation and status are in some cases preferred, especially by the male participants. Resources such as relationships, activities, personal circumstances and social technology can help meet social needs. Where there is a lack of (physical) resources such as health problems, reduced mobility, death of network members, fear of rejection and gossip, and poor financial circumstances, meeting social needs can be more difficult for some older people. Social technology now plays a modest role in the lives of older people and in fulfilling their social needs. Because of its potential and its role in the lives of younger people, social technology can be seen as a promising resource in the satisfaction of social needs. However, since it is yet unknown how and to what extent the use of social network technologies (such as Facebook) can be beneficial for older people, more research in this area is needed. The authors conclude from their findings that the world of older individuals is getting smaller. The loss of resources (e.g., the loss of one's health and mobility) may make it more difficult for an older person to connect with the world outside, which may result in a smaller social network. The authors therefore suggest that interventions to support older adults to meet their social needs should focus on two aspects: supporting and improving the world close by, and bringing the world outside a little bit closer. (RH)

ISSN: 0144686X

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

## INTEGRATED CARE

251/86 Conceptualizing "project resiliency": a qualitative study exploring the implementation of coordinated care within a context of system change; by Laura M Holdsworth.: Emerald.

Journal of Integrated Care, vol 27, no 2, 2019, pp 163-172.

In order to meet the multidimensional needs of patients health services are increasingly implementing complex programmes of care through partnerships between different sectors. The purpose of this paper was to explore the implementation process of a complex, multi-innovative regional health and social care partnership to coordinate end-of-life care in the South East of England. The study adopted a pragmatic, pluralist design using primarily qualitative methods including observations, interviews, focus group and document review. Implementation theory provided the research framework. While progress was made towards greater collaboration in the provision of end-of-life care, regional coordination of care among the 13 partner organisations was not achieved as envisioned. Low engagement stemming from national health system changes delayed decision making and shifted partners' priorities. Individual stakeholder interest and motivation carried the elements that were successful. The external political and economic environment hindered the involvement of some of the partners. It is suggested that a concept of 'project resiliency' is particularly important for complex, multi-organisational projects which are implemented over time and by multiple stakeholders from different sectors. Future research should look further at what contributes to project resiliency and whether it might be operationalised so that projects can develop resilient factors for success. (JL)

ISSN: 14769018

From : <http://www.emeraldinsight.com/loi/jica>

251/87 The contribution of implementation science to improving the design and evaluation of integrated care programmes for older people with frailty; by Euan Sadler, Jane Sandall, Nick Sevdalis, Dan Wilson.: Emerald.

Journal of Integrated Care, vol 27, no 3, 2019, pp 232-240.

The purpose of this paper was to discuss three potential contributions from implementation science that may help clinicians and researchers to design and evaluate more effective integrated care programmes for older people with frailty. The paper focused on three contributions: stakeholder engagement, using implementation science frameworks and assessment of implementation strategies and outcomes. Stakeholder engagement was found to enhance the acceptability of interventions to recipients and providers and improved reach and sustainability. Implementation science frameworks assessed provider, recipient and wider context factors enabling and hindering implementation and guided selection and tailoring of appropriate implementation strategies. The assessment of implementation strategies and outcomes enabled the evaluation of the effectiveness and implementation of integrated care programmes

for this population. Implementation science provides a systematic way to think about why integrated care programmes for older people with frailty are not implemented successfully. The field has an evidence base, including how to tailor implementation science strategies to the local setting and assess implementation outcomes to provide clinicians and researchers with an understanding of how their programme is working. The authors draw out implications for policy, practice and future research. (JL)  
ISSN: 14769018  
From : <http://www.emeraldinsight.com/loi/jica>

251/88 A critical evaluation of integrated care: a case study of the supported discharge service; by Rachel Louise Ware.: Emerald.  
Journal of Integrated Care, vol 27, no 2, 2019, pp 141-152.

The purpose of this paper was to evaluate the Supported Discharge Service as a case study of integrated care. A secondary objective was to critically evaluate integrated care with regard to patient outcomes, patient satisfaction and cost and productivity. A retrospective mixed methods case study design was adopted utilising patient satisfaction questionnaires, therapy outcome measure and a performance dashboard to measure improvements in patient satisfaction, patient outcomes and cost and productivity. Measured improvements were observed in the integrated discharge process and analysis of the findings demonstrated a statistically significant improvement in patient outcomes, high levels of patient satisfaction and improved productivity subsequently leading to financial savings. Due to convenience sampling, the small sample size and a short time frame when analysing patient outcomes, the generalisability of results was limited. Despite this, with integrated care being polymorphous these findings can be utilised to develop theoretical principles to make assertions about integration. (JL)  
ISSN: 14769018  
From : <http://www.emeraldinsight.com/loi/jica>

251/89 Does the integration of response services lead to meaningful change in healthcare activity?: A case study evaluation; by Sebastian Hinde, Jo Setters, Laura Bojke (et al.): Emerald.  
Journal of Integrated Care, vol 27, no 3, 2019, pp 193-203.

During 2014/15 NHS England funded 50 'Vanguards' of new care models in the NHS with the aim of improving coordination and the level of care provided across primary, secondary and community services. The core premise was that a number of areas in England would spearhead the goals of the NHS Five Year Forward View (2014-17) and stimulate a national shift towards more integrated care through local action, an aspiration that has been restated in the NHS Long-Term Plan (2019). The purpose of this paper was to report on an extensive analysis of one of the Vanguard programmes, exploring whether the implemented integrated response service (IRS) based in Harrogate, England, resulted in any meaningful change in secondary healthcare activity. The authors used an interrupted time series framework applied to aggregate secondary care data, specifically emergency attendances for patients aged 65+, emergency bed days for all adults and non-elective admissions for patients aged 65+. Synthetic and geographic comparator data were employed to inform additional scenario analyses. The majority of the analyses conducted found no statistically significant effect of the IRS team in either direction, suggesting that there was no change in the metrics that could be separated from natural variation. The data correlated with the findings of a qualitative analysis and challenges faced in staffing the team towards the end of the analysis period and the eventual disbanding of the IRS. The analysis was partially hampered by data access challenges, limited to poorly specified aggregate secondary care data and a poorly specified intervention. Furthermore the follow-up period was limited by the disbanding of the service. This analysis indicates that the Harrogate-based IRS team is unlikely to have delivered any sustained quantifiable impact on the intended secondary care outcomes. While this does not necessarily demonstrate a failure of the core principle behind the drive for integrated care it is an important exploration of the challenges of evaluating such a service. (JL)  
ISSN: 14769018  
From : <http://www.emeraldinsight.com/loi/jica>

251/90 Integrated care for community dwelling older Australians; by Jennifer Mann, Sue Devine, Robyn McDermott.: Emerald.  
Journal of Integrated Care, vol 27, no 2, 2019, pp 173-187.

Integrated care is gaining popularity in Australian public policy as an acceptable means to address the needs of frail older people. The purpose of this paper was to investigate contemporary models of integrated care for community dwelling older people in Australia and discuss how public policy has been interpreted at the service delivery level to improve the quality of care for this population. A scoping review was conducted for peer-reviewed and grey literature on integrated care for older people in Australia. Publications from 2007 to date that described community-based enablement models were included. Care coordination was found to be popular in assisting older people to bridge the gap between existing disparate health and social care services. The role of primary care was respected but communication with the general practitioner and introduction of new roles into an existing system was challenging. Older people value the role of the care co-ordinator and while robust model evaluation is rare there is evidence of integrated care reducing emergency department presentations and stabilising quality of life of participants. Technology is an underutilised facilitator of integration in Australia. Innovative funding solutions and a long-term commitment to health system redesign is required for integrated care to extend beyond care coordination. (JL)  
ISSN: 14769018 From : <http://www.emeraldinsight.com/loi/jica>

- 251/91 Roles and responsibilities in integrated care for dementia; by David Robertshaw, Ainslea Cross.: Emerald.  
Journal of Integrated Care, vol 27, no 2, 2019, pp 131-140.  
Effective integrated healthcare systems require capable trained workforces with leadership, shared governance and coordination. The purpose of this paper was to characterise roles and responsibilities in relation to integrated care from the perspective of massive open online course (MOOC) participants. MOOC discussion board posts were analysed using framework analysis consisting of transcription, familiarisation, coding, developing an analytical framework and application of the framework. Boundaries and key issues surrounding roles and responsibilities were highlighted and participants suggested a number of enablers which could enhance integrated care in addition to barriers to consider and overcome. Enablers included introduction of shared communication and IT systems to support continuity of care. Awareness and understanding of dementia was seen as crucial to promote person-centred care and care planning. The roles of education and experience were highlighted. Barriers preventing effective roles and suitable responsibility included funding, role conflicts, time constraints and time-consuming paperwork. (JL)  
ISSN: 14769018  
From : <http://www.emeraldinsight.com/loi/jica>

### **INTERGENERATIONAL ISSUES**

(See Also 251/36, 251/81)

- 251/92 Intergenerational care: an exploration of consumer preferences and willingness to pay for care; by N Vecchio, K Radford, J A Fitzgerald (et al.): Taylor and Francis.  
Aging and Mental Health, vol 22, no 8, August 2018, pp 996-1004.  
Intergenerational care refers to models of care that bring together older people and children in a shared setting for their mutual benefit through activities aimed at meeting specific life goals. The aim of the present study was to identify feasible models of intergenerational care programmes in order to determine consumer preferences and willingness to pay for such care. Feasible models were constructed in extensive consultations with a panel of experts using a Delphi technique and were considered based on their practical implementation within an Australian setting. This informed a survey tool that captured the preferences and willingness to pay for these models by potential consumers when compared to the status quo. Information collected from the surveys was analysed using regression analysis to identify fundamental drivers of preferences and the prices consumers were willing to pay for intergenerational care programmes. The shared campus and visiting models were identified as feasible intergenerational care models. Key attributes of these models included respite day care; a common educational pedagogy across generations; screening; monitoring; and evaluation of participant outcomes. Although parents were more likely to take up intergenerational care compared to the status quo adult carers reported a higher willingness to pay for these services. Educational attainment also influenced the likely uptake of intergenerational care. The results of this study show that there is demand for the shared campus and the visiting campus models among the Australian community. The findings support moves towards consumer-centric models of care in line with national and international best practice. This consumer-centric approach is encapsulated in the intergenerational care model and enables greater choice of care to match different consumer demands. (JL)  
ISSN: 13607863  
From : <http://www.tandfonline.com/camh>
- 251/93 The Kids Insight into Dementia Survey (KIDS): development and preliminary psychometric properties; by Jess R Baker, Lee-Fay Low, Belinda Goodenough (et al.): Taylor and Francis.  
Aging and Mental Health, vol 22, no 8, August 2018, pp 953-959.  
Children may have a foundational role in efforts to raise community awareness about dementia. There is some qualitative work with children with a relative with dementia but little work into the insights of children as general citizens without affected family. One issue is an absence of measurement tools. Hence this study aimed to design and pilot a psychometrically sound self-report measure of dementia attitudes for children. Using a multi-staged scale development process, stakeholder and expert input informed a 52-item Kids Insight into Dementia Survey (KIDS). After a pretest of KIDS with 21 Australian schoolchildren aged 10-12 years, exploratory factor analysis and reliability and validity testing were run on a revised KIDS with data from 203 similar-aged schoolchildren. The KIDS was reduced from 52 to 14 items, and a three-factor solution identified: 'Personhood', 'Stigma' and 'Dementia Understanding'. A strong positive correlation with an adult measure of dementia attitudes and a moderate positive correlation with a child measure of attitudes towards older adults indicated good concurrent validity. Internal consistency of .83 indicated good reliability. These results support the use of KIDS as a tool to measure children's insight into dementia and to evaluate dementia education initiatives targeting youth. (JL)  
ISSN: 13607863  
From : <http://www.tandfonline.com/camh>

