Discursive constructions of falls prevention

*Discourses of active aging versus old age as disease*

Evron, Lotte; Ulrich, Anita; Pedersen, Lene Tanggaard

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21st NORDIC CONGRESS OF GERONTOLOGY
Dilemmas in Ageing Societies

Abstracts and Program
Copenhagen, Denmark
June 10th - 13th, 2012
Welcome colleagues and friends

On behalf of the Danish Society of Geriatrics, the Danish Gerontological Society, and the Nordic Gerontological Federation it is our great pleasure to welcome you to the 21st Nordic Congress of Gerontology in Copenhagen.

We have chosen Dilemmas in Ageing Societies as the congress theme in order to emphasize the need for dialogues and discussions in the extraordinarily complex field of ageing and society. Through the congress we share a context where ageing and old people are perceived as a very important and interesting field of knowledge that can be approached from various scientific angles. And they are. New results from both research and the development of practice are continuously produced, and we invite you to help us make the congress an arena where scientific questions are asked – and hopefully some of the questions answered. New research collaboration may take its initial steps through informal and formal talks and friendships may be founded. As we all know, ageing and gerontology is a lifelong business!

Some of you may be attending a gerontological congress for the first time, others will be experienced participants and presenters. Whether you are visiting Copenhagen for the first time in your life or have been here several times before we do hope that you will share the intellectual, cultural, and social aspects of this congress and the city – and that you will enjoy yourselves in the coming three days.

We thank our colleagues in the organising committee and the scientific committee, the congress bureau BDP – and last but not the least the generous sponsors of the congress.

We are looking forward to welcoming you face-to-face at the opening of the congress on Sunday June 10th!

Christine E. Swane
Secretary General of 21 NKG

Finn Rønholt
President of 21 NKG

Exhibitors
Betaniahemmet, Pharmaforce, Raisoft, Sanofi Pasteur MSD
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Opening speech

A 350 Year Young Woman
- Vermeer’s Girl with a Pearl Earring

Keeper of Conservation, Director Jørgen Wadum
National Gallery of Denmark (SMK) & Centre for Art
Technological Studies and Conservation (CATS)

A rapidly increasing proportion of individuals in the Western world are
For more than two centuries a girl with a pearl earring went unrecog-
nised through history. It was only at the end of the 19th century that the
beauty of the already considerably aged young woman was identified as
having been painted by Johannes Vermeer (1631-1678).
After recovery the girl went on show and for a good century she was
cherished as the Mona Lisa of the North. How she kept her secrets and
later was allowed to reveal them is the subject of this talk, told by
someone who got to know her most intimate details. And it was only
after her latest treatment in 1994 that the staggering beauty of the 350
year young woman became fully appreciated.
# Programme Overview

## Sunday June 10, 2012

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<td>17:00 - 18:30</td>
<td>Opening ceremony</td>
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<td>Reception (Snacks and drinks)</td>
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<td>20:00 -</td>
<td>Optional dinner at Brew Pub</td>
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## Monday June 11, 2012

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<td><em>SA1 Dilemmas in the ageing bones.</em></td>
<td><em>SA2 Clothing and the embodiment of age:</em></td>
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<td>Prof. Peter Schwarz</td>
<td>Why do clothes matter?</td>
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<td><em>Geriatric patients I</em></td>
<td><em>Home care and participation</em></td>
<td><em>Inter generations and family relations</em></td>
<td><em>Psychiatry, technology, BMI</em></td>
<td><em>Cognitive functioning</em></td>
<td><em>Psycho-social well-being</em></td>
<td><em>Falls, risk and prevention</em></td>
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<td>Drug interactions and renal failure limit the choice of pain medication in the elderly.</td>
<td>Nutritional options for treatment of sarcopenia,</td>
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<td>MD, PhD Kari Petri Laine, Chairman Finn Rønholt</td>
<td>Prof. MD, PhD Tommy Cederholm &amp; Senior researcher Anne Marie Beck</td>
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### Monday June 11, 2012

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<td>13:45 - 15:15</td>
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<td><strong>Reforming old age care across Europe:</strong></td>
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<td>Assessment, evaluation and experience of function, physical activity and exercise: A challenge in ageing and different contexts</td>
<td>Better care for fragility fracture</td>
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<td><strong>Constructing age-friendly communities:</strong></td>
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<td><strong>Comparative perspectives</strong></td>
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<td><strong>Ageism – concepts and empirical results</strong></td>
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<td><strong>The ethnic/migration lens: Expanding the gerontological imagination</strong></td>
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<td><strong>Social capital, neighbourhood and well-being of older adults</strong></td>
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<td>Chair: Anette Hylén Ranhoff</td>
<td>Chair: Chris Phillipson</td>
<td>Chair: Per Erik Solem</td>
<td>Chair: Sandra Torres</td>
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15:15 - 16:15 Coffee break in the exhibition area

15:15 - 17:30 Geropsychology Scientific Meeting in room 16
All psychologists attending the congress are welcome

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<td>16:15 - 17:30</td>
<td>Oral session O2.1</td>
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<td><strong>Geriatric patients II</strong></td>
<td><strong>Social and health care</strong></td>
<td><strong>Images of ageing</strong></td>
<td><strong>Nutrition and vitamin status</strong></td>
<td><strong>Inequality and health</strong></td>
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18:00 - 20:00 Welcome reception at the City Hall of Copenhagen

### Tuesday June 12, 2012

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8:30 - 10:00 Symposium S2.1
Policy, research and practice in the care of elderly people with complex health problems and severe needs. Experiences in the Nordic countries

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<td>Oral session O3.1</td>
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<td><strong>Policy, research and practice in the care of elderly people with complex health problems and severe needs. Experiences in the Nordic countries</strong></td>
<td><strong>Migration</strong></td>
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<td><strong>Provision of assistive technology to support cognitive functioning in persons with dementia, and to reduce the care burden for family carer</strong></td>
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<td>Chair: Lennarth Johansson and Mats Thorslund</td>
<td>Chair: Torhild Holthe</td>
<td>Chair: Anne Leonora Blaakilde</td>
<td>Chair: Jeni Warburton</td>
<td>Chair: Christine E. Swane</td>
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10:00 - 12:00 Coffee break in the exhibition area

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<td>Medication</td>
<td>Professional care workers</td>
<td>Death and dying</td>
<td>Informal care giving I</td>
<td>Depression</td>
<td>Physical exercise I</td>
<td>Rehabilitation</td>
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<td>Chair: Gerdt Sundström</td>
<td>Chair: Hanne Pedersen</td>
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<td>Chair: Jette Thuesen</td>
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<td>Dementia care I</td>
<td>Quality of home care services</td>
<td>Lifelong learning</td>
<td>Informal caregiving II</td>
<td>Preventive home visits</td>
<td>Physical exercise II</td>
<td>Hip fracture II</td>
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<td>Chair: Tine Rostgaard</td>
<td>Chair: Britt Slagsvold</td>
<td>Chair: Anneli Sarvimäki</td>
<td>Chair: Kirsten Avlund</td>
<td>Chair: Nina Beyer</td>
<td>Chair: Karen Andersen-Ranberg</td>
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<td>12:45 – 14:00</td>
<td>Grünenthal symposium - in plenary room 8/10</td>
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<td>Symphony - in plenary room 9/11</td>
<td>The Forgotten Epidemic: Aortic Stenosis TAVI</td>
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<td>Dementia care II</td>
<td>Long term care</td>
<td>Home, housing &amp; environment</td>
<td>Nursing home residents</td>
<td>Oldest old</td>
<td>Physical capacity in later life</td>
<td>Social life and participation</td>
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<td>Chair: Eigil Boll Hansen</td>
<td>Chair: Eva Alggreen-Petersen</td>
<td>Chair: Bernard Jeune</td>
<td>Chair: Anette Ekmann</td>
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<td>15:00 -16:00</td>
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<td>Poster session II</td>
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Tuesday June 12, 2012
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<td>Oral session O7.1</td>
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<td><strong>Dementia diagnostics in memory clinics in the Nordic and Baltic countries</strong></td>
<td><strong>Critical perspectives in need assessment practice(s) in elderly care</strong></td>
<td><strong>Evaluation of orthogeriatric services in Nordic and Baltic countries</strong></td>
<td><strong>Family carers in the welfare state</strong></td>
<td><strong>Entenarians in the past and present</strong></td>
<td><strong>Fatigue in older adults</strong></td>
<td><strong>Social life</strong></td>
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<td>Chair: Anette Hylen Ranhoff</td>
<td>Chair: Sandra Torres</td>
<td>Chair: Helgi Kolk</td>
<td>Chair: Tove Lindhardt</td>
<td>Chair: Bernard Jeune</td>
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<td>19:00 -</td>
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<td>Chair: Tove Lindhardt</td>
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<td><strong>SA 3 Dilemmas in behaviour and physical activity in a gender perspective</strong></td>
<td><strong>SA4 Trends in ageing and challenges for the provision of care for older people</strong></td>
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<td>Prof. Roger Fielding</td>
<td>Senior Lecturer Virpi Timonen</td>
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<td><strong>SA5 Social inequality in ageing</strong></td>
<td><strong>SA6 Dilemmas in family care</strong></td>
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<td>Prof. Mats Thorslund</td>
<td>Prof. Mike Nolan</td>
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<td>10:30 - 11:00</td>
<td>Coffee break in the exhibition area</td>
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<td>11:00 - 12:30</td>
<td><strong>Plenary lectures</strong></td>
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<td>Chair: Christine Swane</td>
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<td>Sohlberg Nordic Price Lecture</td>
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<td>Andrus Viidik Lecture</td>
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<td>12:30 - 13:00</td>
<td>Closing Ceremony</td>
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General Information

Venue
Scandic Copenhagen
Vester Vognmandsvej 6
DK-1601 Copenhagen V
Tel: +45 3375 7125

Opening ceremony & reception
17.00 – 18.30, the opening ceremony will take place at the congress venue. The reception will take place in the same location after the opening ceremony and continue until 19.30.

Optional dinner
June 10th at 20.00.
Address: Brew Pub, Vester Vognmandsvej 6, DK-1456 Copenhagen K.
Walking distance from the venue.
Tickets can be obtained at the congress hospitality desk. Please note transfer is not included for this event.

City Hall reception
June 11th at 18.00.
Address: Rådhuspladsen 1, DK-1550 Copenhagen V.
Walking distance from the venue. Tickets can be obtained at the congress hospitality desk. Please note transfer is not included for this event.

Congress dinner
June 12th at 19.00.
Address: Bredgade 28, DK-1260 Copenhagen K.
Tickets can be obtained at the congress hospitality desk. Please note transfer is not included for this event.

Breaks
Coffee, tea and refreshments are served during coffee breaks in the exhibition area.

Lunches
Lunch is included on Monday 11th of June and Tuesday 12th of June.

Congress badges
Your personal badge is your entrance ticket to all sessions and you are asked to wear it throughout the congress. Should you misplace your badge, a replacement badge can be obtained at the congress hospitality desk.

Registration-hospitality desk opening hours
Sunday June 10th from 14.00 until 19.00
Monday June 11th from 8.00 until 18.00
Tuesday June 12th from 8.00 until 18.00
Wednesday June 13th from 8.00 until 13.00
Telephone / mobile: Berrit + 45 2635 1415

Programme
Programme

Sunday June 10, 2012

14:00-19:00 Registration - Hospitality Desk Open
17:00-18:30 Opening Ceremony Plenum 8/10 & 9/11
Opening Speech: A 350 Year Young Woman - Vermeer’s Girl with a Pearl Earring
Keeper of Conservation, Director Jørgen Wadum National Gallery of Denmark (SMK) & Centre for Art Technological Studies and Conservation (CATS)
18:30-19:30 Reception (Snacks and drinks)
20:00 Optional dinner at Brew Pub Restaurant

Monday June 11, 2012

08:00-18:00 Registration - Hospitality Desk Open
08:30-10:00 Keynote Presentations Plenum 8/10 & 9/11
Chair: Finn Rønholt
K1-1 Differences in the health and survival of women and men: Dilemmas that require action?
Professor Kaare Christensen
The Danish Aging Research Center, University of Southern Denmark
K2-1 Old Brain, New Demands on Information Processing: A Dilemma?
Professor Lars Nyberg
Departments of Radiation Sciences and Integrative Medical Biology, Umeå University
10:00-10:30 Coffee Break in the exhibition area
10:30-11:15 States of the Art Lecture Plenum 8/10 & 9/11
Chair: Kirsten Damgaard
SA1-1 Dilemmas in the ageing bones
Professor Peter Schwarz
Glostrup hospital
SA2-1 Clothing and the embodiment of age: Why do clothes matter?
Professor Julia Twigg
University of Kent
11:30-12:30 Oral Session 1.1 - Geriatric patients I Plenum 8/10
Chair: Kirsten Damgaard
11:30-11:45 O1.1-1 Barriers to a person-centred care for older patients with cognitive impairment in acute care.
RNT, MSc, PhD student Anita Nilsson
Umeå university
RNT, Professor Birgit H. Rasmussen, RN, Associate Professor David Edwards
11:45-12:00 O1.1-2 Metabolic syndrome and associated factors among South Korean Older adults
Professor Seung-young Hong
Kangnam Univ
12:00-12:15 O1.1-3 Orthostatic hypotension - significance of measurement duration in geriatric inpatients
MD Heidi Pedersen
Gentofte Hospital
MD, PhD Jesper Petersen, MD, PhD Marianne Kirchhoff
12:15-12:30 O1.1-4 Similarities and differences in characteristics in elderly patients admitted to an acute geriatric unit, an orthogeriatric unit and a department og geriatric psychiatry
Mette Irene Martinen
Diakonhjemmet hospital
Kari Mølbak Kristiansen, Marianne Dahl, Anette Hyle رانهوف, Thomas Søvndsen, Bernhardt Lorentzen, Ljudig Fjeld Solheim
11:30-12:30 Oral Session 1.2 - Home care and participation Plenum 9/11
Chair: Eigil Boll Hansen
11:30-11:45 O1.2-1 Older volunteers help improve quality of life through out-of-home activity intervention among older people with severe mobility limitations: a randomized controlled trial.
Professor Taina Rantanen
Gerontology Research Center and Department of Health Sciences, University of Jyväskylä
PhD Merja Rantaläiskko, MSc Irma Ayräväinen, MSc Hannele Khall, Ms Sin Henrikus, MSc Johanna Gronen, Taina Mari Lyra, PhD Marja Vaarama
11:45-12:00 O1.2-2 Help to self-help as principle and as everyday practice
Dr. Leena Eskelinen
AKF
Eigil Boll Hansen, Hanne Mariene Dahl
12:00-12:15 O1.2-3 The outcome of focusing on a principle of help to self-help in the provision of home care
Dr. Eigil Boll Hansen
AKF, Danish Institute of Governmental Research
Dr. Leena Eskelinen, Professor Hanne Mariene Dahl
12:15-12:30 O1.2-4 Active citizenship and service voucher for the elderly
Kiris Kuusinen-James
The Centre of expertise on social work, verso
11:30-12:30 Oral Session 1.3 - Inter generations and family relations Room 1
Chair: Catharina Nord
11:30-11:50 O1.3-1 Intergenerational relations materialized
Dr. Catharina Nord
Linköping university
11:50-12:10 O1.3-2 The materialized connection of objects to other generations for elderly people living at home who are reducing their material room in old age
Dr. Asa Larson
Linköpings universitet
12:10-12:30 O1.3-3 Cherished objects as materialized links between generations
Anna Whitaker
National Institute for the Study of Ageing and Later Life, Dep. of Social and Welfare Studies
Oral Session 1.4 - Psychiatry, technology, BMI

11:30-12:30

Chair: Finn Rønholt

11:45-12:00

01.4.1 Active outdoor in inpatient geriatric psychiatry - experiences and data from development of a model
Dr. Marianne Thorsen
Diakonhjemmet University College
RN Marianne Larsen, PT Lura Möller, MHC Kari Middbe Kristiansen

11:45-12:00

01.4.2 Quality registry in The Viken Research Network for Geriatric Psychiatry
MSc Kari Middbe Kristiansen
Diakonhjemmet Hospital
MØ/Head of dep. Bernhard Lorentzen, MSc/Head of dep. Bodil McPherson, Head of dep. Terje Rast, Psych. Helene Skanne, Professor Knud Erigard, MD Inger-Marie Tjernæs, Head of unit Trude Teigene

12:00-12:15

01.4.3 Sticks – Innovative Concepts for Memory Support, Reminiscence and Health Promotion
Professor Amti Karato
Department of Social Research, University of Helsinki
MÄ Päivi Kuosmanen, PhD Helmi Melkas, PhD Satu Pekkarinen, PhD Raisa Valve

12:15-12:30

01.4.4 Body Mass Index and Survival in the Very Old
Dr. Anna Dahl
Department of Medical Epidemiology and Biostatistics, Karolinska Institutet
PHD Elizabeth Fauth, PHD Marie Ernstr-Bravell, PHD Pern Gennos, PHD Niam Ram

Oral Session 1.5 - Cognitive functioning

11:30-12:30

Chair: Jon Snædal

11:30-11:45

01.5.1 Functioning over time in persons with MCI
PhD student Ari Trikkakoski
Karolinska Institutet
PhD, Professor Per Hultén, Associate professor, Professor Ove Almkvist, PhD, Associate professor Anders Kattorp

11:45-12:00

01.5.2 Evidence of sleep apnea in MCI/Mild dementia
Dr. Jon Snædal
Geriatric Department, Landsdottir University Hospital PhD Kristin Haustrandt, Prof Thorarinn Gislason, PHD Anné Arvidsson, ATJ Josefsson

12:00-12:15

01.5.3 Occupational and Leisure Time Engagement at Midlife and Cognitive Functioning in Advanced Old Age
Dr. Ross Andel
University of South Florida
Maria Silverstein, Ingrid Kåreholt

12:15-12:30

01.5.4 The joint association of physical activity and BMI in mid-life with cognitive function in late life
Dr. Milan Gudjonsson
Landsdottir University Hospital, Gerontological Research Institute
MD Sigurdur Bjornsson, MD Bjorn Elmarsson, MD Jon Snædal, PhD Jane Saczynski, PhD Thor Aispelund, MD Vilmundur Gudnason, MD Tamara B. Harris, PhD Lenore J. Lauver, MD Palm V. Jonsson

Oral Session 1.6 - Psycho-social well-being I

11:30-12:30

Chair: Boo Johansson

11:30-11:45

01.6.1 A Five-Year Panel Study of Relationships between Subjective Age and Mental Wellbeing in the Second Half of Life
Marihke Veenstra
NOVA
Sein Olew Dalysland, Astri Syse
13:45-15:15 Symposium Session 1.1 - Reforming old age care across Europe: Comparing processes and strategies
Plenum B/10
Chair: Viola Bura and Tine Rostgaard

S1.1-1 Reform strategies in home care for elderly in Europe
Professor Tine Rostgaard
University of Aalborg

S1.1-2 Developments of home care policies in Ireland
Professor Virpi Timonen
Trinity College Dublin

S1.1-3 Reforms of long-term care policies in EU countries: an interpretation
Professor Costanza Raniz
Politecnico of Milan
Associate Professor Emmanuele Pavlini

S1.1-4 Reforming old age care across Europe: comparing processes and strategies
Dr Viola Bura
University of Aarhus
Prof Dr Hanne Marlene Dahl

13:45-15:15 Symposium Session 1.2 - Assessment, evaluation and experience of function, physical activity and exercise: A challenge in ageing and different contexts
Plenum 9/11
Chair: Astrid Bergland and Birgitta Langhammer

S1.2-1 Applicability and Effects of Physical Exercise among Older People With Dementia in Residential Care Facilities
PhD Erik Rosendahl
Umed University

S1.2-2 Progressive resistance training for women 90+
PhD Student Gro Ildsand
Oslo University College

S1.2-3 The reliability and validity of clinical walking speed measurements in elderly people: a systematic review
PhD Elisabeth Rydwik
Karolinska Institutet

S1.2-4 The Efficacy of Counseling and Progressive Resistance Home-Exercises on Adherence, Health-Related Quality of Life and Function after Discharge from a Geriatric Day-Hospital
MSc Therese Brovold
Oslo and Akershus University College
Professor Dawn Skilton, Professor, PhD Astrid Bergland

S1.2-5 Prolonged strength training after hip fracture: a randomized controlled trial
PhD H. Sylliaas
Oslo and Akershus University College
Phd student T. Brovold, Professor TB Wyller, Professor A Bergland

13:45-15:15 Symposium Session 1.3 - Better care for fragility fracture
Room 1
Chair: Anette Hylen Ranhoff

S1.3-1 The best repair of fragility fractures - a few aspects
Professor, otolaryng, Dr.med. Jes Bruun Lauurtzen
Bispebjerg Hospital, University of Copenhagen
Polymer chemist, card scientist Sune Lund Spanning, consultant, PhD, Clinical Biochemistry Henrik Jørgensen, Research nurse Troels Riis, Head of orthopaedic department Benn Dissing

S1.3-2 Medical care for older hip fracture patients
Professor MD Anette Hylen Ranhoff
Diakonhjemmet hospital
Nurse Mette Martinsen, Ludwig F. Solheim

S1.3-3 No difference in anticholinergic activity in CSF and serum between hip fracture patients with and without delirium
MD Leiv Otto Watne
Oslo University Hospital
MD, PhD student: Roanna J Hall, MD, PhD student: Bjørn Erik Neerland, Professor MD, PhD Johan Rørder, MD, PhD Frede Frihagen, Professor, PhD Espen Mølend, Professor MD, PhD Alasdair McLulich, Professor MD, PhD Torgje Brun Wyller, MD, PhD Vibeke Juel-Jeune

S1.3-4 Secondary prevention of falls and fractures - an update
Professor Timo Strandberg
Universities of Helsinki and Duk

S1.3-5 Putting up a holistic integrated service for older patients with fragility fractures
MD Maria Nustro
Seinäjoki Central Hospital

13:45-15:15 Symposium Session 1.4 - Constructing age-friendly communities: Comparative perspectives
Room 2
Chair: Chris Phillipson

S1.4-1 Building Age-Friendly Communities in Urban Environments: Theoretical and Policy Issues
Professor Chris Phillipson
Keele University

S1.4-2 Purpose-built retirement communities as age-friendly environments? Evidence from England
Professor Thomas Scharf
National University of Ireland Galway
Jennifer Liddle, Bernadette Bartlam, Miriam Bernard, Julius Sim

S1.4-3 Activity as disciplining and gifting - The 'in common' of communities of active aging
PhD A. Ask Sjul Lassen
University of Copenhagen

S1.4-4 Feelings of Safety in Old Age: Evidence from the City of Brussels
Professor, Dr. Liesbeth De Donder
Vrije Universiteit Brussel
Mette De Witte, Sarah Dury, PhD researcher Tine Buffel, An-Sofie Smetcoren, Dominique Verté

