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New Literature on Old Age

EDITOR
Gillian Crosby

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Centre for Policy on Ageing
Tavis House
1-6 Tavistock Square
London WC1H 9NA

Telephone: +44 (0) 207 553 6500
Fax: +44 (0) 207 553 6501
Email: cpa@cpa.org.uk
Web: www.cpa.org.uk

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Subject Headings Page

ABUSE, SAFEGUARDING AND PROTECTION

(See Also 255/68, 255/75)

255/1 Can artificial intelligence help identify elder abuse and neglect?; by Tony Rosen (et al).: Taylor and Francis.
Journal of Elder Abuse and Neglect, vol 32, no 1, January-February 2020, pp 97-103.
A health care encounter is a potentially critical opportunity to detect elder abuse and initiate intervention. Unfortunately, health care providers currently very seldom identify elder abuse. Through development of advanced data analytics techniques such as machine learning, artificial intelligence has the potential to dramatically improve elder abuse identification in health care settings. No working systems are identified but large data sources which might be used to help develop algorithms are discussed as are issues such as the presence of unidentified cases in AI learning groups identified as free from abuse.
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From : www.tandfonline.com

255/2 Capacity evaluations for adult protective services: videoconference or in-person interview; by John M Halphen (et al).: Taylor and Francis.
Journal of Elder Abuse and Neglect, vol 32, no 2, March-May 2020, pp 121-133.
The Geriatrician clinicians of the Texas Elder Abuse and Mistreatment Institute - Forensic Assessment Center Network (TEAM-FACN) in Houston, have many years of experience providing capacity assessment services for Adult Protective Services (APS) and Texas courts. A process has developed which is efficient, consistent, and evidence-informed. In the last two years, telecommunication has been added to this process to conduct assessments of APS clients in areas of Texas remote from the Houston area. Of the 545 capacity assessments TEAM-FACN has completed across the state of Texas over the first two years of adding telecommunication, 211 (39%) were conducted with in-person interviews and 334 (61%) were conducted using videoconference interviews. APS and the courts in remote areas of Texas have embraced the use of the videoconference assisted capacity assessments. This article describes this evidence-informed process and how telecommunication technology is incorporated to expand the reach of the service.
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255/3 Clinical recognition of elder maltreatment and intention to report among primary care doctors; by Fadzilah Hanum Mohd Mydin (et al).: Taylor and Francis.
Journal of Elder Abuse and Neglect, vol 32, no 1, January-February 2020, pp 72-83.
This study aimed to determine the primary care doctors' ability to recognize elder maltreatment and their intentions to report on such conditions. About 358 primary care doctors participated in this study. Outcomes were assessed using a validated five context-relevant clinical vignettes. Primary care doctor's recognition of sexual abuse was highest (91.0%); while the lowest (70.2%) in case signifying physical abuse. Despite being able to ascertain elder maltreatment, the intention to report the event is generally low even for cases exemplifying physical abuse, emotional abuse and neglect. However, intentions to report cases of sexual and financial abuse are 86.9% and 73.5% respectively. Findings highlighted the uncertainties of primary care doctors in distinguishing the clinical findings of non-accidental injuries and injuries due to acts of maltreatment. This provides support for educational intervention and guidelines or policies to improve the knowledge and skills of primary care doctors to intervene in elder maltreatment.
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From : www.tandfonline.com

255/4 Developing a rigorous, systematic methodology to identify and categorize elder mistreatment in criminal justice data; by Sarah Dion (et al).: Taylor and Francis.
Journal of Elder Abuse and Neglect, vol 32, no 1, January-February 2020, pp 27-45.
Elder mistreatment is complex, with cases typically requiring integrated responses from social services, medicine, civil law, and criminal justice. Only limited research exists describing elder mistreatment prosecution and its impact. Researchers have not yet examined administrative prosecutorial data to explore mistreatment response, and no standardized analytic approach exists. This study developed a systematic methodologic approach to identify elder mistreatment cases in prosecutorial data from cases of crimes against victims aged 60+. To do so, researchers operationalised elements of the accepted definition of elder mistreatment, including expectation of trust and vulnerability. They also designed an approach to categorise elder mistreatment cases, using the types of charges filed, into: financial exploitation, physical abuse, sexual abuse, verbal/emotional/psychological abuse, and neglect. This standardised methodological approach to identify and categorize elder mistreatment cases in prosecution data is an important preliminary step in analysing this potentially untapped source of useful information about mistreatment response.
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255/5 Elder abuse protocols: identifying key features and establishing evidence for their use and effectiveness; by Barbara Blundell, Amy Warren, Emily Moir.: Taylor and Francis.
Journal of Elder Abuse and Neglect, vol 32, no 2, March-May 2020, pp 134-151.
Written protocols may guide staff responses to elder abuse. Their effectiveness is unclear, as protocols are generally unevaluated. This project aimed to review, evaluate, and update the Alliance for the Prevention of Elder Abuse: Western Australia's 2013 Protocol. A critical literature review identified key features of elder abuse protocols. Three focus groups (N = 19), and an online survey (N = 44) examined the usefulness and effectiveness of the 2013 Protocol and identified improvements. Seventy percent of survey respondents (n = 31) were familiar with the Protocol; all found it useful. Suggested updates included: example policies and resources; screening tools, signs, indicators, and guided risk assessment; further direction and training for front-line workers; and information about issues for diverse and vulnerable groups. An updated Protocol was developed and will be supported by stakeholder education. Ongoing maintenance is required in a changing service context, and future versions could be online and include features to support responses.
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255/6 Elder sexual abuse and implicit agism: examining the warm-incompetent bias among mock jurors; by Maggie L Syme, Tracy J Cohn.: Taylor and Francis.
Journal of Elder Abuse and Neglect, vol 32, no 1, January-February 2020, pp 1-26.
Implicit ageist beliefs about the warmth and incompetence of older adults may influence jurors' perceptions and judgments of an older adult's competence in legal cases hinging on capacity and consent, including elder sexual abuse. However, little is known about the nuances of implicit ageism in elder sexual abuse cases, and if it can be attenuated. The current study proposed to address these gaps via a randomized vignette design administered to a community sample of 391 US adults. Mock juror participants evaluated an elder sexual abuse case involving an older married couple, in which the victim had dementia. Results suggest that implicit ageism was present among mock jurors, consistent with a warm-incompetence bias, and was predictive of mock jurors' guilt ratings. Age- and dementia-relevant jury instructions and mock juror gender were not found to be predictive of guilt ratings. Implicit ageism among jurors should be addressed to reduce the potential for implicit age bias to affect elder sexual abuse cases.
ISSN: 08946566 From : www.tandfonline.com

255/7 Older and wiser: age differences in susceptibility to investment fraud: the protective role of emotional intelligence; by Emily A Mueller (et al).: Taylor and Francis.
Journal of Elder Abuse and Neglect, vol 32, no 2, March-May 2020, pp 152-172.
There have been inconsistent results regarding whether older adults are more vulnerable to fraud than younger adults. The two main goals of this study were to investigate the claim that there is an age-related vulnerability to fraud and to examine whether emotional intelligence (EI) may be associated with fraud susceptibility. Participants (N = 281; 18-82 years; M = 53.4) were recruited via Amazon's Mechanical Turk and completed measures of EI, decision-making, and scam susceptibility. Participants who scored higher on 'ability' EI were less susceptible to scams. The 'younger' group (M = 2.50, SD = 1.06) was more susceptible to scams than the 'older' group, p .001, d = 0.56, while the 'older' group (M = 4.64, SD = 1.52) reported the scams as being more risky than the 'younger' group, p =.002, d = 0.37. 'Older' participants were more sensitive to risk, less susceptible to persuasion, and had higher than average emotional understanding. Emotional understanding was found to be a partial mediator for age-related differences in scam susceptibility and susceptibility to persuasion.
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255/8 Screening for elder abuse in geriatric outpatients: reliability and validity of the Iranian version Hwalek-Sengstock Elder Abuse Screening Test (H-S/EAST); by Reyhaneh Aminalroaya (et al).: Taylor and Francis.
Journal of Elder Abuse and Neglect, vol 32, no 1, January-February 2020, pp 84-96.
The present research seeks the notion of the appropriateness of 'Hwalek-Sengstock Elder Abuse Screening Test (H-S/East)', and psychometric properties to analyses cultural aspects of elder abuse in the Iranian community dwellers referred to clinics. In this cross-sectional validation study 364 participants, 60 years and over were selected from outpatient clinics. The SF-36, GDS-15, and AMT scores were used for concurrent validity. The Brief Abuse Screen for the Elderly (BASE) scale was examined to determine the sensitivity and specificity of the Iranian version H-S/East. The elder abuse rate in participants was 29.4% based on cutoff 4 or more, while a significant correlation was found in Iranian version H-S/EAST with depression and SF-36 subscale MCS at P .01, and four factors observed. Optimal cutoff 4 or more obtained with 82.8% sensitivity and 84.5% specificity. It seems the Iranian version of H-S/East demonstrates concurrent validity and fair reliability in elderly outpatients, while construct validity should be carried out in the Iranian elder illiterate population and other languages/cultures.
ISSN: 08946566 From : www.tandfonline.com

255/9 Sharpening Occam's razor: developing theory to explain the persistent abuse of older people living in care homes; by Steve Moore.: Emerald.
Working with Older People, vol 24, no 1, 2020, pp 49-60.
The purpose of this paper is to discuss the relevance and importance of developing and making use of robust theory to explain and counter the tenacious social anomaly of the abuse of older people who live in care homes. The activities of theorising and conducting research to gain revised theoretical comprehension of why abuse occurs in care homes, along with the enduring over reliance of those with an interest in safeguarding on existing theories borrowed from other fields to guide their activities are considered and discussed. The study concludes that there is a pressing need for theory based understandings of the continuing abuse of older people and it is apparent that the development of such theory will be more productive if theorising and theory development are specific to certain types of abuse perpetrated in delineated settings.
ISSN: 13663666
From : http://www.emeraldinsight.com/loi/wwop

255/10 Sociological indicators of senior financial exploitation: an application of data science to 8,800 substantiated mistreatment cases; by Jason Burnett (et al).: Taylor and Francis.
Journal of Elder Abuse and Neglect, vol 32, no 2, March-May 2020, pp 105-120.
Senior financial exploitation (FE) is prevalent and harmful. Its often insidious nature and co-occurrence with other forms of mistreatment make detection and substantiation challenging. A secondary data analysis of N = 8,800 Adult Protective Services substantiated senior mistreatment cases, using machine learning algorithms, was conducted to determine when pure FE versus hybrid FE was occurring. FE represented N = 2514 (29%) of the cases with 78% being pure FE. Victim suicidal ideation and threatening behaviours, injuries, drug paraphernalia, contentious relationships, caregiver stress, and burnout and victims needing assistance were most important for differentiating FE vs non-FE-related mistreatment. The inability to afford housing, medications, food, and medical care as well as victims suffering from intellectual disability disorder(s) predicted hybrid FE. This study distinguishes socioecological factors strongly associated with the presence of FE during protective service investigations. These findings support existing and new indicators of FE and could inform protective service investigation practices.
ISSN: 08946566
From : www.tandfonline.com

255/11 The sound of silence: evidence of the continuing under reporting of abuse in care homes; by Steve Moore.: Emerald.
Journal of Adult Protection, vol 22, no 1, 2020, pp 35-48.
The purpose of this paper is to present findings from two research projects undertaken between 2015 and 2019 that reveal continued underreporting and sometimes active concealment of abuse in private sector care homes for older people in England.
An anonymously completed questionnaire was used among newly appointed staff in 11 newly opened care homes to elicit both quantitative and qualitative data relating to the reporting of occurrences of abuse within the care homes in which they had previously worked. In total, 391 questionnaires in total were returned, 285 of which indicated that respondents had witnessed the perpetration of abuse on at least one occasion.
A significant number of respondents indicated their awareness of acts of abuse that had not been reported within the care home(s) in which they had worked, or externally to the appropriate authorities. Some respondents were aware that where occurrences of abuse had been reported within care homes no subsequent action was taken, or that external authorities were not always involved in responses to abuse.
A significant number of respondents described strategies that had been used to deter reports of abuse to external agencies and to conceal its occurrence from the statutory regulator and service commissioners.
ISSN: 14668203
From : http://www.emeraldinsight.com/loi/jap

255/12 Utilization of a forensic accountant to investigate financial exploitation of older adults; by Jason Dauenhauer (et al).: Emerald.
Journal of Adult Protection, vol 22, no 3, 2020, pp 141-152.
The purpose of this paper is to describe the results of an online program evaluation survey conducted in the USA in 2018 which was designed to understand how members of an enhanced multidisciplinary team (E-MDT) use the expertise of a forensic accountant (FA) in suspected cases of elder financial exploitation.
Overwhelmingly, the E-MDT members described how useful the FA's expertise and subsequent detailed reports are in helping determine whether financial exploitation is taking place and providing information needed to continue an investigation and pursue criminal charges.
Findings suggest that FAs working with E-MDTs can help identify signs, collect evidence and help investigate cases of suspected financial abuse of older adults.
ISSN: 14668203 From : www.emeraldinsight.com/loi/jap

255/13 Validation of REAGERA-S: a new self-administered instrument to identiify elder abuse and lifetime experiences of abuse in hospitalized older adults; by Johanna Simmons (et al).: Taylor and Francis.
Journal of Elder Abuse and Neglect, vol 32, no 2, March-May 2020, pp 173-195.
This study aimed to develop and validate REAGERA-S, a self-administered instrument to identify elder abuse as well as lifetime experiences of abuse in older adults. REAGERA-S consists of nine questions concerning physical, emotional, sexual, financial abuse and neglect. Participants were recruited among patients (65 years or older) admitted to acute in-hospital care (n = 179). Exclusion criteria were insufficient physical, cognitive, or language capacity to complete the instrument. A semi-structured interview conducted by a physician was used as a gold standard against which to assess the REAGERA-S. The final version was answered by 95 older adults, of whom 71 were interviewed. Sensitivity for lifetime experiences of abuse was 71.9% and specificity 92.3%. For elder abuse, sensitivity was 87.5% and specificity was 92.3%. REAGERA-S performed well in validation and can be recommended for use in hospitals to identify elder abuse as well as life-time experience of abuse among older adults. ISSN: 08946566 From : www.tandfonline.com

AGEING IN PLACE

255/14 Ageing in the margins: expectations of and struggles for a good place to grow old among low-income Minnesotans; by Jessica Finlay, Joseph E Gaugler, Robert L Kane.: Cambridge University Press.
Ageing and Society, vol 40, no 4, April 2020, pp 759-783.
What constitutes a 'good place to grow old'? This study aims to characterise salient features of built and social environments that are essential to support low-income ageing residents. Seated and mobile interviews were conducted with community-dwelling older participants (aged 55-92, mean = 71 years) in three distinct socio-economic and geographic samples of the Minneapolis (Minnesota, United States of America) metropolitan area. The interviews prompted participants to evaluate their homes and neighbourhoods, and probed for particular socio-spatial characteristics that impact residential wellbeing. Qualitative thematic analyses focused on 38 individuals living in subsidised housing and homeless shelters. Four interrelated themes encompassed essential residential qualities: (a) safety and comfort, (b) service access, (c) social connection, and (d) stimulation. These broad ideals, when achieved, enabled participants to cultivate residential wellbeing and fulfilling place attachment. Analyses of the empirical data complicate theoretical assumptions by recognising unequal access to, irregular opportunities for and potential dangers of place attachment. Rich descriptions of participant homelessness, health hazards, crime, lack of supportive infrastructure and social isolation illustrate how place attachment is not inherently positive or necessarily attainable; rather, it is problematic and can involve risk.
ISSN: 0144686X From : http://www.cambridge.org/aso

255/15 Is an Australian's home their castle?: The challenges of ageing in place; by Jane Sims.: Wiley.
Australasian Journal on Ageing, vol 39, no 1, March 2020, pp 5-8.
Provides an overview of articles published in the Journal over the last 10 years in order to see whether the priorities contained in the position statement, made by the Australian Association of Gerontology in 2010, and aimed at optimising the availability of a range of age-friendly accommodation, have been addressed. Concepts looked at are ageing in place, independent living, social planning, the role housing and the local environment play in enabling social connection and a sense of community, the challenges of creating an environment to enable ageing in place, and the influence of housing tenure upon stable accommodation. Issues relating to these concepts include loneliness, renting and poor health, co-design, retirement village living, transport barriers, age friendly communities, and smart technology interventions. (NH)
ISSN: 14406381 From : http:www.wileyonlinelibrary.com/journal/ajag

AGEISM AND AGE DISCRIMINATION

(See Also 255/6, 255/48)