- 251/94 Socio-economic and lifestyle determinants of giving practical support to adult children in the era of changing late life; by Anu Siren, Freya Casier.: Cambridge University Press.  
Ageing and Society, vol 39, no 9, September 2019, pp 1933-1950.  
While research evidence indicates that older adults provide substantial amounts of financial, emotional and practical support to their adult children, little is known about the lifestyle-related drivers of providing such support or how these may be associated with changing late life in late modernity. Emerging popular discourses increasingly portray older adults as a group adopting new lifestyles, pursuing their own interests and rejecting normative family obligations. The authors use data from the Danish Longitudinal Study of Ageing, first, to examine cohort, age and period trends in the provision of informal support from 1997 to 2012 in Denmark; and second, the socio-economic and lifestyle factors associated with the likelihood of providing help to adult children. The authors find notably that, overall, older adults' provision of informal support to their adult children has increased over time and that active lifestyles do not decrease the provision of support to adult children. However, in later mid-life (52-62 years), having full-time employment and high work-related stress decreases the likelihood of providing help. The results indicate that while older adults play an important role in providing support, external stressors such as work-life imbalance in later life may interfere with their engagement in intergenerational relationships. (RH)  
ISSN: 0144686X  
From : <http://www.cambridge.org.aso>

#### INTERNATIONAL AND COMPARATIVE

- 251/95 Death preparation of Chinese rural elders; by Yanping Liu, Gertina J van Schalkwyk.: Taylor and Francis.  
Death Studies, vol 43, no 4, April 2019, pp 270-279.  
In this qualitative study, the authors explored how Chinese rural older people narrate death-related issues and death preparation. The authors adopted a phenomenological approach, and interviewed 14 participants regarding the particular actions they employ to prepare for death. The findings revealed a death preparation system for rural Chinese elders that is instrumental in how they converse about death, wish for a good death, make objects and symbols, and anticipate an afterlife as a worshiped ancestor rather than a wandering ghost. Family and family honour provide the context for death preparation. The authors discuss implications and the need for the death preparation education of younger generations. (RH)  
ISSN: 07481187  
From : <http://www.tandfonline.com>
- 251/96 Living arrangement preferences and realities for elderly Chinese: implications for subjective wellbeing; by Taichang Chen.: Cambridge University Press.  
Ageing and Society, vol 39, no 8, August 2019, pp 1557-1581.  
This article investigates the determinants of preference for intergenerational co-residence, and examines the effects of living arrangement concordance (i.e. having a match between preference and reality) on the subjective well-being (SWB) of older Chinese. Data were derived from the China Health and Retirement Longitudinal Study (CHARLS) national baseline conducted in 2011. This allows for two different measures of the affective approach to SWB: depression and happiness. This article found living arrangement preference is indicative of need, cultural norms and current living arrangement experiences. The results support the hypothesis of discrepancy theories, that having living arrangement concordance improves older parents' SWB (i.e. depressive symptoms and happiness). In addition, the previously predictive effects of the actual living arrangement on SWB lost significance when actual living arrangement and concordance were added simultaneously. Living in a preferred arrangement appears to be more important than living in a traditional arrangement from the point of view of older adults' SWB. Programmes designed to improve well-being in later life should not assume that there is a one-size-fits-all model for all; instead, older people should be given more choices of living arrangements. (RH)  
ISSN: 0144686X  
From : <http://www.cambridge.org.aso>
- 251/97 Perceptions of good and bad death among Korean social workers in elderly long-term care facilities; by Eunkyung Kim.: Taylor and Francis.  
Death Studies, vol 43, no 5, May-June 2019, pp 343-350.  
This qualitative study explored the perception of good and bad death among 15 social workers serving in care facilities for older people in Korea. A good death involved dying peacefully without much suffering, dying with family members present, death following a good life, and believing in a better afterlife. A bad death involved burdening children in the dying process, dying after extensive illness, dying isolated from family, and death from suicide. To ensure a good death for older people and avoid a bad death, social workers are encouraged to closely engage not only with older peoples but also their families. (RH)  
ISSN: 07481187  
From : <http://www.tandfonline.com>



- 251/98 Strangers in their own world: exploring the relation between cultural practices and the health of older adults in native communities in Chile; by Lorena P Gallardo-Peralta, Esteban Sánchez-Moreno, Vicente Rodríguez-Rodríguez.: Oxford University Press.  
British Journal of Social Work, vol 49, no 4, June 2019, pp 920-942.  
In recent years, social gerontology has emphasised the concept of cultural diversity with the purpose of understanding how there is a differentiated ageing process in the life pathways of ethnic minorities. This study analyses the implications of indigenous cultural practices for the health of a cross-sectional sample of 569 Indigenous Chileans (201 Aymara and 368 Mapuche) aged sixty and over. Measures were applied for depression, health problems, consumption of medication, cultural practices and resilience. The data analysis consisted of a linear and logistic regression analysis for scores on health-related measures. The results show significant differences amongst the indigenous groups. Mapuche participants have more depressive symptomatology, more health problems and lower consumption of medication. There are differences in the explanatory variables for mental and physical health, but the results generally confirm that maintaining Indigenous medical practices, being resilient and engaging in intergenerational transmission of Indigenous culture are related with better health. These results suggest the need to incorporate an indigenous and/or multicultural perspective into anti-oppressive social work practice by designing interventions and policies that help to maintain and perpetuate indigenous health practices in community spaces. (RH)  
ISSN: 00453102 [From : https://academic.oup.com/bjsw/article/49/4/920/5481142](https://academic.oup.com/bjsw/article/49/4/920/5481142)

### LEGAL ISSUES

- 251/99 Older persons' right to health: a challenge to international law; by Barbara Mikolajczyk.: Cambridge University Press.  
Ageing and Society, vol 39, no 8, August 2019, pp 1611-1638.  
Over the next 30 years, the number of people aged over 65 will exceed the number of children worldwide. Moreover, people at extreme old age will constitute a significant group of older adults. Undoubtedly, global ageing appears as a great challenge to the whole international community in relation to the protection of rights of older people, including their right to health. The last one is recognised on international forums as one of the most current and complex issues. The author discusses how the right of older adults to health is protected by international norms, and she identifies trends and perspectives for implementing this right effectively. Examining the degree of protection, she analyses existing international instruments and their interpretation by international bodies. She considers that the new international developments should fill in the existing loophole in international law and oblige States to focus on elimination of ageism, age discrimination in access to health care, and various barriers to enjoying the right to health by older people. (RH)  
ISSN: 0144686X [From : http://www.cambridge.org.aso](http://www.cambridge.org.aso)

### LGBT

- 251/100 The association between negative attitudes toward aging and mental health among middle-aged and older gay and heterosexual men in Israel; by Geva Shenkman, Kfir Ifrah, Dov Shmotkin.: Taylor and Francis.  
Ageing and Mental Health, vol 22, no 4, April 2018, pp 503-511.  
In this study the association between negative attitudes toward ageing and mental health (indicated by depression, neuroticism and happiness) was explored among Israeli middle-aged and older gay and heterosexual men. In a community-dwelling sample, 152 middle-aged and older gay men and 120 middle-aged and older heterosexual men in the age range of 50 to 87 years completed measures of negative attitudes toward ageing, depression, neuroticism and happiness. After controlling for socio-demographic characteristics the association between negative attitudes toward ageing and mental health was moderated by sexual orientation, demonstrating that negative attitudes toward ageing were more strongly associated with adverse mental health concomitants among middle-aged and older gay men compared to middle-aged and older heterosexual men. These findings suggest vulnerability of middle-aged and older gay men to risks of ageing, as their mental health is markedly linked with their negative attitudes to older age. This vulnerability should be addressed by clinicians and counsellors who work with middle-aged and older gay men. (JL)  
ISSN: 13607863 [From : http://www.tandfonline.com/camh](http://www.tandfonline.com/camh)

### LONELINESS AND SOCIAL ISOLATION

(See Also 251/107)

- 251/101 Loneliness in later life: a cross-sectional survey analysis of place-based factors in Ireland; by Sarah Gibney, Tara Moore, Sinead Shannon.: Emerald.  
Quality in Ageing and Older Adults, vol 20, no 2, 2019, pp 80-96.  
The relationship between the age-friendliness of local environments and self-reported loneliness is investigated for a representative sample of 10,540 community-dwelling adults aged 55+ in Ireland. Data were from the Healthy and Positive Ageing Initiative Age friendly Cities and Counties Survey (2016). Several age friendly indicators, as proposed by World Health Organization (WHO), were included in this study: outdoor spaces and buildings; access to social services; social participation; respect and social

inclusion; and transport. Loneliness was measured using five items from the UCLA Loneliness Scale. Informed by an ecological approach to ageing, multi-level negative binomial regression models were used to investigate the association between each age friendly indicator and social loneliness. Models were adjusted for known demographic, socio-economic and health correlates of loneliness. Average loneliness scores were significantly higher for those in poorer health, who lived alone, were materially deprived, and those never or formerly married. Lower ratings and poorer outcomes for several interrelated age friendly place-based factors were significantly associated with higher loneliness scores: difficulty with transport, difficulty accessing social services, barriers to community activities, lower social engagement, and experiences and perceptions of ageism in the community; however, the effect sizes were small. This study identified several modifiable age-friendly features of local environments that are associated with loneliness in this older population. The results of this study can inform coordinated local and national efforts to enhance the age-friendliness of local environments, and reduce the risk and experience of loneliness among the ageing population in Ireland. (RH)

ISSN: 14717794

From : <http://www.emeraldinsight.com/loi/qaoa>

- 251/102 Typologies of loneliness, living alone and social isolation, and their associations with physical and mental health; by Kimberley J Smith, Christina Victor.: Cambridge University Press.