13:45-15:15 Symposium Session 1.5 - Ageism - concepts and empirical results
Room 3/4
Chair: Per Erik Solem

S1.5-1 Ageism, a multi-dimensional concept
Associate Professor Lars Lassen
Århus University

S1.5-2 Ageism vs. age coding: An examination of theoretical frameworks and analytical scopes
Associated Professor Clara Krukula
Karlstad University

S1.5-3 Ageism and discourse, the case of the category of older drivers
PhD Satu Heikkinen
Linkoping University

S1.5-4 Ageism in the Nordic countries and Europe. Data from the European Social Survey
Ivar Lima
Norwegian Social Research
13:45-16:15 Symposium Session 1.6 - The ethnic/migration lens: Expanding the gerontological imagination Room 12

Chair: Sandra Torres

S1.6-1 Not (just) ‘old’; identity, migrantship, old age and the gerontological imagination
PhD Candidate Laura Machat-From
Linköping University

S1.6-2 Media representations of culture-appropriate care and of ethnic ‘Otherness’: a study of Swedish newspaper articles on elderly care
Professor Sandra Torres
Uppsala University
Researcher Jone Lindblom

S1.6-3 Transnational relationships in old age
PhD Candidate Sari J. Holkkkinen
University of Turku

S1.6-4 “The best situation would be to be together with my entire family”: the emotion work and kin work of older refugees in transnational families
PhD Candidate Marth Kristin Gulbekk Markussen
Akershus University College of Applied Sciences

S1.6-5 Understandings of social inequality in old age: how can the ethnic/ migration lens expand the gerontological imagination?
Professor Sandra Torres
Uppsala University

13:45-16:15 Symposium Session 1.7 - Social capital, neighbourhood and well-being of older adults Room 13

Chair: Tine Poulsen

S1.7-1 Social capital and self-rated health among older people in Western Finland and Northern Sweden: A multilevel analysis
PhD Fredrica Nyqvist
National Institute for Health and Welfare (THL)

S1.7-2 Social capital, neighborhoods and health - the significance of gender and age
PhD, Senior Lecturer Malin Eriksson
Umeå University

S1.7-3 How does the relationship between social capital and health change with age?
PhD Candidate Julie Norstrand
Bostorn College

S1.7-4 Aspects of Social Capital and the Impact on Mortality 8 Years after Among Older Adults
PhD Student Tine Poulsen
Københavns Universitet

S1.6-5 Coffee break in the exhibition area - Poster Session I
17:00-17:15  O2.2.4 The view of illness of older persons with diabetes mellitus  
Dr. Tasana Chouwatanapakorn  
Chulalongkorn University  
Ms. Sapin Sunyawong

17:15-17:30  O2.2.5 Better cooperation - better delivery for the frailest elderly  
Marie Bergström  
The city of Stockholm, the district of Härgersten-Liljeholmen

16:15-17:30  Oral Session 2.3 - Images of ageing  
Room 1

Chair: Myra Lewinter

16:15-16:30  O2.3.1 Constructions of age in variety of cultural contexts and the consequences for leading an ageing workforce  
Professor Cordula Braedel-Kühner  
Karlsruhe University International University  
Constructions of age in varvet Marjo Wallin

16:30-16:45  O2.3.2 "As time goes by"?  
Dr. Myra Lewinter  
Department of Sociology

16:45-17:00  O2.3.3 Older people on the agenda  
Dr. Kiri Lumme-Santti  
University of Tampere

17:00-17:15  O2.3.4 Conceptions and tendencies of age discrimination among elderly people in Finland and Sweden  
Fredrik Snelman  
Umed University  
PhD Mikael Nygård, PhD Susanne Jungenstam

17:15-17:30  O2.3.5 The politicization of age discrimination  
PhD. university lecturer Mikael Nygård  
Åbo Akademi University  
PhD, researcher Fredrik Snelman

16:15-17:30  Oral Session 2.4 - Nutrition and vitamin status  
Room 2

Chair: Anne Marie Beck

16:15-16:30  O2.4.1 Nutritional risk (NRS2002) and low BMI was associated with increased mortality for patients in a university hospital. A one year follow-up.  
Randi J Tangvik  
Haukeland University Hospital  
Professor Anne Bert Guttmann, Professor Grethe S Tel, BiostatisticianPhD Roy Meilars Nilsen, Statistician Andreas Henriksen, Professor Anette Hylen Ranstho

16:30-16:45  O2.4.2 Trends in nutritional status and caring practices among service house and nursing home residents in Helsinki 2003 - 2011  
Dr. Helena Soiri  
Services for Elderly city of Helsinki  
PhD Seija Muurinen, Ot Merja Suominen, PhD Nina Savikko, Med. student Marjo Halttunen, MD, PhD Kaaru Pitkäni

16:45-17:00  O2.4.3 Use of vitamins and trace elements among older people in Helsinki - population based survey in 1999 and 2009  
RN, PhD Nina Savikko  
University of Helsinki  
MD, PhD Kaaru Pitkäni, MD, PhD Reijo Tiih, MD, PhD Timo Strandberg

17:00-17:15  O2.4.4 Dental professionals’ identification of elderly patients at risk for cardiovascular diseases and high plasma glucose  
Dr. Göran Friman  
Department of Dental Medicine, Karolinska Institutet  
Associate Professor Inger Warth, Professor Gunnar Nilsson, PhD Margareta Hultin

17:15-17:30  O2.4.5 Vitamin B6 deficiency and diseases in elderly – a study in nursing homes  
MD Ida Kindbæk Kjeldby  
Norwegian University of Science and Technology  
MPharm Gunvar S Fannes, MSc Solike Ligen, Professor Per G Farup

16:15-17:30  Oral Session 2.5 - Inequality and health  
Room 3/4

Chair: Charlotte Nilson

16:15-16:30  O2.5.1 Occupational status and education are associated with health in nonagenarians  
Linda Enroth  
Gerontology Research Center and School of Health Sciences, University of Tampere  
Professor Marja Jylhä, Professor Antti Hervonen

16:30-16:45  O2.5.2 Social relations and mobility-related fatigue  
PhD, assistant prof Charlotte Nilsson  
Section of Social Medicine, Department of Public Health, University of Copenhagen  
MD, PhD, associate prof. Rikke Lund, Professor, DMSc Kirsten Auklund

16:45-17:00  O2.5.3 Alcohol consumption among men and women.  
Dr. Britt Slagsvold  
NOVA- Norwegian Social Research  
Researcher Ivar Lima

17:00-17:15  O2.5.4 Paying the price? The impact of smoking and obesity during mid-life on health inequalities in later life.  
Dr. Stefan Fors  
Aging Research Center  
Dr. Ida Agahi, Dr Benjamin Shaw

17:15-17:30  O2.5.5 Perceived work related stress in midlife predicts disability in old age  
Dr. Jenni Kujala  
Gerontology Research Center, University of Jyväskylä  
Dr. Mikaela von Bronssoff, Dr. San Stenholm, Dr. Monika von Bronssoff, Prof. Cla-Håkan Nygård, Dr. Matti Klockars, Dr. Jarna Selim, Prof. Juhan Ilumänn, Prof. Tana Rantare

16:15-17:30  Oral Session 2.6 - Psycho-social aspect  
Room 12

Chair: Knud Ramian

16:15-16:30  O2.6.1 Inner strength of older people in Finland and Sweden  
Kerstin Vigfus  
Umed University  
RN, PhD Elisabet Jonson, RN, Professor Bert Lundman, RN, Professor Gunilla Strandberg, RNT, PhD Björn Nygren

16:30-16:45  O2.6.2 Older people's accounts of their mental well-being and resources  
Suzi Fried  
The Age Institute  
PhD, Line Manager Siikkkälä Heimanen, MSSc, Coordinator Prp. Jokinen, Logotherapist, Planner Minna Laine

16:45-17:00  O2.6.3 Valuation of Life in old age and the role of intrapersonal factors  
Lisa Arojape  
UNIFAI  
Oscar Ribero, Constanza Paul

17:00-17:15  O2.6.4 Life Course Transitions and Changes in Alcohol Consumption in the Second Half of Life  
Ivar Lima  
Norwegian Social Research  
Senior researcher Britt Slagsvold
Tuesday June 12, 2012

08:00-10:00 Oral Session 2.7 - Hip fracture I

Chair: Timo Strandberg

10:00-10:15 Oral Session 3.1 - Migration

Chair: Anne Leonora Blaakilde

08:30-08:45 O3.1-1 Aging and Health Practices Between Two Cultures

Visiting scholar Susan Yazi

Akdeniz University

Research assistant Sinne Gronwall Petersen, Postdoc, Arne Leonora Blaakilde

08:45-09:00 O3.1-2 Living in between and Doing Health

PhD Candidate Beate Lie Sverre

Buskerud University College

PhD, RN Grethe Eikensen, PhD Kari Nyheim Solbrække

09:00-09:15 O3.1-3 Aging and Health Practices Between Two Cultures

Anne Leonora Blaakilde

Center for Healthy Ageing, University of Copenhagen

Visiting Scholar, Dr. Susan Yazi, Research Assistant, MA Sinne Gronwall Petersen, Postdoc, Ph.d. Arne Leonora Blaakilde

09:15-09:30 O3.1-4 Aging in South Australia: Continuity and change in the caring practices of ageing Italian migrants in South Australia.

Dr. Daniela Cosmini-Rose

Dept. of Language Studies, Flinders University

09:45-10:00 O3.1-5 The invisibility leaders:

Dr. Aulva Kaplan

Netanya Academic College

Dr. Rachel Sharaby
08:30-10:00 Symposium Session 2.3 - Ageing in small rural communities: Dilemmas for western countries Room 2

Chair: Jeni Warburton
S2.3-1 Marginalized or Aging-Well? Discourses on rural aging in Canada
Professor Norah Keating
Department of Human Ecology, University of Alberta

S2.3-2 Single older men in rural Sweden: Norms of masculinity
Dr Magnus Nilsson
Karlstad University

S2.3-3 Multiple disadvantage and social cohesion: a challenge for rural elders?
Professor Vanessa Burholt
Centre for Innovative Ageing, Swansea University

S2.3-4 Rapidly growing grey: local governance responses to social participation for ageing rural populations
Dr Rachel Winterton
John Richards Initiative, La Trobe University

S2.3-5 Construction of ageing in the Faeroe Island
Phd Student Ana Rains
NISSL Linköping university/University of the Faeroe Island

08:30-10:00 Symposium 2.4 - Life course in a cultural and psychological perspective Room 3/4

Chair: Christine Swane
S2.4-1 Everyday interpretations of age and the course of life - reading age-diaries of middle-aged and aging persons
PhD Marja Saarenheimo
The Central union for the welfare of the aged

S2.4-2 Nursing home residents’ relationship with nature - past and present
MPH, PhD Eva Aalgreen-Petersen
Municipality of Copenhagen

S2.4-3 Life Histories in Theory and Practice
Dr phil Kirsten Thorsen
Buskerud University College

S2.4-4 36,500+ days - everyday life of centenarians
PhD Christine E. Swane
EGV Foundation

08:30-10:00 Symposium 2.5 - Measuring outcomes of long-term care: Experiences from Europe Room 12

Chair: Tine Rostgaard
S2.5-1 Measuring outcomes and improving quality in English care homes
Professor Ann Netten
University of Kent at Canterbury
Research Officer Ann-Maria Towers, Research Officer Nick Smith, Dr Julie Beadle-Brown

S2.5-2 Measuring outcomes of home care - Experiences from the Austrian Home Visit and Counselling Programme
Dr Birgit Trukeschitz
Vienna University of Economics and Business
Professor Ulrike Schneider

S2.5-3 Measuring outcomes in home care: Experiences from Finland
MSc Marja Pulliainen
Diasonia University of Applied Sciences
DrPolSc Asa Kettunen, Research Professor Iamo Linnosmaa

S2.5-4 Measuring outcomes of home care - Experiences from Denmark
Professor Tine Rostgaard
Aalborg University

08:30-10:00 Symposium Session 2.6 - Sarcopenia Room 13

Chair: Anette Hylen Ranhoff
S2.6-1 Frailty and Sarcopenia
Professor MD Timo Strandberg
Universities of Helsinki and Oulu

S2.6-2 Sarcopenia in hip fracture patients
MD Ole Martin Steihaug
Haraldshals hospital
Professor MD Anette Hylen Ranhoff

S2.6-3 The role of sex hormones in the development and treatment of sarcopenia
Professor Sarianna Sipilä
University of Jyväskylä
Researcher Eija Pöllänen, Adjunct Professor Vuokko Kovanen

S2.6-4 Renal function after a 12-week resistance exercise program with protein supplementation in community dwelling older adults.
MD PhD Alfons Ramel
University of Iceland
A Arnarson, OG Geirsdottir, PV Jonsson, I Thorsdottir

S2.6-5 How far is it possible to counteract sarcopenia?
MD Marius Myrstad
Diakonhjemmet sykehus
Professor MD Anette Hylen Ranhoff

10:00-10:30 Coffee break in the exhibition area

10:30-11:30 Oral Session 4.1 - Medication Plenum 8/10

Chair: Carsten Hendriksen
10:30-10:45 O4.1-1 Does the increasing use of statins in older people reflect an indication creep?
Post doc Helle Wallach
University of Copenhagen
Lektor Carsten Hendriksen, Post doc Mikkel Vass, Professor Morten Andersen

10:45-11:00 O4.1-2 Dilemmas in discontinuing medication among elderly people
Michael Nisan
Copenhagen University

11:00-11:15 O4.1-3 Life-Threatening Drug Use, Misuse And Abuse Among Male And Female Older Adults In The United States: 2005-2010
Ms Victoria Albright
RTI International
Dr Jerry Hedge, Dr Al Woodward, Ms Victoria Scott

11:15-11:30 O4.1-4 No cognitive impact of reduced anticholinergic drug score in a frail elderly population
Hege Kersten
Odsh University Hospital, Department of Geriatric medicine
Prof Torger Bruun Wyller, Prof Espen Molden, Prof Knut Engedal
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<th>Time</th>
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| 10:30-11:30  | Oral Session 4.2 - Professional care workers | Plenum 9/11 | Chair: Hanne Marlene Dahl  
10:30:10:50 | O4.2-1 Nurses’ self-assessed competence in gerontological nursing |  
Dr. Pirjo Tikkanen  
JAMK University of Applied Sciences  
Dr. San Teeri, Ms. Sirkka-Lisa Kattunen |
| 10:50-11:10  | O4.2-2 Physical pain in formal caregivers of dependent older people |  
Dr. Margarida Pinto  
Ecole Superior de Saúde da Universidade de Aveiro  
Prof. Dr. Daniele Figueiredo, Prof. Dr. Aida Márquez, Dr. Vânia Rocha, Prof. Dr. Liliana Sousa |
| 11:10-11:30  | O4.2-3 The Strains in Dementia Care Scale |  
Dr. Michael Bird  
DSDC, Bangor University  
Professor Anna-Karin Edberg, Dr. Katrine Anderson, Ms. Annali Orung-Wallin |
| 10:30-11:30  | Oral Session 4.3 - Death and dying            | Room 1   | Chair: Peter Öberg  
10:30-10:50 | O4.3-1 Slow codes - do we have a problem |  
Trygve Johannes Søvareid  
Diakonhjemmet hospital  
Prof. Susan Balardí |
| 10:50-11:10  | O4.3-2 Pain management in dying hospitalized patients: A comparison of the young old and the oldest old patients |  
RN, PhD Student Simon A. Steindal  
Diakonhjemmet University College, Institute of Nursing and Health  
RN, PhD, Associate Professor Inger Schou Bredal, MD, PhD, Professor Anette Hylen Rahroff, RN, PhD, Professor Liv Wergeland Sæbye, RN, PhD, Professor Annens Lerdal |
| 11:10-11:30  | O4.3-3 Existential issues in palliative care. Experiences of assistant nurses |  
Dr. Elizabeth Åhrberg  
National Board of Health and Welfare  
PhD, Associate professor Maria Carlson |
| 10:30-11:30  | Oral Session 4.4 - Informal care giving I     | Room 2   | Chair: Gerdt Sundström  
10:30-10:50 | O4.4-1 Up against a challenge of providing pre-discharge resources for family carers of older patients: The process of developing a user-friendly eLIP website |  
Lisa Low  
The Chinese University of Hong Kong  
Man-him Wong, Chiu-fung Sing, Kim-pang Fan |
| 10:50-11:10  | O4.4-2 The strains and gains of caregiving: The effect of providing personal care to a parent on a range of indicators of psychological well-being |  
Thomas Hansen  
NOVA- Norwegian Social Research  
Britt Sagsvold, Roslau Ingebretnen |
| 11:10-11:30  | O4.4-3 Does Policy reflect Reality: Australian attitudes to the provision of formal and informal care |  
Dr. Susanne Hodgkin  
La Trobe University |

**Room 3/4**

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<th>Oral Session 4.5 - Depression</th>
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| 10:30-11:30  | Oral Session 4.6 - Physical exercise I       | Room 12  | Chair: Minna Mänty  
10:30-10:50 | O4.6-1 Nordic Walking for Geriatric Rehabilitation: A Randomized Pilot Trial |  
MSc Sabrina Figueredo  
McGill University  
PhD Los Finch, BSc (PT) Paul Ming, PhD Sara Ahmed, MD Alien Huang, PhD Nancy Mayo |
| 10:50-11:10  | O4.6-2 Gait speed has a closer association with physical function when adding a cognitive task |  
Physiotherapist, PhD Student Bård Bogen  
University of Bergen  
Geriatrician, dr med Anette Hylen Rahroff, Physiotherapist, PhD Rolf Moe-Nilsen |
| 11:10-11:30  | O4.6-3 The association between older adults’ personal goals and physical activity |  
Milla Saajaranta  
Gerontology Research Center, Department of Health Sciences, University of Jyväskylä  
PhD Anne Viljanen, PhD Sanna Read, PhD Maya Rantakokko, MSc Li-Tang Ts, MD, PhD Jaakko Kaprio, MD, PhD Marja Jylhä, PhD Taina Rantanen |

**Room 13**

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<th>Time</th>
<th>Oral Session 4.7 - Rehabilitation</th>
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| 10:30-11:30  | Oral Session 4.7 - Rehabilitation            | Room 13  | Chair: Jette Thuesen  
10:30-10:45 | O4.7-1 Identity Work in Geriatric Rehabilitation |  
Jette Thuesen  
Roskilde Universitet, Center for Sundhedstrennmeforskning |
| 10:45-11:00  | O4.7-2 Training the frail body: An exercise of hope |  
Louise Scheel Thomsen  
Dep. for Ethnology & Center for Healthy Aging, University of Copenhagen |
| 11:00-11:15  | O4.7-3 Older Women’s descriptions of how they activate themselves in their everyday living and what will promote their activity abilities. |  
Phd candidate Sara Cederholm  
Mälardalens university  
Lektor Petra van Heiden Wikger, Professor Arne Söderlund, Associate Professor Maja Söderbäck |
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<td>11:15-11:30</td>
<td>04.7-4</td>
<td>Examples of everyday rehabilitation – from a theoretical perspective</td>
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<td>Annesofie Mahrs-Traff</td>
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<td>Linköpings University, National Institute for the Study of Ageing and Life</td>
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<td>11:45-12:15</td>
<td>Oral Session 5.1 - Dementia care I Plenum 8/10</td>
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<td>Chair: Elizabeth Rosted</td>
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<td>11:45-12:00</td>
<td>OS 5.1-1</td>
<td>Cognitive development in adult children of Alzheimer’s patients: A neuropsychological reassessment: A seven-year follow up</td>
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<td>Magnus Johansson</td>
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<td>Neuropsychologist Sinar Palisson, MD Jón Snædal, MD Fámlí Jónsson, MD Sigurbjöfn Björnsson, Director at deCODE genetics Portlókur Jónsson</td>
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<td>12:00-12:15</td>
<td>OS 5.1-2</td>
<td>People with dementia and the National Gallery of Australia</td>
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<td>Dr. Michael Bird</td>
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<td>Annelise Blair, Dr. Sarah MacPherson, Dr. Katrina Anderson</td>
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<td>12:15-12:30</td>
<td>OS 5.1-3</td>
<td>The importance of sensory garden and therapeutic horticulture in dementia care: A scoping review</td>
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<td>Marianne Thorsen Gonzalez</td>
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<td>University of Oslo, Institute of Health and Society</td>
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<td>Professor Marti Krivokal, CNS, MNS, PhD Marianne Thorsen Gonzalez</td>
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<td>12:30-12:45</td>
<td>OS 5.1-4</td>
<td>Physical activity for people with dementia</td>
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<td>Anders Møller Jensen</td>
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<td>11:45-12:15</td>
<td>Oral Session 5.2 - Quality of home care services Plenum 9/11</td>
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<td>Chair: Tine Rostgaard</td>
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<td>11:45-12:00</td>
<td>OS 5.2-1</td>
<td>The exhausting dilemmas faced by home care service providers when enhancing participation among older adults receiving home care.</td>
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<td>Dr. Kjersti Vik</td>
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<td>Professor Ane Herring Eide</td>
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<td>12:00-12:15</td>
<td>OS 5.2-2</td>
<td>Mapping systematic reviews in elderly care</td>
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<td>Gunilla Fahstrom</td>
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<td>Programme officer Ernie Enqvall, Programme officer Marie Nyström, Associate professor Gunnar Bergström, Dr Jenny Rahmström</td>
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<td>12:15-12:30</td>
<td>OS 5.2-3</td>
<td>Taking home care services into everyday life</td>
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<td>PhD Student, Social Educator Aud Elisabeth Witsa</td>
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<td>Dr. Occupational Therapist Kjersti Vik</td>
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<td>12:30-12:45</td>
<td>OS 5.2-4</td>
<td>Care satisfaction among older people receiving public care and service, at home or in special accommodation</td>
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<td>PhD, Senior Lecturer Staffan Karlsson</td>
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<td>Lund University</td>
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<td>Professor Anna-Karin Edberg, Associate Professor Ulf Jakobsson, Professor Ingibjögn Rahm Hallberg</td>
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<td>11:45-12:45</td>
<td>Oral Session 5.3 - Lifelong learning Room 1</td>
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<td>Chair: Britt Slagsvold</td>
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<td>11:45-12:05</td>
<td>OS 5.3-1</td>
<td>The Development of an ICT-based Transgenerational Learning Environment in Higher Health Care Education</td>
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<td>Kirsten Lindqvist</td>
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<td>University of Applied Sciences</td>
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<td>12:05-12:25</td>
<td>OS 5.3-2</td>
<td>Four levels of complexity in reasoning among adults</td>
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<td>Dr. Sofia Kjellström</td>
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<td>Institute of Gerontology, School of Health Science, Jönköping University</td>
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<td>PhD Sara Nora Ross</td>
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<td>12:25-12:45</td>
<td>OS 5.3-3</td>
<td>Intergenerational Interaction and Learning</td>
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<td>Professor Antonio Fonseca</td>
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<td>Universidade Católica Portuguesa</td>
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<td>11:45-12:45</td>
<td>OS 5.4 - Informal caregiving II Room 2</td>
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<td>Chair: Anneli Sanimäki</td>
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<td>11:45-12:00</td>
<td>OS 5.4-1</td>
<td>Co-residential parental care-giving</td>
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<td>Dr. Anu Leinonen</td>
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<td>Jyväskylä University</td>
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<td>12:00-12:15</td>
<td>OS 5.4-2</td>
<td>Caregiving situation and quality of life of older family carers: A comparative study in Finland and Estonia</td>
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<td>Lic.Soc.Sc Åsa Rosengren</td>
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<td>Arcada, University of Applied Sciences</td>
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<td>M.Soc.Sc, PhD student Krista Tammisaar</td>
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<td>12:15-12:30</td>
<td>OS 5.4-3</td>
<td>The role of social networks on elderly caregivers’ wellbeing: a European cross-country approach</td>
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<td>Daniela Craveiro</td>
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<td>Alice Dekema Matos, Roberto Martinez-Pecino, Maria Schouten, Sara Siku, Rita Borges Neves</td>
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<td>12:30-12:45</td>
<td>OS 5.4-4</td>
<td>Living with Chronic Obstructive Pulmonary Disease in later life: dilemmas of family carers</td>
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<td>Dr. Raquel Gabriel</td>
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<td>Dr. Daniela Figueiredo, Dr. Aida Marques, Dr. Cristina Jäcome</td>
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<td>11:45-12:45</td>
<td>Oral Session 5.5 - Preventive home visits Room 3/4</td>
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<td>Chair: Kirsten Avlund</td>
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<td>11:45-12:00</td>
<td>OS 5.5-1</td>
<td>Health-Promoting Interventions for Persons Aged 80 and Older are Successful in the Short Term</td>
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<td>Susanne Gustafsson</td>
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<td>Sahlgrenska akademin, University of Gothenburg</td>
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<td>PhD, MD Katariina Wilhelmsen, PhD Kaja Eklund, Adjprof, PhD Gunilla Hedstrom, PhD Lena Zidan, PhD Greta Hagglöf Kronklif, MS Betina Haglå, PhD Frode Slinde, PhD, Prof. Elisabeth Rothenberg, MD, PhD, Prof. Sten Landahl, PhD_synne Dahlin-kanoff</td>
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<td>12:00-12:15</td>
<td>OS 5.5-2</td>
<td>Are acceptance rates of a national preventive home visit programme for older people socially imbalanced?</td>
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<td>Dr. Yukari Yamada</td>
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<td>University of Copenhagen</td>
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<td>Anette Ekman, Charlotte Nilsson, Mikkel Vass, Kirsten Avlund</td>
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<td>12:15-12:30</td>
<td>OS 5.5-3</td>
<td>Preventive home visits for non-western elderly citizens in Denmark</td>
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<td>PhD and Occupational Therapist Mette Andersen</td>
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<td>University College Zealand</td>
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<td>BA in Occupational Therapy Lisa Keogh Borde, BA in Occupational Therapy Ditte Brasky</td>
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14:45-15:00 Oral Session 6.5 - Oldest old