255/16 Older people and COVID-19: Isolation, risk and ageism; by Joanne Brooke, Debra Jackson.
Journal of Clinical Nursing 2020;00:1?3., 2 April 2020.
This editorial argues that, over the course of the pandemic, we have seen evidence of openly ageist discourses, which complicate the experiences of living through COVID-19 for older people. Discourses that suggest that the death of an older person is not as important as that of a younger person, or that care should be rationed to the disadvantage of older people, undermine feelings of self-worth in older age and promote a sense of being a burden.
There is an urgent need to support older people to mitigate the negative impacts on their physical and mental health from social isolation and ageist discourses around COVID-19. There is a need to support older people to have and retain their connectedness and communality with others to better enable a sense of belonging. One immediate element that needs to be highlighted is the possibility of previously vigorous older people becoming increasingly frail due to reducing their activities, especially walking, and leading an (enforced) more sedentary lifestyle, which will likely impact on their mobility and well-being over time. From : https://doi.org/10.1111/jocn.15274

ARTS, CRAFT AND MUSIC

(See 255/39)

ASSESSMENT

(See 255/13)

ASSISTIVE TECHNOLOGY

(See Also 255/1, 255/87)

255/17 DIY gerontechnology: circumventing mismatched technologies and bureaucratic procedure by creating care technologies of one's own; by Jenny M Bergschold, Louis Neven, Alexander Peine.: Wiley-Blackwell.
Sociology of Health and Illness, vol 42, no 2, 2020, pp 232-246.
This study analyses 'Do-It-Yourself' (DIY) gerontechnologies and shows that they can be viable and valuable alternatives to 'ready-made' gerontechnologies. Using the concept of innosumption, the study analyses the work of care workers in gerontechnology showrooms in Norway. It shows how and why care workers will sometimes advise older adults to assemble DIY -gerontechnologies. Such DIY -gerontechnologies are not high-tech solutions made by technology producers, but creative solutions that older adults' suit to their specific needs and assemble for themselves from mundane objects that are available in shops. So far, analyses of the design, implementation and use of gerontechnologies have almost exclusively focused on professionally designed and produced 'ready-made' gerontechnologies. But for various reasons, ready-made gerontechnologies often do not fit in well with the lives of older people. In such cases, care workers guide older people to the innosumption of DIY -gerontechnologies that offer workable solutions that are useful, quickly implemented, easily understandable and often cheap. We show that and how the existence of DIY -gerontechnologies questions the reasons behind the strong and widely accepted assumption that only high-tech innovations are a proper solution to the needs of older people.
ISSN: 01419889 From : https://onlinelibrary.wiley.com/doi/full/10.1111/1467-9566.13012

255/18 Putting home adaptations on the policy agenda in England; by Sheila Mackintosh.: Taylor and Francis.
Journal of Aging and Environment, vol 34, no 2, April-June 2020, pp 126-140.
Countries with aging populations require people to remain independent for as long as possible to reduce pressures on health and care services. England has an old housing stock, low replacement rates and little specialized housing for older people. There is grant assistance to adapt homes, but resources are restricted and service pathways complex. This article charts the findings of change management projects and national reviews that show that reform is hampered by a lack of robust data about the financial benefits of adaptations. Better evidence is needed to give housing issues greater prominence in health and care planning.
ISSN: 26892618 From : http://www.tandfonline.com

ATTITUDES TO AGEING

255/19 Views on the use of the term elder orphans: a qualitative study; by Jed Montayre, Sandra Thaggard, Maria Carney.: Wiley.
Health and Social Care in the Community, vol 28, no 2, March 2020, pp 341-346.
Older adults living alone in the community with no immediate family network or support are referred in the literature as 'elder orphans' . The grey literature has a growing emphasis on the importance of supporting this vulnerable group, particularly with health and social care. However, there is a dearth of empirical research on 'elder orphans', and definitions remained semantically complicated and unknown to the public, healthcare professionals and those being referred as elder orphans. This research explored the views of older adults on the use of the terminology 'elder orphans', and the implications of using the terminology in health and social care systems. A descriptive qualitative approach through face-to-face interviews of 11 older adults was undertaken in Auckland, New Zealand in October 2018. Narratives were analysed using thematic analysis. Two themes were identified from the analysis of interview data. The first theme was 'realistic and practical term', which emphasised the participants' impression of the term 'elder orphan' resonating to themselves with great relevance to their current and future situations. The second theme is 'visibility and vulnerability', which highlighted participants' both positive and ambivalent views on the use of the terminology in healthcare settings. The participants viewed this terminology as beneficial to alerting care services, and in promoting awareness among healthcare providers. Older adults from the study, who are living alone without immediate family networks and support self-identified themselves as 'elder orphans' through a gradual realisation of their current and anticipated social situations. The use of the term within healthcare was considered and preferred by the participants to be used contextually, and targeted towards appropriate health and social care services within and outside hospital-care settings.
ISSN: 09660410 From : http://www.wileyonlinelibrary.com/journal/hsc

CARE MANAGEMENT

255/20 Health and social work practitioners' experiences of working with risk and older people: the interconnectedness of personalities, process and policy; by Christian Beech, Fiona Verity.: Emerald.
Journal of Integrated Care, vol 28, no 2, 2020, pp 187-211.
The purpose of this paper is to explore interprofessional and multidisciplinary working between health and social care practitioners providing services to older people through the prism of how risk is assessed and managed. It proposes that whilst interprofessional and multidisciplinary working is a broad and commonly researched topic, there is a relative paucity of evidence specifically regarding how health and social care practitioners work together across structural, cultural and ideological divides. The study aims to expand the domain of integrated health and social care by including perceptions, understanding and use of the concept of risk by professionals from different disciplines.
This paper is based upon an exploratory study using an interpretivist phenomenological perspective, including 23 semi-structured individual interviews with health and social care practitioners and 2 non-participant observations of multidisciplinary team meetings.
A key finding of this research was the importance of practitioner personalities within interprofessional working with risk and older people within multidisciplinary teams. The process of interprofessional working allowed practitioners to freely contribute their different professional perspectives, which may at times involve disagreeing with one another.
Three key interconnected themes were identified around personalities, process and policy which, when combined are essential to understanding the challenges and possibilities of achieving more effective interprofessional working with risk and older people.
ISSN: 14769018
From : www.emeraldinsight.com/loi/jica

255/21 The older person as a client, customer or service user?; by Tinna Elfstrand Corlin, Ali Kazemi.: Emerald.
Working with Older People, vol 24, no 1, 2020, pp 19-26.
The purpose of this paper is to describe three different approaches to work in elderly care (i.e. professional, market-oriented and person-centred) and examine whether these theoretically derived approaches can be confirmed empirically. Additional aims were to examine the endorsement of these approaches and whether there were differences in the endorsement of these approaches in nursing home vs home care and municipality vs privately run care units.
Data were collected using a cross-sectional survey study of frontline care staff (n=1,342). Exploratory factor analysis was used to investigate the empirical validity of the proposed approaches to work in elderly care. A series of paired and independent samples t-tests were conducted to analyse mean differences between the proposed approaches to work.
A principal axis factoring analysis yielded three theoretically meaningful factors as proposed. These results indicated that the respondents were able to differentiate between three distinct but related approaches to work with older persons. The results also showed that the professional care approach was the highest endorsed and the market-oriented the lowest endorsed approach. No notable differences in approaches to work were observed in nursing home vs home care and municipality vs privately run care units.
ISSN: 13663666
From : http://www.emeraldinsight.com/loi/wwop

255/22 Saturday allied health services for geriatric evaluation and management: a controlled before-and-after trial; by Nicholas F Taylor (et al).: Wiley.
Australasian Journal on Ageing, vol 39, no 1, March 2020, pp 64-72.
Geriatric evaluation and management (GEM) is a model of subacute care that provides care for people with complex conditions associated with ageing. It is a form of geriatric assessment and is delivered in a ward by a multidisciplinary team. Approximately 30,000 older Australians are admitted for GEM every year. Evidence suggests that GEM reduces the risk of functional decline at discharge and reduces the risk of discharge to residential care at one year. Generallly GEM is offered on weekdays only, partly because of the cost of weekend staffing. This trial aimed to evaluate the effect of additional Saturday GEM and it found no significant differences in outcomes to justify the provision of additional Saturday allied health services. (NH)
ISSN: 14406381
From : http:www.wileyonlinelibrary.com/journal/ajag

255/23 Understanding the diversity of alliance governance in OECD healthcare settings: a structured narrative review; by Kimberly Cousins, Robin Gauld, Richard Greatbanks.: Emerald.
Journal of Integrated Care, vol 28, no 2, 2020, pp 183-195.
Healthcare alliances are a mechanism for developing collaborative and integrated care governance and service delivery arrangements. It is not known how widespread alliance arrangements are in Organisation for Economic Co-operation and Development (OECD) countries, how alliances function or how effective they are. The purpose of this paper is to provide an overview of alliances in OECD countries, including key areas covered and how performance is measured.
A structured narrative review of literature published between 2010 and 2018 was undertaken, focussed

on OECD countries. The literature included peer-reviewed articles as well as publications from key policy analysis organisations.
The study finds that many OECD countries have implemented integrated care models but only a small number had explicitly adopted health alliances that link primary and secondary providers under joint governance arrangements. Most alliances are pilot initiatives and not broadly adopted. Most had not adopted a unified performance measurement framework.
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From : www.emeraldinsight.com/loi/jica

CARERS AND CARING

(See Also 255/21, 255/35, 255/50, 255/100)

255/24 Caregiving is a full-time job impacting stroke caregivers' health and well-being: a qualitative meta-synthesis; by Kristina M Kokorelias (et al).: Wiley.
Health and Social Care in the Community, vol 28, no 2, March 2020, pp 325-340.
Family caregivers contribute to the sustainability of healthcare systems. Stroke is a leading cause of adult disability and many people with stroke rely on caregiver support to return home and remain in the community. Research has demonstrated the importance of caregivers, but suggests that caregiving can have adverse consequences. Despite the body of qualitative stroke literature, there is little clarity about how to incorporate these findings into clinical practice. This review aimed to characterise stroke caregivers' experiences and the impact of these experiences on their health and well-being. A qualitative meta-synthesis was carried out. Four electronic databases were searched to identify original qualitative research examining stroke caregivers' experiences. In total, 4,481 citations were found, with 39 studies remaining after removing duplicates and applying inclusion and exclusions criteria. Articles were appraised for quality using the Critical Appraisal Skills Programme (CASP), coded using NVivo software, and analysed through thematic synthesis. One overarching theme, 'caregiving is a full-time job' was identified, encompassing four sub-themes: (a) restructured life, (b) altered relationships, (c) physical challenges, and (d) psychosocial challenges. Community and institution-based clinicians should be aware of the physical and psychosocial consequences of caregiving and provide appropriate supports, such as education and respite, to optimise caregiver health and well-being. Future research may build upon this study to identify caregivers in most need of support and the types of support needed across a broad range of health conditions.
ISSN: 09660410
From : http://www.wileyonlinelibrary.com/journal/hsc

255/25 Enhancing primary care support for informal carers: a scoping study with professional stakeholders; by Michele Peters, Stacey Rand, Ray Fitzpatrick.: Wiley.
Health and Social Care in the Community, vol 28, no 2, March 2020, pp 642-650.
This study explores the views of health and social care providers, commissioners and policy makers about the role and scope for strengthening health service support for carers. Twenty-four semi-structured interviews, with 25 participants were conducted, audio-recorded, transcribed verbatim and analysed by thematic analysis. Three main themes emerged: (a) identifying carers, (b) carer support, and (c) assessing and addressing carer needs. Primary care, and other services, were seen as not doing enough for carers but having an important role in identifying and supporting carers. Two issues with carer identification were described, first people not self-identifying as carers and second most services not being proactive in identifying carers. Participants thought that carer needs should be supported by primary care in collaboration with other health services, social care and the voluntary sector. Concerns were raised about primary care, which is under enormous strain, being asked to take on yet another task. There was a clear message that it was only useful to involve primary care in identifying carers and their needs, if benefit could be achieved through direct benefits such as better provision of support to the carer or indirect benefit such as better recognition of the carer role.
ISSN: 09660410
From : http://www.wileyonlinelibrary.com/journal/hsc

255/26 Resisting hierarchies through relationality in the ethics of care; by Fiona Robinson.: Policy Press.
International Journal of Care and Caring, vol 4, no 1, February 2020, pp 11-23.
This article explores recent charges of Western-centrism and gender essentialism in care ethics. In response to these charges, and informed by the work of Carol Gilligan, the author argues for a view of care ethics that regards it not primarily as a normative theory advocating for care and care workers, but as a critical ethics that voices and enacts resistance to Cartesian splits and hierarchies. These are not just gender hierarchies; rather, care ethics resists all binaries that divide people into categories and separate them from others, and, indeed, from themselves.
ISSN: 2397883X
From : https://policy.bristoluniversitypress.co.uk/journals/international-journal-of-care-and-caring

255/27 Theorising care: attentive interaction or distributive justice?; by Elisabeth Conradi.: Policy Press.
International Journal of Care and Caring, vol 4, no 1, February 2020, pp 25-42.
A main reason for the slow advance of a political theory of care is the conceptual differences between two strands of approaching care. Ethico-political approaches of care ask how to better perform supportive interactivities. They aim to bring the traditional concept of justice out of the centre to achieve room for other normative viewpoints such as attentiveness. The welfare-resourcing strand asks who provides support and how the fact of its performance is linked with society's unjust social structures. These researchers believe that making attentive interaction more central is likely to hinder a fairer distribution of needs-meeting activities, not help it.
ISSN: 2397883X
From : htts://policy.bristoluniversitypress.co.uk/journals/international-journal-of-care-and-caring

255/28 Using images in focus groups with older carers; by Nan Greenwood, Carole Pound.: Emerald.
Working with Older People, vol 24, no 2, 2020, pp 95-103.
The purpose of this paper is to describe how providing a wide variety of visual images facilitated discussions amongst older informal carers in focus groups. A total of 72 older (aged 70+ years) informal carers took part in nine focus groups discussing their experiences as older carers. Participants were provided with a wide selection of different, freely available printed images which included abstract and humorous images and countryside scenes. These older carers appeared to enjoy using these pictures to facilitate introducing themselves and to describe their diverse caring experiences. Sharing often challenging experiences using the images and visual metaphors appeared to support the group to discuss difficult, sensitive issues in often light-hearted ways.
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From : www.emeraldinsight.com/loi/wwop

DEMENTIA

255/29 DETERMinants of quality of life, care and costs, and consequences of INequalities in people with dementia and their carers (DETERMIND): a protocol paper; by Nicolas Farina (et al).: Wiley.
International Journal of Geriatric Psychiatry, vol 35, no 3, March 2020, pp 290-301.
This project is designed to address fundamental, and, as yet unanswered questions about inequalities, outcomes and costs following diagnosis with dementia.
DETERMIND is a programme of research consisting of seven complementary workstreams (WS) exploring various components that may result in unequal dementia care: 1) Recruitment and follow-up of the DETERMIND cohort - 900 people with dementia and their carers from three geographically and socially diverse sites within six months following diagnosis, and follow them up for three years. 2) Investigation of the extent of inequalities in access to dementia care. 3) Relationship between use and costs of services and outcomes. 4) Experiences of self-funders of care. 5) Decision-making processes for people with dementia and carers. 6) Effect of diagnostic stage and services on outcomes. 7) Theory of Change informed strategy and actions for applying the research findings.
During the life of the programme, analysing baseline results and then follow-up of the DETERMIND cohort over 3 years, will establish evidence on current services and practice. DETERMIND will deliver novel, detailed data on inequalities in dementia care and what drives positive and negative outcomes and costs for people with dementia and carers, and identify factors that help or hinder living well with dementia.
ISSN: 08856230
From : http://www.orangejournal.com

255/30 Effect of income on length of stay in a hospital or long-term care facility among older adults with dementia in Japan; by Fumiko Murata, Akira Babazono, Haruhisa Fukuda.: Wiley.
International Journal of Geriatric Psychiatry, vol 35, no 3, March 2020, pp 302-311.
This study aimed to ascertain the degree of influence of income disparity among older people with newly developed dementia on the probability and duration of stay in a hospital or long-term care facility and the degree of influence on medical expenses for hospitalization and care costs.
A retrospective cohort study was carried out. Study participants included 12,829 individuals aged 75 years or older not diagnosed with dementia between April 2012 and March 2013 but newly diagnosed with dementia between April 2013 and March 2014.
Participants were categorized according to income. The study evaluated the associations of income with the probability and duration of stay in a hospital or long-term care facility and the costs for hospitalization and care.
In the adjusted analyses, high-income individuals had a lower probability of admission to a hospital or long-term care facility than middle and high-income individuals. In all hospitals, low-income individuals had the longest duration of stay, but in long-term care facilities, income categories varied by facility type. Medical expenses for hospitalization and care costs were highest in the low-income group.
The study concludes that income category affects the probability and duration of stay in the hospital or a long-term care facility, as well as expenses for hospitalization and care.
ISSN: 08856230
From : http://www.orangejournal.com