Ageing and Society, vol 39, no 8, August 2019, pp 1709-1730.

The relationship between living alone, loneliness and social isolation, and how they are associated with health remain contentious. The authors sought to explore typologies based on shared experiences of loneliness, social isolation and living alone, using Latent Class Analysis, and to determine how these groups may differ in terms of their physical and mental health. They used Wave 7 of the English Longitudinal Study of Ageing (ELSA; N = 7,032; mean age = 67.3) and responses to the University of California, Los Angeles (UCLA) Loneliness Scale on household composition, participation in social/societal activities, plus frequency of contact with friends, family and relatives for the Latent Class Analysis. The optimal number of groups was identified using model-fit criteria. The socio-demographic characteristics of groups and health outcomes were explored using descriptive statistics and logistic regression. A six-cluster typology was identified: Group 1, no loneliness or isolation; Group 2, moderate loneliness; Group 3, living alone; Group 4, moderate isolation; Group 5, moderate loneliness, living alone; and Group 6, high loneliness, moderate isolation (with high likelihood of living alone). Groups experiencing loneliness and/or isolation were more likely to report poorer physical and mental health; and even after adjusting for socio-demographic confounders, this was particularly notable for Group 6. The results indicate that different typologies of living alone, loneliness and isolation can be identified using data-driven techniques, and can be differentiated by the number and severity of issues they experience. (RH)

ISSN: 0144686X

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

### **LONG TERM CARE**

(See Also 251/49, 251/52, 251/97)

- 251/103 Changing long-term care provision at the local level in times of austerity: a qualitative study; by Cristiano Gori.: Cambridge University Press.

Ageing and Society, vol 39, no 9, September 2019, pp 2059-2084.

This article explores the effects produced by cost-containment policies and austerity measures, which widened the gap between care needs and available public funding, on the provision of long-term care (LTC) services at the local level in Italy during the economic crisis. The study is based on 34 semi-structured interviews with services managers employed in Italy's publicly funded LTC system. Data were analysed with the framework analysis method and six cross-cutting thematic categories were identified that depict, according to the interviewees, the main transformations that occurred in the provision of LTC at the local level as a consequence of cost-containment policies. 'Uncertainty' refers to the inability to predict what direction the LTC system is going to take in the foreseeable future. 'Short-termism' illustrates the pressure to focus excessively on day-to-day service delivery at the expense of a medium- to long-term view of their future. 'Endangering quality' describes the risk of not being able to maintain the level of quality of care achieved so far. 'Allocative tensions' refers to the tensions due to the increasing requirement to ration the provision of public LTC services. 'Unequal re-familiarisation' represents the very different impacts of the trend of re-familiarisation depending on families' financial situation. 'Inappropriate care' depicts the rising number of older people receiving public care interventions that are not appropriate to meet their needs. (RH)

ISSN: 0144686X

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

- 251/104 Predicting admission to long-term care and mortality among community-based, dependent older people in Ireland; by Niamh Aspell, Maria O'Sullivan, Eamon O'Shea (et al).: Wiley.

International Journal of Geriatric Psychiatry, vol 34, no 7, July 2019, pp 999-1007.

The objective of this study was to identify factors that predicted admission to long-term care (LTC) and mortality among community-based dependent older people in Ireland who were in receipt of formal home support. An audit was conducted of all community-dwelling older adults receiving government

funded home support during 2017 in the Dublin North Central Health Service Executive administrative area. Data were extracted from the Common Summary Assessment Report (CSAR), a mandatory form used in the provision of home support. Multiple logistic regression analysis was used to examine factors associated with admission to LTC and mortality, with the results presented as odds ratios (OR) and 95% confidence intervals. The audit comprised 1,597 community-dwelling older adults with a mean age of 83.3 years. The prevalence of transition to LTC and mortality was 8% and 9%, respectively, during the 12-month period. Factors significantly associated with admission to LTC were 'cognitive dysfunction' and the intensity of home support, as measured by weekly formal care hours. Physical dependency and advanced age (95 years or more) were significantly associated with mortality in this population. 'Cognitive dysfunction' and intensity of formal home support were associated with transition to LTC, while physical dependency and advanced age were associated with mortality. Investment in personalised cognitive-specific services and supports are necessary to keep people with dementia and related cognitive impairments living at home for longer. (JL)  
ISSN: 08856230 From : <http://www.orangejournal.org>

- 251/105 Stated preferences for long-term care: a literature review; by Thomas Lehnert, Max Heuchert, Katharina Hussain, Hans-Helmut Konig.: Cambridge University Press.  
Ageing and Society, vol 39, no 9, September 2019, pp 1873-1913.  
Person-centred provision of long-term care (LTC) requires information on how individuals value respective LTC services. The literature on LTC preferences has not been comprehensively reviewed, existing summaries are contradictory. An explorative, scoping review was conducted to provide a thorough methodological description and results synthesis of studies that empirically investigated LTC preference outcomes based on respondents' statements. A wide search strategy, with 18 key terms relating to 'LTC' and 31 to 'preferences', was developed. Database searches in PubMed, Ovid and ScienceDirect were conducted in February 2016. The 59 studies meeting the inclusion criteria were grouped and methodically described, based on preference eliciting techniques and methods. Despite substantial methodological heterogeneity between studies, certain findings consistently emerged for the investigated LTC preference outcomes. The large majority of respondents preferred to receive LTC in their known physical and social environment when care needs were moderate, but residential care when care needs were extensive. Preferences were found to depend on a variety of personal, environmental, social and cultural aspects. Dependent individuals aspired to preserve their personal and social identity, self-image, independence, autonomy, control and dignity, which suggests that LTC preferences are a function of the perceived ability of a specific LTC arrangement to satisfy peoples' basic physiological and mental or social needs. Research on LTC preferences would greatly profit from a standardisation of respective concepts and methods. (RH)  
ISSN: 0144686X From : <http://www.cambridge.org.aso>

## MEDICATION

(See Also 251/31)

- 251/106 Pill for this and a pill for that: a cross-sectional survey of use and understanding of medication among adults with multimorbidity; by Elinor Millar, Jason Gurney, James Stanley, Jeannine Stairmand.: Wiley.  
Australasian Journal on Ageing, vol 38, no 2, June 2019, pp 91-97.  
The purpose of this study was to understand the challenges of managing medication use and knowledge of people living with multimorbidity (defined as having two or more long-term illnesses or conditions). This was a cross-sectional survey of 234 adults with multimorbidity, identified using retrospective hospital discharge data. Participants were recruited from two primary health organisations in New Zealand. Three quarters of participants (75%) were prescribed four or more medications, and one in four (27%) were prescribed eight or more medications. Most participants reported knowing what their medications were for and when to take them. However over a fifth reported some problems managing multiple medications, and 40% reported a problem with side effects. These results highlight the need to consider how prescribing can be adapted for people with multimorbidity and move beyond the application of multiple disease-specific guidelines. (JL)  
ISSN: 14406381 From : <http://www.wileyonlinelibrary.com/journal/ajag>

## MENTAL HEALTH

(See Also 251/8, 251/41, 251/100)

- 251/107 Ageing and autism: loneliness and isolation; by Aoife Hickey, Jason Crabtree.: Network Autism, 2 February 2018, 3 pp.  
More often considered to be a childhood disorder, autism is now known to be lifelong. However, research has mostly focused on autism in childhood. This qualitative study reports on research conducted with 13 individuals aged 50+, four recruited via an NHS diagnostic clinic and nine via autism support and social groups in London. All had received their autism diagnosis in adulthood, on average six years prior to the study. While the focus is on isolation and loneliness, findings indicate that involvement with other autistic people provides ways of preventing loneliness. (RH)  
From : <https://network.autism.org.uk/sites/default/files/ckfinder/files/Ageing%20and%20autism%20loneliness.pdf>