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<tr>
<td>14:45</td>
<td>O6.5-1</td>
<td>The health of the oldest old in Sweden deteriorated between 1992 and 2002 - is it better or worse in 2011?</td>
<td>Dr. Karin Lennartsson, Aging Research Center</td>
<td>Dänische Akademie für Gesundheitsforschung (DAK)</td>
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<tr>
<td>14:50</td>
<td>O6.5-2</td>
<td>Predictors of nine-year mortality in nonagenarians: The Vitality 90+ Study</td>
<td>Dr. Kristina Tialnen, Gerontology Research Center and School of Health Sciences, University of Tampere</td>
<td>MSc Tiina Luukkanen, MD, PhD Antri Hervonen, MD, PhD Maria Jylhä</td>
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<td>14:55</td>
<td>O6.5-3</td>
<td>The importance of children in old age</td>
<td>Professor Marianne Schroll, Center for Preventive Medicine, Glostrup University Hospital</td>
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| 14:00-15:00 Oral Session 6.6 - Physical capacity in later life

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<tr>
<td>14:00</td>
<td>O6.6-1</td>
<td>Associations of anemia and physical function in Georgia Centenarians</td>
<td>Dr. Dorothy Hausman, University of Georgia</td>
<td>University of Georgia</td>
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<td>14:05</td>
<td>O6.6-2</td>
<td>Associations of anemia and physical function in Georgia Centenarians</td>
<td>Dr. Dorothy Hausman, University of Georgia</td>
<td>University of Georgia</td>
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<td>14:10</td>
<td>O6.6-3</td>
<td>The impact of new intimate relationships in later life on social and filial relationships</td>
<td>PhD, university lecturer Mikael Nygård, Stockholm University</td>
<td>University of Jyväskylä</td>
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<td>14:15</td>
<td>O6.6-4</td>
<td>Accumulation of disparity in physical activity in old age</td>
<td>PhD, university lecturer Mikael Nygård, Stockholm University</td>
<td>University of Jyväskylä</td>
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<td>14:20</td>
<td>O6.6-5</td>
<td>Low-Grade Chronic Inflammation and Superoxide Anion Production by NADPH Oxidase are the Main Determinants of Physical Frailty in Older Adults</td>
<td>Dr. Gregory Baptista, Gerontology Center, University of Montpellier, France</td>
<td>University of Montpellier, France</td>
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14:00-15:00 Coffee break in the exhibition area - Poster Session II
16:00-17:30 Oral Session 7.1 - Social life
Room 13
Chair: Anna Svenskog

16:00-16:15 OT.1.1-3 Time as a structuring condition behind new intimate relationships in later life
Dr. Torbjörn Bildgård
Stockholm University

16:15-16:30 OT.1.2-3 Ageing-in-place - older people's housing problems and social contacts
Sipra Andersson
National Institute for Health and Welfare THL

16:30-16:45 OT.1.3-3 Old, inactive and happy: can a socially unproductive ageing be a successful one?
Exploring the protective effect of fulfilling marital relationships in inactive 50 plus.
Rita Borges Neves
Centre of Research for Social Sciences, University of Minho

16:45-17:00 OT.1.4-4 How do different dimensions of social relations fulfill social needs in older people?
Katja Pyynönen
Gerontology Research Center and Department of Health Sciences, University of Jyväskylä

17:00-17:15 OT.1.5-5 Life as theatre: older transgender persons' experiences of ageing and gender identity
Anna Svenskog
Nationella Institutet för forskning om äldre och åldrande

16:00-17:30 Symposium Session 3.1 - Dementia diagnostics in memory clinics in the Nordic and Baltic countries
Plenum B10
Chair: Anette Hylen Rankhoff

S3.1.1-1 Enhancing dementia research by harmonizing the dementia work-up in the Nordic countries
Coordinatord NDO Anna Rita Ölsungård
Karolinska University Hospital

S3.1.2-2 Neuroimaging in dementia work-up: Volumetric measurements of brain regions using MRI
Professor Lars-Olof Wahlund
Karolinska Institutet

S3.1.3-3 Quantitative Electroencephalography (qEEG) in dementia diagnostics
Asl. Professor Jon Snaedal
Landspitali University Hospital

S3.1.4-4 Memory Assessment in the Baltic States
Juliebø Frede
Lithuanian University of Health Sciences

S3.1.5-5 Depression in patients referred to memory clinics
Dr Anne-Brita Saks
Oslo universitetssykehus

16:00-17:30 Symposium Session 3.2 - Critical perspectives in need assessment practice(s) in elderly care
Plenum 9/11
Chair: Sandra Torres

S3.2.1-1 Need assessment and the organization of eldercare provision in the modern welfare state: a comparative perspective
Professor Morten Balle Hansen
University of Southern Denmark

S3.2.2-2 Local guidelines for need assessment for elderly care in Sweden: a matter of equality in welfare provision
Postdoctoral Research Fellow David Feltenius
Umeå University

S3.2.3-3 Home care allocation in Norway. Negotiation and distribution of responsibilities
Research Fellow PhD Student Helene Aksey
NOVA -Norweigian Social Research
Research Director Mia Væbe

S3.2.4-4 Requests and outcomes in care management, processing older persons as clients in elderly care.
PhD Assistant Professor Anna Olaison
Linköping University

S3.2.5-5 Understandings of cross-cultural interaction and ethnic ‘otherness’ as challenges for need assessment practice: Results from a focus group study with swedish need assessors
PhD Emilia Forsell
Ersta Sköndal University College
PhD Assistant Professor Anna Olaison, Professor Sandra Torres

16:00-17:30 Symposium Session 3.3 - Evaluation of orthogeriatric services in Nordic and Baltic countries
Plenum 8/10
Chair: Helgi Gustafsson

S3.3.1-1 Comprehensive Geriatric Assessment including the Delirium-Check-list in patients suffering hip-fractures.
Professor Yngve Gustafsson
Umeå University

S3.3.2-2 Implementation of geriatric care in fracture patients
Dr Helgi Kolk
Test University Hospital

S3.3.3-3 Can better treatment and prophylaxis of delirium in the early phase of a hip fracture improve long-term cognitive outcome? Randomised, controlled trial
MD and PhD-student Leiv Otto Watne
University of Oslo

S3.3.4-4 Characteristics of patients and care pathways in an orthogeriatric unit. Results from a patient database with 2000 patients.
Professor MD Anette Hylen Rankhoff
Diakonhjemmet hospital

S3.3.5-5 Will comprehensive geriatric work-up during the index stay improve mobility at 4 months in hip fracture patients? The Trondheim Hip Fracture Trial.
Professor MD, PhD Olav Sletvold
St. Olav University Hospital of Trondheim

16:00-17:30 Symposium Session 3.4 - Family carers in the welfare state
Plenum 9/11
Room 2
Chair: Helgi Kolk

S3.4.1-1 Assistive technology makes chance for family carers
Occupational Therapist Inge G. Månsson
The Swedish Institute of Assistive Technology

S3.4.2-2 Support of carers of older people entering into and living in nursing home
RN, PhD, Research Director Elizabeth Hanson
Swedish National Family Care Competence Centre
Eva Gustafsson
S3.4-3 Frail elderly patients' relatives - what role do they play during hospitalisation?
Senior researcher Tove Lindhardt
Copenhagen University Hospital, Herlev

S3.4-4 Family care and grandmotherhood in the welfare state
MA, Ph.D. Anne Leona Blaakide
University of Copenhagen

S3.4-5 Older Caregivers receiving and providing help.
Associate Professor Sigrun Sigurdardottir
University of Iceland
Senior Lecturer Marie Emsth Bravell, Associate Professor Sigrur Sigurdardottir, Senior Lecturer Marie Emsth Bravell

16:00-17:30 Symposium Session 3.5 - Centenarians in the past and present
Room 3/4
Chair: Bernard Jeune

S3.5-1 Centenarians today: new insights on selection from the Five Countries Oldest-Old Project (5-COOP)
INSERM Research Director Jean-Marie Robine
INSERM

S3.5-2 The Era of Centenarians - The Mortality of Swedish Oldest-Old
PhD Sven Orefahl
Karolinska Institutet
PHD Karin Modig

S3.5-3 Use of medicines among centenarians in Sweden
PhD Student Jonas W. Wastesson
Aging Research Center
Docent, Associate Professor Mari Parkes, Professor Johan Fastbom, PhD Mats Thorslund, Associate Professor Kristina Jahnell

S3.5-4 Using cardiovascular diseases and medicine consumption to describe morbidity in Danish centenarians
Associate Professor, Senior Consultant Karen Andersen-Ranberg
University of Southern Denmark

S3.5-5 Disability in Danish centenarians: comparing gender-specific data on ADL from surveys of birth cohorts 1895, 1905 and 1910.
Post Doc Sonja Vestergaard
Sydansk Universitet
Professor Kaare Christensen, Associate Professor Bernard Jeune

16:00-17:30 Symposium Session 3.6 - Fatigue in older adults
Room 12
Chair: Kirsten Avlund

S3.6-1 Trends in fatigue 1992-2002-2010/11 among the oldest old in Sweden
PhD Carin Lennartsson
Aging Research Center

S3.6-2 Tiredness in old age: Associated factors and predictors in seven years
MSc M Nevalainen
MSc AV Koistola, PhD Marja Jylhä

S3.6-3 Fatigability in basic indoor mobility in nonagenarians
PhD Minna Mänty
Københavns Universitet
MScAnette Ekmann, MSc Mikael Thinggaard, MD, PhD, DMSc Kaare Christensen, DMSc Kirsten Avlund

S3.6-4 Fatigue and cardiovascular health: A study on aging Danish twins
MSc Anette Ekmann
University of Copenhagen
Post Doc Minna Mänty, PhD Inge Petersen, MD, PhD, DMSc Kaare Christensen, DMSc Kirsten Avlund

S3.6-5 Telomere length - a molecular biomarker for fatigue.
PhD Laila Bendix
University of Southern Denmark
Card. scient. Mikael Thinggaard, PhD Masayuki Kimura, MD Abraham Aan, MD, PhD, DMSc Kaare Christensen, DMSc Merete Oller, DMSc Kirsten Avlund

19:00 Conference Dinner in Odd Fellow Palæ

Wednesday June 13, 2012

08:00-13:00 Registration - Hospitality Desk Open
09:00-10:30 States of the Art Lecture
Plenum 8/10
Chair: Nina Beyer
SAS-1 Dilemmas in behaviour and physical activity in a gender perspective
Professor Roger A. Fielding
Friedman School of Nutrition Science and Policy Tufts University School of Medicine
SAS-1 Social inequality in ageing
PhD Mats Thorslund
Karolinska Institutet

09:00-10:30 States of the Art Lecture
Plenum 9/11
Chair: Eigil Boll Hansen/Tove Lindhardt
SA4-1 Trends in ageing and challenges for the provision of care for older people
Associate Professor Virpi Timonen
Trinity College Dublin
SA6-1 Dilemmas in family care: Learning from the past, looking to the future
Professor Mike Nolan
University of Sheffield

10:30-11:00 Coffee break in the exhibition area
11:00-12:30 Plenary lectures
Plenum 8/10
Chair: Christine Swane
Solbjerg Nordic Price Lecture
Andrus Viddik Lecture

12:30-13:00 Closing Ceremony
Keynote Abstracts
K1 Differences in the health and survival of women and men: Dilemmas that require action?

Professor Kaare Christensen
The Danish Aging Research Centre
University of Southern Denmark

A rapidly increasing proportion of individuals in the Western world are surviving into their tenth decade—the vast majority are women. There is widespread concern that the basis for this development is the survival of frail and disabled elderly into the highest ages, the so-called “Failure of Success Hypothesis”. An alternative hypothesis is that the exceptionally old generally enjoy the “Success of Success”, i.e., an increasing proportion of the population living to the highest ages is based on a postponement of physical and cognitive disability. The development is complex due to the “Male-Female Health-Survival Paradox”, that is, the fact that females have higher physical disability levels but better survival than men at all ages, making the sex-difference in healthy life span much smaller than the sex-difference in life span. The planning of and policy development for the future care of the oldest-old will be highly dependent on whether one or both genders are experiencing the “Failure of Success” or the “Success of Success” as they reach the highest ages. This scientific knowledge is of fundamental importance for the sustainability of modern societies.

K2 Old Brain, New Demands on Information Processing: A Dilemma?

Professor Lars Nyberg
Departments of Radiation Sciences and Integrative Medical Biology, Umeå University

Memory for well-consolidated facts (semantic memory) shows a positive age gradient. By contrast, episodic long-term memory and working memory decline with advancing age. However, large-scale population-based studies document well-preserved memory functioning in some older individuals. The influential reserve notion holds that individual differences in the brain itself or how people process tasks allow some to cope better than others with brain pathology and hence show preserved memory. In this presentation I will argue that the primary characteristic of successful memory aging is brain maintenance, or relative lack of brain pathology. Evidence for brain maintenance will be discussed at different levels; cellular, neurotransmission, gray- and white-matter integrity, and systems level activation patterns. Various genetic and lifestyle factors support brain maintenance in aging, and interventions may be designed to promote maintenance of brain structure and function. Collectively, these findings highlight preserved ability of the aging brain/individual to cope with novel information-processing challenges.
SA2 Dilemmas in the ageing bones

Professor Peter Schwarz
Glostrup hospital

It is considered a major public health burden due to the large volume of patients who incur fractures as bone fractures not only represent a significant economic burden to society but also a social burden for the individual. A major problem in the prevention of osteoporosis is that osteoporosis rarely causes symptoms until the first significant fracture. Expense and time consuming examinations may clarify whether an otherwise healthy person has osteoporosis and hence are at increased risk of fractures in a fall. A DXA scanning and blood tests will show disease conditions associated with osteoporosis. However, controversy exists regarding DXA i.e. who, when and the use of bilateral hip scanning? The mean age at diagnosis of osteoporosis is in the late sixties, and fracture risk and need for fracture prevention rises sharply with increasing age. However, what is the evidence that supports the use of anti-resorptive osteoporosis treatments in the old? Frailty fractures in men constitute a major worldwide public health problem with a life-time risk of 12%. Because of gender differences in risk factors, pathophysiology and bone structure it cannot be directly inferred that anti-osteoporotic drugs effective in women have the same effect in men. Can we appraise the existing evidence for efficacy of osteoporosis treatment in men? The effects of increasing age, dosage and duration of treatment might influence treatment effect.PTH treatment alone seems to be able to improve bone mineral density significantly. However, what happens with increasing age, dosage and length of treatment? Some dilemmas in the ageing bone remain.

SA3 Dilemmas in behaviour and physical activity in a genderperspective

Professor Roger A. Fielding
Friedman School of Nutrition Science and Policy/Tufts University School of Medicine

Physical activity and exercise training have been proposed as possible preventive interventions for frailty as they can target four of the acknowledged frailty criteria: weakness, low physical activity, decreased motor performance, and decreased exercise tolerance. With increasing age, there is a well described decline in voluntary physical activity which is associated with decreases in several measures of exercise tolerance including maximal aerobic capacity, muscle strength, power, and increased fatigue. Data from several randomized controlled trials have shown that exercise can increase muscle mass and power, improve aerobic capacity, and delay fatigue. In addition, more recent evidence suggests that physical activity interventions may improve physical functioning and reduce role disability in “at risk” older adults. The goals of this presentation will be to identify the components of the disablement pathway that are associated with inactivity and to review the current literature on the utility of exercise and physical activity, both aerobic and anaerobic, as an possible intervention for preventing or reversing frailty. In addition, I will discuss critical issues related to adherence to physical activity and discuss potential barriers to adherence. I will also briefly address areas of further research in this area.

SA4 Trends in ageing and challenges for the provision of care for older people

Associate Professor Virpi Timonen
Trinity College Dublin

Populations across the world are growing older, and growth is fastest among the oldest old, the group that is also most likely to need care. Women form the majority in the older groups, and their share increases in line with age. The number of older people living alone has increased considerably, although there is a lot of variation in this respect between countries, with the Nordic countries having particularly high proportions of older people in single-person households. These are well-known, persistent and on-going demographic trends that all societies are dealing with and preparing for. The diversity in responses to the shared challenge of care provision is striking; while some commonalities in countries’ responses can be identified, the differences in responses overshadow shared patterns. Policymakers and societies have therefore made very different choices in response to a common task, providing care to growing numbers of older people with support needs. In addition to demographic change, family changes are exerting a powerful impact on what is the feasible modes of care. While the share of older adults who are unmarried (more married, widowed, or divorced) is increasing in some countries, it is decreasing in others. The convergence in male and female life expectancies is leading to increased availability of spousal support in some contexts. Spousal care is increasingly older and hence more likely to have care needs themselves, a development that most countries are not well prepared for; the assumption still being that informal carers are for the most part younger adult children. With the increasing number of older people, important differences also persist. In some systems, the share of older people with no children is declining, in others it is rising. Children’s employment status also varies greatly between countries, depending among other things on the proportion of women who are in paid work, and this in turn affects the profile of informal caregivers (working vs. non-working carers). Divorce and re-partnering among both ageing parents and adult children also has implications for availability of care, with divorced fathers at a disadvantage when it comes to contact with adult children and availability of care and support from them. The extension in disability-free life expectancy (of which there is evidence in some countries, but by no means universally) does in principle dampen growth in the volume of care needed. However, these gains are not equally shared across countries or population groups, as better-off older people typically enjoy better health. Furthermore, more older adults with care needs have higher incomes than older people in the past did, hence enhancing their capacity to purchase care. Attitudes are shifting, too: less deferential and more social older people with greater purchasing power demand better services, in line with their own preferences. The care of older people will therefore increasingly be care by older people, both spousal carers and ageing daughter / son carers, and older formal carers. Those who are not (or not exclusively) cared for by their spouses or partners / family members have varying patterns of service use, differentiated by purchasing power and preferences, and by the extent to which the state is involved in financing care. While there has been a strong drive towards allocating services to those with ‘greatest need’, in some systems a large proportion of care services is allocated on ‘social grounds’. Some of these are good grounds (e.g. social isolation, loneliness) in the sense that they clearly merit interventions. The issue of ‘care needs’ therefore calls for more careful attention. When does ‘care’ pertain to the body and the household, and when does it pertain to the person’s social need? Should we differentiate between them? Do resource constraints force carers to differentiate between them, to the detriment of quality of care and quality of life? These are central questions that remain largely unanswered. Virtually all long-term care systems advocate the primacy of home care. However, if home care is to be taken seriously, it must be appropriately regulated and adequately resourced. Given the perception / conviction among (most) policy-makers that no major additional investments can be made into care, much further thought needs to go towards defining the grounds on which care is fully or partially paid for. Huge investments are being made into remote/electronic care delivery and monitoring systems, yet little empirical evidence and theorising exists on the extent to which can they replace care provided by people. Challenges in the area of care provision are therefore myriad, and call for rebalanced efforts on the part of the gerontological research community, ideally within an inter-disciplinary context where social, economic and systemic factors are taken into account.