255/31 Prevalence of dementia in people with intellectual disabilities: cross-sectional study; by Shintaro Takenoshita, Seishi Terada, Ryozo Kuwano, Tomokazu Inoue, Atsushi Cyoju, Shigeru Suemitsu, Norihito Yamada.: Wiley.
International Journal of Geriatric Psychiatry, vol 35, no 4, April 2020, pp 414-422.
This study aims to evaluate the prevalence of dementia in adults of all ages and the prevalence of mild cognitive impairment (MCI) in people with intellectual disability (ID) without Down syndrome (DS). Furthermore, it tries to clarify the differences depending on the various diagnostic criteria.
The survey included 493 adults with ID at 28 facilities in Japan. The caregivers answered a questionnaire, and physicians directly examined the participants who were suspected of cognitive decline. Dementia and MCI were diagnosed according to ICD-10, DC-LD, and DSM-5 criteria.
The prevalence of dementia was 0.8% for the 45 to 54 years old group, 3.5% for the 55 to 64 years old group, and 13.9% for the 65 to 74 years old group in people with ID without DS. The prevalence of MCI was 3.1% for patients 45 to 54, 3.5% for patients 55 to 64, and 2.8% for patients 65 to 74 with ID without DS. DSM-5 was the most inclusive in diagnosing dementia and MCI in people with ID.
Conclusions: People with ID without DS may develop dementia and MCI at an earlier age and higher rate than the general population. Among the diagnostic criteria, DSM-5 was the most useful for diagnosing their cognitive impairment.
ISSN: 08856230 From : https://doi.org/10.1002/gps.5258

DEMENTIA CARE

(See Also 255/52, 255/70, 255/104)

255/32 BPSD and the challenges faced by nurses; by Shizuka Otsuka, Akiko Hamahata, Masaki Abe.: Emerald.
Working with Older People, vol 24, no 1, 2020, pp 39-48.
The purpose of this paper is to provide an overview of published literature on behavioural and psychological symptoms of dementia (BPSD) nursing in Japan and to highlight challenges that need to be resolved.
The criteria for retrieval of literature were: a BPSD study conducted by a nurse in Japan, and it must have been published. Papers without conference proceedings and peer reviews and literature without English titles and abstracts were excluded. The PRISMA (preferred reporting items for systematic reviews and meta-analyses) was referenced.
Based on the analysis of 20 studies meeting the criteria, nurses tended to manage BPSD when all three of the following were clearly defined: attempts to understand BPSD, the provision of nursing intervention to improve the quality of care and clarification of the perception of BPSD. There were eight studies that implemented surveys considered to be helpful for nurses to understand BPSD with the aim of clarifying the symptomatic factors, meaning of each behaviour, etc. In the eight studies, nurses directly coped with BPSD in various ways. Four studies reported on how nurses perceive the associated behaviours and symptoms of BPSD patients.
ISSN: 13663666 From : http://www.emeraldinsight.com/loi/wwop

255/33 Care burden and positive gain in dementia; by Catriona George, Nuno Ferreira.: Emerald.
Working with Older People, vol 24, no 2, 2020, pp 113-123.
Behavioural and psychological symptoms of dementia (BPSD) have been well established as factors involved in the development of carer burden. However, it is not clear which symptoms are most burdensome for carers and which caregiver factors may be involved. This study aims to explore symptoms associated with executive functioning deficits and their impact on three dimensions of carer burden and positive gain. It also aims to discover whether behaviour management strategies used by carers, and their level of experiential avoidance, had an independent impact on these factors.
A total of 110 dementia caregivers completed five self-report measures as part of a cross-sectional design: the Dysexecutive Questionnaire (DEX), Zarit Burden Interview, Positive Aspects of Caregiving Questionnaire, Dementia Management Strategies Scale and Experiential Avoidance in Caregiving Questionnaire (EACQ).
Executive functioning deficits (DEX) were found to account for most variance in burden, with DEX subscales impacting differentially on the three dimensions of burden and positive gain. The use of negative management strategies was associated with higher levels of burden, as was Active Avoidant Behaviour (a subscale of the EACQ), whereas positive management strategies were associated with positive gain.
ISSN: 13663666 From : www.emeraldinsight.com/loi/wwop

255/34 Cost-effectiveness of an in-home respite care program to support informal caregivers of persons with dementia: a model-based analysis; by Sophie Vandepitte (et al).: Wiley.
International Journal of Geriatric Psychiatry, vol 35, no 6, June 2020, pp 601-609.
The purpose of this study was to evaluate the cost-effectiveness of an in-home respite care programme in addition to standard community-based dementia care to support informal caregivers of persons with dementia compared with standard community-based dementia care.
An age-dependent decision-analytic Markov model was applied from a third-party payer and a societal

perspective projecting results of a quasi-experimental study over a time horizon of 5 years assuming a repetition of the program every 6 months. Additionally, to deal with uncertainty and to test robustness of the model scenario, one-way and probabilistic sensitivity analyses were conducted.
Implementing the program resulted in a quality-adjusted life year (QALY) gain of 0.14 in favour of the invention group compared with controls and an incremental cost of 1270? from the third-party payer perspective and of 1220? from the societal perspective. Next, an incremental cost effectiveness ratio of 9042?/QALY and of 8690?/QALY was found in the base case, from the third-party payer perspective and the societal perspective, respectively. The scenario, one-way sensitivity, and probabilistic analyses demonstrated robustness of the base-case results.
This cost-effectiveness analysis suggests that an in-home respite care programme in addition to standard community-based dementia care is a cost-effective approach compared with standard community-based dementia care only. These findings provide more insight into the value of such services for the patient, the caregiver, and for society.
ISSN: 08856230
From : www.orangejournal.org

255/35 Dementia and caregiver burden: a three-year longitudinal study; by Michael H Connors (et al).: Wiley.
International Journal of Geriatric Psychiatry, vol 35, no 2, February 2020, pp 250-258.
Dementia, with its progressive cognitive and functional decline and associated neuropsychiatric symptoms, places a large burden on caregivers. While frequently studied, longitudinal findings about the overall trajectory of burden are mixed. The study sought to characterize caregiver burden over a 3-year period and identify predictors of this burden.
Seven hundred and eighty one patients with dementia were recruited from nine memory clinics around Australia. Measures of caregiver burden, cognition, function, and neuropsychiatric symptoms were completed with patients and their caregivers at regular intervals over a 3-year period. Patients' level of services and medication use were also recorded.
Of the 720 patients with measures of caregiver burden at baseline, 47.4% of caregivers had clinically significant levels of burden. This proportion increased over time, with 56.8% affected at 3 years. Overall levels of burden increased for caregivers of patients without services, though did not change for caregivers of patients receiving services or residential care after controlling for other variables. Patient characteristics-including greater neuropsychiatric symptoms, lower functional ability, fewer medications, lack of driving ability and female sex of caregivers were associated with greater burden.
High levels of caregiver burden are present in a large proportion of caregivers of people with dementia and this increases over time for those without services. Clinical characteristics of patients (including neuropsychiatric symptoms, function, overall health, driving status), level of services, and caregiver sex appear to be the best predictors of this burden. These characteristics may help identify caregivers at greater risk of burden to target for intervention.
ISSN: 08856230
From : http://www.orangejournal.org

255/36 Development of a new tool for the early identification of communication-support needs in people living with dementia: an Australian face-validation study; by Luisa Krein, Yun-Hee Jeon, Amanda Miller Amberber.: Wiley.
Health and Social Care in the Community, vol 28, no 2, March 2020, pp 544-554.
Language and communication difficulties are common in dementia but limited tools are available for a timely assessment of those individuals who experience these difficulties. The Communication-Support Needs Assessment Tool in Dementia (CoSNAT-D) was developed to assist in (a) the early identification of communication difficulties among people with dementia in the community context; and (b) determining the level of their communication support needs to guide appropriate service access. The CoSNAT-D was developed based on a literature review. The face validity was tested with end-users (people with dementia and support persons of people with dementia) regarding relevance, wording, syntax, appropriateness and comprehensiveness of the items of the tool. Data were collected using semi-structured phone interviews. Seven people with dementia and 15 carers participated in the study. Feedback regarding items' appropriateness was largely positive and minor changes were made to improve comprehensiveness. A new item was added to the original item pool. The interviews highlighted the importance of including people with dementia in the assessment processes and person-centered approaches in this context. The CoSNAT-D presents a first step for the early identification of individual support needs of people living with dementia and communication difficulties who live in the community. Items of the CoSNAT-D have been determined face-valid by end-users. The face-validated version of the tool is currently undergoing further testing to determine additional relevant psychometric properties.
ISSN: 09660410
From : http://www.wileyonlinelibrary.com/journal/hsc

255/37 Dutch care environments for people with dementia: impressions from the perspectives of an architect and a gerontologist; by Kay Shannon, Birgit Jurgenhake.: Emerald.
Working with Older People, vol 24, no 2, 2020, pp 143-147.
The purpose of this paper is to discuss Dutch innovative care environments for older people, including those living with dementia, from the perspectives of an architect and a social gerontologist.

The authors visited three care environments for older people, each offering an innovative approach to housing older people, including people with dementia. The settings are discussed from two disciplinary perspectives, facilitating an understanding of the influence of the built environment on daily life for residents.
The three facilities were all architecturally varied and resembled 'real' homes to varying degrees. Additionally, each entrance offered a different welcome to the external community, ranging from full accessibility to a closed and fortified appearance. Within each facility, the built environment afforded residents opportunities to participate in valued activities, including interacting with members of the wider community.
ISSN: 13663666
From : www.emeraldinsight.com/loi/wwop

255/38 I know they are not trained in dementia: addressing the need for specialist dementia training for home care workers; by Meg Polacsek (et al).: Wiley.
Health and Social Care in the Community, vol 28, no 2, March 2020, pp 475-484.
Providing community-based care for people with dementia can be challenging. Workers often lack training in dementia-specific care for clients with increasingly complex needs, and typically work without direct supervision. As the demand for person-centred home care for people with dementia increases, specialist dementia training for home care workers is urgently needed. This qualitative study used in-depth interviews of a purposive sample, comprising 15 family carers and four older people with dementia, to understand the experience of receiving community care. Data analysis was guided by Braun and Clarke's approach to thematic analysis and revealed the following five overlapping themes, relating to home care workers' understanding of dementia, person--centred care, communication and rapport, mutual collaboration, and the influence of organisational constraints on continuity of care. Although participants acknowledged that service providers operated under challenging circumstances, they were frustrated with home care workers' lack of dementia knowledge and inconsistent staff rostering. Conversely, an understanding of the lived experience of dementia, effective communication and rapport, and continuity of care contributed significantly to a positive experience of receiving care.
ISSN: 09660410
From : http://www.wileyonlinelibrary.com/journal/hsc

255/39 Impact of individualised music listening intervention on persons with dementia: a systematic review of randomised controlled trials; by Minah Amor Gaviola (et al).: Wiley.
Australasian Journal on Ageing, vol 39, no 1, March 2020, pp 10-20.
This review focuses on individualised music listening with the music selection based on the person's or their carers' choices. Findings show that as well as having a positive impact on a range of behavioural and psychological symptoms of dementia, it also has positive short-term effects on mood and emotion. It also suggests that it has comparable efficacy with more resource-intensive interventions, such as music therapy. (NH)
ISSN: 14406381
From : http:www.wileyonlinelibrary.com/journal/ajag

255/40 Pathways to care for people with dementia: an international multicentre study; by Umberto Volpe (et al).: Wiley.
International Journal of Geriatric Psychiatry, vol 35, no 2, February 2020, pp 163-173.
The aim of this study was to characterize the clinical pathways that people with dementia (PwD) in different countries follow to reach specialized dementia care.
It recruited 548 consecutive clinical attendees with a standardized diagnosis of dementia, in 19 specialized public centres for dementia care in 15 countries. The WHO 'encounter form,' a standardized schedule that enables data concerning basic socio-demographic, clinical, and pathways data to be gathered, was completed for each participant.
The median time from the appearance of the first symptoms to the first contact with specialist dementia care was 56 weeks. The primary point of access to care was the general practitioners (55.8%). Psychiatrists, geriatricians, and neurologists represented the most important second point of access. In about a third of cases, PwD were prescribed psychotropic drugs (mostly antidepressants and tranquillizers). Psychosocial interventions (such as psychological counselling, psychotherapy, and practical advice) were delivered in less than 3% of situations. The analyses of the 'pathways diagram' revealed that the path of PwD to receiving care is complex and diverse across countries and that there are important barriers to clinical care.
ISSN: 08856230
From : http://www.orangejournal.org

DEMOGRAPHY AND THE DEMOGRAPHICS OF AGEING

(See 255/45)

DEPRESSION

(See Also 255/68)

255/41 The longitudinal relationship between exposure to air pollution and depression in older adults; by Ruoyu Wang, Boyi Yang, Penghua Liu, Jinbao Zhang, Ye Liu, Yao Yao, Yi Lu.: Wiley.
International Journal of Geriatric Psychiatry, vol 35, no 6, June 2020, pp 610-616.
Air pollution, especially PM2.5 (particulate matter with a diameter of below 2.5 ?m), has been recognized as a key environmental factor that affects mental health, but few studies have focused on its influence on older adults, who are a vulnerable group.
This study focused on the influence of PM2.5 on health-related behaviours, such as physical activities and social contact, to assess their role as mediators of depression among older adults in China.
The study used data (N = 24 623) from the CHARLS (China Health and Retirement Longitudinal Study) of 2011-2015. CES-D 10 (Center for Epidemiology Studies of Depression scale) was used to measure depression. Using multilevel linear models, the relationships between the variables was examined, with different times nested within the same individual and individuals nested within the cities.
Before mediators were added, depression symptoms among older adults increased with annual concentration of PM2.5 (Coeff = 0.57, SE = 0.11). However, after the mediators were added, the coefficient of the annual concentration of PM2.5 decreased (Coeff = 0.37, SE = 0.10). While both physical activities (Sobel test Z score = 2.37, P value = .02) and social contact (Z score = 7.33, P value = .00) mediated the relationship between PM2.5 and depression, the mediating effects decreased with increasing PM2.5.
Exposure to PM2.5, therefore, increases depressive symptoms in older Chinese adults by decreasing their physical activities and social contact. Also, the positive effects of physical activities and social contact on depression decreased with increasing PM2.5 concentrations.
ISSN: 08856230
From : www.orangejournal.org

255/42 A prospective investigation of factors associated with depressive symptoms in older adults' post-hospitalisation; by Aimee Brown (et al).: Wiley.
International Journal of Geriatric Psychiatry, vol 35, no 6, June 2020, pp 671-682.
The transition from hospital to home is a period where older adults are at risk of experiencing depressive symptoms. The present study applied the Social Antecedent Model of Psychopathology (SAMP) to identify factors present at hospital discharge associated with depressive symptoms at discharge and future symptoms at 3 and 6 month post-discharge home.
286 older adults aged over 65 (M = 78.38, SD = 7.68, 57% female) reported on a range of variables that were mapped to the SAMP at hospital discharge, 3 and 6 month post-discharge.
At baseline assessment, male gender, increased anxiety symptoms, low social support and low perceived coping ability were associated with concurrent baseline depressive symptoms. Depressive symptoms at baseline were strongly associated with future depressive symptoms at 3 and 6 month post-discharge. Low household physical activity was also associated with depressive symptoms at 3 months and elevated baseline anxiety symptoms and low social support were associated with depressive symptoms at 6 month post-discharge.
The study concludes that pre-discharge screening of depressive and anxiety symptoms, social support, household physical activity and coping ability may assist in identifying elderly patients at risk of developing depressive symptoms during the hospital-to-home transition. These factors may also serve as potential targets for preventative interventions post-discharge for older adults.
ISSN: 08856230
From : www.orangejournal.org