- 251/108 Cognitive enhancement for the ageing world: opportunities and challenges; by Marcello Ienca, David Martin Shaw, Bernice Elgar.: Cambridge University Press.  
Ageing and Society, vol 39, no 10, October 2019, pp 2308-2321.  
Population ageing and the global burden of dementia pose a major challenge for human societies and are priorities for public health.  
Cognitive enhancement (i.e. the targeted amplification of core cognitive abilities) is raising attention among researchers as being an effective strategy to complement traditional therapeutic and assistive approaches, and reducing the impact of age-related cognitive disability.  
The authors discuss the possible application of cognitive enhancement for public health purposes to mitigate the burden of population ageing and dementia. After discussing the promises and challenges associated with enhancing ageing citizens and people with cognitive disabilities, they argue that global societies have a moral obligation to consider the careful use of cognitive enhancement technologies as a possible strategy to improve individual and public health. In addition, they address a few primary normative issues and possible objections that could arise from the implementation of public health-oriented cognitive enhancement technologies. (RH)  
ISSN: 0144686X  
From : <http://www.cambridge.org.aso>
- 251/109 Deliberate self-harm in older adults: a national analysis of US emergency department visits and follow-up care; by Timothy Schumtte, Mark Olfson, Ming Xie, Steven C Marcus.: Wiley.  
International Journal of Geriatric Psychiatry, vol 34, no 7, July 2019, pp 1058-1069.  
The purpose of this study was to examine mental health care received by older adults following emergency department (ED) visits for deliberate self-harm. This retrospective cohort analysis examined 2015 Medicare claims for adults aged 65 years or above with ED visits for deliberate self-harm. The study estimated adjusted risk ratios (ARR) for discharge disposition, ED coding of mental disorder, and 30-day follow-up mental health outpatient care. Most patients (76.9%) were hospitalised with lower likelihoods observed for African American patients and patients with either one medical comorbidity or two to three comorbidities. Hospitalisation was associated with recent depression and recent psychiatric inpatient care. Among patients discharged to the community, 56.4% received an ED mental disorder diagnosis. Predictors of an ED mental disorder diagnosis included younger age (65-69 years), recent mental health care in ED or outpatient settings, recent diagnosis of mental disorder, and other or unknown lethality methods of self-harm. Among community discharged patients, 39.0% received 30-day follow-up outpatient mental health care, which was most strongly predicted by an ED diagnosis of mental disorder and prior outpatient mental health care. Most older adult Medicare beneficiaries who present to EDs with self-harm are hospitalised. Of those who are discharged to the community, many are not diagnosed with mental disorder in the ED or receive timely follow-up mental health care. (JL)  
ISSN: 08856230  
From : <http://www.orangejournal.org>
- 251/110 Distinguishing characteristics of delirium in a skilled nursing facility in Spain: influence of baseline cognitive status; by José G Franco, Paula T Trzepacz, Ana M Gaviria (et al.): Wiley.  
International Journal of Geriatric Psychiatry, vol 34, no 8, August 2019, pp 1217-1225.  
Mild cognitive impairment (MCI) and dementia (DEM) are prevalent in skilled nursing facilities (SNFs), confounding delirium detection. This study reported characteristics of delirium in an SNF in order to ascertain distinguishing features for delirium diagnosis, despite challenges of comorbidity with MCI and DEM. This was a cross-sectional study of 200 consecutive patients from an SNF in the Catalonia region of Spain, assessed within the first 24 to 48 admission hours by independent experts with Spanish-Informant Questionnaire on Cognitive Decline in the Elderly (for MCI-DEM), Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) delirium criteria, and Delirium Rating Scale Revised-98 (DRS-R98) for delirium phenomenology. Delirium characteristics were modelled in successive steps, according to the presence of delirium and MCI-DEM, with analysis of variance (ANOVA), receiver operator characteristic analyses and conditional logistic regression. The final model produced symptoms that represented each of the three delirium core domains (ie, cognitive, higher order thinking and circadian). The DRS-R98 items rated these symptoms as moderate-severe attention/vigilance, mild-severe language, and moderate-severe sleep-wake cycle alterations. The delirium discriminant accuracy of the three symptoms together was high: 84.6% in the MCI-DEM group to 92.8% in the No MCI-DEM group. Impairments of attention, language and sleep-wake cycle indicated delirium in SNF patients regardless of the underlying MCI-DEM status. Because delirium is underdetected in SNFs where nursing staff/patient ratios are low, brief simple tools that measure these symptoms could potentially enhance delirium detection. (JL)  
ISSN: 08856230  
From : <http://www.orangejournal.org>

- 251/111 Machine learning approaches to studying the role of cognitive reserve in conversion from mild cognitive impairment to dementia; by David Facal, Sonia Valladares-Rodriguez, Cristina Lojo-Seoane (et al.): Wiley.  
International Journal of Geriatric Psychiatry, vol 34, no 7, July 2019, pp 941-949.  
The overall aim of the present study was to explore the role of cognitive reserve (CR) in the conversion from mild cognitive impairment (MCI) to dementia. The study used traditional and machine learning (ML) techniques to compare converter and non-converter participants. It also discussed the predictive value of CR proxies in relation to the ML model performance. A total of 169 participants completed the longitudinal study. Participants were divided into a control group and three MCI subgroups, according to the Petersen criteria for diagnosis. Information about the participants was compared using nine ML classification techniques. Seven relevant performance metrics were computed in order to evaluate the accuracy of prediction regarding converter and non-converter participants. Results showed that ML algorithms applied to socio-demographic, basic health and CR proxy data enabled prediction of conversion to dementia. The best performing models were the gradient boosting classifier, random forest classifier and Cohen. Use of ML techniques corroborated the protective role of CR as a mediator of conversion to dementia, whereby participants with more years of education and higher vocabulary scores survived longer without developing dementia. This study used ML approaches to explore the role of CR in conversion from MCI to dementia. The findings indicate the potential value of ML algorithms for detecting risk of conversion to dementia in cognitive ageing and CR studies. Further research is required to develop an ML-based procedure that can be used to make robust predictions. (JL)  
ISSN: 08856230 From : <http://www.orangejournal.org>
- 251/112 Menopause and cognitive functioning; by Christine Copley.: British Psychological Society.  
Psychology of Older People: The FPOP Bulletin, no 146, April 2019, pp 13-18.  
Problems with memory have been identified as a frequent complaint during the menopausal transition, with deficits in women's cognitive functioning being widely documented. Examples include difficulty remembering digits (e.g. phone numbers) and words, forgetting future and past events, episodes of absent-mindedness, inattention and distractibility, and 'losing one's train of thought'. This article reviews literature on the causes of cognitive decline in menopause: reduction in estrogen levels, problems sleeping, hot flushes, and depression. It reviews how causes can be managed: hormone replacement therapy (HRT), physical exercise and diet, good sleep hygiene, and cognitive stimulation. Differences between menopausal memory loss and dementia are also considered. (RH)  
ISSN: 23969652  
From : <http://www.bps.org.uk/networks-and-communities/member-microsite/dcp-faculty-psychology-older-people-fpop>
- 251/113 Mindfulness-based stress reduction in middle-aged and older adults with memory complaints: a mixed-methods study; by Lotte Berk, Rafta Hotterbeekx, Jim van Os, Martin van Boxtel.: Taylor and Francis.  
Aging and Mental Health, vol 22, no 9, September 2018, pp 1113-1120.  
In a rapidly ageing world more people are facing age-related decline in cognitive functioning. Cognitive complaints of older adults are often related to worries and concerns associated with age-related functional decline. Mindfulness-Based Stress Reduction (MBSR) can successfully target stress, worry and ruminative thinking but the applicability of this method in middle-aged and older adults with memory complaints is unclear. In this study 13 patients of a university hospital memory clinic aged between 45 and 85 years with memory complaints but no diagnosis of cognitive disorder participated in a standard eight-week MBSR programme consisting of weekly group meetings and a one-day silent retreat. After completion semi-structured qualitative interviews were conducted. Questionnaires administered before, one week after and five weeks after the intervention assessed quality of life, psychological distress (stress, anxiety and depression), mindfulness, self-compassion and subjective memory functioning. Neurocognitive functioning was assessed online, before and after the intervention. The qualitative analysis showed positive effects of the training (e.g. increased serenity), many participants worrying less about memory complaints. The self-reported measures were in line with the results of the qualitative analysis. This exploratory mixed-methods study suggests that MBSR is feasible and well received among older people with cognitive complaints. (JL)  
ISSN: 13607863 From : <http://www.tandfonline.com/camh>
- 251/114 Older people and autism: the beginning of a learning journey; by Emma Marriott.: British Psychological Society.  
Psychology of Older People: The FPOP Bulletin, no 147, July 2019, pp 48-51.  
The author explains her interest in autism spectrum disorder (ASD), which comes from personal, family experience. She comments about that the condition can be misdiagnosed - as schizophrenia, for example, and thus be undiagnosed. Evidence from the National Autistic Society (NAS) indicates that some 70% of those aged 55+ with an ASD diagnosis have only been diagnosed in the last 10 years, while many remain undiagnosed due to other diagnoses (e.g. personality disorder). The NAS website has a page looking age ageing, and with links to useful resources (<https://www.autism.org.uk/maturity>). This paper is part of a three-level training programme created by a multidisciplinary team of clinicians at Norfolk and Suffolk Foundation Trust (NSFT). (RH)  
ISSN: 23969652  
From : <http://www.bps.org.uk/member-microsites/dcp-faculty-psychology-older-people>

- 251/115 An online investigation of the relationship between the frequency of word puzzle use and cognitive function in a large sample of older adults; by Helen Brooker, Keith A Wesnes, Clive Ballard (et al.): Wiley.  
International Journal of Geriatric Psychiatry, vol 34, no 7, July 2019, pp 921-931.  
The identification of modifiable lifestyle factors to preserve cognitive function in older individuals is of increasing importance. This study aimed to examine whether word puzzle use is related to cognitive function in older adults. Cognitive data from 19,078 cognitively healthy individuals aged 50 to 93 years enrolled into the online PROTECT study were evaluated for self-reported frequency of performing word puzzles on a six-point scale, ranging from 'more than once per day' to 'never'. Nine cognitive tests covered a range of domains including focused and sustained attention, information processing, executive function, working memory and episodic memory. Analyses of covariance were used to determine any differences between the six response groups. Each of the 14 cognitive measures analysed showed highly statistically significant main effects of the frequency of performing word puzzles. For each measure the group who never performed word puzzles performed most poorly, with the group who reported occasional puzzle use also performing more poorly than virtually every other group. Measures of speed provided the greatest discriminations with a grammatical reasoning score differentiating the two highest frequency groups, performing word puzzles daily or more than once daily. These findings show that the frequency of word puzzle use is directly related to cognitive function in adults aged 50 and over. Future work needs to determine whether engaging in such puzzles can favourably influence cognitive trajectory with age. (JL)  
ISSN: 08856230  
From : <http://www.orangejournal.org>
- 251/116 Patterns of everyday technology use and activity involvement in mild cognitive impairment: a five-year follow-up study; by Annicka Hedman, Anders Kottorp, Louise Nygard.: Taylor and Francis.  
Aging and Mental Health, vol 22, no 5, May 2018, pp 603-610.  
Study aims were to describe longitudinal patterns in terms of perceived ability to use everyday technology (ET) and involvement in everyday activities over five years in older adults with mild cognitive impairment (MCI), and to examine the predictive value of these patterns regarding diagnostic outcomes. 30 older adults diagnosed with MCI at inclusion reported their perceived ability in using ET and involvement in everyday activities on seven occasions over five years. Individual longitudinal case plots and a pattern-oriented analysis were used to compare the participants' distribution in earlier identified stable/ascending, fluctuating and descending patterns of functioning (year 0-2). Fisher's exact test was used for testing the relation between pattern and diagnostic outcomes. An initial descending pattern of functioning tended to continue: none of these participants later developed a more stable pattern. More congruent trajectories of change appeared over time. Pattern affinity years 0-2 and diagnostic outcome were significantly related, with a dementia diagnosis being more likely for those initially displaying an early descending pattern. These findings point to a need for early support focusing on the use of ET for persons with MCI who early after diagnosis descend in functioning. (JL)  
ISSN: 13607863  
From : <http://www.tandfonline.com/camh>
- 251/117 Predicting postoperative delirium severity in older adults: the role of surgical risk and executive function; by Heidi Lindroth, Lisa Bratzke, Sara Twadell (et al.): Wiley.  
International Journal of Geriatric Psychiatry, vol 34, no 7, July 2019, pp 1018-1028.  
Delirium is an important postoperative complication yet predictive risk factors for postoperative delirium severity remain elusive. In this study it was hypothesised that the National Surgical Quality Improvement Program (NSQIP) risk calculation for serious complications or risk of death, and cognitive tests of executive function would be predictive of postoperative delirium severity. Furthermore it was demonstrated how advanced statistical techniques could be used to identify candidate predictors. Data from an ongoing perioperative prospective cohort study of 100 adults aged 65 years more undergoing non-cardiac surgery were analysed. In addition to NSQIP-SC, NSQIP-D, TMTA, and TMTB, participant age, sex, American Society of Anesthesiologists (ASA) score, tobacco use, surgery type, depression, Framingham risk score and preoperative blood pressure were collected. The Delirium Rating Scale-R-98 (DRS) measured delirium severity; the Confusion Assessment Method (CAM) identified delirium. LASSO and best subsets linear regression were employed to identify predictive risk factors. Results showed that 97 participants with a mean age of  $71.68 \pm 4.55$ , 55% male (31/97 CAM+, 32%), and a mean peak DRS of  $21.5 \pm 6.40$  were analysed. LASSO and best subsets regression identified NSQIP-SC and TMTB to predict postoperative delirium severity. NSQIP-SC and TMTB were also selected as predictors for postoperative delirium incidence. In this cohort the authors identified NSQIP risk score for serious complications and a measure of executive function, TMT-B, to predict postoperative delirium severity using advanced modelling techniques. Future studies should investigate the utility of these variables in a formal delirium severity prediction model. (JL)  
ISSN: 08856230  
From : <http://www.orangejournal.org>