SA5 Social inequality in ageing

Professor Mats Thorlund
Karolinska Institutet

Much of the health diversity found among elderly people can be described in relation to social inequalities. As well as having higher mortality rates, individuals with lower socioeconomic position (SEP) tend to have poorer health and function. However, the mechanisms behind the relationship are not well understood. It is probable that mechanisms and pathways differ for different cultures, different ages and cohorts, and men and women. Education and main occupation during working life are frequently used indicators of SEP. The latter, however, may be less relevant for elderly women who have not worked outside the home. Research has also shown that experiences in utero and childhood likely contribute to health inequalities in later life. In my presentation I will discuss how choice of SEP indicators affects research results. Indicators to be discussed include individual and household SEP education, income, childhood SEP, and the ability to raise a sum of money in a short time. Exploring the influence of different SEP
indicators among old people offers the opportunity to better identify mechanisms and to understand the relative importance of cumulative effects vs. effects that occur at one point in time (e.g. prenatal and childhood conditions). Other topics that will be covered include which indicators of health are more correlated with SEP than others and whether socioeconomic inequalities in health increase with age and over time.

**SA6 Dilemmas in family care**

**SA6  13-06-2012, 09:00 - 10:30, Plenum 9/11**

Professor Mike Nolan  
*University of Sheffield*

This paper will provide a conspectus of research, policy and practice in the field of family care over the last 25 years. It will trace major trends and chart advances in our understanding of the experiences of family carers and the person they support, considering how formal service systems can best work in partnership with family carers and older people. It will highlight limitations in current conceptualisations of family care and service responses to their needs and identify future directions for research and practice with a particular emphasis on relational models.
1.1 Reforming old age care across Europe: Comparing processes and strategies

Chair: Viola Bureu and Tine Rostgaard

At the beginning of the 21st century, policymakers expanded home care, in Ireland. Developments of home care policies have affected quality of care. The project is based on national accounts of reforms in home care, using national policy documents and statistics.

1.1.1 11-06-2012, 13:45-15:15, Plenum B/10

Reform strategies in home care for elderly in Europe

Professor Tine Rostgaard
University of Aalborg

The paper addresses the main reform strategies in home care for elderly in Europe. The paper is based on a research cooperation of nine European countries, LIVINDHOME, and provides an empirical overview of drivers of changes and responses in the organisation, provision, regulation and quality of home care help, as well as the theoretical implications for the study of home care. The countries included in the study are Norway, Sweden, Finland, Italy, Austria, Denmark, England, Ireland and Germany. The objective of the study was to provide a timely overview of recent reforms in the organisation and governance of home care systems, and to elucidate what are the intended and unintended results of the reforms, in particular how reforms have affected quality of care. The project is based on national accounts of reforms in home care, using national policy documents and statistics.

1.1.2 11-06-2012, 13:45-15:15, Plenum B/10

Developments of home care policies in Ireland

Associate professor/CWIR Vírho Timonen
Trinity College Dublin

Home care policy in Ireland was ambiguous throughout the first decade of the 21st century: policymakers expanded home care, but failed to develop policies to govern this expanded provision. As a result, home care became more widely available in the absence of a framework to govern access to services and to regulate care providers. Official policy documents, statistics and policy critiques published between 2005 and 2010 were analyzed in order to understand how the costs of expansion between home care services and the failure to develop policies to govern access to and quality of services. The key factors that motivated home care expansion in the Irish case were (1) problems in the acute hospital sector and the perception of home care as a solution, (2) weak governance structures in health services and decision-making at national level based on short-term political gain, (3) Ireland’s adherence to the liberal welfare state model and concern about uncontrollable costs in the face of population aging, (4) until 2010, paucity of attention to homecare issues in the Irish media; and (4) weak provider interest representation. The recent budgetary outlays in Ireland bring into sharp relief the political expediency of an unregulated domiciliary care sector and absence of entitlements to home care. The forces that drive expanded provision are different from drivers of policy to govern home care, and that weakness of governance structures and political advantages of the absence of regulation are the main reasons for the lack of standards and entitlement rules.

1.1.3 11-06-2012, 13:45-15:15, Plenum B/10

Reforms of long-term care policies in EU countries: an interpretation

Professor Costanza Ranci
Polytechnic of Milan
Co-author: Associate Professor Emmanuele Paoletti
University of Macerata

The aim of the paper is to interpret the changes introduced in long-term care policies in eight European countries in the last 15 years. The focus will be on just providing a description of such changes (already known and largely described in the literature), but to adopt a comparative and interpretative framework. The main points of analysis will be:

* Identifying under which social, economic, and institutional conditions changes have been introduced in LTC policies; what are the common and peculiar factors to explain such changes in the countries considered?
* The form of change: change has occurred in strong continuity with the previous institutional setting in many countries, while it has been more radical in others; how can we explain these differences?
* Is there a real convergence in the new forms of regulation of LTC countries? What role has been played by the State, at the national, regional and local level? How have market mechanisms and recognition of formal care been introduced in the previous systems?
* After 10-15 years of reforms or incremental changes in many countries, what are the main impacts of such changes, both on the care system in the context (including beneficiaries, care suppliers and public institutions) and on the institutional context: how has the institutional setting of LTC changed?

The countries selected for comparison belong to the different ‘welfare families’ in Europe: Spain and Italy for the Southern European family; France, Germany and Austria for the continental family; the UK as part of the Anglo-Saxon one; Sweden and Denmark for the Scandinavian family; the Netherlands as a special case, characterized by a combination of Nordic and continental patterns, in order to consider also some countries belonging the Central Eastern European family, the case of Romania has been considered.
Progressive resistance training for women 90+
PhD Student Gro Idland
Oslo University College

Background and purpose: The number of aging women is increasing worldwide. It is well documented that muscle strength and mass decreases with advancing age associated with functional decline and subsequent loss of independence. Resistance training has been shown to have beneficial effects on the musculoskeletal system and also moderate impact on mobility. However, most studies are directed towards younger old people. The purpose of this study was to investigate the possibility of increasing mobility, balance and strength in community dwelling women aged 90+ by use of resistance training. The participants had different functional capacity, and all had observed functional decline during the last years.

Method: Three women participated in this single subject study. The intervention phase consisted of a 12-week individually tailored resistance training performed twice a week aiming at improving strength in the main muscle groups. Main outcome measures were mobility measured with Timed Up and Go (TUG) and 6 m walking speed, balance measured by Berg balance scale and strength measured by knee extension and 30 second chair stand test.

Results: The participants had from three to ten diagnosed diseases and used from two to 12 prescribed medicines daily. Participant 1, 2 and 3 improved their mobility (TUG: 44%, 29%, 40%, walking speed: 31%, 40%, 42% respectively). All improved their balance (10%, 51%, 41% respectively) and all three increased strength of lower limbs (knee extension strength; 31%, 30%, 41% respectively). No adverse effects were observed.

Conclusion: These findings are consistent with previous studies on younger old people showing that resistance training can improve mobility, balance and strength even in very old women experiencing functional decline. Randomized clinical trials are needed to evaluate the clinical effect of progressive resistance training in the oldest old.

The reliability and validity of clinical walking speed measurements in elderly people: a systematic review
PhD Elisabeth Rydvik
Karolinska Institutet
Co-authors: PhD A Bergland
Oslo and Akershus University College
PhD, Senior researcher L Forbom
Norwegian Institute of Public Health
PhD K Frändin
Karolinska Institutet

Background and Objectives: The number of available walking tests has increased dramatically over the past decades. Therefore, it is highly important to help clinicians choose the most appropriate walking test for a specific setting. A decline in walking speed has been shown to be related to available energy. This systematic review aimed at critically evaluate the reliability, validity and responsiveness of clinical walking speed in a broad population of elderly persons living in the community, sheltered housing or institutions.

Methods: Literature searches were performed in several different data bases. Key words were based on the topic of the measurement properties of performance based clinical tools for quantifying walking. The instrument selected for review was "walking speed". The methods and results of all the evaluated measurement properties were rated using a standard checklist for appraising the qualitative attributes and measurement properties of the instruments.

Results: A total number of 3,781 abstracts were reviewed, and 86 articles were chosen for inclusion. "Habitual walking speed" seems to be highly reliable in community-dwelling people and residents in mixed settings. There have not been any studies which accord with our inclusion and exclusion criteria that have evaluated the reliability of "maximum walking speed" in an aged population. Walking speed is a highly valid test, both at habitual and maximum speed. Few studies gave information about responsiveness regarding walking speed, which means that these results cannot be evaluated properly.

Conclusion: Habitual walking speed is a reliable measure, but maximum walking speed needs further evaluation. Both habitual and maximum walking speed are valid instruments and they predict death, hospitalization/institutionalization and decline in mobility. The test is easy to administer and is useful for the clinician in order to screen impairment and to evaluate effects of treatment.

The Efficacy of Counseling and Progressive Resistance Home-Exercises on Adherence, Health-Related Quality of Life and Function after Discharge from a Geriatric Day-Hospital
Msc Therese Bravold
Oslo and Akershus University College
Co-authors: Professor Dawn Skeith
School of Health & Life Sciences Glasgow Caledonian University
Professor, PhD Astrid Bergland
Oslo and Akershus University College

Background and Objectives: Loss of function and low exercise adherence is common among older people after hospitalization. The aim of this randomized controlled trial was to evaluate the effects of a combined counseling- and exercise program on changes in health-related quality of life and physical function in patients attending a day hospital and continuing exercise at home.

Methods: The exercise program consisted of counseling, balance- and progressive resistance training and support from the physical therapist at GHM and home for the Intervention (IT) group. The Control (CT) group performed regular counseling, balance-training and support from the physical therapist. The sample was recruited from a GHM in Norway. 108 participants were randomized into the Intervention group (IT) (n=53) or the Control group (CT) (n=55). After 3 months 77 participants were tested.

Results: The intention to treat analysis showed that the program had significant benefits in terms of Health Related Quality of Life, measured by SF-36, on the domains vitality and bodily pain, in favor of the IT- group who performed the combined resistance exercises and balance program. All participants increased their scores on physical function, measured by Berg Balance Score, Timed Up and Go, 5 times Sit-to-Stand, 6 Minute Walk Test and Activities Balance Confidence Scale, no group differences. Both groups were adherent to the home exercise program.

Conclusion: The results show that it is possible to facilitate older people to increase their health-related quality of life, physical function and level of physical activity through counseling, exercise and support from physical therapists.

Prolonged strength training after hip fracture: a randomized controlled trial
PhD H. Sylliaas
Oslo and Akershus University College
Co-authors: PhD student T Bravold
Oslo and Akershus University College
Professor TB Wyller
Oslo University Hospital
Professor A Bergland
Oslo and Akershus University College

Background and Objectives: the aim of this study was to assess the effects of a 12-week once-a-week prolonged strength-training program in a group of home dwelling older hip fracture patients.

Design: randomized, controlled; single-blind parallel-group trial.
Setting: intervention at outpatient’s clinic.
Subjects: 95 patients with surgical fixation for a hip fracture completed a preceding three-month progressive strength-training program twice a week.
Methods: the program comprised four exercises, performed at 80% of maximum capacity. Measurements were taken after 12 weeks intervention. Outcome measurements were Berg Balance Scale, the sit-to-stand test, timed up-and-go test, maximal gait speed, six-minute walk test, Nottingham Extended Activities of Daily Living scale (NEADL), and the Short Form-12 questionnaire.

Results: we found no statistically significant difference between groups in the primary outcome NEADL, presumably because of a ceiling effect. The intervention group showed significant improvements in strength, gait speed and gait distance, instrumental activities of daily living and self-rated health.

Conclusions: twelve weeks progressive strength training once a week, as a follow-up to a more intensive training period, seemed to improve strength and endurance and resulted in better self-reported NEADL and self-rated health after hip fracture. Hip fracture patients seem to constitute a group that needs long-term follow-up to achieve the improvements important for independent functioning.
S1.3 Better care for fragility fractures

Chair: Anette Hylen Randhoff

S1.3-1 11-06-2012, 13:45-15:15, Room 1
The best repair of fragility fractures - a few aspects

Professor, overlege, Dr.med. Jes Bruun Lauritzen
Bispebjerg Hospital, University of Copenhagen
Co-authors: Polymere chemist, cand scient Sune Lund Sparring
Bispebjerg Hospital, University of Copenhagen
Consultant, PhD. Clinical Biochemistry Henrik Jørgensen
Bispebjerg Hospital, University of Copenhagen
Research nurse Troels Ris
Bispebjerg Hospital, University of Copenhagen
Head of orthopaedic department Beri Duus
Bispebjerg Hospital, University of Copenhagen

Hip fractures occur in patients with an annual rate of 14.000 per year and surgery for osteoarthrosis is performed in 7.500 patients of which some may suffer sequel to a former hip fracture. Immediate mobilization subsequent to surgery for hip fractures is essential for an acceptable outcome even though some substantial technical barriers still exist such as aseptic femoral head necrosis, cutting out, dislocation of fracture, dislocation of haemarthrosis, pseudarthrosis. The hip protector was invented and introduced as hard shells sewn into undergarment and aimed at elderly with propensity to fall. A randomised study in nursing home showed a reduction in hip fracture rate by 54% (Lancet 1993, Lauritzen et al.). Its use was globally introduced in 1997 by Sahvatex AS. The intracutural hip joint spacer was patented and later developed by Cartilage AS. Reinforced cross-linked HMWPE cups replaced worn out cartilage in osteoarthrosis joints. The pilot serie in three patients showed initially good outcome but more material tests are needed to improve the implant.

S1.3-2 11-06-2012, 13:45-15:15, Room 1
Medical care for older hip fracture patients

Professor MD Anette Hylen Randhoff
Diakonhjemmet hospital
Co-authors: Nurse Mette MartinSEN
Diakonhjemmet hospital
Ludvig F. Solheim
Diakonhjemmet hospital

Background: Older hip fracture patients are known to have high comorbidity and incidence of complications, as well as 30-day mortality. In orthogeriatric units, orthopaedic care is combined with interdisciplinary geriatric care. Optimal pre- and postoperative care is crucial. The primary goal for the orthopaedic surgeons is high quality fracture repair, whereas the geriatricians and the interdisciplinary team are responsible for medical care, rehabilitation and secondary prevention of falls and fractures.

Objective and methods: The aim of this presentation is to describe the major element of the medical care for older hip fracture patients, and to illustrate this with data from a quality database which include demographic, medical, and functional data collected from routine assessment by the interdisciplinary team.

Results: 1963 patients (76% females), included 417 (44%) from long-term care institutions, are enrolled in the database. Mean age is 85 years (SD 7.2), chronic diseases are registered in 86%, and 55% had complications.

The major non-surgical problems of these patients are a combination of age-related diseases such as cardiovascular, dementia and musculoskeletal, polypharmacy, functional and cognitive impairment and undernutrition; all contributing to a high risk of complications. The most frequent complications are need of blood transfusions (25%), delirium (21%) and UTI (18%). Surgical post-operative infections are rare (3%), however often associated with delirium.

Conclusion: Delirium is one of the major problems in older hip fracture patients. The aims of the medical care should focus on optimal care of chronic medical problems, systematic prevention of blood loss, delirium and UTI, as well as medication check and a continuously awareness for complications are important tasks. Fall assessment and prevention are important objectives, as well as assessment and treatment of osteoporosis.

Conclusions: Fall prevention and osteoporosis treatment are areas with good evidence for clinical practice, while there are controversies and lack of evidence in handling many other medical problems in older hip fracture patients.

S1.3-3 11-06-2012, 13:45-15:15, Room 1
No difference in anticholinergic activity in CSF and serum between hip fracture patients with and without delirium

MD Leiv Otto Walne
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Professor MD, PhD Torgeir Brun Wyller
Oslo University Hospital
MD, PhD Vibeke Jüleba
Oslo University Hospital

Background: Cholinergic deficiency is among the leading hypotheses regarding the pathophysiology of delirium. Serum anticholinergic activity (AA) has previously been associated with delirium, but whether the intracerebral anticholinergic activity is increased remains to be studied.

Research question: To determine whether higher AA in CSF is associated with delirium.

Methods: Hip fracture patients (N=142) (Oslo University Hospital N=94; Royal Infirmary of Edinburgh N=48) were assessed by the Confusion Assessment Method (pre-op and over two weeks post-op) and the IQCODE. Cerebrospinal fluid (CSF) was collected at onset of spinal anaesthesia. Anticholinergic activity in serum and cerebrospinal fluid (CSF) was determined by a mUscarinic radio receptor bioassay. Mann-Whitney U tests were used for group comparisons.

Results: The mean age was 82 years, 73.2% were women, and 57/142 (40.1%) had chronic cognitive impairment (IQCODE> 3.46) - 71/142 patients (50%) were delirious at admission or 30 days after surgery. 77/142 (54%) were delirious at admission or developed delirium during their stay. - There was no difference in anticholinergic activity between patients with and without delirium, either in CSF (O.39 pmol/mL vs. 0.40 pmol/mL, p=0.78) or serum (4.28 pmol/mL vs. 4.20 pmol/mL, p=0.20). The anticholinergic activity in the CSF of people with and without delirium. The findings are not supportive of the hypothesis that CNS anticholinergic activity, as measured in the CSF, is an important mechanism of delirium in hip fracture patients.

S1.3-4 11-06-2012, 13:45-15:15, Room 1
Secondary prevention of falls and fractures - an update

Professor Timo Strandberg
Universities of Helsinki and Oulu

Those who have already fallen and a fracture are a high-risk group for further complications. Therefore all efforts should be used in secondary prevention.

Prevention of falls: Multifactorial measures are needed including improvement of balance and gait, correction of possible eye problems etc. Vitamin D has been shown to increase muscle strength and balance but improvement of gait is equivocal. Comorbidity should be treated appropriately, the need of drugs increasing fall risk should be judged critically. General measures against frailty (nutrition, exercise) are important. Home or ward conditions should be checked to decrease fall risk. Use of sticks and rollators should be encouraged as needed. It is also important to identify possible fear-of-falling, which may lead to immobility. In hospitals and nursing homes use of ties or bedrails is a double-edged sword and may lead to complications themselves. Protection of bones in case of falling: Hip protectors are evidence-based therapy, but their problem is poor adherence. Also other protective devices (helmets etc) should be considered as appropriate. Treatment of osteoporosis: Not only hip and vertebrae but most fractures in older people are osteoporoic. Therefore adequate treatment of osteoporosis is vital in secondary prevention. Earlier hip or vertebral fracture is already an indicator of high-risk, those with other fractures or only falls should be examined for bone mineral density. Adequate vitamin D plus calcium supplementation is basic therapy, and a wide selection of evidence-based drugs with different mechanisms of action are available. Drug therapy is selected according to individual properties, adherence and cost.

S1.3-5 11-06-2012, 13:45-15:15, Room 1
Putting up a holistic integrated service for older patients with fragility fractures

MD Maria Nuotio
Seinäjoki Central Hospital

Background: Orthogeriatric collaboration with comprehensive outpatient geriatric assessment for hip fracture patients was organized as a novel service in a hospital district of ca 200 000 inhabitants.

Method: Starting from September 2007, all hip fracture patients aged 65 years and over were invited to have a comprehensive geriatric assessment 4-6 months after the fracture at the geriatric outpatient clinic with a preceding physiotherapist’s examination. Starting from September 2008, geriatrician’s
as a housing option for growing numbers of older people, they have not yet been subject to critical examination through the lens of age-friendliness. The paper combines both theoretical and empirical approaches. It reviews the emerging literature around age-friendly environments to generate a common understanding of the key features of an age-friendly community. Drawing on a new definition of age-friendly communities, the paper then examines available empirical evidence arising from UK-based studies of purpose-built retirement communities to assess the degree to which such communities may be regarded as being age-friendly. Findings are reported from the mixed-methods Longitudinal Study of Ageing in a Retirement Community (LARC), conducted in a community in England, to explore age-friendliness in a more comprehensive way. LARC involved two waves of a questionnaire survey with residents (N=122 at Wave 1, N=156 at Wave 2), interviews and focus groups with key stakeholders involved in the staffing, management and design of the community, and other qualitative data collected from community residents in the form of ‘directives’ (i.e. invitations to residents to write on particular topics). Drawing the different components together, the paper concludes by identifying implications for future research, policy and practice development in relation to age-friendly environments. The paper argues that purpose-built retirement communities need to commit to the genuine involvement of residents in a regular cycle of planning, implementation, evaluation and continual improvement in order to facilitate active ageing.

S1.4-3 11-06-2012, 13:45-15:15, Room 2
Activity as disciplining and gifting - The ‘in common’ of communities of active aging
Aske Juul Larsen
University of Copenhagen

This paper explores the development of communities at activity centres in an urban setting. It examines two main questions: how can active aging be understood within communities at activity centres, and what role does activity play in the everyday life of older people? Active aging has received attention during the last years as a way to add healthy years to the lives of elderly people and a way to save public resources (e.g. European Commission 2011). Following the work of Marcel Mauss (1954) and Roberto Espósito (1998) a community is defined by something in common, and is continuously constituted by gifting. The ‘in common’ of the activity centres are age, local area and activities. Information and motivation on health and activity are gifted, but the elderly also use the centres to create village-like communities in an urban setting by establishing relations in their local area. Thus, the activities are means to achieve a more active social and physical life, but can also be seen as part of a social construction focused on health and bodily activity (Foucault, 1977). This is analysed as a Foucauldian bio-political disciplining, thereby relating the communities of active elderly to power and discourse. To examine these issues, the author conducted two months of participatory observations at two activity centres in the Copenhagen area, and in-depth 1-2 day interviews and shadowing with 9 users of the activity centres. The findings suggested that the relation between activity and community has paradoxical elements. The two coexist, but there is also resistance towards overriding activity, as it is often seen as part of a health regime. This results in an ambiguous stance toward activity in these communities. The paper concludes that active aging is a specific way to be old and an enriching communal practice, but that the same communities also perceive it critically as a ‘health-regime’ tool.
SYMPOSIUM

1.5 Ageism - concepts and empirical results
Chair: Per Erik Solem

1.5.1 11-06-2012, 13:45-15:15, Room 3/4

Ageism, a multi-dimensional concept
Associate Professor Lars Larsen
Århus University

Research on Ageism has focused on the causes, the consequences, the concept, and the ways in which it may be reduced. The study of causes, consequences, and prevention has marked the field of research, whereas the conceptual aspect has been somewhat neglected. This means that today we have an important field of gerontological research operating with a multi-dimensional concept and researchers not always explicitly stating what they mean by the term Ageism. As a consequence the area is characterized by diverging research results which are hard to re-test and to compare. A good definition is an advantageous starting point for subsequent operationalizations. Further, it constitutes a sound foundation of a high reliability and validity in studies of any phenomenon including Ageism. In this presentation the different definitions of Ageism will be systematized according to their conceptual components; does the definition include the cognitive, affective and behavioral components, the positive and negative aspects, implicit and explicit forms of Ageism and are ageism on micro-, meso- and macro-levels included? Finally a new definition is proposed.