DIET AND NUTRITION

255/43 Health professionals' experiences and perspectives on food insecurity and long-term conditions: a qualitative investigation; by Flora Douglas, Kathryn Machray, Vikki Entwistle.: Wiley.
Health and Social Care in the Community, vol 28, no 2, March 2020, pp 404-413.
Estimates suggest that over 10% of the UK population are affected by food insecurity. International evidence indicates that food insecurity is a risk factor for many long-term health conditions, and can adversely affect people's ability to manage existing conditions. Food insecurity is thus not only a serious social concern but also a healthcare issue requiring the attention of UK health professionals. An exploratory qualitative study was undertaken to investigate the experiences and views of health professionals in north east Scotland, with a particular focus on support for people with long-term conditions whom they believed were affected by food insecurity. Two focus groups and nine semi-structured interviews were undertaken with a total of 20 health professionals between March and July 2016. Thematic analysis generated three main themes. The health professionals had (a) diverse levels of understanding and experience of food insecurity, but between them identified a range of (b) negative impacts of food insecurity on condition-management, especially for diet dependent conditions or medication regimes, and for mental health. Even for those health professionals more familiar with food insecurity, there were various (c) practical and ethical uncertainties about identifying and working

with food insecure patients (it could be difficult to judge, for example, whether and how to raise the issue with people, to tailor dietary advice to reflect food insecurity, and to engage with other agencies working to address food insecurity). This study indicates that health professionals working with food insecure patients have learning and support needs that warrant further investigation. Debates about health professionals' responsibilities, and interventions to guide and support health professionals, including tools that might be used to screen for food insecurity, must also reflect the diverse lived needs and values of people who experience food insecurity.
ISSN: 09660410
From : http://www.wileyonlinelibrary.com/journal/hsc

255/44 Texture-modified diets in aged care facilities: nutrition, swallow safety and mealtime experience; by Anna Miles (et al).: Wiley.
Australasian Journal on Ageing, vol 39, no 1, March 2020, pp 31-39.
A study of 35,460 care home residents living in New Zealand, where texture-modified diets (TMDs) make up a third of the meals provided. Residents on TMDs have been shown to have lower energy intake and increased risk of malnutrition and are more likely to require feeding assistance compared to residents on regular diets. Increasing mealtime assistance and improving the appearance and taste of TMDs have been shown to result in improvements in intake and weight for older adults. This study aimed to explore this finding and to look at menu quality, dining room experience and nutritional and dysphagia diet compliance. It found that feeding assistance was influential in meal consumption; pureed diets were far more available than soft and bite-sized and minced and moist diets; and an alarming lack of varied snack options for residents. TMDs were associated with increasesd feeding assistance but not reduced consumption. They did however frequently fail to meet portion compliance for carbohydrate and protein. (NH)
ISSN: 14406381
From : http:www.wileyonlinelibrary.com/journal/ajag

DISABILITY

255/45 Socioeconomic inequalities in disability-free life expectancy in older people from England and the United States: A cross-national population-based Study; by Paola Zaninotto, George David Batty, Sari Stenholm, Ichiro Kawachi, Martin Hyde, Marcel Goldberg, Hugo Westerlund, Jussi Vahtera, Jenny Head.
The Journals of Gerontology: Series A, vol 75, no 5, May 2020, pp 906-913.
This study examined socioeconomic inequalities in disability-free life expectancy in older men and women from England and the United States and explored whether people in England can expect to live longer and healthier lives than those in the United States.
It used harmonized data from the Gateway to Global Aging Data on 14,803 individuals aged 50+ from the U.S. Health and Retirement Study (HRS) and 10,754 from the English Longitudinal Study of Ageing (ELSA). Disability was measured in terms of impaired activities and instrumental activities of daily living. The study used discrete-time multistate life table models to estimate total life expectancy and life expectancy free of disability.
Results: Socioeconomic inequalities in disability-free life expectancy were of a similar magnitude (in absolute terms) in England and the United States. The socioeconomic disadvantage in disability-free life expectancy was largest for wealth, in both countries: people in the poorest group could expect to live seven to nine fewer years without disability than those in the richest group at the age of 50.
Conclusions: Inequalities in healthy life expectancy exist in both countries and are of similar magnitude. In both countries, efforts in reducing health inequalities should target people from disadvantaged socioeconomic groups.
From : https://doi.org/10.1093/gerona/glz266

EDUCATION AND TRAINING

(See Also 255/38, 255/98)

255/46 Foot health educational interventions for patients and healthcare professionals: a scoping review; by Minna Stolt (et al).: Sage.
Health Education Journal, vol 79, no 4, June 2020, pp 390-416.
The aim of this scoping review was to examine educational foot health interventions tested with patients and healthcare professionals, with the ultimate goal of improving the quality of foot healthcare by identifying effective educational interventions for foot health. Three electronic databases (Medline/PubMed, CINAHL and Embase) were searched from citations up to 31 March 2019 within the limits of English language at the title and abstract level to identify foot health interventions. In total, 36 full texts found out of 762 citations were included in the review. Studies were eligible for inclusion if they were empirical, research-based intervention studies in which educational interventions with foot health content were conducted with a sample of adult patients and/or healthcare professionals, and foot health outcomes were reported.
The educational foot health interventions reviewed were delivered in multiple forms, most often

including a lecture, and were conducted individually or in small groups targeting predominantly patients with diabetes. The main content of the interventions was foot self-care. The interventions had positive outcomes for foot health, foot care knowledge, foot care activities and lower limb functional ability.This review identified many educational foot health interventions focused mainly on patients with diabetes. All these interventions have the potential to promote foot health in patients, and their future use and development is recommended.
ISSN: 00178969
From : www.journals.sagepub.com/home/hej

255/47 Older people's involvement in healthcare education: views and experiences of older experts by experience; by Juliana Thompson, Sue Tiplady, Glenda Cook.: Emerald.
Working with Older People, vol 24, no 2, 2020, pp 125-135.
This study aims to explore older people's experiences and perceptions of the involvement of 'experts by experience' (EBE) in gerontological professional health-care education to generate insight into their understanding of this experience. In this qualitative study, EBEs contributing to delivery of health-care professional education programmes at a UK university took part in focus groups (n = 14) to discuss their views and experiences of involvement in EBE teaching. Data were analysed using open coding. Four themes emerged from the data, suggesting that older EBEs' involvement in education may be beneficial for their well-being. The four themes were 'contributing to improved care', 'having a purpose', 'being included' and 'feeling appreciated'.
ISSN: 13663666
From : www.emeraldinsight.com/loi/wwop

EMPLOYMENT

255/48 Addressing age stereotyping against older workers in employment: The CJEU and UK approach; by Lyndsey Bengtsson.
International Journal of Law and Management, Vol 62, No 1, March 2020, pp 67-92.
The purpose of this paper is to report on an analysis of direct age discrimination cases by the Court of Justice of the European Union (CJEU) and the UK courts and employment tribunals over an 11-year period. The paper focusses upon age stereotyping towards older workers and analyses whether it is endorsed at the European level and/or national level.
This research has analysed a sample of 100 employment tribunal judgments concerning direct age discrimination together with 28 CJEU decisions on direct age discrimination.
This paper highlights that there are a number of cases in which age stereotyping has been endorsed at the CJEU level. By contrast, the UK courts and employment tribunals have adopted a more robust approach.
The main limitation is that it only considers case law from the European Court and the influence on the UK case law, without analysing the eventual decisions of the other EU member states.
From : https://doi.org/10.1108/IJLMA-01-2019-0019

255/49 Body Mass Index (BMI) and work ability in older workers: Results from the Health and Employment after Fifty (HEAF) Prospective Cohort Study; by Catherine H Linaker, Stefania D'Angelo, Holly E Syddall, E Clare Harris, Cyrus Cooper and Karen Walker-Bone.
International Journal of Environmental Research and Public Health, Vol 17, No 5, March 2020, 1647.
This study explores associations between BMI and prolonged sickness absence; cutting down at work; and health-related job loss (HRJL) over two years of follow-up among workers aged 50 years and over. A cohort of 2299 men and 2425 women (aged 50-64 years) self-reported height and weight at baseline and provided information about work ability at 12 and 24 months for the Health and Employment after Fifty (HEAF) Study. Associations between BMI and work ability were assessed by logistic regression and HRJL by multiple-record Cox's proportional hazards models, with adjustment for other risk factors. The prevalence of obesity/severe obesity was 22.6%/1.2% amongst men and 21.4%/2.6% amongst women, respectively. In men and women, obesity and severe obesity predicted having to cut down at work for health over two years. In women, severe obesity predicted prolonged sickness absence, and also HRJL even after adjustment for age, proximity to retirement, financial difficulties, and lifestyle factors (hazard ratio [HR] 2.93, 95% CI 1.38, 6.23), and additional adjustment for health conditions (HR 2.52, 95% CI 1.12, 5.67). Obesity, and particularly severe obesity, negatively impacts work ability amongst people aged 50-64 years, with greatest effects in women. Obesity can be expected to hinder attempts to encourage work to older ages.
From : https://www.mdpi.com/1660-4601/17/5/1647

255/50 Combining employment and caregiving: how differing care intensities influence employment patterns among middle-aged women in Germany; by Nadiya Kelle.: Cambridge University Press.
Ageing and Society, vol 40, no 5, May 2020, pp 925-943.
Given an ageing population and increased participation by women in the labour force, the relationship between unpaid care and the availability of women to the labour force is gaining in importance as an issue. This article assesses the impact of unpaid care on transitions into employment by women aged between 45 and 59 years. It uses the German Socio-Economic Panel (SOEP) from the years 2001-2014

to estimate Cox regression models for 6,201 employed women. The results indicate that women with higher caring responsibilities and women with lower caring responsibilities are heterogeneous in terms of the socio-economic characteristics that they exhibit: higher-intensity care providers tend to have a lower level of educational attainment and a weaker attachment to the labour force than women with less-intensive caring responsibilities. Furthermore, while women with more-intensive caring roles are highly likely to exit the labour market altogether, female carers with less-intensive roles seem to be able to combine work and care better. These results highlight the importance of providing more affordable institutional and professional care services, especially for low- and medium-income families.
ISSN: 0144686X
From : http://www.cambridge.org/aso

255/51 Educational differences in the influence of health on early work exit among older workers; by Sascha De Breij, Jana Mäcken, Jeevitha Yogachandiran Qvist, Daniel Holman, Moritz Hess, Martijn Huisman, Dorly J H Deeg.
BMJ Occupational and Environmental Medicine (0) - Open Access, 2020, 1-8.
Coordinated analyses were carried out in longitudinal data sets from four European countries: the Netherlands (Longitudinal Aging Study Amsterdam), Denmark (Danish Longitudinal Study of Ageing), England (English Longitudinal Study of Ageing) and Germany (German Ageing Survey). The effect of poor self-rated health (SRH), functional limitations and depression on different types of early work exit (early retirement, economic inactivity, disability and unemployment) was examined using Cox regression analysis. The study examined educational differences in these effects by testing interaction terms.
Poor physical and mental health were more common among the lower educated. Poor SRH, functional limitations, and depression were all associated with a higher risk of early work exit. These health effects were strongest for the disability exit routes (poor SRH: HRs 5.77 to 8.14; functional limitations: HRs 6.65 to 10.42; depression: HRs 3.30 to 5.56). In the Netherlands (functional limitations) and England (functional limitations and SRH), effects were stronger in the lower educated.
The prevalence of health problems, that is, poor SRH, functional limitations and depression, was higher in the lower educated workers. All three health indicators increase the risk of early work exit. In some countries, health effects on early exit were stronger in the lower educated. Thus, lower educated older workers are an important target group for health policy and intervention.
From : http://dx.doi.org/10.1136/oemed-2019-106253

END-OF-LIFE CARE

(See Also 255/89, 255/90)

255/52 How do Admiral Nurses and care home staff help people living with dementia and their family carers prepare for end-of-life?; by Kirsten J Moore (et al).: Wiley.
International Journal of Geriatric Psychiatry, vol 35, no 4, April 2020, pp 405-413.
To explore current practice and the role of UK care homes and Admiral Nurses in helping people living with dementia and their family carers prepare for end-of-life, the authors conducted an online survey with all UK Admiral Nurses (59% response rate) and a random sample of Gold Standards Framework accredited care homes in England and Wales (38% response rate). Descriptive statistics were used to report survey findings.
While respondents commonly discussed the progressive nature of dementia with people living with dementia and family carers, they less frequently spoke to people with dementia or carers about the nature of dementia as life shortening, terminal, or a disease you can die from. Admiral Nurses highlighted that where service models reduced continuity of care, opportunities for ongoing discussion and developing relationships that supported these discussions were reduced. Admiral Nurses and care homes raised concerns about conversations being left too late, when the person with dementia no longer had capacity to engage. There was a high level of agreement with all European Association of Palliative Care and National Institute for Health and Care Excellence (NICE) statements presented regarding end-of-life care planning and discussions.
The survey found fragmentation across the service system, lack of continuity, and tensions regarding when these conversations should be initiated and by whom.
ISSN: 08856230
From : http://www.orangejournal.org

FALLS

(See 255/69)

FAMILY AND INFORMAL CARE

(See Also 255/59)

255/53 Beyond the definition of formal care: informal care arrangements among older Swedes who are not family; by Elin Siira (et al).: Wiley.
Health and Social Care in the Community, vol 28, no 2, March 2020, pp 633-641.
This study explores care practices of older people outside formal care and without appealing to predefined relationships. Interviews were conducted with 30 independent-living men and women aged 67-93 in three municipalities in Sweden. The interviews explored how they cared for themselves and other older people who were not family. Interviews were conducted between December 2017 and May 2018 and later transcribed and analysed using grounded theory. The paper presents one of the first studies on informal care practices among older people that looks beyond the definition of formal care to understand how such care complements formal care services. The findings show that older people participate in several care arrangements to care for themselves as well as for others. The arrangements feature different types of mutuality and include distant relations to other older people and larger more or less formalised groups. The findings highlight the importance of looking beyond conceptualisations of care based on understandings of formal care and specific relationships as a frame for understanding informal care.
ISSN: 09660410
From : http://www.wileyonlinelibrary.com/journal/hsc

255/54 Self-compassion as an applicable intervention target for family carers of older adults: a conceptual commentary; by Jenny Murfield, Wendy Moyle, Analise O'Donovan.: Wiley.
International Journal of Geriatric Psychiatry, vol 35, no 4, April 2020, pp 376-383.
This commentary discusses how caring for an older family member can be a challenging and stressful experience and there is a need to better support family carers in the role. The authors suggest that psychological interventions that seek to specifically increase levels of self-compassion could help stress management by promoting adaptive emotion regulation. More research is required on self-compassion but the article outlines a conceptual rationale for why self-compassion is an applicable intervention target for family caregivers of older adults.
ISSN: 08856230
From : http://www.orangejournal.org

255/55 Spousal care-giving arrangements in Europe: The role of gender, socio-economic status and the welfare state; by Ariane Bertogg, Susanne Strauss.: Cambridge University Press.
Ageing and Society, vol 40, no 4, April 2020, pp 735-758.
Spouses (and partners) are the most important source of care in old age. Informal care for frail spouses is provided by both sexes and across all socio-economic backgrounds and welfare policy contexts. There are, however, interesting differences as to whether spouses care alone, receive informal support from other family members or formal support from professional helpers, or outsource the care of their spouse completely. The present article differentiates between solo spousal care-giving and shared or outsourced care-giving arrangements, as well as between formal and informal care support. It shows how care-giving arrangements vary with gender, socio-economic status and welfare policy. It compares 17 countries and their expenditures on two elder-care schemes: Cash-for-Care and Care-in-Kind. The empirical analyses draw on the most recent wave of the Survey of Health, Ageing and Retirement in Europe (SHARE) data from 2015. The results show that men have a higher propensity to share care-giving than women, albeit only with informal supporters. As expected, welfare policy plays a role insofar as higher expenditure on Cash-for-Care schemes encourage informally outsourced care-giving arrangements, whereas Care-in-Kind reduce the likelihood for informally shared or outsourced care-giving arrangements. Moreover, the influence of these welfare policy measures differs between individuals of different socio-economic status but not between men and women.
ISSN: 0144686X
From : http://www.cambridge.org/aso

FRAILTY

255/56 Frailty as a predictor of mortality in older adults within 5 years of psychiatric admission; by Carolien E M Benraad (et al).: Wiley.
International Journal of Geriatric Psychiatry, vol 35, no 6, June 2020, pp 617-625.
Older adults with psychiatric disorders have a substantially lower life expectancy than age-matched controls. Knowledge of risk factors may lead to targeting treatment and interventions to reduce this gap in life expectancy. This study investigated whether frailty independently predicts mortality in older patients following an acute admission to a geriatric psychiatry hospital.
Clinical cohort study with a 5-year follow-up of 120 older patients admitted to a psychiatric hospital between February 2009 and September 2010. On admission, frailty was assessed with a frailty index (FI). Cox regression analyses was applied with time to death as the dependent variable, to examine whether the FI was a predictor for mortality, adjusted for age, sex, level of education, multimorbidity