- 251/118 The relationship between the frequency of number-puzzle use and baseline cognitive function in a large online sample of adults aged 50 and over; by Helen Brooker, Keith A Wesnes, Clive Ballard (et al.): Wiley.  
International Journal of Geriatric Psychiatry, vol 34, no 7, July 2019, pp 932-940.  
Establishing affordable lifestyle interventions that might preserve cognitive function in the ageing population and subsequent generations is a growing area of research focus. In the present study data from the online PROTECT study was used in order to examine whether number puzzle use is related to cognitive function in older adults. Data from 19,078 healthy volunteers aged 50 to 93 years old enrolled on the said study were evaluated for self-reported frequency of performing number puzzles. Two cognitive test batteries were employed to assess core aspects of cognitive function including reasoning, focused and sustained attention, information processing, executive function, working memory and episodic memory. Analysis of covariance was used to establish the differences between the six frequency groups. Highly statistically significant main effects of the frequency of performing number puzzles were seen on all 14 cognitive measures. Interestingly, participants who reported engaging in number puzzles more than once a day had superior cognitive performance on 10 core measures compared with all other frequency groups, although not all were statistically significant. Overall this study identified a close relationship between frequency of number puzzle use and the quality of cognitive function in adults aged 50 to 93 years old. In order to determine the value of these findings as a potential intervention, further research should explore the type and difficulty of the number puzzles. These findings further contribute to the growing evidence that engaging in mentally stimulating activities could benefit the brain function of the ageing population. (JL)  
ISSN: 08856230 From : <http://www.orangejournal.org>

### MENTAL HEALTH CARE

(See Also 251/113)

- 251/119 Predictors of performance in real and virtual scenarios across age; by Mario A Parra, Rini I Kaplan.: Taylor and Francis.  
Experimental Aging Research, vol 45, no 2, March-April 2019, pp 180-198.  
Virtual reality applications to assist older adult with cognitive and functional decline are fast-growing; but such technological developments face limitations. This study investigated age-related changes in functional abilities and their associated cognitive underpinnings during task performance in virtual and real environments.  
Twenty-two younger adults (university students) and 22 older adults (aged 58-74) performed a multiple errands task twice, once in the Discoveries section of the National Museum of Scotland, and once in the same room as a virtual environment. Accuracy and distance travelled were measured in both groups. Cognitive and daily living abilities were recorded in older adults using standard and novel questionnaires. It was found that the testing environment had a significant effect on how efficiently individuals performed the task. Older and younger adults' performance was alike, but older adults relied on more cognitive resources. Older adults struggled in the virtual but not in the real environment. Younger but not older adults could transfer knowledge between environments. The use of technology to assist frail older adults and those affected by dementia is growing rapidly. For these novel tools to be theoretically valid, they need to incorporate knowledge of the challenges they pose to these vulnerable groups. This work was undertaken by the Centre for Cognitive Ageing and Cognitive Epidemiology, University of Edinburgh, part of the cross-Council Lifelong Health and Wellbeing Initiative of the Biotechnology and Biological Sciences Research Council (BBSRC) and Medical Research Council (MRC), whose funding is acknowledged (Grant MR/K026992/1). (RH)  
ISSN: 0361073X From : <http://www.tandfonline.com>
- 251/120 Service user feedback forum: a service evaluation project; by Danielle Bagri.: British Psychological Society.  
Psychology of Older People: The FPOP Bulletin, no 146, April 2019, pp 52-57.  
Service user involvement is essential if services are to be truly needs-led. This article describes initial service user forum meetings in the Older People's Psychology Service in South Essex. Service users were invited to give their feedback on their experience of psychological service provision, to evaluate the service as part of a pilot project. The World Cafe Method was used in which open-ended questions considered: the referral pathway; intervention process; outcomes and opinions; values; endings; and barriers of accessing services. (RH)  
ISSN: 23969652  
From : <http://www.bps.org.uk/networks-and-communities/member-microsite/dcp-faculty-psychology-older-people-fpop>
- 251/121 Team psychological formulation to create a shared understanding of distress: a qualitative study in an older people's mental health inpatient setting; by Abi Tarran-Jones, S J Summers, Sarah Dexter-Smith, Sarah Craven-Staines.: Emerald.  
Quality in Ageing and Older Adults, vol 20, no 2, 2019, pp 67-79.  
Team psychological formulation is an organisational intervention aimed at developing a shared understanding of a person's mental health difficulties. There is a lack of evidence regarding the therapeutic value of this approach for older people. This paper explores how older people and their

carers experience a cognitive-behavioural approach to team psychological formulation, within a UK mental health inpatient service. A qualitative study using interpretative phenomenological analysis was undertaken. In total, 13 participants were interviewed: five older people/carer dyads, two lone older people and one lone carer. Three overarching themes emerged. First, "emotional impact of formulation" captured the mixed emotions that the process evoked in participants. Second, "making sense?" reflected the therapeutic value that participants experienced and what held them back from making gains in their recovery. Third, "disempowered people trapped in a biomedical world" illustrated the negative aspects of ward care, which hindered recovery. The findings provide insights into the therapeutic value of team psychological formulation and the difficulties in facilitating the process effectively. More consistency is required to ensure that team formulation is standardised. Further research into the outcomes of the approach for older people is recommended. (RH)

ISSN: 14717794

From : <http://www.emeraldinsight.com/loi/qaao>

## **MENTAL HEALTH SERVICES**

- 251/122 Evaluation of Schwartz Rounds within mental health services for older people, Leicestershire Partnership Trust 2014-2018; by Carmen Ng, Jeanette Forster.: British Psychological Society. *Psychology of Older People: The FPOP Bulletin*, no 146, April 2019, pp 19-25. Collaboration and compassion have been recognised as especially important in mental health services. The absence of a multidisciplinary professional forum within Mental Health Services for Older People (MHSOP) in Leicestershire Partnership (NHS) Trust (LPT) led to the introduction of Schwartz Rounds in 2014, the aim being to improve interprofessional collaboration and quality of care. This article describes the mixed method evaluation of staff feedback from 34 monthly Schwartz Rounds from October 2014 to July 2018 conducted with 1,072 attendees (usually 26-29 per meeting). 863 feedback forms were collected (mean response 80.85%). While ratings were high for relevance to daily work and helpful discussion, there was less complete agreement for 'knowledge gained to care for patients'. Themes and sub-themes on the impacts of the Schwartz Rounds on participants, and teamwork or services are itemised. The authors suggest other sources with which to compare these results, and they note that findings from this evaluation also support the work of other agencies (i.e. the Point of Care Foundation). However, results suggest a decrease in 2018 of 'knowledge gained to care for patients', 'help in working relationship' and 'insights into others' care for patients'. Even so, more than 95% of staff rate attending Schwartz Round as 'good', 'excellent' or 'exceptional' in 2018. The future plan will be to think about how to continue improving this service to staff and patients, and to consider how any weaknesses can be addressed. (RH)  
ISSN: 23969652  
From : <http://www.bps.org.uk/networks-and-communities/member-microsite/dcp-faculty-psychology-older-people-fpop>

- 251/123 What are Schwartz rounds?; by Jeanette Forster.: British Psychological Society. *Psychology of Older People: The FPOP Bulletin*, no 146, April 2019, pp 26-28. American healthcare lawyer Ken Schwartz was diagnosed with advanced lung cancer aged 40, and received a range of treatments, news of all kinds (mostly bad), but also a great deal of compassion. Recognising that the most important part in treatment was the human connection between patient and caregivers, Schwartz set up the not-for-profit Schwartz Centre for Compassionate Healthcare before his death in 1995. Schwartz Rounds are an interprofessional forum for clinical and non-clinical staff to gather had have open and honest discussions of the social, emotional and ethical challenges in their work. They were introduced to the UK in 2009, and are now run in more than 150 healthcare organisations. The intention is to help improve staff well-being, and the effectiveness of communication, engagement, and patient care. The author outlines the application of Schwartz Rounds in an older mental health service in Leicestershire Partner Trust, and their positive contribution to staff motivation and professional development. (RH)  
ISSN: 23969652  
From : <http://www.bps.org.uk/networks-and-communities/member-microsite/dcp-faculty-psychology-older-people-fpop>

## **NEIGHBOURHOODS AND COMMUNITIES**

(See Also 251/6)

- 251/124 Connections to place in the memorialization practices of older adults and their families; by Kevin Stott, Jacquelyn J Benson, Steffany Sloan, Sara B Murphy, Allison K Halt.: Taylor and Francis. *Journal of Housing for the Elderly*, vol 32, nos 3-4, July-December 2018, pp 479-494. Research suggests that one way to encourage healthy ageing is to construct one's environment in a manner that helps maintain one's identity. Specifically, studies in environmental gerontology posit that the construction of an identifying environment includes the process of claiming a "place" within the space that one resides. Place-making includes both the geographical location and moral ideals that one assigns to the location, and is established in studies of older adults. However, it is less clear how the idea of place-making extends beyond mortality for older adults and their families. This study explores how personal connections and attachments to a specific location make the burial or memorialisation



location(s) a "place", rather than simply a space. In this American qualitative study, 12 individuals who had lost older family members were interviewed about their experiences of place-making in the memorialisation of their loved ones. Analyses revealed that participants were attached to the places of memorialisation because the locations maintained the identity of their loved ones. Additionally, participants also shared that the places of memorialisation fostered feelings of the continued presence and connections with their loved ones. Practical implications and future directions for research are also discussed. (RH)

ISSN: 02763893

From : <http://www.tandfonline.com>

- 251/125 Dementia friendly communities in England: a scoping study; by Stefanie Buckner, Nicole Darlington, Michael Woodward (et al).: Wiley.