1.5.2 11-06-2012, 13:45-15:15, Room 3/4

Ageism vs. age coding: An examination of theoretical frameworks and analytical scopes
Associated Professor Clary Krekula
Karlstad University

Studies of ageism have held a prominent position within social gerontological research for some time. Extensive research in this area has revealed that the elderly are subjected to negative treatment within different areas of social life. These results are an important contribution to strengthening the position of elderly persons in society. However, in order to achieve a new order it is not enough simply to reveal the presence of ageism. Institutional transition and long-term measures based on analyses of the reasons for inequality are also necessary. That is, research is also needed that reveals those processes by which age based inequality is created. An important question is therefore to what extent the theoretical concepts we currently use also have the potential to reveal how this inequality is created and therewith also how it can be challenged. In this paper I make such a contribution through a discussion of the concepts of ageism and age coding, respectively. The analyzed material consists of four focus group interviews on age discrimination in Swedish working life, involving 14 women and 9 men between the ages of 24-61. Based on the material, I will argue that age based inequality can in particular be difficult to detect in part due to the limited debate on the phenomenon, and due to individuals’ shifting age positions over the life course. I further discuss the limitations of the concept of ageism in relation to analyses of processes taking place at an interaction level, as well as illustrate how the concept age coding can identify institutionalization of age inequality. The concepts have, as I argue, different roles in light of age based inequality and should therefore be viewed as complimentary.

1.5.3 11-06-2012, 13:45-15:15, Room 3/4

Ageism and discourse, the case of the category of older drivers
PhD Satu Heikinien
Linköping University

In this paper discourse analysis is used to analyse the presence of ageism in debates on ‘older drivers’ in Swedish transportation policy. ‘Older driver’ is a category which has been claimed to be stereotyped and subject to agent practices. However, little research has been made on analysing ageism in relation to ‘older drivers’ which means that the mechanisms beneath or even the occurrence of ageism can be disputed. The category of older drivers therefore seemed suitable as an empirical case in order to discuss the usefulness of discourse analysis in investigating ageism. More specifically, a discourse analytical framework based on Michel Foucault is utilized as an example in the paper.

The objective of the study is threefold: First to analyse the discursive construction of the category of older drivers, second to relate the construction of older drivers to questions of ageism and third to discuss some strengths and limitations of the discourse analytical framework in investigating ageism. The Foucaulitan framework of discourse analysis temporarily puts assumptions of ageism aside and can be used to focus empirically on how age functions as a basis of categorisations in society. The analysis shows how the category ‘older drivers’ is used in different contexts and how many practices simultaneously constitute the category. The analytical framework is also used to discuss the consequences of certain practices on older people as well as power relations between different social categories. The results are then evaluated with regard to age based power relations. The paper argues that in order to consider if certain practices or images are ageist it is important to highlight their relationship to cultural “figures of thoughts” e.g. the conception of the age graded normative life course where middle is most highly valued. Some strengths and limitations of the framework are then finally discussed.

1.5.4 11-06-2012, 13:45-15:15, Room 3/4

Ageism in the Nordic countries and Europe. Data from the European Social Survey
Mr Ivan Lima
Norwegian Social Research

(Abstract is not presented)

1.5.5 11-06-2012, 13:45-15:15, Room 3/4

Age discrimination in Norwegian working life.
Professor Per Erik Solem
Norwegian Social Research

Objectives: The paper explores the prevalence of age discrimination, the behavioural dimension of ageism, in working life; by job recruitment, at the workplace and by exit from working life. Methods and theories: The analyses are based on the general concept of ageism (Versen et al. 2009), and dimensions on ageism in working life (Furunes et al. 2008). Data are from the Norwegian for employed persons (N=1000 each year) and one for managers (N=750). Since age discrimination in working life is prohibited by law, it is not straightforward to establish the prevalence of age discrimination in working life. Results: By recruitment Norwegian managers tends to hesitate to call in applicants above an average age of 57,8 years for interview, 61,7 years in public sector and 56,9 year in the private sector. About one of five managers and one of four workers say that they at least occasionally have experienced that older workers are passed over for appointments and internal recruitment. By exit, age discrimination is not necessarily illegal, since Norway still stick to a mandatory retirement age of 70 years, or even at an earlier age if the pensable age in the company pension system are lower. Less than 30 per cent of workers are in favour of such legal age discrimination, while the majority of politicians, employers’ organisations and labour unions approve it. Conclusion: Managers in the public sector seem to be more interested in older workers and tends to discriminate less than in the private sector. Probably, the public sector is less attractive for younger workers and public managers may to a smaller extent afford to discriminate older workers. Older workers seem more attractive in the public sector, particularly in the municipalities.

1.6 The ethnic/migration lens: Expanding the gerontological imagination
Chair: Sandra Torres

1.6-1 11-06-2012, 13:45-15:15, Room 12

Not (just) ‘old’: Identity, migrantship, old age and the gerontological imagination
PhD Candidate Laura Machat-From
Linköping University

This presentation focuses on identity in old age as a field which can be expanded through the use of both social positions lens and, more specifically, an ethnicity/race lens. It first discusses the results of a review of literature on identity in old age which has explored the role that social positions (i.e. gender, ethnicity/race, class, (dis)ability, sexual orientation) have played in this body of research. Finding that all social positions but gender in fact largely have been neglected in this field thus far, it is argued that the inclusion of social positions in future research on identity in old age is key to advancing this field. Then, the presentation proceeds to present preliminary findings from a study of identity in old age that has incorporated an ethnicity/race perspective. The project in question focuses on identity negotiations in relation to old age and migrantship (i.e. ethnic otherness as the result of migration), exploring the intersection between the two. Empirical data consists of 24 individual interviews with 13 foreign-born men and 11 foreign-born women aged between 55 and 79 who have been living in Sweden for 18 to 61 years. With the help of both the review of previous research and the preliminary results from this study (which implements that which the review asks for), it is thus demonstrated how the gerontological imagination can be expanded by way of employing both a social positions lens and an ethnicity/race aware lens.

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Media representations of culture-appropriate care and of ethnic ‘Otherness’: a study of Swedish newspaper articles on elderly care

Professor Sandra Torres
Uppsala University

And: Researcher Jonas Lindblom
Mälardalen University

This presentation departs from a project that focuses on media representations of elderly care. The understandings of ethnic ‘Otherness’ that newspaper articles about elderly care that have focused on ethnicity, culture, migration, language and religion attest to is what is at the core of the presentation. Methodologically speaking, the project departs from content analysis of all articles published in a major daily newspaper in Sweden between 1995 and 2008 that have touched upon the issues in question (n=101). In this presentation we will focus on the theme that was most prominent in these articles, i.e. culture-appropriate representations, in order to shed light on the understandings of ethnic ‘Otherness’ that this particular debate exposed. The results show that culture-appropriate care is almost exclusively discussed by focusing on immigrants as care recipients, while the topic is only in exceptional cases viewed from the perspective of elderly care providers or the relatives of elderly care recipients (often referred to in the literature as informal caregivers). This means, among other things, that the implications of immigrants’ recruitment for elderly care recipients with an ethnic Swedish background were almost never discussed. The presentation will address the following questions: how is it possible to exclusively discuss culture-appropriate as an issue that only concerns immigrants as care recipients? What assumptions underlie this focus and the corresponding exclusion of other elderly care actors’ perspectives on culture-appropriate care? The presentation aims namely to problematize the way in which ethnic and culture seems to be understood in the public debate and the implications that these understandings may have for gerontological practice.

Transnational relationships in old age

PhD Candidate Satu J. Heikkinen
University of Turku
Co-author: Researcher Kirsi Lumm-Sandt

This presentation focuses on the older migrants transnational relationships. It is based on interview data of older migrants who have moved from the former Soviet Union to Finland. Interviewees have migrated in old age and they do not have any working history in the host country. The paper provides an analysis of how transnational connections as important social relationships are tightly connected with wellbeing in a host country. The interviewees give their accounts on relationships over the borders on explaining their position between two places; the society and social relationships in a former home country and in Finland. The findings suggest that studying how and why older migrants sustain their transnational relationships must also be considered in the respect of age. Transnational connections mean family affiliation, sharing emotions, larger social network and maintenance of agency especially to the interviewees who have poor language skills, the lack of know-how of the host society and few social contacts. Due to the age and frailty keeping on contacts over the borders often requires family members or other close relatives or friends to agent messages on behalf of them. According to the study transnational relationships play a great role in older migrants’ lives; phone calls, post cards, visits and waiting for those connections are a vital part of respondents’ everyday life. Transnational connections also give older people a sense of integration to the host society.

Understanding of social inequality in old age: how can the ethnic/ migration lens expand the gerontological imagination?

Professor Sandra Torres
Uppsala University

This presentation departs from two different approaches to social inequality (i.e. the one advocated by migration researchers and the one that is commonly taken for granted by social gerontologists) in order to problematize some of the assumptions that gerontology’s understanding of social inequality in old age take for granted. Through a focus on different types of older migrants this presentation aims also to nuance our understanding of how the social position known as migrantship affect people’s risks for inequality in old age. The point of departure is therefore that there are specific risks for social exclusion associated with the migratory life-course even if mechanisms of social exclusion are bound to work differently depending on the when, why and where surrounding the migratory life-course. The manner in which social exclusion is experienced by older migrants will depend, however, not only on the type of migration they have engaged in (e.g. international labor migrants, family-reunification migrants, amenity-seeking migrants and refugee) but also on the social positions (class, ethnicity and gender to name a few) from which they depart. By pointing toward the differences in conceptualizations of social exclusion that are characteristic of both, gerontological research and research in migration/ethnicity-related issues, this presentation will explore different solutions to the problem of social exclusion as well as different conceptualizations of what social integration is.

Social capital, neighbourhood and well-being of older adults

Chair: Tine Poulsen

PhD Fredrica Nyqvist
National Institute for Health and Welfare (THL)

Objectives: Although a relationship between social capital and health has been widely recognized, relatively few studies have focused on the association between social capital and health among older people. Social capital can be conceptualized as an individual resource residing in relationships between individuals or as a collective resource produced by coordinated actions by individuals in a neighbourhood, community or society. In this study we acknowledge its dual focus and assess the evidence for an association between area- and individual-level social capital and self-rated health.

Methods: Data were retrieved from a cross-sectional postal questionnaires conducted in 2010. The study included in total 6838 people aged 65-, 70-, 75-, and 80-years living in the Bothnia region of Finland and Sweden. The association between social capital and self-rated health were tested by multilevel logistic regression analyses. Four models were fitted in order to assess the impact of two individual-level social capital variables as well as two aggregated social capital variables at the municipal-level. Social capital was measured by two survey items: interpersonal trust and social participation.

Results: The results showed that municipal-level social capital did not contribute significantly to individual-level health. However, individual-level social capital including social participation and interpersonal trust were significantly associated with health.

Conclusions: We conclude that context such as municipality is less important in understanding the influence of social capital on health in socio-cultural homogenous communities in the Bothnia region of Finland and Sweden. To the extent that social capital influences health, our study shows that its possible effect resides in social participation and trust as possessed by individuals. We suggest that other ways of defining social capital at the collective level, such as the inclusion of neighbourhood social capital, could be one direction for future research.
How does the relationship between social capital and health change with age?

**Objectives:** The link between social capital and health has been well documented, yet we still have little understanding of how this relationship changes with age. This is an important consideration as we are experiencing increased longevity today. The objective of this paper was to examine whether the relationship between social capital and health among three aging cohorts (65-74, 75-84 and 85+ years) changes as people age.

**Method:** For this paper, Putnam’s definition of social capital was applied: “Features of social organization such as networks, norms, and social trust that facilitate coordination and cooperation for mutual benefit.” The analyses were based on data collected from a 2010 community health survey from 5 counties of South Eastern Pennsylvania. Standard linear regression model by each age group were carried out to test the relations among 5 social capital indicators (trust, neighbors help, sense of belonging, participation in groups, social network) and 3 health outcomes (self-rated health, activities of daily living (ADL), instrumental activities of daily living (IADL), and depressive symptoms). Standard socio-economic indicators were accounted for as covariates in the analyses.

**Results:** Different indicators of social capital indicators (except social networks) remained significant for health outcomes (except ADL). Findings suggest trust and sense of belonging are particularly important for health even into very old age. How age mediates this relationship will be further examined.

**Conclusions:** These results further our understanding of how the social environment impacts persons as they reach very old age and call for continued efforts to take the social environment into account when developing age-friendly environments.
poor targeting of people with complex health problems, lack of base line data, poor descriptions of the interventions and also poor basic evaluations knowledge/experiences. This reflects a culture, where the development of services and care, primarily is based on local traditions and praxis, rather than scientific knowledge.

S2.1-2  12-06-2012, 08:30-10:00, Plenum B10
The care of frail older people in Iceland

Associate professor Sigurveig H. Sigurdardottir
University of Iceland

Iceland, as a nation, is rather young compared to most other European countries but the trend is towards an older population. The population of Iceland is 319,000, of whom 12% are 65 years of age and older. In the last 30 years many changes have taken place concerning the care of older people. A special Act on the Affairs of the Elderly was implemented in Iceland in 1982 with the purpose to ensure that older people should have access to health care and social services and to guarantee older people the possibility to enjoy a normal domestic life as long as possible. Despite this purpose the ideological shift from institutional to home care occurred later in Iceland than in other Nordic countries and the care model is considered more medical than social. The ageing in place ideology has met many obstacles. Due to more stringent assessment regulations for admission to Nursing Homes the waiting lists have become shorter the recent years but it is debated if too frail older people are staying at home, without adequate formal services. The state has been responsible for the expenses of institutional care and the Home Health Care but, the municipalities have provided and paid for Home Help and other community services. The plan is that municipalities take over all the services for older people. This expanding coordination of domestic services for older people is expected to result in better quality of services and to increase the possibility for them to live longer in their own homes. In the presentation the future challenge in care of frail older people in Iceland will be discussed.

S2.1-3  12-06-2012, 08:30-10:00, Plenum B10
Policy, practice and research in Denmark on care for older people with complex problems

Professor Eglí Boll Hansen
AKeF, Danish Institute of Governmental Research

The provision for care of older people in Denmark has for many years been the responsibility of the municipalities. The field of care is regulated through national legislation, but there is much free scope for the municipalities to decide the structure, the composition and the quality of publicly financed care for older people. There are general trends in the Danish municipalities’ provision of care, but at the same time local arrangements and innovative practice are observed. This presentation will assess the overall situation and tendencies with respect to care for older people with complex problems. The general tendencies in residential care and home care will be described as well as political initiatives at the national level concerning the development of care for older people. E.g. a national action plan on dementia has been formulated, a commission on quality of life and self determination in residential care will finish its work in the spring of 2012, and the formulation of a national action plan on frail older patients suffering from chronic conditions and often with multi-morbidity is decided. At the municipal level focus seems to be on testing and implementing new welfare technology and on re-ablement of home care recipients. The presentation will give examples of experience from innovative ways of providing care to older people with a special focus on older people with complex problems. The presentation will assess the situation with respect to research in Denmark on care for older people.

S2.1-4  12-06-2012, 08:30-10:00, Plenum B10
Policy, research and practice in the services for frail elderly people in Finland

MD, PhD Matti Mäkelä
National Institute for Health and Welfare
Co-authors: MD, PhD Harriet Finner-Sovet PhD Anja Norgren

The active policy initiatives concerning services for elderly people in Finland are primarily population-oriented, and not specifically directed towards frail people. The most important policy tool is expected to be a right to services identified by a universal needs assessment, currently under legislation. A national program for dealing with memory problems is being developed. No national projects or practices directed specifically towards frail elderly people have been identified in Finland. In this context, the most important intervention research has shown the effectiveness of a multicomponent intervention program for with a family care coordinator for patients with dementia and delirium. Not only policy but also the research into services actually provided to frail elderly people has been population-oriented. An important input has been research into the proximity to death as a determinant of health care use: the last two years of life is the period with the highest need for intensive health care, with important variations by age, gender and municipality. Also, public statistics show a consistent downward trend of acute hospital episodes. Thus, aging in itself does not indicate an increased need for high-intensity health care. Various identifiers of frailty can be used in the population of long-term care (LTC) and home care (HC) clients of the participants of the Finnish RAI benchmarking network, covering about 30% of the Finnish LTC and HC clients. There are large differences in local policies on the provision of HC services to frail and very frail persons, leading to variations in the distribution of frailty among HC clients. Also, in most communities, the setting of care for frail and very frail persons is not systematically determined by frailty levels, and the frailty distributions among clients in various settings of HC and LTC indicate room for policy alternatives.

S2.2 Provision of assistive technology to support cognitive functioning in persons with dementia, and to reduce the care burden for family carers

Chair: Torhild Holthe

S2.2-1  12-06-2012, 08:30-10:00, Plenum B11
The importance of Nordic collaboration in the area of dementia and welfare technology

Ocational Therapist, Project Coordinator Ingelet Månsen
The Swedish Institute of Assistive Technology

There are many advantages with Nordic collaboration for institutions and organizations supporting persons with dementia and their families. In the Nordic countries there are a number of interesting research and development projects and knowledge exchange. Some of the Nordic countries have managed to develop their own knowledge exchange, while some Nordic countries have benefited from international knowledge exchange. The Nordic countries’ increased interest in collaborative knowledge exchange is partly due to the fact that persons with dementia and their families are often more willing to participate in international knowledge exchange than in national knowledge exchange. The Nordic countries’ increased interest in collaborative knowledge exchange is partly due to the fact that persons with dementia and their families are often more willing to participate in international knowledge exchange than in national knowledge exchange.

S2.2-2  12-06-2012, 08:30-10:00, Plenum B11
The coordination reform* in Norway - a step forward or backward for the elderly patient?

Professor Tor Inge Romoren
Gjøvik University College

The Norwegian “Coordination Reform” was presented in 2009 and implemented from January 2012. It aims at reducing the demand for hospital admissions, especially among the elderly and chronically ill. This is one of several policy measures to maintain sustainable welfare services through the demographic changes in the decades to come. Other measures are a revised pension system and a de-institutionalized eldercare. The Coordination Reform is has much in common with recent changes in Danish health care. In Norway, two measures are implemented to reduce hospitalization of elderly people: a new payment system for hospital stays and development of intermediate care facilities in the communities. In Norway the hospital sector is run on national level, primary health and long-term care on the municipal level. From 2012 the municipalities will have to pay part of the costs of in- and outpatient services for all medical cases referred to hospitals. In addition, all hospital costs for patients ready for discharge must be paid for if they are not transferred immediately to primary health care. In addition, before 2016 all Norwegian municipalities are obliged to develop acute beds for admission of patients not in need of specialised hospital services. Through economical incentives and a widened responsibility for acute care the municipalities are expected to take over the responsibility for a larger part of elderly and chronic ill people, expected “to get better acute services closer to where they live”. Ideally this may sound like an improvement of services for these patient groups. However, many of Norway’s 430 municipalities are small and remote, a fact that may make the recruitment of competent personnel to give hospital-like health care difficult, and hence lead to low quality services for the targeted patient groups. This presentation will give more details about the background and means of the reform and analyze experiences from the first stage of its implementation.
In order to include the person with dementia, their family carer and the data collector in the mutual learning process about use, benefit and significance of AT device. Interviews, observation and film were used as data collection methods. Several dilemmas occurred during the study, and three of them will be presented: 1) identifying user needs reveal problems and helplessness. The user needs analysis necessarily included both investigating problems and needs. This may easily be perceived as problem-focused and negative for the participants. 2) AT’s potential to support the person with dementia. A device could promote the users independence, i.e. a simple remote TV-control may enable turning on and off TV and select a preferred channel. However, as the dementia deteriorates, a growing need for verbal instructions from the carer may occur. Something being a release may suddenly become a burden. 3) AT’s potential to support the family carer. The AT used showed a potential to support the family carer, by reducing repeated questions, facilitating locating lost objects and supporting safety and security in the home. However, use of AT on a regular basis required engagement and commitment from the family carers. More research and more empirical data are necessary for learning more about use, benefit and significance of AT to persons with dementia and their carers.

Adaptation and assistive technology are essential elements in rehabilitation of persons with dementia. Presentation of themes from a new book about (2012) rehabilitation and dementia

Ocational Therapist MSc Lilly Jensen
Danish Centre for Assistive Technology

Objectives of the book about rehabilitation of persons with dementia are to demonstrate to professionals and students, that people with dementia can go on with their activities and social participation longer than normally expected, when an individual and targeted rehabilitation is implemented.

The methods to do this is through research from and from practice to demonstrate, that there in many aspects is evidence for starting relevant rehabilitation for people with dementia through all stages of the disease. In this rehabilitation process focus on adaptation and assistive technology together with personal aspects are essential elements in rehabilitation. The theories which are the fundament for the presentations in the book of rehabilitation of people with dementia are the approach to health given in the International Classification of Function and Health from WHO (ICF) and the first Danish definition and understanding of rehabilitation, described by a group of handicap societies and organisations from the official Denmark and professions in the rehabilitation area 2004. The results given in the book for rehabilitation of people with dementia show that there are many ways to adapt the personal surroundings and that there are many possibilities to use individual adjusted assistive technology for maintaining the daily activities, participation and inclusion.

Conclusion for the information given in the book is that it is important to elaborate individuel rehabilitation plans for people with dementia, which examples demonstrate though the book. Further more the authors conclude, that it is important to focus on rehabilitation and dementia, which is enhancing quality of life for people with dementia and their relatives, and which seems to minimize the expenses in the area of dementia.
S2.3 Ageing in small rural communities: Dilemmas for western countries
Chair: Jeni Warburton
S2.3-1 12-06-2012, 08:30-10:00, Room 2
Marginalized or Aging-Well?
Discourses on rural ageing in Canada
Professor Norah Keating
Department of Human Ecology, University of Alberta
Publications on rural ageing in Canada over the past 20 years reflect two lenses in rural ageing. The ‘marginalization’ lens is on older adults who are at risk because they lack personal or community resources to meet their needs. This body of research is particularly important in highlighting the needs of vulnerable older adults. In contrast, the ‘aging-well’ lens focuses on the contributions of older adults to their families and communities, and their ongoing engagement in creating their relationships to others and to their rural settings. In this presentation, Professor Keating will discuss the state of knowledge of both marginalization and aging-well across the diversity of Canadian rural settings and the communities in which they live, highlighting particular challenges in countries with severe climates, low density populations and great distances.

S2.3-2 12-06-2012, 08:30-10:00, Room 2
Single older men in rural Sweden: Norms of masculinity
Dr Magnus Nilsson
Kartla University
In this paper we focus on older men in rural areas who have remained unmarried and childless throughout their lives. The rural context has consequences for the ways that gender structures the lives of people throughout the life course, both materially and socially. Norms of masculinity remain strong in rural areas, and socially. Norms of masculinity remain strong in rural areas, and are less common for deviations than in urban areas. This is not least connected to the scarcity of meeting places, and above all to that of alternative spaces. Despite this, studies of rural masculinity have to a little extent explored the importance of age and ageing for the ways that masculinity is lived and articulated in rural areas. In this study, we explore the ways that unmarried and childless older men talk about relationships and childishness in relation to norms of masculinity and heterosexuality, notions of ageing, growing old and approaching death.