(Cumulative Illness Rating Scale for Geriatrics, CIRS-G scores), functional status (Barthel Index), neuropsychiatric symptoms (NPS), and severity of psychiatric symptoms at admission (Clinical Global Impressions Scale of Severity).
Of the 120 patients, 63 (53%) patients were frail (FI >= 0.25), and 59 (49%) had died within 5 years. The FI predicted mortality with a hazard ratio (HR) of 1.78 (95% CI, 1.06-2.98) per 0.1 point increase, independent of the covariates. Co-morbidity measured by the CIRS-G and functional status measured by the Barthel Index were not significantly associated.
Frailty was a strong predictor of mortality, independent of age, gender, multimorbidity, and functional status. This implies that frailty may be helpful in targeting inpatient psychiatric treatment and aftercare according to patients' life expectancy.
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From : www.orangejournal.org

HEALTH CARE

(See 255/3, 255/8, 255/20, 255/65, 255/73)

HEALTH SERVICES

(See 255/25)

HOME CARE

(See Also 255/100)

255/57 Waiting times in aged care: what matters?; by Serena Yu, Julie Byles.: Wiley.
Australasian Journal on Ageing, vol 39, no 1, March 2020, pp 48-55.
In 2017, Australia introduced the National Prioritisation Systems, a national queuing process which prioritises access according to need and allocates Home Care Packages on four levels - basic, low, intermediate and high. Waiting times for these services are affected by many factors, but few studies have looked at variation in wait times by individuals' needs and characteristics. Results of this study showed the main consumer-level factors driving waiting times were the individual's assessed needs, including health status, whether they lived alone and age. No evidence was found that socioeconomic status was associated with waiting times for community-based care. but admission to residential care did reflect socioeconomic factors including education levels and geographical isolation. (NH)
ISSN: 14406381
From : http:www.wileyonlinelibrary.com/journal/ajag

HOMELESSNESS

255/58 Just like jail: trauma experiences of older homeless men; by Natalie D Pope, Susan Buchino, Sarah Ascienzo.: Taylor and Francis.
Journal of Gerontological Social Work, vol 63, no 3, April 2020, pp 143-161.
People experiencing homelessness often have a history of trauma, and losing one's home is a traumatic event. The trauma of living in emergency shelters and on the streets uniquely impacts older adults, whose experiences of homelessness increase the likelihood of multiple health conditions and premature ageing. This paper includes data from 18 men, aged 50 and older, who had experienced multiple instances of homelessness, as part of a larger study to understand the return path to homelessness from permanent housing. When participants spoke with us about their failure to be in housing, their inability to free themselves from reoccurring homelessness could not be discussed without talking about their trauma. Participants spoke of trauma in early life, perhaps precipitating homelessness, as well as traumatic experiences while homeless. The men discussed feeling imprisoned by the systemic issues around homelessness, facing mistreatment by service providers, and being exposed to external threats in their lives on the streets, including violence. Findings from this study lend themselves to the explicit need for trauma-informed care and supportive services that are sensitive to the urgency of homelessness as it is experienced by men in late life.
ISSN: 01634372
From : http://www.tandfonline.com

HOSPITAL CARE

(See Also 255/13, 255/30, 255/42)

255/59 Family caregiver participation in caregiving for hospitalized elderly patients with a tracheostomy: a literature review; by Watchara Tabootwong, Frank Kiwannuka.: Emerald.
Working with Older People, vol 24, no 2, 2020, pp 105-111.
Elderly patients requiring prolonged mechanical ventilation are treated with a tracheostomy. Often, the family caregivers need to participate in the care for elderly patients with a tracheostomy during

hospitalisation.
A literature review was carried out to identify family caregiver participation in caregiving for the elderly patient, the impact of caregiving, and the needs of family caregivers.
Family caregivers participate in the planning and provision of care to elderly patients. Furthermore, they also collaborate in the therapeutic process for elderly patients. During the process of caring for their loved ones, family caregivers often experience poor sleep quality, strain, reduction in social interaction and insufficient income. Health-care professionals should support and provide care for the needs of family caregivers by providing information on prognosis, the care plan, emotional support and collaboration during the therapeutic process to provide better care for older patients with a tracheostomy. In addition, family caregivers' relatives can also provide financial support and rotation of caregiving schedules to avoid burnout.
ISSN: 13663666
From : www.emeraldinsight.com/loi/wwop

HOUSING

255/60 Barriers faced in the establishment of cohousing communities for older adults in Eastern Canada; by Lori E Weeks, Catherine Bigonnesse, Gloria McInnis-Perry, Suzanne Dupuis-Blanchard.: Taylor and Francis.
Journal of Aging and Environment, vol 34, no 1, January-March 2020, pp 70-85.
Co-housing is an innovative form of housing that is characterized by the autonomy of private dwellings with the advantages of shared resources in a socially intentional culture of mutual support. While there are many benefits of co-housing, the growth of co-housing for seniors in Eastern Canada has been slow. Findings are from seven interviews conducted with key informants with a focus on barriers faced in their endeavors to establish co-housing communities. The results of this study are salient for those interested in developing co-housing and especially in locations where co-housing does not exist and outside of large urban centres.
ISSN: 26892618
From : www.tandfonline.com

255/61 Contested subjectivities in a UK housing cooperative: Old hippies and Thatcher's children negotiating the commons; by Yael Arbell, Lucie Middlemiss, Paul Chatterton.
Geoforum, vol 110, March 2020, pp 58-66.
How can a long-standing cooperative respond to changes in society over time, and how do these changes affect the management of the cooperative? The authors looked at the visions, daily life and policies in a housing cooperative in the UK established in the 1970s and found a messy process that required constant negotiation and involved diverse subjectivities. They identified different visions of the commons: a minimalist vision focusing on housing alone, and a maximalist one, diffusing boundaries between the personal and the collective and involving many aspects of members' lives. These visions have always existed in the cooperative, but the general trend was towards minimalism. Behind the changes are members' changing subjectivities, reflecting changing processes of subject formation in relation to state and market. They found that difference in subjectivities was often displayed along generational lines, and affected commoners' visions of the commons. Although the cooperative changed some of its practices to fit the more minimalist vision, it still endured as a form of commons that is resilient to challenge.
From : https://doi.org/10.1016/j.geoforum.2020.01.017

255/62 Fallen between the cracks: exploring subsidized housing from the perspectives of low-income preseniors; by Christine A Walsh, Cari Gulbrandsen, Jennifer Hewson, Karen Paul.: Taylor and Francis.
Journal of Aging and Environment, vol 34, no 1, January-March 2020, pp 5-30.
Older adults aged 55 to 64 are vulnerable to housing insecurity and homelessness due to complex, interacting factors including decreasing options for employment, poor health, changing life circumstances, and ineligibility for seniors' benefits or seniors' subsidised housing. Despite the vulnerability of low-income preseniors, few researchers have examined the housing experiences of this population. This participatory action research study was guided by an advisory committee (n = 11) comprised of individuals with lived experiences of homelessness and service providers. In-depth, qualitative individual interviews were conducted with low-income preseniors (n = 30), who experienced housing insecurity or homelessness, to better understand their unique challenges and barriers to obtaining affordable, safe and suitable housing. Low-income preseniors (n = 6), who had direct experience with housing insecurity or homelessness, collaborated with the data analysis process. The constant comparative method was used to identify themes related to: (1) risk factors for homelessness, (2) barriers in securing housing, (3) characteristics of desirable and undesirable housing, and (4) the importance of advocacy in addressing the complex challenges they encounter. Study findings also highlighted the influence of contextual and structural factors that contribute to the preseniors' quality of life, health, and well-being as they age. Recommendations are provided to inform subsidized housing practices, policies, and services targeted at meeting the unique needs of this population.
ISSN: 26892618
From : www.tandfonline.com

HOUSING WITH CARE

255/63 You have got to stick to your times: care workers and managers' experiences of working in extra care housing; by Ailsa Cameron (et al).: Wiley.
Health and Social Care in the Community, vol 28, no 2, March 2020, pp 396-403.
Extra care housing (ECH) has been lauded as an innovative model of housing with care for older people that promotes and supports independent living. The study used a qualitative design to explore how care is delivered in four extra care settings in England over 20 months during 2016-2017. This paper reports findings from semi-structured interviews with 20 care workers and seven managers. The article argues that, despite being heralded as a new model, care workers in ECH face similar organisational pressures as those working in more conventional settings and, in turn, the care which they are able to provide to residents mimics traditional forms of care.
ISSN: 09660410
From : http://www.wileyonlinelibrary.com/journal/hsc

INTEGRATED CARE

255/64 Can health and social care integration make long-term progress?: Findings from key informant surveys of the integration Pioneers in England; by Bob Erens (et al).: Emerald.
Journal of Integrated Care, vol 28, no 1, 2020, pp 14-26.
All areas in England are expected by National Health Service (NHS) England to develop integrated care systems (ICSs) by April 2021. ICSs bring together primary, secondary and community health services, and involve local authorities and the voluntary sector. ICSs build on previous pilots, including the Integrated Care Pioneers in 25 areas from November 2013 to March 2018. This analysis tracks the Pioneers' self-reported progress, and the facilitators and barriers to improve service coordination over three years, longer than previous evaluations in England. The paper aims to discuss these issues.
Annual online key informant (KI) surveys, 2016-2018, are used for this study.
By the fourth year of the programme (2017), KIs had shifted from reporting plans to implementation of a wide range of initiatives. In 2018, informants reported fewer 'significant' barriers to change than previously. While some progress in achieving local integration objectives was evident, it was also clear that progress can take considerable time. In parallel, there appears to have been a move away from aspects of personalised care associated with user control, perhaps in part because the emphasis of national objectives has shifted towards establishing large-scale ICSs with a particular focus on organisational fragmentation within the NHS.
ISSN: 14769018
From : http://www.emeraldinsight.com/loi/jica

255/65 Covid-19: why we need a national health and social care service; by Allyson M Pollock, Luke Clements, Louisa Harding-Edgar.
BMJ 2020;369:m1465, 14 April 2020.
Covid-19 outbreaks in care homes expose serious inadequacies in social care services across the UK. Data from across the world show that deaths from covid-19 mainly occur among older people, particularly those over 80. This editorial claimst that social services in the UK are among the most privatised and fragmented in the Western world and have been underfunded for decades. Between 2010-11 and 2017-18 local authority spending on social care in England fell by 49% in real terms, while privatisation increased.
Pay is low; 24% of people working in adult social care are on zero hour contracts, and in March 2019 around a quarter were being paid the national living wage of £7.83 an hour or less. Staff on zero hour contracts do not receive sick pay and often go to work when sick. Emergency coronavirus legislation in the UK has severely curtailed the legal rights to social care services of elderly, ill, and disabled people in the community and in residential settings.
The editorial argues that the current emergency has exposed once again the need for a universal integrated health and social care service. Radical action is required to bring all services and staff back under government control in a national and publicly accountable system so that high quality care is delivered by a trained and properly equipped workforce with decent terms and conditions of service.
What is needed is a plan to temporarily relocate care home residents to safe, infection-free accommodation allowing visitors; to provide covid-only facilities with extra staff support for those who do not need hospital admission; to ensure adequate levels of trained staff in all facilities, with adequate protective equipment; and to implement comprehensive contact tracing and testing of suspected cases in staff and residents.
From : doi: 10.1136/bmj.m1465

255/66 Integrated care pilots in England revisited; by Richard Q Lewis, Tom Ling.: Emerald.
Journal of Integrated Care, vol 28, no 1, 2020, pp 7-13.
The purpose of this paper is to explore the outcomes identified by the evaluation of the national programme of integrated care pilots (ICPs) in England in the context of wider policies designed to deliver integrated care and to consider the challenges presented to policy makers and evaluators in distilling usable insights to promote effective policy.

This is a review of the ICP evaluation findings and the findings of a number of systematic reviews into aspects of integrated care. This paper shows the contextual analysis of these findings in relation to health policy in England.
The evaluation of ICPs in 2012 produced mixed results with some potentially useful findings for policy makers. However, numerous integrated care initiatives succeeded the ICPs suggesting that insights from evaluation are of limited usefulness to policy makers or are difficult to implement. A shift in macro policy within the English NHS may support integrated care by aligning objectives of clinical teams with those of the wider systems within which they operate.
ISSN: 14769018
From : http://www.emeraldinsight.com/loi/jica

INTERGENERATIONAL ISSUES

(See 255/67, 255/85)

INTERNATIONAL AND COMPARATIVE

(See Also 255/30, 255/53, 255/111)

255/67 Children's education and their financial transfers to ageing parents in rural China: mothers and fathers' strategic advantages in enforcing reciprocity; by Yaolin Pei, Zhen Cong.: Cambridge University Press.
Ageing and Society, vol 40, no 4, April 2020, pp 896-920.
This investigation examines the impact of children's education on their financial support to older parents in rural China based on a theoretical framework that regards financial transfers from adult children as motivated by parents' earlier investments on children's education, and mothers and fathers having different strategic advantages to enforce reciprocity. The sample derives from six waves of panel data from the Longitudinal Study of Older Adults in Anhui Province, China, from 2001 to 2015, based on which five stacked intervals (2001-2003, 2003-2006, 2006-2009, 2009-2012, 2012-2015) are constructed. The random-effects models shows that the highest educated child provides more financial support than other children and that the amount is conditional on the actual educational attainment of the highest educated child. The results also suggest that fathers and mothers have different strategic advantages in the process. Mothers' emotional bonds with their highest educated children enforce financial returns. In contrast, fathers' stronger identification with traditional filial norms is more consequential for receiving financial support from the highest educated children. The authors discuss these findings in the context of the patrilineal family system and social changes, including rapid population ageing and the decline of fertility rates.
ISSN: 0144686X From : http://www.cambridge.org/aso

255/68 Determination of abuse and depression in the elderly; by Fadime Sen, Meltem Meric.: Taylor and Francis.
Journal of Elder Abuse and Neglect, vol 32, no 1, January-February 2020, pp 60-71.
This study was conducted to assess abuse and depression in elderly individuals. The universe of this descriptive and cross-sectional study consisted of individuals over the age of 65 years who were attending in a university at Turkish Republic of Northern Cyprus hospital between October 2017 and March 2018. The sample consisted of a total of 310 elderly individuals. In the study, the Geriatric Depression Scale and the Hwalek-Sengstock Elder Abuse Screening Test were used as data collection tools. It was determined that abuse and depression scores were high in elderly individuals who were single, who had an primary school education or below, who had an income less than their expenditure, who had no social security. There was a positive, significant and moderate relationship found between the depression and abuse scores of the elderly individuals. It is recommended that mental health professionals should consider the association of depression and abuse for the risk groups determined in the study.
ISSN: 08946566 From : www.tandfonline.com

255/69 Falls among Asians living in small apartments designed for older adults in Singapore; by Elaine Qiao-Ying Ho (et al).: Taylor and Francis.
Journal of Aging and Environment, vol 34, no 1, January-March 2020, pp 31-47.
This article aims to examine factors associated with falls in older adults residing in apartments designed with age-friendly features in Singapore. A cross-sectional study was conducted with 925 older adults aged 55 years and older, residing in studio apartments in Singapore. Multivariable backward logistic regression and independent factors associated with falls include older age, cataracts, urinary-tract disorders, general weakness, participation in family gatherings, and functional difficulty in dressing. Interaction effects were found for gender and walking long distances. Environmental factors were not independent factors for falls, although they were associated on bivariate analysis. Findings have implications on the importance of age-friendly design setting on fall prevention. Fall prevention efforts should be multidimensional and target modifiable risk factors for falls.
ISSN: 26892618 From : www.tandfonline.com

255/70 Informal caregivers' experiences of caring for persons with dementia in Estonia: a narrative study; by Merle Varik, Marju Medar, Kai Saks.: Wiley.
Health and Social Care in the Community, vol 28, no 2, March 2020, pp 448-455.
This paper presents the results of a qualitative study aimed at exploring the experiences and needs of informal caregivers of persons with dementia and identifying caregiver expectations for support. The research was based on phenomenological and social constructionist approaches; it also took experience-centred and culturally oriented approaches to narratives. It was conducted in Estonia in 2017 by means of unstructured in-depth interviews with 16 informal caregivers who had relatives with dementia. The narrative approach used in this study proved to be an appropriate and valuable method to understand the situations of the caregivers of the people with dementia, in identifying their needs and expectations, and in developing social understanding for caregivers. The results are divided under four thematic headings: awareness of dementia; process of caregiving and different caregiving roles; influence of caregiving on personal life; and expectations of empowerment. We found that it is necessary to raise public awareness of dementia and develop person-centred support services for the people living with dementia.
ISSN: 09660410
From : http://www.wileyonlinelibrary.com/journal/hsc