International Journal of Geriatric Psychiatry, vol 34, no 8, August 2019, pp 1235-1243.

The characteristics of Dementia Friendly Communities (DFCs) across England are described, the aim being to inform a national evaluation of their impact on the lives of those affected by dementia. DFCs in England were identified through online searches and Alzheimer's Society records. A sub-sample (n = 100) was purposively selected for in-depth study, based on online searches, and, where necessary, follow-up telephone calls. Data collection and analysis were guided by a pilot evaluation tool for DFCs that addressed how DFCs are organised and resourced, and how their impact is assessed. In addition to some descriptive quantitative information, the evidence was predominantly qualitative. Of 284 DFCs identified, 251 were defined by geographical location, while 33 were communities of interest. Among 100 sampled DFCs, 89 had been set up or started activities following policy endorsement of DFCs in 2012. In the resourcing of DFCs, statutory agencies and charities played an important role. Among DFC activities, awareness raising was cited most commonly. There was some evidence of involvement of people living with dementia in organisational and operational aspects of DFCs. Approaches to evaluation varied, with little evidence of findings having effected change. The study concludes that DFCs are characterised by variation in type, resourcing and activities. England has policy endorsement and a recognition system for DFCs. These can be important catalysts for initiation and growth. A systematic approach to evaluation is lacking. This would enable DFCs to be consistent in how they demonstrate progress, and how they enable people living with dementia to live well. (RH)

ISSN: 08856230

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

- 251/126 Patterns of changing residential preferences during late adulthood; by Eva K Andersson, Marianne Abramsson, Bo Malmberg.: Cambridge University Press.

Ageing and Society, vol 39, no 8, August 2019, pp 1752-1781.

Earlier research on residential mobility has demonstrated a tendency for the young old of the 55+ population to prefer peripheral locations, whereas older age groups choose central locations. Here, we present survey results indicating that such late-adulthood differences in preferences are supported by age-related shifts corresponding to differences in housing preferences expressed by individuals in peripheral as well as central locations in Sweden. A sample of 2,400 individuals aged 55 years and over was asked to select the seven most important characteristics of a dwelling from a list of 21 alternatives (Survey of Housing Intentions among the ELDERly in Sweden (SHIELD), 2013). The preferences expressed were used as dependent variables in logistic regressions to determine to what extent the housing preferences of older people are linked to age, gender, socio-economic status and type of geographical area. The results demonstrated a close link between neighbourhood characteristics and housing preferences. Owning the dwelling, having a garden and access to nature were stressed as important by individuals living in non-metropolitan middle-class areas and in suburban elite areas. The youngest cohort expressed similar preferences. Older age groups instead stressed the importance of there being a lift, single-storey housing and a good design for independent living; preferences that have similarities to those expressed by individuals living in large cities and smaller urban centres where such housing is more readily available. (RH)

ISSN: 0144686X

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

## **OLDER WOMEN**

(See Also 251/131)

- 251/127 Aged women, witchcraft, and social relations among the Igbo in South-Eastern Nigeria; by Scholastica Ngozi Atata.: Taylor and Francis.

Journal of Women and Aging, vol 31, no 3, May-June 2019, pp 231-247.

Belief in the existence of witchcraft has remained a social phenomenon in Igbo society, especially with older women who are often labelled witches. This exploratory study explains the implication of labelling an old woman a witch, and of social relations in Igbo society in South-Eastern Nigeria. Twenty interviews were conducted with older women who are victims of the witchcraft label and their relatives; qualitative methods of data collection, key informant interviews and in-depth interviews were used. Data collected were analysed using ethnographic content analysis. Findings reveal different social views attached to witchcraft and how it relates to older women. (RH)

ISSN: 08952841 From : <http://www.tandfonline.com>

- 251/128 The female aging body: a systematic review of female perspectives on aging, health, and body image; by Erin Cameron, Pamela Ward, Sue Ann Mandville-Anstey, Alyssa Coombs.: Taylor and Francis. Journal of Women and Aging, vol 31, no 1, January-February 2019, pp 3-17.  
While most body image research has focused on young female populations, evidence has shown that as few as 12% of older women are satisfied with their body size. Recent studies have also highlighted how anti-ageing discourses are promoting unrealistic body norms, which have shown to contribute to poor body image and altered health behaviours. A systematic review of empirical studies focused on older women's perspectives of health, body image and the ageing body is presented. Findings support the view that body image is a persistent, lifelong issue for women, and should be considered when implementing healthy ageing policies and practices. The authors acknowledge the Newfoundland and Labrador Center for Applied Health Research which has funded the Female Aging Project. Their paper is the first part of a larger project looking at enhancing our understanding of women's experiences with the ageing body, and applying this knowledge to inform health policy and practice. (RH)  
ISSN: 08952841  
From : <http://www.tandfonline.com>

### **PALLIATIVE CARE**

(See Also 251/18)

- 251/129 Exploring an integrated palliative care model for older people: an integrative review; by Marina Raco, Teresa Burdett, Vanessa Heaslip.: Emerald. Journal of Integrated Care, vol 27, no 2, 2019, pp 111-122.  
Global health organisations have recognised the challenges arising from fragmented interaction between health and social care sectors in end of life care. The purpose of this paper was to explore existing literature on integrative palliative care services for older people. An integrative review was conducted using the Preferred Reporting Items for Systematic reviews and Meta-Analyses. Papers included in the review focused upon integrated care within palliative care systems and published between 2007 and 2017. Nine studies fitted the inclusion criteria and three themes were identified: person-centred care, coordination of care, and education and training. The review identified that integrated palliative care requires co-ordinated techniques that focus upon the quality of life, individual needs and awareness of vulnerability rather than fixation on inevitable mortality. The emerging presence of the need for integrated palliative care requires further research in order to develop coherent models of care which can be incorporated into practice. (JL)  
ISSN: 14769018  
From : <http://www.emeraldinsight.com/loi/jica>

### **PARTICIPATION**

- 251/130 Some limits and political implications of participation within health and social care for older adults; by Malcolm Carey.: Cambridge University Press. Ageing and Society, vol 39, no 8, August 2019, pp 1691-1708.  
This paper critically examines service user participation and involvement for older adults. It concentrates on research and community-led engagement for older people, and maintains that despite extensive support and expansion, participation offers a complex form of governance and ideological control, as well as a means by which local governments and some welfare professions seek to legitimise or extend their activities. Some of the paradoxes of participation are discussed, including tensions that persist between rhetorical claims of empowerment, active citizenship and democratic engagement, on the one hand, despite tendencies towards risk-aversion, welfare retrenchment and participant ambivalence, on the other. The paper also highlights practical problems in relation to participative research and community involvement, and questions arguments that participation may challenge the authority of welfare professionals. Critical theory is drawn upon to contextualise the role of participative narratives within wider welfare, including its role in moving debate away from ownership or redistribution while masking and validating policy-related goals which can counter many older people's needs. Tension is also noted between participation projects represented as resources to support ageing identities as opposed to those representing technologies for social regulation and conformity. (RH)  
ISSN: 0144686X  
From : <http://www.cambridge.org.aso>

### **PENSIONS AND BENEFITS**

- 251/131 You know something is wrong when your grandmother starts protesting: the impact of the rise in State Pension age on women in the UK; by Diane Bebbington. Women's Studies International Forum, vol 75, July-August 2019, 9 pp.  
This paper argues that recent pension reforms in the United Kingdom - in particular the rise in State Pension Age (SPA) - have been a major consequence of the financial crisis. It is further argued that this area of policy represents a key site of retrenching inequalities. These reforms have had drastic effects on many older women, and led to the development of a nationwide campaign, Women Against State Pension Inequality (WASPI). The WASPI acronym has come to stand for those women born in the

1950s who have been most severely impacted by the reforms. The author applies feminist theory as an analytical framework to unpack the gender blindness of this particular aspect of government policy. The pension reforms are contextualised against a background of financial crisis, the ensuing austerity agenda involving reductions in public spending, and attempts to dismantle the welfare state. (NL/RH)  
From : <https://doi.org/10.1016/j.wsif.2019.05.004>

## PHYSICAL ACTIVITY

- 251/132 The effects of a structured group exercise programme on functional fitness of older persons living in old-age homes; by Levin Chetty, Serela S Ramklass, Andrew J McKune.: Cambridge University Press. *Ageing and Society*, vol 39, no 9, September 2019, pp 1857-1872.  
Despite the benefits of exercise, a large percentage of the older population in South Africa continue to lead sedentary lifestyles. This study aimed to determine the effects of a structured group exercise programme on functional fitness of older people living in old-age homes. A quasi-experimental design was used to compare the effects of a 12-week group exercise programme. Twenty participants each were selected from five old-age homes. Participants (N=118) were randomly allocated to either an experimental group or a comparison group at each site. The experimental group participated in the exercise intervention three times weekly, while the comparison group received the same intervention twice weekly for 12 weeks. The intervention programme included warm-up, balance, endurance, resistance and cool-down components. Assessments of upper and lower body strength and flexibility, aerobic endurance, agility and balance were conducted before and after the intervention programme using the Senior Functional Test. Comparisons of baseline and post-intervention measures showed greater improvements in upper and lower body strength and flexibility, as well as aerobic endurance capacity ( $p < 0.05$ ). Training frequency revealed no significant difference in functional fitness measures between both groups following the 12-week intervention programme. Twelve weeks of multifaceted group exercise training, at least twice a week, can be used as an effective strategy to promote functional fitness in this population. Findings are based on valid results at follow-up from 86 participants. (RH)  
ISSN: 0144686X  
From : <http://www.cambridge.org.aso>