S2.3-3 12-06-2012, 08:30-10:00, Room 2
Multiple disadvantage and social cohesion: a challenge for rural elders?
Professor Vanessa Burholt
Centre for Innovative Ageing, Swansea University
Social deprivation and poverty can create a class of secondary citizenry confined to subordination as well as social and political exclusion. Szalai (2008) has noted how “such a fault line in civil society might deeply endanger social cohesion.” However, the debate on the link between multiple disadvantage and social cohesion in the UK is usually confined to discourse on inner cities, youth (disengaged, alienated, consumerist) culture, immigration or ethnic diversity. The recent riots (summer 2011) in the cities of London, Birmingham, Liverpool, Manchester and Bristol were used by the media to illustrate these fault-lines in society. However, in this paper Professor Burholt demonstrates that the link between multiple disadvantage and social cohesion extends beyond these populations and is also observed in relatively ethnically homogeneous rural areas of England and Wales and experienced by older people. Furthermore, she demonstrates that in rural areas this relationship can be mediated by elements of social capital: local concerns, institutional trust, civic participation and social belonging. As many of the factors that impact on social cohesion are amenable to intervention, these findings provide challenges for policy makers and service providers in promoting community cohesion for rural elders.

S2.3-4 12-06-2012, 08:30-10:00, Room 2
Rapidly growing grey: local governance responses to social participation for going rural populations
Dr Rachel Winterton
John Richards Initiative, La Trobe University
Many rural communities are struggling to provide a range of services to support active involvement and social participation for their older residents. There is thus a need to explore how rural communities manage the challenges associated with local ageing populations, particularly in regard to the growing diversity of these communities. From an Australian perspective, this paper aims to explore and identify effective models and approaches that best meet the needs of local older residents in terms of social participation, and the agencies that support them.

S2.3-5 12-06-2012, 08:30-10:00, Room 2
Construction of ageing in the Faeroe Island
PhD Student Asa Røn
NiSAL, Linköping university/University of the Faeroe island
This is a presentation of a doctoral project in which discourse analyses are carried out on official documents as regards how older people and ageing are represented, and compared with older people’s representations of their own ageing in interviews. The study has a strong rural component since it is carried out in the Faroe islands which is a rural archipelago where people live on islands, in villages and a few towns.

S2.4 Life course in a cultural and psychological perspective
Chair: Christine Swane
S2.4-1 12-06-2012, 08:30-10:00, Room 3/4
Everyday interpretations of age and the course of life - reading age-diaries of middle-aged and aging persons
PhD Maria Saarenheim
The Central union for the welfare of the aged
Age and aging are intricate concerns of many people in third age or approaching it. Yet, people don’t necessarily think very often purposely about their age or their position in the course of life. Rather, these themes occur incidentally and often unexpectedly in the midst of everyday chores and social situations. The purpose of this study is to examine everyday interpretations given to age, aging and life-course by middle-aged and aging persons. The data consists of 39 age-diaries kept by ordinary aging people. An invitation to the study was published in a national daily newspaper and in the web-site of “Life-course and generations” project. 19 persons responded; 39 of them between 52 and 84 years. So far, 18 diaries have been returned, and these constitute the data analyzed in this paper. The time frame of the diaries was one month, and most of the 18 participants made entries daily. The entries were analyzed thematically and using discourse analytic tools, such as subject position and discourse. In general, the participants were astonished at the great amount of entries. Age and aging were thought of more often than they had anticipated. The themes of entries varied depending on the life situation of the participant. Not surprisingly, the most common discourses dealt with health, appearance, and what behavior is or is not appropriate for a person in their age or for an aging person in general. Age was used to legitimate and explain one’s behavior and experiences. Comparisons with peers and representatives of other generations were also made frequently.

S2.4-2 12-06-2012, 08:30-10:00, Room 3/4
Nursing home residents’ relationship with nature - past and present
MPK, PhD Eva Algreen-Petersen
Municipality of Copenhagen
Getting old and moving into a nursing home is a change associated with a break-up compared to the previous life. A part of life that is in risk of being exposed to such a break-up is the relationship to nature. From research it is known that very few nursing home residents are able to get outside without assistance from staff or...
relatives, and that they do not get out in nature to the extent they wish. This presentation is about an action research project where researcher together with residents, relatives, and staff in a nursing home in Copenhagen explored the possibilities for changing these facts. The purpose of the project was to bring nature and outdoor life into the everyday life of the nursing home. Interviews made in the preparation phase of the project showed that relations to nature are diverse and are the dreams of an outdoor life in a nursing home. What the interviewees had in common were ideas of how to make the outdoor facilities attractive. Accepting that their abilities to e.g. working in the garden had changed, they still found it useful to participate in the project. Details of the project can be found in Buskerud University College

2.4 SYMPOSIUM
residents’ participation in the research process. Participants worked in preparation workshops where their expertise about the everyday outdoor life and their wishes for a better future were expressed.

Results: In addition to the local changes the study brings results of common research interest. The action research made it possible for the residents to build common scenarios of outdoor life based on their diverse relations to nature during their life.

2.4-4 12-06-2012, 08:30-10:00, Room 3/4
36.500+ days - everyday life of centenarians
PhD Christine E. Svané
EGV Foundation

Images of centenarians split between categorisations like “success fully aged” and persons whose “life stands still” due to mental and physical frailty. The aim of this research is to develop our understanding of very old people’s everyday life experience. In this paper the present here-and-now is reflected through the life course, i.e. what sociologist Alfred Schutz calls the biographical situation. Everyday life of centenarians is represented through qualitative interviews with 18 centenarians, four men and 14 women. The participants were selected from the Danish centenarian cohort 1995-96 at the time of a medical follow up study at the age of 101.5 years. Two centenarians lived alone, one with a spouse, two with a daughter and son-in-law, five in care facilities, eight in nursing homes. Mentally the participants are relatively well to well-functioning, with great variety in terms of physical resources. In 15 cases also the closest relative of the centenarian was interviewed and in 14 cases the contact person from health care services. Different interpretations and experiences related to ageing and the life course are discussed. According to a nurse, who is the primary caregiver of a lady who lives in a nursing home, the lady’s life is an example of successful ageing. Living her life like this, she wouldn’t mind to reach the age of a hundred years herself. On the other hand the lady’s closest relative, a niece, finds the old lady to be unhappy about her life in the nursing home and that she is ‘not stimulated at all’. Whereas the lady herself describes how difficult it is to become so incapable, but how she loves to sit by herself and sleep in a chair in the sun. The interviews with the centenarians show that, despite various levels of frailty, they reflect complex aspects and experiences of ageing in their everyday life. The presentation touches upon ways of attaching meaning to the structure and processes of everyday life, according to interests earlier in life.

2.5 Measuring outcomes of long-term care: Experiences from Europe
Chair: Tine Rootgaard

2.5-1 12-06-2012, 08:30-10:00, Room 12
Measuring outcomes and improving quality in English care homes
Professor Ann Netten
University of Kent at Canterbury
Co-authors:
Research Officer Ann-Marie Towers
Research Officer Nick Smith
Dr Julie Beadle-Brown

There is increased policy emphasis on outcomes, but how do we identify these and then use this information to improve outcomes for individuals? In England the Adult Social Care Outcome Toolkit (ASCOT) measure has been developed with the objective of being able to compare social care outcomes across a wide range of services. It measures social care related quality of life (KQOLA) across eight domains and innovative approaches have been developed to establish the impact of service interventions in the absence of costly and demanding research designs. The toolkit includes a multipurpose approach to establishing outcomes in care homes, which has attracted widespread interest.
Follow-up work has developed a model for, and identified relationships between, workforce characteristics and qualifications and outcomes for residents. Further work is currently building on this to develop an approach to improving quality of care by providing a range of tools to understand resident experiences, where problems in delivering outcomes might lie, and how these might be addressed. The presentation will describe the basis for the ASCOT measure, the methods used and results from a study of 300 residents of residential care homes for older people. We will describe the model of expected relationships between workforce and institutional characteristics and outcomes and current progress in developing the approach to improving quality.

2.5-2 12-06-2012, 08:30-10:00, Room 12
Measuring outcomes of home care - Experiences from the Austrian Home Visit and Counselling Programme
Dr Birgith Trukeschitz
Vienna University of Economics and Business
Co-author: Professor Ulrike Schneider

Measuring outcomes of social care services for people in later life is a topic of perennial interest. Not only demographic changes but also dwindling public resources strongly urges for unravelling the impact these services have on frail elderly people. However, in Austria 70% of all people in approved need of care do not use any long-term care services. They rely on help solely from kin and kin.
A current Austrian research project deals with measuring outcomes of domiciliary care and informal care. This project builds on the ASCOT-concept and methodological approach to measuring care outcomes and connects to recent research in England. Our project reports on experiences of the Austrian approach of measuring care outcomes in private households and the challenges of capturing the effects of informal care. Our data of the pilot study consists of approx. 1,000 LTC cash benefit recipients visited in the course of the Austrian Home Visit and Counselling Programme by 38 registered nurses who collected the data. Applying multivariate regression analysis we will investigate the determinants of outcome of long-term care in private households in Austria.
S2.6 Sarcopenia

Chair: Anette Hylen Ranhoff

Sarcopenia in hip fracture patients

MD Ole Martin Steinhaug
Haraldsplass hospital
Co-author: Professor MD Anette Hylen Ranhoff
Kavli Research Center for Ageing and Dementia

Background: Hip fractures frequently occur in the elderly population with dramatic consequences for mobility, independence and life. Sarcopenia is the age related syndrome of reduced muscle mass and strength and/or physical function, according to the European Working Group on Sarcopenia 2010 definition. There are no known studies examining the relationship between sarcopenia, using the newer consensus definition, and outcomes one year after hip fracture.

Aim: 1. To determine whether bioelectric impedance (BIA) can measure skeletal muscle mass in hip fracture patients compared to dual emission spectroscopy (DXA), and develop new algorithms for determining skeletal muscle mass. 2. To study sarcopenia as a predictor for reduced mobility, dependency in activities of daily living, place of residence, and mortality after one year. Our primary hypothesis is that sarcopenia at hospitalisation predicts impaired mobility one year after hip fracture.

Methods: Hip fracture patients, 65+ years admitted for surgical repair are subjects for inclusion. Eligible patients are able and willing to give informed consent, medically stable and have a remaining life expectancy of more than 3 months. Exclusion criteria are moderate cognitive impairment, not being able to walk without human assistance, or being a permanent resident of a nursing home. Information about health and function pre-fracture is obtained by structured interview with patient and proxy, including the New Mobility Score, Barthel index, IQCODE, Charlson co-morbidity index, number and type of medications and a dietary assessment. Type of fracture and surgical repair, bodyweight, height, arm muscle circumference, BIA, knee extension of the non fractured hip, grip strength, serum 25-OH-cholecalciferol (vitamin D), routine blood, complications, place of discharge admission and discharge medications are also recorded. At three months a new assessment is including weight, grip strength, knee extension, BIA and DXA of bone mineral density and appendicular lean mass. One-year data is collected by a telephone interview. New mobility score is the primary outcome, while place of residence, new fractures, new acute hospitalisations of any cause and mortality are secondary outcomes.

Conclusions: Preliminary results will be presented at the symposium.
The questionnaire includes questions about health and life style used by the national and regional health surveys in Norway (the CONOR questions). Since VO2max correlates well with average racing speed and ranking, we use average racing speed obtained from the race results as a surrogate measure for physical capacity. In this part of the study we analyse longitudinal variation in physical capacity for selected participants where such data are available for more than 10 race participations.

Results: In the 2009 race average finishing time for the study participants was 4:37:02 (SD 0:51:00, range 3:16:18 - 9:00:08). Average speed at different ages for five selected subjects; one healthy woman and four men, of which three are healthy and one underwent cardiac surgery at the age of 61 years, show only small variations in average speed from year to year for each individual. For the male with the best physical capacity (highest speed), a decline started when he was 70 years old, while a decline is seen from between 75 and 80 years for the two oldest males. For the female participant and the male who had cardiac surgery, average speeds are stable over time, but they are still not over the age of 70 years.

Results from more participants will be shown. Conclusion: It is possible to maintain physical capacity to the age of 70-80 years by regular endurance training, and thereby counteract sarcopenia.

S2.6-5 12-06-2012, 08:30-10:00, Room 13

How far is it possible to counteract sarcopenia?

MD Marius Myrstad
Dialonhjemmet sykehus
Co-author: Professor MD Anette Hylén Ranhof
Kavli Research Center for Ageing and Dementia

Background and aim: Studies of the effect of long-term endurance training in preventing frailty are scarce, but since the maintenance of skeletal muscle mass is dependent on activity components, there are reasons to believe that endurance training can counteract sarcopenia and frailty in the same way as resistance training which is much better studied. The aim is to study longitudinal variation by age in physical capacity in older still active skiers, participating in the Birkebeiner cross-country ski race of 54 km and difference in altitude of 1000 meters.

Methods: The Birkebeiner Aging study is a study of health and life style self-reported by postal questionnaire. It has a cross-sectional as well as longitudinal design. In the cross-sectional part the participants will be compared with age-matched participants in Norwegian health surveys. 350 participants in the Birkebeiner cross-country ski race who are 65+ years are included from the 2009 and 2010 races.

The recent proposed research criteria on Alzheimer’s disease (Dubois et al 2010) put great emphasis on biological markers. The proposed markers are volumetry on MRI (or CT) of the brain, liquor analysis of amyloid beta and tau and PET scans. EEG is not stated as a reliable marker for Alzheimer’s disease (AD) in these proposed criteria. There is however a renewed interest in this old and simple technique and it is now evaluated as a possible biological marker for AD in line with the validated methods which are either invasive or complicated and expensive.

History: EEG was already proposed in 1932 as a possible diagnostic marker for AD. It was however found to have limited value for diagnosis. In the 1980’s, the possibility of quantifying the EEG by the use of computers created again an interest in this method. In a meta-analysis of 46 articles published 1980-2008 (Jelic and Kowalski 2009) the conclusion part of the routine clinical dementia work-up. Previously the most important was to exclude secondary causes of cognitive impairment but this has changed last years. Today the new diagnostic criteria for Alzheimer’s disease require a morphological MRI scan since evidence for medial temporal lobe atrophy is one of the necessary requirements for the disease. Methods to estimate or calculate the size of relevant brain structures have been developed lately. The goal is to have reliable fast calculation algorithms implemented in the routine scanning procedures. Another important issue is to judge the extent of changes in the white matter. The diagnostic of vascular cognitive impairment and dementia relies on the presence of white matter changes.

Methods: We have used visual ratings of medial temporal lobe atrophy on large samples (ADNI and AddNeuroMed) and compared that with fully automatic volumetric methods. Visual ratings of MTA in a large population based sample (SNACk) have also been performed. This cohort consists of 550 people randomly selected from a large population in central Stockholm.

We are also currently developing similar methods for cranial computed tomography.

Results: We found similar accuracy values comparing visual rating and automated volume calculations in the AddNeuroMed cohort. When comparing the results from the SNACk sample we observed that the visual rating of MTA well correlated to mean hippocampus volumes.

Conclusions: We have shown that automated volumetric methods for regional brain atrophy are as accurate as visual rating. Moreover, we present reference values of hippocampus volumes based on randomly selected subjects in ages aged from 66 to 85+.

S3.1 Dementia diagnostics in memory clinics in the Nordic and Baltic countries

Chair: Anette Hylén Ranhof

S3.1-1 12-06-2012, 16:00-17:30, Plenum 8/10

Enhancing dementia research by harmonizing the dementia work-up in the Nordic countries

Coordinator NIDD Anne Rita Oksengård
Karolinska University Hospital

Background: Dementia is one of the most common mental diseases. It increases dramatically with the aging of the Nordic population. At the same time, even younger persons are being diagnosed with dementia. Early diagnostics is crucial, but unfortunately the actual causes of dementia are discovered far too late in the disease process.

Method: The Nordic Network in Dementia Diagnostics (NIDD) consisting of a multidisciplinary consortium of nine research groups from five Nordic countries and Lithuania and funded by NordForsk aims to harmonize diagnostic working methods for dementia, and contribute to earlier and enhanced diagnostics.

Results: Based on a common diagnostic protocol and consensus in how to interpret the clinical information, several validation projects on diagnostics methods that are relatively reasonable in cost are carried out. The use of this protocol may contribute to enhancing the understanding and lead to a quality assurance of the dementia diagnostics. The network also focuses on recruiting PhD students and transferring the achieved new knowledge about dementia diagnostics. All participant groups are involved in the publishing of the results.

Conclusion: The potential for Nordic synergy in such research is considered to be great. The Nordic countries are often markets with too small a potential individually for the pharmaceutical industry to finance trials of new types of treatment. A closer Nordic collaboration in the development of improved methods might generate an earlier access to treatment of dementia and a better quality of life for persons with the dementia diagnosis and their caregivers.

S3.1-2 12-06-2012, 16:00-17:30, Plenum 8/10

Quantitative Electroencephalography (qEEG) in dementia diagnostics

Ass. Professor Jon Snaedal
Landspitali University Hospital

Introduction: The recently proposed research criteria on Alzheimer’s disease (Dubois et al) put great emphasis on biological markers. The proposed markers are volumetry on MRI (or CT) of the brain, liquor analysis of amyloid beta and tau and PET scans. EEG is not stated as a reliable marker for Alzheimer’s disease (AD) in these proposed criteria. There is however a renewed interest in this old and simple technique and it is now evaluated as a possible biological marker for AD in line with the validated methods which are either invasive or complicated and expensive.

History: EEG was already proposed in 1932 as a possible diagnostic marker for AD. It was however found to have limited value for diagnosis. In the 1980’s, the possibility of quantifying the EEG by the use of computers created again an interest in this method. In a meta-analysis of 46 articles published 1980-2008 (Jelic and Kowalski 2009) the conclusion methods are carried out. The use of this protocol may contribute to earlier and enhanced diagnostics.

Conclusions: We have shown that automated volumetric methods for regional brain atrophy are as accurate as visual rating. Moreover, we present reference values of hippocampus volumes based on randomly selected subjects in ages aged from 66 to 85+.

S3.1-3 12-06-2012, 16:00-17:30, Plenum 8/10

Neuroimaging in dementia work-up: Volumetric measurements of brain regions using MRI

Professor Lars-Olof Wahlund
Karolinska Institutet

Background: Structural imaging of the brain is one significant
however was that the evidence of diagnostic utility of resting EEG in dementia and MCI is still not sufficient to establish this investigation in initial assessment battery of a patient with cognitive impairment.

Current research: Using a dataset of a great number of EEG registrations, it is possible to classify a single EEG registration into one of many groups of diseases or of “normal state” using contemporary statistical methods (Statistical Pattern Recognition). This method has been evaluated in a project in Ireland. The diagnostic accuracy seems to be similar to the biologic methods that now are being proposed for diagnostic purposes. The method is now being validated in a project of the Nordic Network for Dementia Diagnostics (NDDO) with the participation of seven different Memory Clinics.

Although health and social care services for patients with dementia are available in Estonia and Lithuania, geographical distribution of services exists, making lower accessibility in rural areas. Another important issue addressed by the specialists is low awareness towards memory impairment in society, which delays early diagnosis.

Memory Assessment in the Baltic States

Jurate Macijauskiene
Lithuanian University of Health Sciences
Co-author:
K Saks
Tartu University

All three Baltic States (BS) are similar geographically, undergone health care reforms through the last two decades after regaining independence, and face the aging phenomena challenging health and care systems. Memory complaints become special problem to be addressed with the demographic projections of increasing numbers of older adults.

The situation on the assessment of persons with the memory impairment and dementia symptoms in BS was assessed via survey aiming to reveal the similarities and differences.

Exact numbers of dementia cases are not known since there are no epidemiological studies or national register on dementia in BS. Guidelines for diagnosing dementia are established by Health Insurance Fund in Estonia and by Ministry of Health in Lithuania. General practitioners in Estonia can make a diagnosis of advanced dementia, referring to specialists only those with mild cognitive impairment and early stages of dementia. Memory clinics do not exist in the BS, although there are centres specializing in the memory assessment.

Physical and neurological examinations are obligatory in Estonia and Lithuania, as Mini Mental State Examination test. The other tests for cognitive performance are optional, and are used depending on the case and on the established practice in certain institutions. Different scales on activities of daily living (ADL) are used in Estonia; Lithuania has accepted Blessed scale as a key scale for ADL. Laboratory tests are obligatory, but differences exist in number of obligatory tests - Lithuania has longer list. Head computer tomography is obligatory in both countries, and other instrumental and neuropsychological investigations are optional. When the diagnosis of Alzheimer’s disease is established, anticholinesterase inhibitors and NMDA inhibitors are available and in Estonia and Lithuania, yet reimbursement systems are different.

Depression is common in dementia. It may be the first symptom of dementia, but can be present at any stage of the disorder. About 30% to 40% of the patients referred to a memory clinic today are depressed. It is presumed that about 50% of the patients with dementia will suffer from depression during the course of the disorder, to a greater or lesser extent. The persistence rate of depression among cognitively impaired patients varies a lot in different studies (33 to 58%).

In most depression scales depression are used to define depression, and diagnoses are seldom made. Even though depression in dementia is common, it is often not diagnosed and treated. The symptoms of depression in those with and without dementia are mostly the same, but not always pronounced as in those without dementia. Some symptoms overlap with dementia. A psychiatric assessment of the patient referred to a memory clinic is seldom possible, but evaluation scales are shown to be useful. Which scales best suited depend upon the degree of cognitive impairment. Few scales are specifically designed for use in dementia, but some scales may nevertheless be suitable in the earlier stages of dementia. Some scales are based upon self-reporting (e.g. the Geriatric Depression Scale), others are based upon an interview with the patients (e.g. the Hamilton Scale and the MADRS) or the caregivers (e.g. the Cornell Scale).

The two most commonly used depression scales in memory clinics in the Nordic countries are the Cornell Scale and the MADRS. Antidepressants seem to be less effective in patients with depression in dementia than in patients without dementia. They should not be the first choice of treatment, but be reserved for more severe cases, and for depressions that do not improve within few months. Psychosocial interventions should be the first choice, at least in cases with depression of milder degree. Electroconvulsive therapy (ECT) should be considered in refractory severe depression.