255/71 Just like in Germany, only better?: Old-age care facilities in Poland for people from Germany and the question of legitimacy; by Sonja Grossman, Cornelia Schweppe.: Cambridge University Press.
Ageing and Society, vol 40, no 4, April 2020, pp 823-841.
This article deals with old-age care facilities in Poland which are aimed at people from Germany. These facilities emerge against the background of severe criticism of old-age care facilities in Germany. The media projects a widespread use of these facilities, claiming this is mainly due to the lower costs as compared to Germany. Against the backdrop of normative discussions about old-age care in Germany, doubts about a widespread use of facilities abroad may arise. The article shows that in quantitative terms, the facilities in Poland are a marginal phenomenon. Drawing on neo-institutional organisation theories, the authors demonstrate that the facilities face legitimisation challenges that consist of being able to align with the socially shared values and norms of old-age care in Germany to position themselves as a legitimate option. They analyse whether and how the facilities deal with these challenges. They particularly focus on the only facility found that had a substantial number of residents from Germany. The study shows how the facility takes on the legitimation challenge by its motto 'Just like in Germany - only better', while other facilities position themselves as 'low-cost facilities for people from Germany'. The low take-up of the latter indicates that low prices alone do not attract a substantial number of residents from Germany into the facilities.
ISSN: 0144686X
From : http://www.cambridge.org/aso

255/72 Neighborhood-based social capital and cognitive function among older adults in five low- and middle-income countries: evidence from the World Health Organization study on global AGEing and adult health; by Nan Jiang, Bei Wu, Nan Lu, Tingyue Dong.: Wiley.
International Journal of Geriatric Psychiatry, vol 35, no 4, April 2020, pp 365-375.
This international population-based study used cross-sectional survey data from the World Health Organization's Study on global AGEing and adult health (SAGE), a study of adults aged 50 years or older in China, Ghana, India, the Russian Federation, and South Africa from 2007 through 2010 (N = 29 528). Associations between neighborhood-based social capital indicators (trust in neighbours, perceived neighbourhood safety, and community participation) and cognitive function were examined using ordinary least squares regressions and random-effects meta-analyses.
Results of the meta-analyses of within-country effects indicated that trust in neighbours were positively associated with cognitive function across India, Russia, and Ghana, but negatively associated in South Africa and no effect in China. The significant effect of perceived neighbourhood safety was only found in South Africa and China. Community participation approached a null effect in South Africa.
Different indicators of neighbourhood-based social capital, which are well-established protective resources for cognitive function, may have varied relationships with cognitive function cross-nationally. This finding provides a better understanding of the mechanisms by which neighborhood social capital may contribute to better cognitive function in low- and middle-income countries than high-income countries, potentially due to differences in neighbourhood environments, health systems, and availability of public resources.
ISSN: 08856230
From : https://doi.org/10.1002/gps.5239

255/73 Primary healthcare utilization by the elderly: a secondary analysis of the 5th Indonesian Family Life Survey; by Ching-Min Chen, Baithesda Baithesda.: Emerald.
Working with Older People, vol 24, no 2, 2020, pp 81-94.
The purpose of this study is to examine different types of primary healthcare utilization and its influencing factors among older people in Indonesia.
Data were obtained from the 5th Indonesian Family Life Survey, a longitudinal database of demography and health information using multistage stratified sampling of households. Older adults aged at least 60

years were sampled; proxy respondents and incomplete data were excluded from the study.
Most older people preferred to visit nurse/midwives practitioner (NP), followed by the community health centers (CHC). Those who lived outside of the Java region were more likely to visit NP; moreover, those without formal education and lived in the rural area were more likely to use CHC. Education level, region and chronic conditions were significant predicting factors for almost all types of primary healthcare use.
There are significant barriers to access almost all types of primary health care by older people in Indonesia. This study shows the possibility of future health care inequality for the older population.
ISSN: 13663666
From : www.emeraldinsight.com/loi/wwop

255/74 Social isolation and loneliness among urban older people: a study of Cooch Behar municipal town, West Bengal, India; by Angana Debnath, Piyal Basu Roy.: Emerald.
Working with Older People, vol 24, no 1, 2020, pp 61-71.
The purpose of this paper is to focus on the social isolation and loneliness of older people that emerge from inadequate integration with the social network, coupled with increasing social chasm between the aged and the young. The sample population is Cooch Behar municipal town, West Bengal, India.
Data was collected through a questionnaire followed by purposive random sampling and analyzed with the help of loneliness scale and correlated variables.
The study reveals that marital status, social network, social class and health are some of the parameters that influence the level of social isolation and loneliness among the older people.
ISSN: 13663666
From : http://www.emeraldinsight.com/loi/wwop

255/75 Vulnerability to fraud among Chinese older adults: do personality traits and loneliness matter?; by Tong Xing (et al).: Taylor and Francis.
Journal of Elder Abuse and Neglect, vol 32, no 1, January-February 2020, pp 46-59.
This study examined correlates of the vulnerability to fraud among a group of urban Chinese older adults, focusing on the influence of personality traits and loneliness. A non-probability sample of 321 older participants recruited from six urban communities in Tianjin, China participated in a survey. Key measures included the Elder Risk for Fraud Scale, the short Big Five Inventory, and the Emotional-Social Loneliness Inventory. Regression analyses found that agreeableness personality was associated with lower risks for fraud while social loneliness was associated with higher risks for fraud. Older participants who needed medical assistance with their daily living were found at higher risks for fraud than their counterparts without medical needs. It is recommended that policymakers and helping professionals in China should assess psychosocial risk factors for fraud. Great attention needs to be paid to older adults who demonstrate low levels of agreeableness and high levels of social loneliness.
ISSN: 08946566
From : www.tandfonline.com

LEGAL ISSUES

(See 255/81)

LGBT

255/76 'I don't want to go back into the closet just because I need care': recognition of older LGBTQ adults in relation to future care needs; by Jenny Löf, Anna Olaison.
European Journal of Social Work, vol 23, no 2, 2020, pp 253-264.
There is increasing awareness in research about the social service needs of older LGBTQ adults. As a rule, transgender individuals are not included in these studies. This study focuses on how older Swedish LGBTQ adults reason about openness in an elder care context concerning their future needs for services and adopts Nancy Fraser's theoretical framework of recognition. The material consists of fifteen semi-structured interviews with older LGBTQ adults. The results indicate that the main concern for older LGBTQ individuals is being accepted for their preferred sexual orientation and/or gender identity in elder care. However, there were differences regarding that concern in this LGBTQ group. There were also a variety of approaches in the group as to preferences for equal versus special treatment with respect to their LGBTQ identity. In addition, there were differences as to whether they prefer to live in LGBTQ housing or not. The findings contribute to existing knowledge by highlighting the diverse views on elder care services in both this group of interviewees and its subgroups. These findings emphasise the importance of the social work practice recognising different preferences and having an accepting approach. The results can further provide guidance on how to design elder care services for older LGBTQ adults.
From : https://doi.org/10.1080/13691457.2018.1534087

LIFE-LONG LEARNING

255/77 Late life education and cognitive function in older adults; by Geesk Peeters, Rose Anne Kenny, Brian Lawlor.: Wiley.
International Journal of Geriatric Psychiatry, vol 35, no 6, June 2020, pp 633-639.
This study examined the cross-sectional and prospective associations between late life education (LLE) and global cognitive function in older adults.
A total of 5,306 participants (50+ years) in The Irish Longitudinal Study of Ageing answered questions about highest level of education completed and LLE (2010). Cognitive function was defined as the number of errors on the Montreal cognitive assessment (MoCA) assessed in 2010 and 2014. The association between LLE and MoCA-errors was examined using Poisson regression stratified by level of education. Sensitivity analyses were done to examine reverse causation and selection bias.
In those with primary/no (n = 1312, incidence rate ratio [IRR] = 0.83, 95%CI = 0.70-0.99) and secondary education (n = 2208, IRR = 0.88, 95%CI = 0.80-0.97), but not tertiary education (n = 1786, IRR = 0.93, CI = 0.86-1.00), participating in LLE was associated with lower rate of MoCA errors. The prospective association between LLE and 4-year change in MoCA-errors was (borderline) statistically significant in those with primary/no education only (IRR = 0.86, CI = 0.74-1.00). Sensitivity analyses supported robustness of the findings.
The study concludes that LLE may contribute to cognitive reserve and be a useful intervention to mitigate the increased risk of cognitive decline associated with low levels of education.
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LONELINESS AND SOCIAL ISOLATION

(See Also 255/74, 255/97)

255/78 Loneliness is associated with risk of cognitive impairment in the Survey of Health, Ageing and Retirement in Europe; by Martina Luchetti, Antonio Terracciano, Damaris Aschwanden (et al).: Wiley.
International Journal of Geriatric Psychiatry, vol 35, no 7, July 2020, pp 794-801.
The objective of this study is to test whether loneliness is associated with the risk of cognitive impairment up to 11 years later in a European sample of middle-aged and older adults. The study examines whether this association is independent of measures of social isolation, depression, and other risk factors for cognitive impairment and dementia.
Participants (N = 14 114) from the Survey of Health, Ageing and Retirement in Europe (SHARE) answered a single item on loneliness at baseline and were assessed for cognitive impairment every 2 to 3 years for 11 years. Participants who scored at least 1.5 standard deviations below the age-graded mean on both a memory recall task and verbal fluency task were classified as impaired. A three-item measure of loneliness was available for a sample of respondents followed up to 4 years.
Feeling lonely was associated with increased risk of incident cognitive impairment (HR = 1.31, 95%CI = 1.19-1.44), after accounting for age, sex, education, and SHARE country strata. The association was robust but reduced in magnitude when controlling for clinical and behavioral risk factors, health-related activity limitations, social isolation, social disengagement, and depressive symptoms. The association was not moderated by socio-demographic factors and was also apparent when using the three-item loneliness scale instead of the single-item measure.
These findings expand the extant literature on loneliness and the risk of cognitive impairment in older adulthood. Loneliness is one modifiable factor that can be intervened prior to the development of severe impairment or dementia.
ISSN: 08856230
From : http://www.orangejournal.com

255/79 To support and not to cure: general practitioner management of loneliness; by Ana Jovicic, Susan McPherson.: Wiley.
Health and Social Care in the Community, vol 28, no 2, March 2020, pp 376-384.
Loneliness is associated with numerous detrimental effects on physical health, mental health, cognition and lifestyle. Older adults are one of the groups at highest risk of loneliness, and indeed about 46% of older adults in England feel lonely. Those experiencing loneliness visit their general practitioner (GP) more frequently than those who are not, which has the capacity to put a strain on GPs and primary care waiting lists and costs. This study's aim was to explore GPs' views and experiences of loneliness within their older adult patients, and to understand GPs' awareness and feelings of agency within this. Nineteen UK GPs were recruited using purposive sampling and snowballing techniques. Individual semi-structured interviews were conducted either in person or over the telephone. Data were analysed using thematic analysis. Four overarching themes were identified from the data: Whose responsibility is it anyway?, Pandora's box of shame; Keeping distance; and Community responsibility. Themes emphasise that GPs tend to hold a medicalised and individualistic view of loneliness. This intensifies stigma which in turn creates barriers to raising the topic. GPs felt powerless in their ability to fix the 'problem' and tended to believe that the solution had to lie in the community, the individual or in social care rather than in primary care. The findings are discussed in the context of literature on GP

management of other social problems which give rise to similar issues concerning the restrictions of the medical model and the need for joined-up approaches in which the GP is one part of a wider social support structure. It is suggested that it might be useful for training and support for GPs to address management of social problems jointly rather than training specific to loneliness which GPs tend to see as peripheral to their core remit.
ISSN: 09660410
From : http://www.wileyonlinelibrary.com/journal/hsc

LONG TERM CARE

255/80 Re-conceptualising the relationship between de-familialisation and familialisation and the implications for gender equality: the case of long-term care policies for older people; by Thurid Eggers (et al).: Cambridge University Press.
Ageing and Society, vol 40, no 4, April 2020, pp 869-895.
This article explores how far the concepts of de-familialisation/familialisation are adequate to the classification of long-term care (LTC) policies for older people. In the theoretical debate over LTC policies, de-familialising and familialising policies are often treated as opposites. The authors propose re-conceptualising the relation between de-familialisation and familialisation, arguing that they represent substantially different types of policy that, in theory, can vary relatively autonomously. In order to evaluate this theoretical assumption, this article investigates the relation between the generosity level of LTC policies on extra-familial care, and the generosity level of LTC policies on paid family care, introducing a new multi-dimensional approach to measuring the generosity of LTC policy for older persons. It also explores the consequences of this for gender equality. The empirical study is based on a cross-national comparison of LTC policies in five European welfare states which show significant differences in their welfare state tradition. Data used are from document analysis of care policy law, the Mutual Information System on Social Protection, the European Quality of Life Survey and the Organisation for Economic Co-operation and Development. The findings support the argument that de-familialising and familialising LTC policies can vary relatively independently of each other in theory. It turns out that we get a better understanding of the relationship between LTC policy and gender equality if we analyse the role of different combinations of extra-familial and familial LTC policies for gender equality.
ISSN: 0144686X
From : http://www.cambridge.org/aso

LONG TERM CONDITIONS

(See 255/43)

MENTAL CAPACITY

255/81 Medical treatment and best interests: judicial interpretation of values, wishes and beliefs under the Mental Capacity Act 2005; by Owen P O'Sullivan.: Emerald.
Journal of Adult Protection, vol 22, no 3, 2020, pp 165-173.
The prominence of the best interests principle in the Mental Capacity Act 2005 represented an important transition to a more resolutely patient-centred model regarding decision-making for incapable adults ('P'). This paper aims to examine the courts' consideration of P's values, wishes and beliefs in the context of medical treatment, reflect on whether this has resulted in a wide interpretation of the best interests standard and consider how this impacts clinical decision makers. A particular focus will be on case law from the Court of Protection of England and Wales and the Supreme Court of the UK.
The study finds that, with respect to values, wishes and beliefs, the best interests standard's interpretation in the courts has been widely varied. Opposing tensions and thematic conflicts have emerged from this case law and were analysed from the perspective of the clinical decision maker.
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MENTAL HEALTH

(See Also 255/31, 255/72, 255/77, 255/78, 255/105)

255/82 Communication and understanding of mild cognitive impairment diagnoses; by Jemima Dooley (et al).: Wiley.
International Journal of Geriatric Psychiatry, vol 35, no 6, June 2020, pp 662-670.
Communication of mild cognitive impairment (MCI) diagnoses is challenging due to its heterogeneity and unclear prognosis. This study aims to identify how MCI is communicated and to explore the relationship with patient and companion understanding.
Conversation analysis identified whether MCI was named and explained in 43 video recorded diagnosis feedback meetings. Afterward, patients and companions were asked to name the diagnosis to assess understanding.