- 251/133 Encouraging older people to engage in resistance training: a multi-stakeholder perspective; by Simone Pettigrew, Elissa Burton, Kaela Farrier (et al.): Cambridge University Press.  
*Ageing and Society*, vol 39, no 8, August 2019, pp 1806-1825.  
Resistance training is an important aspect of healthy ageing, yet participation rates are especially low among older people. Strategies are needed to ensure that resistance training programmes are attractive to and appropriate for this target group. To inform the development of such strategies, individual interviews (N = 42) and focus groups (four groups, N = 37) were conducted with 79 Western Australians representing four stakeholder groups: instructors who deliver resistance training programmes to older people, health practitioners, policy makers and seniors.  
Results indicate that the need for personalised attention in the establishment and maintenance phases of a resistance training programme can constitute both a positive and negative aspect of older people's experiences. The negative aspects were identified as a series of tensions between the need for personalised attention and: (a) the desire to participate in physical activity within social groups; (b) a preference for activity variation; (c) a dislike for large centres where personalised guidance is often available, yet the surroundings can be considered unappealing; (d) cost issues; and (e) the need for flexibility in attendance. Recommended strategies for overcoming these tensions include disseminating information about the benefits of resistance training in later life to increase motivation to participate, identifying additional methods of integrating resistance training into group exercise formats, making gyms more attractive to older people, and providing non-gym alternatives for resistance training. (RH)  
ISSN: 0144686X  
From : <http://www.cambridge.org.aso>

## QUALITY OF LIFE

(See 251/25)

## REABLEMENT AND REHABILITATION

- 251/134 Potentiality made workable: exploring logics of care in reablement for older people; by Malene Norskov Bodker.: Cambridge University Press.  
*Ageing and Society*, vol 39, no 9, September 2019, pp 2018-2041.  
In the face of population ageing, Western health-care systems are currently demonstrating an immense interest in mobilising older people's potentials. With this agenda in mind, several countries have introduced reablement, a type of home care aimed at mobilising older people's potentials for independence by means of short-term training programmes. Based on extensive ethnographic fieldwork conducted in Denmark's home care sector, this paper explores how elder-care professionals translate the abstract notion of 'potentiality' into practice. Theoretically, the paper draws on Annemarie Mol's term 'logic of care'. The author demonstrates that professionals draw on two co-existing logics of care: a logic of reablement encapsulating ideals of successful ageing and life-long development; and a logic of retirement, which in contrast allows people at the end of life to retreat and engage in enjoyable activities.

Professionals manage to balance these logics, in order to live up to policy obligations while at the same time complying with moral standards of good care. However, very little is achieved in terms of increased independence. The author argues that by narrowly focusing on bodily and quantifiable potentials, the 'potentiality paradigm' holds the risk of deeming older people to lack potential. In conclusion, the author therefore encourages a more inclusive approach to elder-care and ageing that recognises the complexities of ageing, including older people's potentials for retreat and leisure. (RH)

ISSN: 0144686X

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

### **RELATIONSHIPS (PERSONAL)**

- 251/135 Gray divorce: explaining midlife marital splits; by Jocelyn Elise Crowley.: Taylor and Francis. *Journal of Women and Aging*, vol 31, no 1, January-February 2019, pp 49-72. Recent research suggests that one in every four divorces in the United States is now "grey," meaning that at least one of the couple has reached the age of 50 when the marriage breaks down. To understand why this age group – the Baby Boomer generation – is splitting up, this study conducted in-depth, semi-structured interviews with 40 men and with 40 women who have experienced a grey divorce in their lifetimes. Respondents' beliefs in an expressive individualistic model of marriage, where partnerships are only valuable if they help individuals achieve personal growth, were compared against their potential adherence to what the author calls a commitment-based model of marriage, where binding, romantic love holds couples together, unless there is severe relationship strain. The results demonstrate that the commitment-based model most strongly governs marriage and the decision to divorce among Baby Boomers for both sexes, although some specific reasons for divorce differ for men and women. (RH)
- ISSN: 08952841  
From : <http://www.tandfonline.com>

### **RELIGION AND SPIRITUALITY**

- 251/136 Profile and burden of care among caregivers of Ultra-Orthodox frail elders; by Offer E Edelman, Tova Band-Winterstein, Yaacov G Bachner.: Taylor and Francis. *Aging and Mental Health*, vol 22, no 5, May 2018, pp 639-645. There is scant research on burden of care (BoC) and factors associated with it among minority groups such as Ultra-Orthodox Jews. The aims of this study were (1) to portray the profile of Ultra-Orthodox Jewish (UOJ) caregivers and their BoC; and (2) to explore relations between care recipients' characteristics, care situations, characteristics of caregivers and BoC. A total of 107 UOJ (66 women, 41 men) family caregivers were interviewed face to face in their homes, using valid and reliable measures. Participants reported moderate BoC and high level of social support. Caregiver's self-rated health, caregiver's anxiety, and social support emerged as significant predictors of caregiver burden. These findings might help social workers and other health professionals to better understand the unique characteristics of the UOJ community and to target caregivers with higher anxiety, lesser social support and poorer self-rated health in order to reduce their caregiving burden. (JL)
- ISSN: 13607863  
From : <http://www.tandfonline.com/camh>

### **RESEARCH**

- 251/137 Alzheimer Europe's position on involving people with dementia in research through PPI (patient and public involvement); by Dianne Gove, Ana Diaz-Ponce, Jean Georges (et al).: Taylor and Francis. *Aging and Mental Health*, vol 22, no 6, June 2018, pp 723-729. This paper reflects Alzheimer Europe's position on PPI (patient and public involvement) in the context of dementia research and highlights some of the challenges and potential risks and benefits associated with such meaningful involvement. The paper was drafted by Alzheimer Europe in collaboration with members of INTERDEM (INTERventions in DEMentia) and the European Working Group of People with Dementia. It has been formally adopted by the Board of Alzheimer Europe and endorsed by the Board of INTERDEM and by the JPND working group 'Dementia Outcome Measures - Charting New Territory'. Alzheimer Europe is keen to promote the involvement of people with dementia in research, not only as participants but also in the context of PPI, by generating ideas for research, advising researchers, being involved in consultations and being directly involved in research activities. This position paper is in keeping with this objective. Topics covered include, amongst others, planning involvement, establishing roles and responsibilities, training and support, managing information and input from PPI, recognising the contribution of people with dementia involved in research in this way, promoting and protecting the rights and wellbeing of people with dementia, training and support, and promoting an inclusive approach and the necessary infrastructure for PPI in dementia research. (JL)
- ISSN: 13607863  
From : <http://www.tandfonline.com/camh>

## RESIDENTIAL AND NURSING HOME CARE

(See Also 251/20, 251/45, 251/52, 251/82, 251/110)

- 251/138 A fun, active and sociable life on display: nursing home presentations on Instagram; by Elisabeth Carlstedt.: Cambridge University Press.  
Ageing and Society, vol 39, no 9, September 2019, pp 2109-2132.  
Swedish nursing homes' use of Instagram has increased vastly in the past few years. Instagram is understood as a means to manage the image they wish to mediate to the public. This article examines what is displayed in the nursing homes' Instagram accounts, and what kind of reality is thereby constructed. The data consist of 338 Instagram images from four nursing homes' Instagram accounts. It is found that nursing home life is primarily depicted on Instagram as active, sociable and fun, with informal, friendly relations between staff and residents, and residents able to continue to live as before, if not better, and to interact with surrounding society. Frailty, boredom, loneliness and death were absent from the data, as were mundane care activities. The article concludes that the presentations in the Instagram accounts challenge the traditional idea of nursing homes as total institutions, and the decline and loss associated with living in such institutions; however, there is a risk that these idyllic presentations conceal the inherent problems of nursing home life. (RH)  
ISSN: 0144686X From : <http://www.cambridge.org.aso>
- 251/139 Improving Australian residential aged care facilities: a review of minor refurbishment elements; by Samantha Neylon, Caroline Bulsara, Anne-Marie Hill.: Taylor and Francis.  
Journal of Housing for the Elderly, vol 33, no 3, July-September 2019, pp 227-243.  
A narrative review of relevant publications was conducted in connection with identifying elements pertaining to minor refurbishments of residential aged care facilities. Inductive content analysis was used to categorise coded data into major or minor refurbishment, or staff practices. Further analysis identified minor refurbishment domains. Fourteen major refurbishment, seven minor refurbishment and two staff practices domains were established. The 7 minor refurbishment elements identified were lighting, furniture, colour and contrast, wayfinding, noise, signage and flooring. Assessing these elements would assist residential aged care providers to prioritise the provision of minor improvements to the environment for their residents. (RH)  
ISSN: 02763893 From : <http://www.tandfonline.com>
- 251/140 The role of dieticians in residential aged care: how do cooks and chefs perceive their contribution?; by Olivia Farrer, Letizia Sasanelli, Louisa Matwiejczyk, Alison Yaxley.: Wiley.  
Australasian Journal on Ageing, vol 38, no 2, June 2019, pp 85-90.  
This Australian study aimed to explore how dietitians could work with cooks and chefs to contribute to best practice. Data from interviews and focus groups comprising 38 chefs, cooks and food service managers were analysed. Inductive line-by-line coding of transcripts was conducted within a critical realist framework. Coding was completed independently by two authors before reaching consensus on themes. Four main themes emerged: (i) knowledge sharing; (ii) communication; (iii) collaboration; and (iv) accessibility. Participants praised dietitians' knowledge and expertise but some raised concerns about inconsistency in the advice they received. Overall the study found that dietitians working in residential aged care are ideally positioned to act as advocates for residents and food services. However experiences of working with dietitians were found to be mixed. Aged care menu guidelines and quality measures could assist not only in promoting a consistent approach to dietetic advice but also a system for benchmarking satisfaction and best practice. (JL)  
ISSN: 14406381  
From : <http://www.wileyonlinelibrary.com/journal/ajag>

## RETIREMENT

(See 251/60)

## SOCIAL CARE

(See Also 251/130)