Conclusions:

There is a trade-off between different functions of needs assessment in elderly care. The pros and cons of different systems are discussed.
S3.2-3 12-06-2012, 16:00-17:30; Plenum 9/11

Home care allocation in Norway. Negotiation and distribution of responsibilities

Research Fellow/PhD Student Helene Alsayy
NOVA: Norwegian Social Research
Co-author:
Research Director Mia Vaba

Background: This paper focuses on complexities associated with needs assessment in home care. As home care is characterized by overlapping responsibilities between formal and informal care, it is of vital importance to recognize that the process of needs assessment will always be discretionary, interactive and negotiated. Attention is paid to the ways in which needs are assessed and addressed both in the initial stage when older people first need care and later as needs change.

Aims: To identify different allocation routines within different organizational home care arrangements and to explore how different routines influence the way home care staff and service users come to an agreement about needs and distribution of responsibilities.

Theory: The analysis is informed by the negotiated order theory (Struys 1978) presuming that both the structural context and the negotiation context are explored.

Methods: Case studies based on: (1) participant observations of daily routines, (2) interviews and informal talks with care recipients’ families, managers and staff on different levels, (3) analysis of institutional documents, assignments, citizens charters etc.

Results: The negotiation context of home care is influenced by new organizational arrangements e.g. by narrowing the options for negotiation or by limiting the number of issues possible to negotiate. However, new informal arenas of negotiation and the established epistemic culture of home care continue to mediate day today decisions.

Conclusion: The paper highlights the dynamic and contingent aspect of needs assessment and thereby demonstrates that service allocation is not just about ‘clear entitlements’ and ‘fixed standards’. Service allocation is filtered through the expectation of both service staff and citizens and is mediated by time constraints, staff-citizen continuity etc. The paper contributes to ongoing debates about the protection of the most vulnerable old.

S3.2-4 12-06-2012, 16:00-17:30; Plenum 9/11

Requests and outcomes in care management. Processing older persons as clients in elderly care.

PhD Assistant Professor Anna Olaison
Linköping University

Objectives: There are few studies in elderly care today that cast light on the micro-processes of needs assessment, i.e., what efforts the introduction of care management has had on elderly care with regard to handling the allocation of resources. In these processes, there are central questions about what scope exists in the treatment of older persons’ requests for services in the assessment situation itself, and what is transferred from assessment conversations to case-file texts. This practice is important to study from a perspective of welfare policy as a research gap exists in how the intentions of the so-called care management model are being applied in practice. The focus of this presentation is thus directed towards how older persons’ descriptions of care needs become the basis for institutional assessments and what happens in the assessment process in the transfer of talk to text.

Methods and theories: The data for this study is comprised of twenty cases from three Swedish municipalities. The material consists of tape-recorded assessment conversations and associated case-file texts. The research questions originate from theories of marketization of welfare services and communication as a central part of people processing.

Results: The findings point to the fact that cases that can be regarded as simpler has a more direct “recontextualization” of older persons’ requests in the processing of older persons and their needs. In the cases that are more complex, it is more obvious that requests are negotiated away, added or renegotiated and repackaged to fit within the framework of a publicly defined problem relative to the municipality’s supply of social services.

Conclusions: Managerial thinking has had a certain impact on the care management process. The presentation will contribute to the debate on resource allocation of welfare services and how institutional categorization is used within care management in order to create older persons as clients in gerontological social work.

S3.2-5 12-06-2012, 16:00-17:30, Plenum 9/11

Understanding of cross-cultural interaction and ethnic ‘otherness’ as challenges for need assessment practice: results from a focus group study with Swedish need assessors

PhD Emilia Forsell
Ersta Sköndal University College
Co-authors: PhD Assistant Professor Anna Olaison
Linköping University
Professor Sandra Torres
Linköping University

Objectives: This presentation departs from a project that aims to shed light on the understandings of cross-cultural interaction and ethnic ‘Otherness’ that are upheld by need assessors within the context of Swedish elderly care. Through a focus on the challenges associated with cross-cultural encounters, this presentation will shed light on the ways in which need assessors address the ethnic diversity that is now characteristic of Sweden’s elderly population.

Methods and theories: The presentation is based on 14 focus groups with 60 needs assessors. The research questions emanate from theories of institutional categorization and power differences in institutional settings.

Results: Although many of the challenges that needs assessors face are the same regardless of the older persons background, it seems as if specific challenges exist when the assessment of needs entails foreign-born elders. This seems to be especially the case when dealing with late in life immigrants who do not speak Swedish since interpreters are needed in their case. Furthermore need assessors voiced being torn between the social legislation definition of “reasonable standard of living” and what they regarded as older immigrants’ culture-specific needs.

Conclusions: Understandings of ethnic ‘Otherness’ seem therefore to affect the need assessment process. Alternative elderly care services are being designed in order to cater to the needs of foreign-born older people. These services are based on the differentiation that is often made between older people with migrant backgrounds and the ethnicity majority population and seem therefore to be rooted in the ‘us’ and ‘them’ dynamics that are often characteristic of power un-aware ethnic relations. The presentation contributes to the debate on institutional categorization by shedding light on how welfare services are affected by categorization practices and power differentials in institutional settings.

S3.3 Evaluation of orthogeriatric services in Nordic and Baltic countries

Chair: Helgi Kolk

Comprehensive Geriatric Assessment including the Delirium-Check-list in patients suffering hip-fractures.

Professor Yngve Gustafson
Umeå University

In the early 80ties I worked as a consultant in internal medicine at Umeås mental hospital. I worked with assessment of patients who were referred for dementia assessment and a common story was that the patient in association with a hip-fracture had developed delirium post-operatively and that they never had recovered cognitively after that. I became curious about what they do with old people in the Orthopaedic department that seem to cause irreversible brain damage. After having assessed and carefully followed 111 consecutive patients with a hip fracture during their hospital stay as well as after discharged I was surprised that any of them recovered. The care was not adjusted to frail old people. Hypoxia, hypercortisolism as well as infections were commonly associated with delirium. Delirious patient also suffered a large number of complications during hospital stay that prolonged their delirium. Post-operative delirium was the most common factor associated with in-hospital falls resulting in new fractures and 8% of all hip-fractures in Umeå had occurred in the hospital. Based on the results we designed several intervention studies in several hospitals in Northern Sweden and the intervention programmes have been implemented in a large number of hospitals all over the world. Prevention and treatment of delirium is also the best way of preventing falls and other complications during hospitalisation.

Delirium can be successfully prevented by protecting the brain from hypoxemia and hypercortisolism by preventing complications endangering the metabolism of the brain. In a patient who develops delirium there is an urgent need to detect and treat any underlying complications and the treatment of the delirious patient should have the focus of creating the best prerequisites for the recovery of the brain which includes an active prevention, early detection and treatment of any new complications. A geriatric team applying comprehensive geriatric assessment including the use of the Delirium-Check list is probably the best way of taking care of the old patient with a hip-fracture. The Delirium-Check list and the experience of its use in patients suffering hip-fractures will be presented.
3.3.3-2 12-06-2012, 16:00-17:30, Room 1

Implementation of geriatric care in fracture patients

Dr Helgi Kolk
Tartu University Hospital

Estonia is a country with aging population: 19% of inhabitants are estimated to be over 65 years of age by 2012. The number of geriatric patients admitted to hospitals with fractures is increasing. The geriatric care program in the department of Traumatology at Tartu University Hospital is being designed and implemented to improve the care of the elderly fracture patients. The second goal of the program is to optimize the utilization of medical and social resources. The aim of the study: to assess patient characteristics and management of hip fractures at Tartu University Hospital during 2010-2011 as background information for the development of geriatric services.

Material and methods: retrospective analysis of medical records of patients admitted to the department of traumatology for primary hip fracture.

Results: In 2 years 607 (193M/414F) patients with hip fracture were hospitalised, 297 in 2010 and 310 in 2011. 94% of patients were over 65 years of age (568) including 452 over 75. Patients younger than 65 years (39) had similar concomitant medical and social problems to the older age groups, there was male prevalence in younger age group. Anthrotrophic treatment with low molecular weight heparin was assigned to 97% of patients with hip fracture in the hospital. Hospital guidelines were used for postoperative pain management. Osteoporosis (OP) was diagnosed in a few cases, however most patients with hip fracture were not screened for OP. Three quarters of patients (461; 76%) were referred to local hospitals or nursing care facilities, only 37 patients were referred to the specialised rehabilitation unit. Mortality rate during the hospital stay was 1.5% (9 patients). No comprehensive geriatric assessment was performed, social worker consulted patients case by case.

Conclusion: implementation of international guidelines for the management of geriatric fractures in Estonia remains challenging.

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University of Oslo

Background: Delirium is a common complication of hip fracture in the elderly. The aim of this ongoing trial is to investigate, in a RCT, whether optimizing medical treatment will prevent and/or improve the treatment of delirium and thereby improve long-term cognitive outcome.

Methods: Patients are randomized in the Emergency Department to treatment in a new orthogeriatric service or the conventional orthopaedic ward. The intervention patients are transferred as soon as possible to the orthogeriatric ward, stabilised there preoperatively, and transferred back to the ward postoperatively, while the control group are treated in a traditional orthopaedic ward. Surgical and anaesthesiological procedures are similar in the two groups. The inclusion was closed at the 5th of January 2012. 332 patients has been randomised.

Primary endpoint: We have constructed a composite endpoint, tapping cognitive functioning in the lower as well as the higher spectrum of performance by combining two instruments; the Clinical Dementia Rating Scale, and The 10 word memory test. Endpoints will be assessed after 4 and 12 months, by a research assistant blinded to allocation. Secondary endpoints: Preoperative and postoperative delirium (according to the Confusion Assessment Method) Duration of delirium Severity of delirium (according to the Memorial Delirium Assessment Scale) The Barthel ADL Index Length of stay in hospital Cumulative mortality and causes of death.

Residential status: Short Physical Performance Battery, a simple test of mobility. Number of days in own home during the first 4 months incidence of dementia 12 months postoperatively (ICD-10 criteria for research)

Results: Analysis of the results will start in May 2012, when the last patient has reached the 4 months assessment.

MD, PhD Anette Hylen Ranhoff
Diakonhjemmet Hospital
Co-authors:
Nurse Mette Martinsen
Ludvig S. Selheim

Background: It is increasingly common to care for older hip fracture patients in orthogeriatric units where orthopaedic care is combined with interdisciplinary geriatric care. The characteristics and needs of older hip fracture patients are poorly described. The aim is to describe the characteristics of these patients in order to better understand their need for care and rehabilitation.

Methods: This is an observational study based on a quality register for all patients 65+ years in an orthogeriatric unit who are operated for a hip fracture. The unit covers 250,000 inhabitants in Oslo. The quality database includes demographic, medical, and functional data collected from routine assessment by the interdisciplinary team.

Results: From 2001 to 2011, 1903 patients, included 457 (24%) from long-term care institutions, were enrolled in the database. Mean age was 85 years (SD 7.2), 76% were female, and 80% had fallen indoors. Chronic diseases were registered in 86% and 41% of the community-dwelling patients had pre-fracture cognitive impairment defined as IQCODE-SF >3.6. Complications were observed in 55%, the most common complications were need for blood transfusion (25%), delirium (21%), and urinary tract infections (58%). Post-operative orthopaedic infections were rare (3.2%).

Patients from long-term care were older (87 vs 84 years, p<0.001), more had American Society of Anaesthesiologists (ASA) score >/= 3 (72% vs. 50%, p<0.001) and a higher number of chronic medical conditions (mean 2.2 vs. 1.6, p<0.001). Among community-dwelling patients, those who had fallen indoors were older (mean age 85 vs 82 years), p<0.001. More were female (79 vs 67 %, p<0.01), had ASA score >/= 3 (55% vs 37%, p<0.001), more pre-fracture medical conditions (mean 1.7 vs 1.3), larger impairment in pre-fracture ADL (pre-morbid Barthel mean 114 vs 183, p<0.001), and lower cognitive function IQCODE 3.7 vs 3.3; p<0.001, and more complications during hospital stay 1.15 vs 0.74 p<0.001.

Conclusions: Older hip fracture patients in this orthogeriatric unit may be divided into three groups: patients who are relatively fit and have experienced outdoors falls (20%), frail community-dwelling patients who have fallen indoors (56%), and patients from long-term care institutions (24%). Different caring pathways are needed for these groups.

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Background: Hip fractures in old age have serious consequences on function, mobility and mortality. The aim of the study was to investigate if treatment of old hip fracture patients in an orthogeriatric ward during the hospital stay has advantage over standard care in an orthopedic ward. Primary endpoint is mobility at 4 months after the fracture.

Methods: A randomized clinical trial (RCT) enrolled 400 home dwelling patients aged 70+ years. Randomization was performed before surgery while the patients were in the emergency room. The intervention group received comprehensive geriatric assessment including a work-up by geriatricians, nurses, physiotherapists and occupational therapists. Control patients received standard orthopaedic care. Information on demographic characteristics, pre-fracture use of walking aids, cognitive function, activities of daily living (ADL) instrumented ADL (IADL) and medical condition was collected during index stay from patients and caregivers and review of medical records. ADL was evaluated by use of Barthel Index (0-20) and IADL by use of Nottingham extended scale (0-66). Mobility was assessed by use of Short Physical Performance Battery (SPPB) and Timed Up and Go (TUG) at the 5th postoperative day and at 1, 4 and 12 months.

Results: Data collection will be closed in January 2012.Group allocation is therefore unknown. Preliminary analyses show that the study sample has a mean age of 83±6 years, 75% are female, and 10% lived in sheltered housing before the injury, and that the participants had a prefracture median Barthel Index value of 20 [interquartile range 17-20] and median IADL score of
S3.4 Family carers in the welfare state
Chair: Tove Lindhardt

S3.4-1 12-06-2012, 16:00-17:30, Room 2
Assistive technology makes chance for family carers

Ocupational Therapist Ingela Månsen
The Swedish Institute of Assistive Technology

In Sweden as well as in many other countries family carers are taking great responsibilities for the care of their relatives. In Sweden three quarters of all care and support are given by family members, and nearly a quarter of all persons in Sweden over 55 years are helping an elderly, sick or disabled person in their own home or at distance. That means that it is very important to support family carers and to consider their needs of support and help in a 24 hours perspective all year around. Since 2007, the Swedish Institute of Assistive Technology (SIAT) has, with support from the Swedish Government, the Ministry of Health and Social Affairs, carried out a development program Technology for Elderly. The goal is to support the development processes that will provide elderly people and family carers with better access to good and safe technology and services making their lives easier.

The program which consists of more than a 100 projects is being run in cooperation with companies, R&D-centres, municipalities and organizations for senior citizens in the areas of products, service development and information. The objective is to test and develop new technology for elderly and family carers. The development program has resulted in better knowledge for supporting family carers with assistive technology in their daily lives. Examples of lessons learned are e.g.; family carers do not have information about available and appropriate assistive technology together with their needs - assistive technology is making change for family carers as it makes them more safe, secure and self-reliant in their daily activities - family carers get assistive technology too late.

Information and communication technology (ICT) is one of several technologies that has been tested and developed for supporting family carers. One example is ACTION a computer communication system with Internet, adapted information, education and support system. ACTION has been tested and evaluated in a project in a sparsely populated area. A model to facilitate information to family carers has been created and introduced in order to show how assistive technology can help family carers in various situations.

Methods and strategies for assessing the family carers needs of assistive technology have also been created and tested in the project. One of the main results from the project is that timing for the assistive technology intervention is critical if the assistive technology should be useful for family carers.

S3.4-2 12-06-2012, 16:00-17:30; Room 2
Support of carers of older people entering into and living in nursing home

RN, PhD, Research Director CO Elizabeth Hanson
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Family carers often express that making the decision for one’s partner to move into a nursing home is one of the most difficult decisions they have had to make in their lives. The process is commonly associated with feelings of guilt, remorse and resignation, particularly for carers who have been caring for their relative over a prolonged period. Entry to nursing home continues to be largely in response to a crisis situation, as a result of a deterioration in the health of the older person and/or the physical and mental exhaustion of the carer. Carers are subsequently faced with having to adjust to the physical separation of their partner and to a re-orientation of one’s roles as partner and carer. Finding ways to maintain relationships with their partner, participate in their care and life in the nursing home, develop relationships with staff and take on the role of carser is a common theme that is highlighted within the literature. Equally, there are issues for adult children who may play a deciding role in the decision making process and who subsequently attempt to support both parents in various ways (Sandberg et al, 2001, Davies 2004). This subject forms one of the prioritised areas of the Swedish National Family Care Competence Centre (SNFCC). Currently, 8 local blended learning networks (LUL&N) in municipalities across Sweden, consist of family carers, elderly people, practitioners, decision makers and politicians meet to share their experiences, learn from each other and discuss research results in the area. It is intended that this work will lead to them identifying and engaging in local practice development work.

Our presentation will begin with an overview of the research that has been carried out in the field and a description of the working method of LUL&N which is based on the concept of Communities of Practice (Wenger, 1998). The main findings arising from the initial themed discussions across the networks will be presented and discussed with the audience. Finally, we will conclude with the main lessons learned from our collaborative project work thus far.

3.4-3 12-06-2012, 16:00-17:30; Room 2
Frail elderly patients’ relatives - what role do they play during hospitalisation?

Senior Researcher Tove Lindhardt
Copenhagen University Hospital, Herlev

Background: Relatives of frail elderly patients have often played a significant role in managing the patient’s daily life prior to admission, and may have deep knowledge of the patient’s health and functional prob-lems. Hence, they may expect to negotiate the care and treatment plan, particularly in relation to discharge, and their knowledge may improve decision-making, if asked for. But how do relatives experience the encounter with the hospital system, and what are their expectations for involvement? The aim of this study was to investigate this.

Method: A prospective, cross-sectional design was applied, using descriptive and comparative analyses. 180 relatives of elderly medical patients in a university hospital participated in a survey using a val-iated structured, self-report measure covering attributes, prerequisites, outcome and barri-ens promoters for family in-hospital collaboration.

Results: Data collection is currently ending, and analyses are about to commence. Preliminary analyses indicate that relatives are heavily involved in pre-hospital caregiving activities and particularly the discharge is a crucial point for them. Many report guilt and powerlessness, and 40 % felt they had to ensure the patient satisfied. Almost 50 % report experience with mistakes and insufficient care during the current and prior hospital stays. Relative’s knowledge of the patient’s situation was assessed in less than half of the cases, mostly at discharge. Half of the sample expected influence on in-hospital decision-making, but 70% when asked to discharge. While 14% reported influence on decision-making, 21 % reported being informed about decisions; 38% was satisfied with level of influence. Predictors for trust, wanting influence, and reporting guilt and powerlessness will be calculated and ready for the conference.

Conclusion: Hospital staff’s involvement of relatives is low, as is their information of relatives. Although all engaged in caregiving activities, relatives is a heterogeneous group and the sample is seemingly split in two halves - one reporting guilt and powerlessness and one not; and one expecting influence on decisions and one not.

S3.4-4 12-06-2012, 16:00-17:30; Room 2
Family care and grandmotherhood in the welfare state

MA, Ph.D. Anne Leonora Blakilde
University of Copenhagen

Background/purpose: In a historical perspective carework has primarily been reserved for women. During the 20th century, the Housewife was a social construction in most Western welfare states, inaugurated by a system which, while conveying expectations to female unpaid work, prioritized female carework as a societal value free of charge. In late modernity, however; everybody is expected to contribute at the paid labor market, and the necessary tasks of carework such as child rearing, health and nutrition management in daily life, care of sick and dying persons etc., have turned into a site of contestation, since it has never been financially prized in a society with increasing emphasis on market economy structure.

Who is supposed to do the carework? This study encircles caregiving activities, relatives is a heterogeneous group and the sample is seemingly split in two halves - one reporting guilt and powerlessness and one not; and one expecting influence on decisions and one not.
Further research is needed to assess how municipalities can support caregivers and how they interact with the formal care system. The frequent help given is emotional support. When care became too burdensome, the formal care system helped or provided care for another person (n=157). More than somewhere else. The study is based on descriptive analysis. Conducted with 782 individuals, 441 women and 341 men, 65-98 living in their own homes in Iceland. A telephone interview was conducted with 782 individuals, 441 women and 341 men, 65-98 years of age. The response rate was 66%. The participants were asked about living standards, help received and whether they provided help to someone living in their own household or somewhere else. The study is based on descriptive analysis. Results: About one fifth (21%) of the total sample of respondents helped or provided care for another person (n=157). More than half of those older informal caregivers (n = 85) needed help themselves with ADL tasks. The respondents that were cohabiting were more often informal caregivers than those living alone. The older caregiver were mostly alone in his/her role as a caregiver, but helped or provided care for another person (n=157). More than somewhere else. The study is based on descriptive analysis. Methods: The study included a random sample of 782 older individuals, 441 women and 341 men, 65-98 years of age. The response rate was 66%. The participants were asked about living standards, help received and whether they provided help to someone living in their own household or somewhere else. The study is based on descriptive analysis. Results: About one fifth (21%) of the total sample of respondents helped or provided care for another person (n=157). More than half of those older informal caregivers (n = 85) needed help themselves with ADL tasks. The respondents that were cohabiting were more often informal caregivers than those living alone. The older caregiver were mostly alone in his/her role as a caregiver, but helped or provided care for another person (n=157). More than somewhere else. The study is based on descriptive analysis. Conclusions: Grandmothers are contributing substantially to the general welfare, but reciprocally, the income, life standard and general welfare are an important resource in providing care. The most significant help given is emotional support. When care became too burdensome, the formal care system helped or provided care for another person (n=157). More than somewhere else. The study is based on descriptive analysis. The number of oldest old grew tremendously over the past few decades. However, recent studies have disclosed that the pace of increase varies strongly among countries. The present study aims to specify the level of mortality selection among the nonagenarians and centenarians living currently in five low mortality countries, Denmark, France, Japan, Switzerland, and Sweden, part of the 5-Country Oldest-Old Project (5-COOP). All data come from the Human Mortality Database, except for the number of centenarians living in Japan. We disclosed three levels of mortality selection, a milder level in Japan, a stronger level in Denmark and Sweden and an intermediary level in France and Switzerland. These divergences offer an opportunity to study the existence of a trade-off between the level of mortality selection and the functional health status of the oldest old survivors which will be seized by the 5-COOP project.
Trends in fatigue 1992-2002-2010/11 among the oldest old in Sweden

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Co-authors:
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Professor Mats Thorslund

This study examines and describes self-reported fatigue and tiredness among the oldest old (ages 77+) in Sweden over a twenty-year period. Fatigue and tiredness are symptoms of ill-health and can reflect several dimensions of health - physical, mental and/or pharmacological. Analyses of the Swedish panel-study of the oldest old (SWEOLD) from 1992, 2002 and 2010/11 (n=537, 621, 675) show that fatigue and tiredness are commonly experienced phenomena. Today about half of the oldest old reported fatigue and one fourth reported tiredness. There was no significant difference between women and men in either reporting fatigue or tiredness. Comparisons of the three SWEOLD waves show that a greater proportion of elderly persons report fatigue and tiredness over the period. The increasing in fatigue and tiredness is found both among women and men. The increase is most substantial between 1992 and 2002 but the figures continue to rise in 2010 although more modestly.