Mild cognitive impairment was not named in 21% meetings. Symptoms were explained as (a) a result of vascular conditions (49%), (b) a stage between normal ageing and dementia (30%), or (c) caused by psychological factors (21%). Fifty-four percent of prognosis discussions included mention of dementia. There was no association between symptom explanations and whether prognosis discussions included dementia. Fifty-seven percent of patients and 37% of companions reported not having or not knowing their diagnosis after the meeting. They were more likely to report MCI when prognosis discussions included dementia. Doctors offer three different explanations of MCI to patients. The increased risk of dementia was not discussed in half the diagnostic feedback meetings. This is likely to reflect the heterogeneity in the definition, cause and likely prognosis of MCI presentations. Clearer and more consistent communication, particularly about the increased risk of dementia, may increase patient understanding and enable lifestyle changes to prevent some people progressing to dementia.
ISSN: 08856230 From : www.orangejournal.org

255/83 Does patient expectancy account for the cognitive and clinical benefits of mindfulness training in older adults?; by Rita Haddad (et al).: Wiley.
International Journal of Geriatric Psychiatry, vol 35, no 6, June 2020, pp 626-632.
Patient expectations of treatment effects could influence neuropsychological and clinical outcomes in clinical trials of behavioural and lifestyle interventions, which could potentially confound the interpretation of findings. The aim of this study was to examine whether patient expectancy mediated effectiveness of Mindfulness-Based Stress Reduction (MBSR) for improving cognitive function and clinical outcome.
The present study uses data from a single-blind, multi-site, randomised controlled trial comparing MBSR to a health education attention control in older adults with anxiety and/or depressive disorders and subjective cognitive concerns. Using the Credibility and Expectations Questionnaire, the study measured expectancy and perceived credibility of the interventions assigned to patients. Using mediational analysis, it examined the influence of expectancy and credibility on two key outcomes: memory performance and clinical global improvement.
Neither expectancy nor perceived credibility of intervention accounted significantly for MBSR's effectiveness for memory test performance or clinical global improvement.
In this clinical trial, expectancy for improvement did not account for the effectiveness of MBSR on memory performance or clinical outcomes in depressed and anxious older adults. The researchers advise that clinical trials of behavioural and lifestyle interventions for brain health in older adults should measure and test the role of expectancy.
ISSN: 08856230
From : www.orangejournal.org

255/84 Emotion-regulation strategies in older people: a systematic review; by Blanca Ramirez-Ruiz, Kathryn Quinn, Nuno Ferreira.: Emerald.
Working with Older People, vol 24, no 1, 2020, pp 1-18.
Emotion regulation (ER) has been identified as an important factor influencing psychological and health problems of adult populations. The purpose of this paper is to address a gap in the literature by examining available evidence relating to the use of ER strategies (avoidance, problem solving, reappraisal, rumination and suppression) on the well-being of older people (OP).
A systematic search for peer-reviewed articles published from 1985 to 2015 was conducted in PsycINFO, CINAHL, Medline, Psychological and Behavioural Sciences Collections and ASSIA and resulted in 1746 titles. In total, 20 studies met full inclusion criteria (the cross-sectional association between well-being and ER was reported, participants were 60 years or older, without cognitive impairment and the article was written in English, Portuguese or Spanish).
Rumination was found to be the ER strategy most strongly associated with symptoms of anxiety and depression in OP populations, while mixed result were found for avoidance, problem solving, suppression and reappraisal.
ISSN: 13663666
From : http://www.emeraldinsight.com/loi/wwop

255/85 Generativity and well-being of midlife and aging parents with children with developmental or mental health problems; by Kristin J Homan, Jan S Greenberg, Marsha R Mailick.: Sage.
Research on Aging, vol 42, nos 3-4, March-April 2020, pp 95-104.
For parents of children with a disability, active parenting does not always end when the child reaches adulthood. How parents cope and the effect that caring has on their physical and mental health may depend on the internal resources they bring to their caring role. The authors use Erikson's developmental theory that divides the life span into eight stages, the seventh and midlife stage being characterised by generativity. This is defined as a concern for nurturing, establishing and guiding the well-being of future generations through productive and creative activities. Generativity involves a need to be needed and it would be expected that parenting a child with a disability might lead to enhanced feelings of generativity. However, evidence has shown that in fact it may have a negative effect due to financial obligations, home demands, worry about the child's future etc. This is particularly true for mothers in terms of depression and physical health. Using data from the Study of Midlife in the United States, the authors found that having a child with a disability was not uniquely linked with higher generativity. They

found evidence that nonfamilial activities such as volunteering are just as effective. Mothers in the study who scored highest on generativity were those most involved in societal roles outside of the family. (NH)
ISSN: 01640275
From : http://www.journals.sagepub.com/home/roa

255/86 Psychological predictors of memory decline in a racially and ethnically diverse longitudinal sample of older adults in the United States; by Ketlyne Sol (et al).: Wiley.
International Journal of Geriatric Psychiatry, vol 35, no 2, February 2020, pp 204-212.
In the United States, racial and ethnic disparities in memory dysfunction and Alzheimer disease are evident even after accounting for many risk factors. Psychological factors, such as psychological well-being, perceived control, depressive symptoms, and negative affect, may influence memory dysfunction, and associations may differ by race and ethnicity. This study examined whether psychological factors are differentially associated with episodic memory trajectories across racial and ethnic groups in the United States.
The National Health and Aging Trends Study (NHATS), is a US-representative, longitudinal study of Medicare-eligible adults 65+ years old. Analyses of 5 years of data, included a total of 9,411 participants without dementia at baseline. Adjusting for relevant covariates, a linear mixed model estimated the associations between psychological predictors and a composite of immediate and delayed trials from a word list memory test.
More depressive symptoms (B = -0.02), lower psychological well-being (B = 0.03), and lower perceived control (B = 0.05) were independently associated with lower initial memory. Depressive symptoms were associated with faster rate of memory decline (B = -0.01). Black (B = -0.34) and Hispanic (B = -0.28) participants evidenced lower initial memory level than whites, but only Hispanic (B = -0.04) participants evidenced faster memory decline than whites. There were no significant interactions between the psychological variables and race and ethnicity.
ISSN: 08856230
From : http://www.orangejournal.org

MENTAL HEALTH CARE

(See Also 255/83)

255/87 Technology use and preferences for mental health self-management interventions among older veterans; by Christine E Gould (et al).: Wiley.
International Journal of Geriatric Psychiatry, vol 35, no 3, March 2020, pp 321-330.
The United States Department of Veterans Affairs offers numerous technology-delivered interventions to self-manage mental health problems. It is unknown, however, what barriers older military veterans face to using these technologies and how willing they would be to use technologies for mental health concerns.
Seventy-seven veterans (Mage = 69.16 years; SD = 7.10) completed interviews in a concurrent mixed methods study. Interviewers asked about technology ownership and described four modalities of delivering self-management interventions: printed materials, DVDs, Internet, and mobile apps. Interviewers obtained feedback about each modality's benefits, barriers, and facilitators. Participants ranked their self-management modalities preferences alone and compared with counseling. Multivariable adjusted logistic regression and qualitative analyses were conducted to investigate the reasons contributing to preferences.
Most reported owning a computer (84.4%), having home Internet (80.5%), and a smartphone (70.1%). Participants preferred printed materials (35.1%) over mobile apps (28.6%), Internet (24.7%), and DVDs (13.0%). Lower computer proficiency was associated with preferring DVDs; higher proficiency was associated with Internet and mobile interventions. Residing in an urban area was associated with mobile apps. When counseling was an option, 66% identified this as their first preference. Qualitative findings showed veterans' desire for information, training, and provider support with technology.
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From : http://www.orangejournal.com

MIGRATION

(See 255/100)

MORTALITY

(See 255/56)

NEIGHBOURHOODS AND COMMUNITIES

(See 255/41)

OBESITY

(See 255/49)

ORAL HEALTH

255/88 Do health systems cover the mouth?: Comparing dental care coverage for older adults in eight jurisdictions; by Sara Allin, Julie Farmer, Carlos Qui nonez, Allie Peckham,Gregory Marchildon, Dimitra Panteli, Cornelia Henschke, Giovanni Fattore, Demetrio Lamloum, Alexander C.L. Holden, Thomas Rice.: Elsevier B.V..
Health Policy, July 2020.
Oral health is an important component of general health, yet there is limited financial protection for the costs of oral health care in many countries. This study compares public dental care coverage in a selection of jurisdictions: Australia (New South Wales), Canada (Alberta), England, France, Germany, Italy, Sweden, and the United States. Drawing on the WHO Universal Coverage Cube, it compares breadth (who is covered), depth (share of total costs covered), and scope (services covered), with a focus on adults aged 65 and older. The researchers worked with local experts to populate templates to provide detailed and comparable descriptions of dental care coverage in their jurisdictions. Overall most jurisdictions offer public dental coverage for basic services (exams, x-rays, simple fillings) within four general types of coverage models: 1) deep public coverage for a subset of the older adult population based on strict eligibility criteria: Canada (Alberta), Australia (New South Wales) and Italy; 2) universal but shallow coverage of the older adult population: England, France, Sweden; 3) universal, and predominantly deep coverage for older adults: Germany; and 4) shallow coverage available only to some subgroups of older adults in the United States. Due to the limited availability of comparable data within and across jurisdictions, further research would benefit from standardized data collection initiatives for oral health measures.
From : https://doi.org/10.1016/j.healthpol.2020.06.015

PALLIATIVE CARE

255/89 Palliative and end-of-life care's barriers for older adults; by Retno Indarwati (et al).: Emerald.
Working with Older People, vol 24, no 1, 2020, pp 72-80.
The purpose of this paper is to explore the barriers to successful palliative and, more generally, end-of-life care (EOLC) for older adults in nursing homes and to explore nurses' views on the subject. The study is of a qualitative nature and it employs a phenomenological approach. In-depth interviews with 15 nurses who have taken care of older adults in a nursing home were conducted. The data were analysed using thematic content analysis. The study finds that barriers to effective EOLC include lack of knowledge, ineffectual communication and insufficient resources.
ISSN: 13663666
From : http://www.emeraldinsight.com/loi/wwop

255/90 Philosophical dialogue in palliative care and hospice work; by Patrick Schuchter.: Policy Press.
International Journal of Care and Caring, vol 4, no 1, February 2020, pp 117-123.
Dealing with existential questions is a constitutive part of palliative care. Interestingly, if we admit that border situations at the end of life give rise to clearly 'philosophical' questions, in the contexts of practice, these questions are perceived (nearly) without any reference to explicit philosophical traditions or to 'philosophical practice'. Existential questions in palliative care are usually approached from other perspectives and within other organisational forms of reflection and dialogue (psychotherapy, supervision, spiritual care, moral case deliberation). This piece considers how philosophical dialogue and reflection could contribute to palliative care and hospice work.
ISSN: 2397883X
From : htts://policy.bristoluniversitypress.co.uk/journals/international-journal-of-care-and-caring

PARTICIPATION

(See Also 255/47)

255/91 Co-creation of services to maintain independence and optimise well-being: learnings from Australia's Older Women Living Alone (OWLA) project; by Rajna Ogrin (et al).: Wiley.
Health and Social Care in the Community, vol 28, no 2, March 2020, pp 494-504.
For many populations at risk of social isolation, including Older Women Living Alone (OWLA), existing services to maintain independence and optimise well-being are difficult to access, unsuitable or unavailable. Co-creation is a strategy to develop 'person-centred' services that meet the needs of individuals. The researchers adapted an existing framework for co-creation and used participatory action research methods, supported by an evidence base comprising a systematic review, analysis of routinely collected data and interviews, to develop person-centred services for OWLA. This approach achieved co-creation through an iterative process of consultation and review, involving a series of facilitated discussions with women living alone and stakeholders. A total of 13 women living alone, aged 55+

years, and 11 stakeholders representing service providers and advocacy groups, were recruited to participate in these discussions. Sessions with between three and five OWLA, were held across Melbourne. The information was compiled and presented to service stakeholders in a single facilitated forum, held in central Melbourne. Smaller facilitated sessions with OWLA followed, to review and discuss the collated service stakeholder input. The information from these OWLA sessions were again compiled and directed back to the service stakeholders for consideration and further discussion. The two groups came together for a final forum to prioritise the co-created ten services that they believed would be feasible and would address unmet need to support OWLA maintain independence. The process of co-creation was time-consuming and required considerable preparation to facilitate input from the target population. Small groups, gathering at convenient local locations, with transport support were essential in removing barriers to participation. However, co-creation was a viable method of eliciting the women's preferences and developing services more likely to meet their needs.
ISSN: 09660410
From : http://www.wileyonlinelibrary.com/journal/hsc

255/92 What is meaningful participation for older people?: An analysis of aging policies; by Lovely Dizon, Janine Wiles, Roshini Peiris-John.
The Gerontologist, Vol 60, No 3, April 2020, pp 396-405.
The language used to construct policy problems influences the solutions created. Recent aging policies emphasize participation as essential to aging well, encouraging independence and active involvement in all aspects of life. However, it is less clear whether participation in the creation of policies or in policy goals and aspirations is meaningful. This article addresses the question: 'How is meaningful participation reflected and enabled in policy'?
Eleven global, national, and local policies were purposively selected and analyzed using thematic and discourse analysis.
Policies framed population aging as a challenge and active aging as a value as or part of the policy-making process, participation is enabled (or not) through the types of participation encouraged by policy makers and the kinds of participation used to engage with older people.
The analysis identifies a strong pattern of discourses regarding individual responsibility to age well; underlying tensions between productive and passive participation; and tensions inherent to the concept of consultation. Implications include the need for those in the consultative phase of policy making to engage with diverse older people and to use participatory methods to explore what meaningful participation means for older people themselves.
From : https://doi.org/10.1093/geront/gnz060

PENSIONS AND BENEFITS

(See 255/103)

PERSON CENTRED CARE

255/93 Environmental attributes of person-centred care; by Migette L Kaup (et al).: Taylor and Francis.
Journal of Aging and Environment, vol 34, no 1, January-March 2020, pp 48-69.
The purpose of this study was to document the existing environmental, organizational, and operational patterns of PEAK 2.0 participating homes at early stages of adoption and the patterns of sustained adopters to determine whether there were notable or distinguishing features that were different between these two groups. Using a case-study approach, a qualitative mixed-methods research design was employed. The patterns of staffing structures and patterns of spatial layout are used to understand the environmental affordances provided to residents and staff of these settings. The theory of environmental affordances has been applied here as a perceptual framework for understanding how person-centered care (PCC) behaviors can be enacted within a space. Environmental assessments revealed that advanced adopters had patterns of building use that were notably different from those of early adopters. Advanced adopters designated more staff to a single area; early adopters expected staff to cover multiple areas on each shift. Additionally, advanced adopters created more environmental affordances for residents and staff through the types of space allocations and features present. Results demonstrated that if considered holistically and strategically, impactful changes to institutionally shaped buildings can be made to accomplish and sustain PCC goals.
ISSN: 26892618
From : www.tandfonline.com

PHYSICAL ACTIVITY

255/94 Consequences of physical inactivity in older adults: A systematic review of reviews and meta-analyses; by Conor Cunningham, Roger O' Sullivan, Paolo Caserotti, Mark A. Tully.
Scandinavian Journal of Medicine and Science in Sports, Vol 30, No 5, May 2020, pp 816-827.
Multiple databases were searched for systematic reviews and/or meta-analyses of longitudinal observational studies, investigating the relationship between physical activity and any physical or mental health outcome in adults aged 60 years and over. Quality of included reviews was assessed using

AMSTAR.
Twentyfour systematic reviews and meta-analyses were included. The majority of reviews were of moderate or high methodological quality. Physically active older adults (60+ years) are at a reduced risk of all-cause and cardiovascular mortality, breast and prostate cancer, fractures, recurrent falls, ADL disability and functional limitation and cognitive decline, dementia, Alzheimer's disease, and depression. They also experience healthier ageing trajectories, better quality of life and improved cognitive functioning.
From : https://doi.org/10.1111/sms.13616

255/95 Interventions reducing sedentary behaviour of adults: an update of evidence; by Casey A Sutherland, Mary Kynn, Rachel L Cole, Marion A Gray.: Sage.
Health Education Journal, vol 79, no 3, April 2020, pp 362-374.
This review updates evidence of previous reviews on interventions that target reducing sedentary behaviour among 18- to 69-year-old working aged adults.
A literature search was carried out of PubMed, Informit, Scopus, EBSCO, Web of Science and ProQuest. Quality was assessed for individual articles using McMaster University Guidelines. Descriptive analysis was used to summarise findings across studies.
Fifteen studies were identified with critical appraisal scores ranging from 10 to 14 (of a possible 15), with a mean score of 11.7 indicating overall moderate quality. The majority of interventions were implemented in the workplace. Others were based in the neighbourhood and education institution settings. Just over half of the studies (n = 9) reported a significant decrease in sedentary behaviour, including in total sedentary behaviour and sitting time, work sitting time and leisure sitting time. Overall sitting time decreases ranged from 8 to 122 minutes per day across all settings.
There is some emerging evidence that sedentary behaviour interventions have the potential to reduce sedentary behaviour of working aged adults. However, given the paucity of literature, the effectiveness of such interventions is currently inconclusive. Further high-quality research across different settings is needed using validated standardised measures of sedentary behaviour.
ISSN: 00178969
From : http://www.journals.sagepub.com/home/hej

RELIGION AND SPIRITUALITY

255/96 An Australian study on the benefits of pastoral care to aged care residents in Christian affiliated homes; by Chloe S Gordon (et al).: Wiley.
Health and Social Care in the Community, vol 28, no 2, March 2020, pp 366-375.
This study aims to understand the experience of pastoral care (PC), that is, the provision of support, comfort and spiritual counselling, from the perspective of Australian aged care residents. A survey research design captures feedback on participants' PC experience. Outcomes are reported by 575 residents (aged 53-102) across 41 sites. The majority perceived that they received a high quality of care (92%) and benefited from their meeting with the pastoral practitioner (80%), 'often' or 'all of the time'. A few significant differences are found based on participants' gender, spirituality (i.e. connection and meaning), religiosity (i.e. faith beliefs and religious practices) and well-being. Females and participants who identified as both religious and spiritual were more likely to feel that their faiths/beliefs were valued. Those with greater psychological well-being, as defined by the World Health Organisation (1998), were more likely to report receiving a high quality of care and greater benefits from receiving PC than those with poorer well-being. Three overarching themes and eight subthemes were identified from the open-ended responses: 1) personal qualities of the pastoral practitioner; caring, supportive, understanding and empathetic; 2) pastoral practitioner met specific needs; spiritual and religious, friendship and company and assistance, advice and help; and 3) positive impact on the participant; feeling listened to, peaceful and valued, accepted and respected. The qualitative findings resonate with Maslow's Hierarchy of Needs, to feel safe, belong and have self-esteem. There is a synergy between what participants desire in the care they receive, as expressed in the open-ended questions, and what the pastoral practitioners provide, as indicated in the quantitative findings.
ISSN: 09660410
From : http://www.wileyonlinelibrary.com/journal/hsc