- 251/141 Actions for adult social care providers to prepare for Brexit; by Department of Health and Social Care - DHSC. London: Department of Health and Social Care, 12 August 2019, (Guidance).  
This interactive online guidance sets out the actions that social care providers should take before and after Brexit, to plan for and help manage any potential service disruption to adult social care if the UK leaves the EU without a deal. The page will be updated if anything changes, including if a deal is agreed. Issues covered include: supply of medicines, medical devices, clinical consumables, non-clinical consumables, goods and services; business continuity plans; workforce (in relation to the EU Settlement Scheme); recognition of professional qualifications; data sharing, processing and access; and help and who to contact. The page also includes links to related topics: Brexit operational readiness guidance for the health and care system in England; Planning for a no-deal Brexit: information for the health and care sector; and Local resilience forums: contact details. (RH)

251/142 A study of data continuity in adult social care services; by Sarunkorn Chotvijit, Malkiat Thiarai, Stephen A Jarvis.: Oxford University Press.  
British Journal of Social Work, vol 49, no 3, April 2019, pp 762-786.  
Financial challenges in adult social care services are a considerable concern for the UK government. With an ageing population, UK local authorities were reported to have spent £168 million more than budgeted in 2015-16, and had struggled to maintain care quality and manage unprecedented demand. The authors report on the assessment process employed in adult social care in Birmingham, the UK's second largest city. They use data analytic methods to examine the flow and continuity of data from referral, through the assessment process, to the resulting service provision. They identify the decision-making points and the data recorded for service users throughout the workflow. Data are derived from the local government social care system in Birmingham and span 2013-16. Findings highlight the complexity of the social care system, the fragmentation of the data, and the discontinuity of data flow within the system. This data analysis resulted from a two-year study commissioned by Birmingham City Council as part of the 'case for change' following several poor Ofsted reports. The commission was to understand what could be ascertained from a data-led investigation, independently of how the data were collected and used. This research establishes the foundation for service improvement and potential resource savings. (RH)  
ISSN: 00453102  
From : <https://academic.oup.com/bjsw/article/49/3/762/5105821>

251/143 Understanding people's needs: the 8-needs framework for the treatment of behaviours that challenge; by Ian A James, Katharina Reichelt.: British Psychological Society.  
Psychology of Older People: The FPOP Bulletin, no 147, July 2019, pp 24-30.  
Having established what we mean by 'need' and 'meeting unmet needs', the authors have worked with care staff to co-produce the 8-needs framework, a table of fundamental needs in dementia care. The eight needs are: physical comfort and freedom from pain; perception of safety; positive touch (gaining pleasure from meaningful physical touch with another person); love and belonging; esteem needs (feeling valued and treated with dignity and respect); control over environment and possessions; occupation and exploration; and fun: the need to find pleasure, to play and laugh. For each need, the table notes the features that interfere with someone's needs being met, and examples expressions of someone whose needs are not being met. The consequences and implications of the 8-needs framework are discussed. The authors conclude that their framework will be helpful in delivering improved interventions for behaviours that challenge (BtC), in developing clinical protocols, and contributing to the evidence base for developing non-pharmacological therapies. (RH)  
ISSN: 23969652  
From : <http://www.bps.org.uk/member-microsites/dcp-faculty-psychology-older-people>

## **TRANSPORT**

251/144 'It makes your life worthwhile. It gives you a purpose in living': mobility experiences among active older adults with low income; by Thea Franke, Joanie Sims-Gould, Habib Chaudhury, Meghan Winters, Heather McRay.: Cambridge University Press.  
Ageing and Society, vol 39, no 8, August 2019, pp 1639-1666.  
The World Health Organization (WHO) claims that mobility is vital to healthy ageing, and is the best guarantee of older adults being able to cope and remain in their homes and communities. Mobility enables older adults to maintain their physical health, independence and participation in society. In general, mobility is examined objectively, from a quantitative perspective where mobility is measured as physical movement (e.g. physical activity) and/or travel behaviour (e.g. trips, modes and distances). The predominant focus on the functional aspects of mobility tends to overlook the subjective (e.g. perceptions, attitudes and motivations), and temporal dimensions of older adults' mobility experiences. Using a constructivist grounded theory methodology, the authors conducted 24 in-depth interviews with six highly active community-dwelling, low income older Canadians aged 65+ over a 4-year period. Analysis identified the following themes: maintaining a sense of self, being resourceful, openness to engagement, engaging in superficial contact, experiencing social capital, accessing transportation, leaving the immediate neighbourhood, and facing affordability. Findings illustrate that in addition to environmental (built, social and cultural) and temporal level factors, intrapersonal factors play a crucial role in mobility. In the future, this gained knowledge can be incorporated into approaches studying these multiple interrelated factors and their interrelations that influence older adults' mobility. (RH)  
ISSN: 0144686X  
From : <http://www.cambridge.org.aso>

## **TRAUMA, CONFLICT AND WAR**

251/145 Ageing, limb-loss and military veterans: a systematic review of the literature; by Nick Caddick, Helen Cullen, Amanda Clarke (et al).: Cambridge University Press.  
Ageing and Society, vol 39, no 8, August 2019, pp 1582-1610.  
The impact of losing a limb in military service extends well beyond initial recovery and rehabilitation, with long-term consequences and challenges requiring health-care commitments across the life-course. This paper presents a systematic review of the current state of knowledge regarding the long-term impact of ageing and limb loss on military veterans. Key databases were systematically searched, including

ASSIA, CINAHL, Cochrane Library, Medline, Web of Science, PsycArticles/PsychInfo, ProQuest Psychology and ProQuest Sociology Journals, and SPORTSDiscus. Empirical studies which focused on the long-term impact of limb loss and/or health-care requirements in veterans were included. The search process found 30 relevant papers, which focused broadly on four themes: (a) long-term health outcomes, prosthetics use and quality of life; (b) long-term psycho-social adaptation and coping with limb loss; (c) disability and identity; and (d) estimating the long-term costs of care and prosthetic provision. Findings present a compelling case for ensuring the long-term care needs and costs of rehabilitation for older limbless veterans are met. A dearth of information on the lived experience of limb loss and the needs of veterans' families calls for further research to address these important issues. (RH)

ISSN: 0144686X

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

- 251/146 Disaster preparedness among families of older adults taking oral medications; by Kaoru Kyota, Keiko Tsukasaki, Tomoya Itatani.: Taylor and Francis.  
Home Health Care Services Quarterly, vol 37, no 4, October-December 2018, pp 325-335.  
In the wake of the Great Japan Earthquake of March 2011 this study aimed to examine factors influencing disaster preparedness among families caring for older adults taking oral medications. For the purpose of the study the term 'disasters' referred to natural disasters such as earthquakes, tsunamis, typhoons, river flooding, landslides and heavy snow. 58 family caregivers completed anonymous self-administered questionnaires. Binomial logistic regression analysis with the storage of the care recipient's medications as the dependent variable revealed that caregivers' disaster-related information-seeking behaviour (e.g. considering appropriate methods to collect such information) and recognition of disaster risks in their communities strongly influenced their storage of emergency medication. (JL)  
ISSN: 01621424  
From : <http://www.tandfonline.com>
- 251/147 Does early life trauma affect how depression is experienced by Holocaust survivors in late life?; by Norm O'Rourke, Sara Carmel, Yaacov G Bachner.: Taylor and Francis.  
Aging and Mental Health, vol 22, no 5, May 2018, pp 662-668.  
Existing research indicates that early life trauma increases the likelihood of depression in later life. This includes children who survived the Nazi Holocaust living in Israel today. For this study the authors set out to examine whether early life trauma affects both levels of depression and the relative prominence of certain facets of depression as compared to other older adults in Israel and Canada. 295 Holocaust survivors (HS), 205 other Israelis and 335 older Canadians each of whom completed Radloff's (1977) Center for Epidemiological Studies - Depression Scale (CES-D) were all recruited. The CES-D measured four distinct factors: Depressive affect, absence of wellbeing, somatic symptoms and interpersonal rejection. Israeli and Canadian comparison participants were screened to ensure they had not experienced early life trauma. As anticipated levels of depression reported by HS were significantly greater than other Israelis and older Canadians. Moreover the latent structure of depression as measured by the CES-D differed for HS. Depressive affect and the absence of wellbeing appeared to distinguish depression among HS. However somatic symptoms did not differ and interpersonal rejection seemed less germane to depression as experienced by HS compared to both comparison samples. These findings support the assertion that early life trauma affects not only levels of depression but also that these survivors of genocide experience depression differently from other Israelis and older Canadians. Implications of early life trauma for mental health in later life are discussed. (JL)  
ISSN: 13607863  
From : <http://www.tandfonline.com/camh>
- 251/148 The legacies of loss, trauma and the hidden selves; by Laura Hayward.: British Psychological Society.  
Psychology of Older People: The FPOP Bulletin, no 146, April 2019, pp 34-39.  
This is a follow-up to papers examining trauma experienced by older people in the October 2018 issue of Psychology of Older People: The FPOP Bulletin. This paper considers the exceptionally traumatised who dissociate in order to survive, by encouraging discussion about dissociative disorders in the older population, and reflecting on working alongside older people who dissociate. The author concludes that without knowing it, she may have already come across older people exhibiting dissociation, and that approaches need to be ethical and empathic. (RH)  
ISSN: 23969652  
From : <http://www.bps.org.uk/networks-and-communities/member-microsite/dcp-faculty-psychology-older-people-fpop>

## VOLUNTEERING AND THE VOLUNTARY SECTOR

251/149 Health and volunteering in Europe: a longitudinal study; by Roberta Papa, Giorgio Cutuli, Andrea Principi, Stefani Scherer.: Sage.

Research on Aging, vol 41, no 7, August 2019, pp 670-696.

This article examines the relationship between health and volunteering in advanced age in a cross-national comparison. The authors used longitudinal data from five waves of the Survey of Health, Ageing and Retirement in Europe (SHARE) covering 13 European countries from 2004 to 2015; and they employed dynamic random-effects probit models to study the consequences of declining health on voluntary work. Their results confirm that worsening health conditions (i.e., mobility limitations and depression) reduce the likelihood of volunteering, whereas chronic diseases do not. Most interestingly, they found important differences across countries. For example, worsening health reduces voluntary work participation, especially in contexts characterised by high rates of volunteering. The findings have implications for policy makers and voluntary organisations that aim to encourage participation. Individual characteristics and contextual aspects must be taken into account, and people with health problems might need specific support through policies, recruitment and retention, even in contexts of overall high levels of volunteering. (RH)

ISSN: 01640275

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