255/97 Growing old is not for the weak of heart: social isolation and loneliness in Muslim immigrant older adults in Canada; by Jordana Salma, Bukola Salami.: Wiley.
Health and Social Care in the Community, vol 28, no 2, March 2020, pp 615-623.
The increase in global migration means more immigrants are ageing in host countries with unique experiences and needs. Muslim immigrants in Canada are from diverse ethnocultural communities and experience unmet health and social needs in older age. A community-based participatory research project was conducted in Alberta, Canada, in 2017-2018 to understand the experiences and needs of healthy ageing in this population. A community advisory committee participated in all phases of the research project including initial framing of the research focus, recruitment, data collection and data analysis. In total, 67 older adults and stakeholders from South Asian, Arab and African Muslim communities participated in one of 23 individual interviews or seven focus group discussions over a 1-year period. Participants were asked about their experiences of growing old in Canada, unmet health and social

needs, and community perspectives on healthy ageing. All data were audio-taped and transcribed verbatim. Interpreters were used for non-English speaking participants. Data were thematically analysed with a focus on social isolation and loneliness. Using an exclusion lens two major themes were identified: (a) intersections of exclusion: ageism, sexism, racism, and; (b) strategies for inclusion: local, national, transnational. Findings highlight both the vulnerability of Muslim immigrant older adults and their capacity for agency. The study findings point to the intersecting influences of exclusionary practices on social isolation and loneliness in immigrant older adults and the need to incorporate an exclusion lens in developing social policies and programs for healthy ageing.
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From : http://www.wileyonlinelibrary.com/journal/hsc

RESEARCH

(See 255/28, 255/102)

RESIDENTIAL AND NURSING HOME CARE

(See Also 255/9, 255/38, 255/44, 255/71)

255/98 Development and evaluation of an organisational culture change intervention in residential aged care facilities; by Lorraine Venturato, Barbara Horner, Christopher Etherton-Beer.: Wiley.
Australasian Journal on Ageing, vol 39, no 1, March 2020, pp 56-63.
Historically, changing care cultures in residential care homes have focused on education, aiming to improve staff knowledge and skills. The authors argue that there is a need for interventions that go beyond this and target the organisation's culture, focussing on practice development approaches. They believe that teamwork, communication and leadership are key elements of this organisational change. To facilitate this, they have developed and piloted a workforce development intervention - Towards Organisational Culture Change - to empower and support staff. This article describes the pilot and shows how the main findings were positive in implementing flexible and sustainable culture change. (NH)
ISSN: 14406381
From : http:www.wileyonlinelibrary.com/journal/ajag

255/99 Development of an education integrated design framework for the physical space of nursing homes in relation to life expectancy of the older people; by Esmaeil Zarghami (et al).: Wiley.
Health and Social Care in the Community, vol 28, no 2, March 2020, pp 512-523.
The purpose of this research is to find design variables effective on education integration with physical spaces of nursing homes in association with life expectancy of older people. Delphi technique was used to obtain the design variables by which the education integration with physical spaces of nursing homes can be achieved. Subsequently, questionnaires were sent to 50 local researchers and experts in the field of ageing. Results showed a significant and positive correlation between education integrated physical space and life expectancy indicators (p .05). The results suggest that, in line with expert opinions, designing a physical space integrated with education could increase the life expectancy of older people.
ISSN: 09660410
From : http://www.wileyonlinelibrary.com/journal/hsc

255/100 Missing the point: post-Brexit immigration proposals; by Liz Jones.: Care Choices.
Care Management Matters, April 2020, pp 20-23.
Considers the implication of the Government's proposals for a new immigration system and the effect these would have on the care sector.
From : http://www.caremanagementmatters.co.uk

255/101 Nursing homes and COVID-19: We can and should do better; by Patricia M Davidson, Sarah L Szanton.
Journal of Clinical nursing, 12 April 2020.
This editorial reminds us that Long-term care facilities, including nursing homes, skilled nursing facilities and assisted living facilities, provide care for some of the most vulnerable populations in society, including older people and those with chronic medical conditions. In the United Kingdom, there are about 17,000 people living in nursing and residential care homes and 200,000 Australians live or stay in residential aged care on any given day. In the United States (US), more than 1.3 million individuals live in 15,600 nursing home facilities. Nursing homes are recorded as having high transmission rates for infectious diseases for a range of reasons including crowding, sharing of bathroom facilities and gathering in common areas as well as low preparedness for infection control. Staffing shortages and frequent staff turnover, high resident-to-staff ratios, supply shortages, and inadequate infection prevention and control measures add to the problem. Care workers in residential care provide a valuable service but may not have the same level of infection control awareness as a registered nurse who has graduated from an approved school of nursing.
The COVID-19 pandemic has taught us that failing to address staffing and care models in nursing homes

and skilled nursing facilities is in fact a public health issue.

On the plus side, a welcome advance in the context of COVID-19 has been the expansion of telehealth and telemedicine services to nursing homes, which may provide opportunities to improve care in the longer term.

From : https://doi.org/10.1111/jocn.15297

255/102 Research priorities in residential aged care services: a statewide survey; by Jo-Anne Rayner, Deirdre Fetherstonhaugh, Sandra Cowen.: Wiley.

Australasian Journal on Ageing, vol 39, no 1, March 2020, pp 40-47.

All 745 care homes in Victoria, Australia were asked to list three most important research priorities in a confidential postal survey. The responses from the 162 who replied were grouped thematically as workforce issues, strategies to manage residents with dementia, and funding for the sector. (NH)

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RETIREMENT

255/103 Later retirement, job strain, and health: Evidence from the new State Pension age in the United Kingdom; by Ludovico Carrino, Karen Glaser, Mauricio Avendano.

Health Economics, May 2020, pp 1-22.

This paper examines the impact of raising the State Pension age on women's health. Exploiting a UK pension reform that increased women's State Pension age for up to 6 years since 2010, the authors show that raising the State Pension age leads to an increase of up to 12 percentage points in the probability of depressive symptoms, alongside an increase in self-reported medically diagnosed depression among women in a lower occupational grade. Our results suggest that these effects are driven by prolonged exposure to high-strain jobs characterised by high demands and low control. Effects are consistent across multiple subcomponents of the General Health Question and Short-Form-12 (SF-12) scores, and robust to alternative empirical specifications, including 'placebo' analyses for women who never worked and for men.

From : https://doi.org/10.1002/hec.4025

SENSORY LOSS

255/104 Impact of an intervention to support hearing and vision in dementia: the SENSE-Cog field trial; by Iracema Leroi (et al).: Wiley.

International Journal of Geriatric Psychiatry, vol 35, no 4, April 2020, pp 348-357.

This article reports the findings of an international open-label field trial, and nested case series, to explore the impact of a 'sensory intervention' (SI) to support hearing and vision in people with dementia (PwD.)

A home-based trial was conducted in France, England, and Cyprus. Participants were people with mild-to-moderate dementia and hearing and/or vision impairment (n = 19) and their study partners (unpaid carers; n = 19). The 'basic' SI included a hearing and vision assessment and provision of glasses and/or hearing aids. A subsample received the 'extended' SI with additional weekly visits from a sensory support therapist (SST). Exploratory analyses of dementia-related, health utility and resource utilisation outcomes were performed.

Quality of life (QoL) and sensory functional ability improved. Change in QoL exceeded the threshold for a minimum clinically important difference. There was a modest improvement (in absolute terms) post intervention in behavioural disturbance, self-efficacy, and relationship satisfaction. Study partner time assisting instrumental activities of daily living (iADL) and supervision decreased by about 22 and 38 hours per month, respectively, although time for personal ADL support increased. Qualitative data supported effectiveness of the intervention: PwD were more socially engaged, less isolated, less dependent on study partners, and had improved functional ability and communication.

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255/105 The impact of sensory impairment on cognitive performance, quality of life, depression, and loneliness in older adults; by Deepashini Harithasan, Siti Zamratol-Mai, Sarah Mukari, Wan Syafira Ishak, Suzana Shahar, Wong Lai Yeong.: Wiley.

International Journal of Geriatric Psychiatry, vol 35, no 4, April 2020, pp 358-364.

The objective of this study was to evaluate the relationship between sensory impairment (hearing loss only, vision loss only, and dual sensory impairment [DSI]) and depression, loneliness, quality of life, and cognitive performance in older adults.

A total of 229 community-dwelling older adults aged 60 years or older participated in this study. Variables were measured using the Geriatric Depression Scale (GDS-15), Revised University of California at Los Angeles Loneliness Scale (R-UCLA), Satisfaction with Life Scale (SWLS), and Mini-Mental State Examination (MMSE).

There was an independent association between DSI and quality of life (P .05) and between DSI and hearing loss alone and cognitive function (P .05) in older adults. In addition, higher education was

associated with better quality of life and cognitive function.
Conclusions: DSI is a significant factor affecting the quality of life and cognitive function in older adults. Sociodemographic factors such as education play an important role in improving quality of life and cognitive function. Thus, increasing the awareness of this disability is important to ensure that older adults receive the necessary support services and rehabilitation to improve their level of independence.
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From : https://doi.org/10.1002/gps.5237

SOCIAL CARE

(See 255/20, 255/65)

SOCIAL POLICY AND THEORY

255/106 Care and injustice; by Brunella Casalini.: Policy Press.
International Journal of Care and Caring, vol 4, no 1, February 2020, pp 59-73.
After briefly reconstructing the debate concerning care and justice, this article highlights the difference between liberal ontology and epistemology, and the epistemic and ontological assumptions of care ethics. It explores the importance of social epistemology and epistemic injustice for care ethics and links care ethics to an ecological and horizontal epistemology. It justifies forgoing the construction of a systematic theory of justice à la Rawls, endorses an idea of justice that gives priority to injustice and sees democracy as a precondition for a caring society.
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From : htts://policy.bristoluniversitypress.co.uk/journals/international-journal-of-care-and-caring

255/107 Democratic care for all and trade-offs: the public solution, civil society and the market; by Helena Olofsdotter Stensota.: Policy Press.
International Journal of Care and Caring, vol 4, no 1, February 2020, pp 75-89.
Scholarly discussions on the political power of care and care ethics have considered democratic notions such as how care recipients can make their voices heard, but the problem has recently been expanded to include how care needs can be met in a manner consistent with democratic commitments to justice, equality and freedom for all, which addresses equal access to care. Assessing the possibilities to meet this requirement shows different trade-offs in civil society, the market and publicly funded solutions. It seems that the ideals of care ethics, such as democratic access to care, sit more comfortably with publicly funded care.
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From : htts://policy.bristoluniversitypress.co.uk/journals/international-journal-of-care-and-caring

255/108 Re-conceptualising the political subject: the importance of age for care theory; by Monique Lanoix.: Policy Press.
International Journal of Care and Caring, vol 4, no 1, February 2020, pp 43-58.
Many gerontologists argue that citizenship should be re-conceptualised in order to include entitlements to care for persons with dementia. The author agrees with this claim but says that what is needed is a re-conceptualisation of the citizen. Specifically, she argues that care theory must explicitly divest itself from an understanding of the citizen as an adult. Her proposal is for a naturalised concept of the citizen, which means that it would be based on the reality of actual human beings. Citizens age, their abilities are diverse and these vary throughout their lifetimes.
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STROKE

255/109 Lean: increase efficiency in stroke patient care; by Maud Heijndermans (et al).: Emerald.
Journal of Integrated Care, vol 28, no 2, 2020, pp 77-86.
Many healthcare organizations are looking for methods to reduce their costs and increase the productivity of their professionals. The Lean method looks at every step in every process to assess if this step adds value for the customer or not. The aim of this study was to explore the value adding and non-value adding process steps in stroke patient admission in an integrated care stroke service in the Netherlands.
This study focused on discharge of stroke patients from hospital acute treatment, and they were admitted for rehabilitation. The most reported issues concerned in the paper are as follows: (1) insufficient internal logistics in the hospital, (2) miscommunication about medical readiness for discharge of the patient, (3) missing or delayed medical patient information, (4) overlapping discharge interviews, (5) unsafe transfer of sensitive information and (6) waiting lists and queuing up in rehabilitation facility.
ISSN: 14769018
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SUICIDE

255/110 Personality of late- and early-onset elderly suicide attempters; by Anna Szucs (et al).: Wiley.
International Journal of Geriatric Psychiatry, vol 35, no 4, April 2020, pp 384-395.
While suicidal behavior often manifests in adolescence and early adulthood, some people first attempt suicide in late life.
A cross-sectional case-control study was conducted in older adults aged 50+ (mean: 65), divided into early- and late-onset attempters (age at first attempt aged 50 or less or over 50, mean: 31 vs 61), suicide ideators as well as non-suicidal depressed and healthy controls. Personality was assessed in terms of the five-factor model (FFM, n = 200) and five DSM personality disorders analysed on the trait level as continuous scores (PDs, n = 160). Given the starting hypothesis about late-onset attempters, the FFM dimension conscientiousness was further tested on the subcomponent level.
All clinical groups displayed more maladaptive profiles than healthy subjects. Compared to depressed controls, higher neuroticism, and borderline traits characterized both suicide ideators and early-onset attempters, while only early-onset attempters further displayed lower extraversion and higher antisocial traits. Late-onset attempters were similar to depressed controls on most measures, but scored higher than them on orderliness, a conscientiousness subcomponent.
While neuroticism, introversion, and cluster B traits are prominent in early-onset suicidal behaviour, late-onset cases generally lack these features. In contrast, higher levels of orderliness in late-onset suicidal behavior are compatible with the age-selective maladjustment hypothesis.
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From : http://www.orangejournal.org

TRAUMA CONFLICT AND WAR

255/111 Factors associated with post-traumatic stress disorder (PTSD) following natural disaster among Indonesian elderly; by Gading Ekapuja Aurizki, Ferry Efendi, Retno Indarwati.: Emerald.
Working with Older People, vol 24, no 1, 2020, pp 27-38.
This was a cross-sectional study involving 152 elder people who survived the Lombok earthquake and were selected conveniently. The study was conducted in two worst-affected districts of Lombok Utara regency. PTSD was diagnosed using a modified version of the Clinician-Administered PTSD Scale version 5 (CAPS-5). The demographic data were assessed using a self-developed questionnaire consisting of 13 items. All data were analyzed by descriptive analysis, Chi-Square test and binary logistic regression with pp0.05.
Out of the 152 elder people, 91 (59.9 percent) suffered PTSD. Intrusion symptoms were the most common symptoms experienced by the respondents (94.1 percent). The factors associated with the PTSD in the elderly after the earthquake were having chronic illnesses (OR=2.490; 95% CI=1.151-5.385), public health center utilization (OR=2.200; 95% CI=1.068-4.535) and occupational status before the disaster (OR=2.726; 95% CI=1.296-5.730). These findings highlight that individual factors and access to health care services remain an important aspect of stress identification among the elderly following the disaster event.
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VOLUNTEERING AND THE VOLUNTARY SECTOR

255/112 Formal volunteering buffers the negative impact of unemployment among older workers: a longitudinal analysis; by Jie Yang.: Taylor and Francis.
Journal of Gerontological Social Work, vol 63, no 3, April 2020, pp 189-208.
Guided by Jahoda's Latent Deprivation Theory, this study examined whether engaging in formal volunteering could moderate the negative impact of unemployment on older workers' mental health. This study also explored the optimal intensity/hours of volunteering required to have a positive effect. This study analysed six waves (12 years) of longitudinal data from the Health and Retirement Study using fixed effects modelling. The outcome variable was depressive symptoms, and the independent variables were labour force status and volunteering status. Observed time-varying confounders were controlled. There was a significant interaction between engaging in formal volunteering and unemployment status. Unemployed older workers who participated in volunteering fared better than those unemployed workers who did not volunteer. Further, those unemployed older workers who volunteered over 100 hours/year did not benefit from volunteering. Results from this study have important implications for future intervention development targeting the mental health of unemployed older workers.
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Centre for Policy on Ageing, Tavis House, 1-6 Tavistock Square, London WC1H 9NA
Tel: +44 (0) 207 553 6500   Fax: +44 (0) 207 553 6501