Tiredness in old age: Associated factors and predictors in seven years

MSc M Nevalainen
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CS M-K Kosisto
PhD Marja Jylhä

The aim of the study was to investigate factors associated with self-reported tiredness in a sample of home-dwelling individuals aged 70 or older, as well as factors associated with the onset of tiredness during a 7-year follow-up period. The data are from the multidisciplinary prospective Tampere Longitudinal Study on Aging (TAMELSA) which started in 1979. Waves from 1999 and 2006 were used in this study. In 1999, 398 respondents out of the total of 429 (93 %) and in 2006 252 out of the total of 275 respondents (92 %) were interviewed. After the removal of proxy respondents and those lost-to-follow-up between 1999 and 2006, the sample in 1999 was 378 and in 2006 197. Altogether 113 respondents died during follow-up period. The study was conducted with structured questionnaires by personal interviews in 1999 and via telephone at follow-up. The respondents were asked whether they had felt tiredness during the last two weeks, categorized as tiredness often or occasionally. The covariates included gender, age, education, self-rated health, number of diseases, functional ability and depressiveness. The prevalence of tiredness was 23 % with highest prevalence among the oldest age group. Feelings of tiredness increased among 15 % of the participants. Self-rated health and functional ability increased the likelihood of tiredness as did feelings of depressiveness. Age was associated with tiredness independently but not in an adjusted model. Number of diseases was associated with the increase of tiredness over a seven year follow-up period. Tiredness alone was a significant independent predictor of mortality when age and gender were adjusted for, but not in the fully adjusted model. The study confirmed the connection of tiredness with self-rated health, functional ability, diseases and depressiveness. Rather than age as such, age-related changes in health and functioning seem to be connected with subjective feeling of tiredness.

Fatigability in basic indoor mobility in nonagenarians

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Objectives: Older adults’ subjective feelings of fatigue have been considered an important indicator of functional decline in old age. However, fatigue in the fastest growing segment of the older population, the oldest old, has not been reported before. The aim of this study was to evaluate the prevalence and associated health factors of indoor mobility related fatigability among nonagenarians.

Methods: The study is based on baseline data of The Danish 1905 cohort study on 92-93-year old persons (n=1181) who were independent in help in indoor mobility. Fatigability in basic indoor mobility was defined as a subjective feeling of fatigue when transferring or walking indoors. Other standardized assessments include self-report measures of medical history, as well as performance-based assessments of walking speed and maximum hand grip strength.

Results: In total, every fourth (26%) of the participants reported fatigability when transferring or walking indoors and fatigability was more common among participants living in sheltered housing as compared to those living independently (32% vs. 23%, p<0.001). Cardiovascular diseases, musculoskeletal pain in lower body, medications, walking speed and depressive symptoms were independently associated with fatigability.

Conclusions: In non-disabled nonagenarians, fatigability in basic indoor mobility is associated with many potentially modifiable health factors that should be taken into account when planning interventions to maintain independent functional ability and well-being among the oldest old population.

Fatigue and cardiovascular health: A study on aging Danish twins

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Fatigue has been shown predictive of ischaemic heart disease (IHD) in healthy middle-age men. The aim of this study was to investigate the predictive value of fatigue for IHD and poor cardiovascular health in healthy individuals aged 70 and older. The study population was drawn from The Longitudinal Study of Aging Danish Twins (LSADT). In total 1968 healthy individuals was followed 10-16 years through registers and 2-10 years by questionnaires. Kaplan Meier, Cox Proportional Hazard and logistic regression were used to analyse data. Fatigue was measured with the mobility-tiredness scale (Mob-T) and multivariable-adjusted models included age, sex, SEP, life style factors and depression. IHD was defined as first hospitalization due to IHD (ICD10: D20-D25) or death with IHD as primary cause. A poor cardiovascular health profile was assigned to individuals who at questionnaire follow-up was loss to follow-up, had been hospitalized due to IHD, had self reported IHD related diagnoses or had developed mobility disability. Fatigued individuals had a significantly larger risk of being hospitalized due to IHD during the 10-16 years of follow-up (HR=1.47 (95% CI: 1.08-2.00) and of having a poor cardiovascular health profile at 2 - (OH=1.4) (95% CI: 1.08-1.93) and 4-year of follow-up (OH=1.55 (95% CI: 1.11-2.18), compared to older persons without fatigue. At 6-10 year follow-up we lacked study power as very few individuals sustained a good cardiovascular health profile. Fatigue is often present in older adults with no identified underlying cause. We suggest that cellular wear and tear due to oxidative stress and inflammation is an underlying factor to fatigue. We therefore hypothesized that LTL might be relatively short in those who experience fatigue since leukocyte telomere length (LTL) is known as a marker of cellular aging. We assessed 438 older Danish non-disabled twins. LTL was measured using Southern blots of terminal restriction fragments. Fatigue was measured by the Mobility-Tiredness Tiredness scale based on questions on whether the respondents felt fatigued after performing six mobility items. We examined lifestyle factors, mental health and aging related somatic diseases as possible confounders. LTL was significantly associated with fatigue (p=0.023), showing an increase of 0.038 kb/fatigue score unit, i.e. LTL was longer in individuals that were less fatigued. Aging-related diseases and mental health did not explain the association, while lifestyle factors slightly influenced the association. Our results support an association between LTL and fatigue, suggesting cellular wear-and-tear as an underlying factor to fatigue.

Fatigability and cardiovascular health: A study in nonagenarians

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Fatigue is often present in older adults with no identified underlying cause. We suggest that cellular wear and tear due to oxidative stress and inflammation is an underlying factor to fatigue. We therefore hypothesized that LTL might be relatively short in those who experience fatigue since leukocyte telomere length (LTL) is known as a marker of cellular aging. We assessed 438 older Danish non-disabled twins. LTL was measured using Southern blots of terminal restriction fragments. Fatigue was measured by the Mobility-Tiredness Tiredness scale based on questions on whether the respondents felt fatigued after performing six mobility items. We examined lifestyle factors, mental health and aging related somatic diseases as possible confounders. LTL was significantly associated with fatigue (p<0.023), showing an increase of 0.038 kb/fatigue score unit, i.e. LTL was longer in individuals that were less fatigued. Aging-related diseases and mental health did not explain the association, while lifestyle factors slightly influenced the association. Our results support an association between LTL and fatigue, suggesting cellular wear-and-tear as an underlying factor to fatigue.
Oral Abstracts
1.1 ORAL

Organizational factors as well as the individual healthcare staff. Change processes, strategies interwovenness of the barriers for PCC of older patients with socioeconomic growth. Cardiovascular disease therefore well as older population in South Korea has increased due to non-institutionalized South Koreans. The prevalence of the MetS, as defined by NCEP ATP III, was determined, and factors associated with predisposition to the MetS were analyzed. The total 897 older adults, 514(57%) females. 383(42.7%) males with a mean age of 69.75 years were included in this study. Among the 897 older adults, the age-adjusted prevalence of the MetS was 22.7% for men and 42.4% for women. Higher BMI was associated factors for the MetS regardless of gender. Smoking in men and economic inactivity, Medicaid beneficiary, functional limitation in women increased the odds of the metabolic syndrome. Conclusion: More than 30% of older South Koreans. Whereas current smoking and higher BMI were identified as independent modifiable risk factor of MetS, in men, other factors such as economic activity and functional limitation were also identified as risk factor of MetS in women. Therefore, not only lifestyle modification but also modification of economic activity and functional limitation are required to prevent metabolic syndrome in older population.

Introduction: Over the past decades, the number of obese as well as older population in South Korea has increased due to socioeconomic growth. Cardiovascular disease therefore becomes more prevalent which is now a leading cause of death and the development of components of the metabolic syndrome (MetS) within this population has increased as well. A better understanding of the determinants of MetS in older population might provide insight into preventive interventions for improving health and reduce the incidence of associated disease. However, little information is available about determinants affect MetS in later life.

Objective: The aim of this study was to investigate the determinants for MetS among older adults over 60 year in Korea.

Method: The data analysis was inspired by the principles of grounded theory and based on different types of observations and interviews. Results: Preliminary results show that barriers to PCC exist on several levels in acute care settings, namely the organizational, environmental and individual staff and team level. Consequences of the barriers observed point towards patients’ suffering from care, family being excluded from care and staff being frustrated. A theoretical model of barriers for PCC, its properties, consequences and care category will be presented at the conference.

Conclusions: Preliminary results show the complexity and interweavness of the barriers for PCC of older patients with cognitive impairment in acute care. Change processes, strategies and interventions must target underlying workplace and organizational factors as well as the individual healthcare staff.
O1.2 Home care and participation

Chair: Eigil Boll Hansen
11-06-2012, 11:30-12:30, Plenum 9/11

O1.2-1 11:30-11:45

Older volunteers help improve quality of life through out-of-home activity intervention among older people with severe mobility limitations: a randomized controlled trial.

Author: Professor Taina Rantanen
Gerontology Research Center and Department of Health Sciences, University of Jyväskylä
Co-authors: PhD Merja Rantakokko, MSc Irma Äyvävainen, MSc Hannale Khall, Ms Sini Heskula, MSc Johanna Enren, Taina-Mari Lyra, PhD Marja Vaarama

The emphasis on home care has increased the number of home-confined and isolated frail people in the communities. The volunteers could provide recreation for such people. No earlier studies have examined the effects of voluntary work on the people served. We examined the effects of out-of-home individualized recreational activity intervention on quality of life (QoL) among community living older people, who have difficulty accessing the outdoors independently. Volunteering, Access to Outdoor Activities and Wellbeing in Older people (VOV) project (ISRCTN56847832) was a randomized single blinded controlled trial (RCT) conducted in Jyväskylä, Finland, in 2008-2011. The inclusion criteria were: agree to participate in a RCT, age 65 or higher, severe mobility limitation, willing to increase outdoor activity and able to communicate normally. 125 people aged 67-92 years were interviewed at home and randomized into intervention or waiting list control group. The primary outcome is QoL measured with WHOQOL-BREF which includes the overall QoL (2 items), physical capacity (7 items), psychological well-being (8 items), social relationships (3 items) and environment (8 items). Each intervention group member was assigned a trained volunteer who assisted the participant in attending recreational out-of-home activities once a week for three months. The baseline characteristics of the intervention and control groups were comparable. In the intervention group, the QoL total score increased on average 0.44 points (95% Confidence Interval, CI .170, 1.58) while the control group QoL decreased on average 1.60 points (95% CI .3.45, 0.35; treatment effect p=0.15 and group difference p=0.076). For physical capacity subscale a significant treatment effect was observed (p<0.001) while for other QoL dimensions no treatment effects were observed. This study suggests that decline of QoL among old severely mobility-limited people may be prevented with individualized out-of-home activity intervention.

O1.2-2 11:45-12:00

Help to self-help as principle and as everyday practice

Author: Dr. Leena Eskelinen
AFK
Co-authors: Eigil Boll Hansen, Hannie Marlene Dahl

Objectives: The aim of the study was to examine how social and health care helps and assistants understand the principle of help to self-help, and how they practice it when providing home care to elderly citizens.

Methods: The study was carried out among home care personnel and their clients in four Danish municipalities. The data consists of 12 focus group interviews with home care staff and 90 participant observations of home visits. The data was structured with help of QVivio program and analyzed according to predefined thematic categories.

Results: We identified two main forms of help to self-help, i.e. help to self-help in everyday situations and help to self-help with a rehabilitative aim. The most common form was to involve elderly people in small daily tasks in order to maintain their activity level, though without aiming to support their independent living. The other but relatively rare form was to encourage the elderly to train their functions in order to improve their capabilities and learn to cope with their functional decline thus making the elderly less dependent on home care services.

Conclusion: The home care staff subscribes to help to self-help as the normatively right principle based on their professional training and official regulations. However, there seems to be many aspects that intervene when they translate the principle into concrete care in everyday interaction with their elderly clients. If help to self-help is to be promoted in practice, more attention is required in relation to - support to the care staff from management to maintain the principle in daily practice, - formulating objectives for the help provided and clear communication of what is expected of the recipient when the help is granted, - support from other professional groups, e.g. occupational therapists and physiotherapists, as to provide help with a rehabilitating objective.

O1.2-3 12:00-12:15

The outcome of focusing on a principle of help to self-help in the provision of home care

Author: Dr. Eigil Boll Hansen
AFK, Danish Institute of Governmental Research
Co-authors: Dr. Leena Eskelinen, Professor Hannie Marlene Dahl

Objectives: The overall purpose of the study was to examine whether there is a preventive effect on the physical functional level and psychological well-being of older people and an effect on the amount of help granted if local authorities focus on help to self-help when providing home care rather than “standard” provision of help.

Method: The development in physical functioning, psychological well-being and granted help among recipients of home care in two municipalities with projects and active policies on activating the recipients of practical and personal help was compared with two municipalities with “standard” provision of home care services. The study was based on a questionnaire survey among recipients of help in the four municipalities in the autumn of 2009 and a follow-up questionnaire survey in the autumn of 2010 among those who responded in 2009. A total of 1,664 responded both years.

Results: In one of the municipalities focusing on help to self-help men had a more favourable development in mobility. The development of the recipients’ functional level in relation to activities of daily living was inconclusive. We find no differences between the four municipalities with respect to the development of older people’s psychological well-being. In both municipalities representing help to self-help we found a relative reduction in the amount of help granted than in the two other municipalities.

Conclusion: The outcome of focusing on help to self-help in providing practical and personal help on the recipients’ functional ability with respect to activities of daily living is uncertain. This may be due to the fact that the principle has not been widespread in the home care organisation. An effect with respect to a relative reduction in the amount of help granted may be due to the assessment officers focusing more on what the applicants for help really are able to carry out themselves.

O1.2-4 12:15-12:30

Active citizenship and service voucher for the elderly

Author: Kini Kuusinen-James
The Centre of expertise on social work, Vero

Abstract: Demographic, socio-economic, and political trends throughout the developed world have made elder care an issue of utmost policy importance. In Finland recent elder care policies emphasize active citizenship (Anttonen et al 2011). Active citizenship consists mainly of choices, participation and responsibilities. A purchase provider model is a new way to organize and produce services. Service vouchers are regarded as new innovations which are expected to give service users more input in the service organizing process and at the same time relieve the pressure from public service provision and expenditure. The research focuses on how service vouchers function in the regular home care context. Plans to cut down institutional care have increased the urgency to develop home care services which has been on the political agenda for years. This research studies how the service voucher model works from point of view of elderly persons, municipalities, and private service providers and how service voucher users’ choices and participation are present in the needs assessment and service delivery process. Currently there is little information as to how these policies that highlight active citizenship are perceived by elderly persons (Anttonen et al 2011). This research will give some insight into the subject. The empirical data consists of survey and interviews by individuals who are using service vouchers. Municipal elder care coordinators as well as private service providers were also interviewed. The paper will discuss the preliminary results of the research. It seems that not all of the regular home care clients fit the current norm of active citizens The research is funded by the Finnish Foundation of Communal Development.

O1.3 Intergenerational relations materialized
The significance of older peoples' private possessions in residential care

Author: Dr. Catharina Nord
Linköping university

This presentation conveys results from an ongoing study of the significance of the private possessions that older people bring to their last home in residential care. The focus is on intergenerational relations embedded in the older person’s private assets and how these possessions represent the next of kin. The research is a qualitative study, with individual, semi-structured interviews as the main data collection method. Also, photography was used to document the interviewees’ rooms and assets. Eleven interviews were carried out with 13 older individuals involved. They were in the age range of 60 to 99. The analysis was based on actor network theory and aimed to reveal how artefacts are included in networks in time and space in which personal relations are remembered, confirmed or symbolized. Several aspects of time are present in these networks; the past, the now, and the future are connected to a field of associations with significant others. There is a need for an extremely restricted selection of things when the older person moves from an often substantially bigger ordinary home to the small bed-sitting room or flat that is normally available to other people in residential care. The things selected may represent the most valuable of an older individual’s possessions, perhaps not so much in economic value, but rather emotionally, practically and as a representation of the individual’s identity and life in which other individuals play and have played an important role.

The results show who these significant others are and what types of artefacts represent older people’s relations with them. Furthermore, the results show how relations/interactions are connected to the older person’s life-stories as well as their present day support and social life. The study concludes that family members from the past and present constitute the most important relations to an older individual in the very late phase of life in residential care. Most of the few assets that are brought to the last home are linked to them in a number of ways.

O1.3-2 11:50-12:10
The materialized connection of objects to other generations for elderly people living at home who are reducing their material room in old age

Author: Dr. Åsa Larsson
Linköping university

In an earlier study regarding the oldest old and their daily life and doings it was found that many old people planned and reasoned about reducing their material room and getting rid of things. This process of reducing the material room is often called ‘Casser maison’ and is the focus of an ongoing project consisting of three studies in which this process, disbandment of home, is studied at different points in later life transitions. In this presentation the focus is on how the possessions link different generations together, as described by elderly people who are not exactly at the point of changing their living arrangements but nevertheless are starting to think about, plan or are actually reducing the number of their possessions. Qualitative semi-structured interviews regarding the disposal of objects in the home were performed with 13 elderly persons (age 72-93) still living in their own home and managing primarily by themselves. The continuing analysis shows that the objects mentioned as being of special value often have connections to their ancestors, especially grandparents, as the objects have been inherited from the grandparents, usually via the parents. At the same time these objects are things that the elderly with their grandchildren to continue to preserve for future generations of the family. The objects thus have important connections over several generations, from both the past and the future, to both ancestors and heirs of the elderly. Further elaborated findings and discussion will be presented at the conference.

O1.3-3 12:10-12:30
Cherished objects as materialized links between generations

Author: Anna Whitaker
National Institute for the Study of Ageing and Later Life, Dep. of Social and Welfare Studies

The presentation is based on data obtained from an ongoing qualitative study which aims to explore the symbolic meanings and functions of cherished objects among surviving children after sorting out the property and possessions left by a deceased elderly parent. Ten semi-structured interviews were conducted with twelve individuals - six men and six women - born between 1943 and 1969. This study is part of a larger project consisting of three studies, in which the aim is to study the changing meaning of personal possessions in later life transitions - a research field that is limited. An often unavoidable task for the next of kin of a deceased person is to take care of the estate, i.e. the home and/or personal objects that belonged to the deceased person. This process, which consists of sorting out objects of different types, can accommodate a range of considerations, negotiations and compromises around the possessions. It is about what should be thrown away, sold, given away, what to keep, and how retained things should be allocated. It is a process that is partly affected by the grief over the deceased, and partly by the relationship to the deceased and other relatives. A dominant theme in the study is how some of the saved and highly valued objects act as a kind of materialized link between past and future generations and serve as a tool to preserve memories of a relationship to the deceased. The presentation includes a discussion on how the surviving children’s experiences of taking care of the estate and inheritance elucidate how different objects are imbued with various meanings linked to early memories, the relationship to the deceased parent. The presentation shows that inheritance issues have complex emotional and family relationship dimensions - also in relation to future generations.

O1.4 Psychiatry, technology, BMI
Chair: Finn Ranholm
11-06-2012, 11:30-12:30, Room 2

O1.4-1 11:30:11:45
Active outdoor in inpatient geriatric psychiatry - experiences and data from development of a model

Author: Dr. Marianne Thorsen Gonzalez
Diakonhjemmet University College
Co-authors: RN Marianne Larsen, PT Lara Mishler, MHSc Kari Midtbø Kristiansen

Objectives: To develop and test out a model for increased outdoor activities for elderly persons with psychiatric disorders. To explore how nursing students and the supervising staff supervising mutually experienced taking part in the active outdoor project as pedagogical clinical project.

Methods and theories: The Active Outdoor Project is scientifically underpinned by theories and research that recommend activities in general and outdoor activities in particular as supplementary treatment in preventing and rehabilitation of mental disorders. In Norway all the region health authorities offer funding opportunities for projects that involve students, lecturers in colleges and universities and supervising clinical in clinical studies. Often these projects also involve projects that develop and/or test out clinical practice. The Active Outdoor Project is a 1 year project involving students in different activities like developing suitable activity programs, learning monitoring tools, and at the same time being involved in motivating and cooperating with patients during different activities during their clinical practice. The project, which has a descriptive mixed method design, started in August 2011 and will end in May 2012 with registration of activity of the patients and filling out open qualitative questionnaires for students and staff.

Results: By end of January activity is registered on 32 patients (Women: 19, Men: 13). Mean registration days are 22 (Range 1-63 days). Walks in the neighbourhood (53%), sit outdoor on a bench (18%), excursions (10%) and shopping (7%) are the most frequent outdoor activities. Women are in general more active than men, and older patients are more passive than younger patients. Likewise total activity is to a remarkable degree higher inversely correlated with age for men than for women, however not significant. The qualitative data from the students and staff are not analysed still, but will be provided on the conference.

Conclusion: Data further show that the most frequent activities chosen are walking and more “passive” outdoor activities. Care should be taken to consider age and gender in order to activate and perform activity programs suitable for specific subgroups.
Quality registry in The Viken Research Network for Geriatric Psychiatry

Objectives:
- To enhance our knowledge of old persons with severe psychiatric disorders.
- To secure an optimal medical evaluation and treatment for old persons with severe psychiatric disorders.

Methods and theories:
- The Vikan Research Network for Geriatric Psychiatry (VirGeP) has initiated a joint quality registry (QualGeP) for patients in five departments of geriatric psychiatry. In the Oslo region, each hospital alone is too small to develop their own research unit within this specific field, and the number of patients in each diagnostic category is too limited to secure robust and reproducible findings. A collaboration between several hospitals, however, could contribute to valid and reliable research and documentation. QualGeP contains standard information about our patients provided in an ordinary R&D project where simple gerontoneurological devices are being developed.

Human being is a biographical creature, whose memories are important resources in the later life. This is a starting point in a Finnish R&D project where simple gerontoneurological devices are being developed.

The memory or reminiscence stick (mStick) is a biographical tool, on which personal documents are stored (e.g., family photographs and materials linked to hobbies and interests), it can be used for memory testing and training, and it provides meaningful entertainment to active elderly people.

The health stick (hStick) is a modernised version of the so-called SOS Passport, on which various health-related data are saved for cases like acute illnesses or injuries. It also functions as a means for self-care and promotion of one’s own health, because comprehensive information on health behaviour may be saved on the stick.

These USB-based sticks represent user-driven technology that empowers rather than labels. Twelve pilots have been launched in the Lahti Region to examine user experiences. The pilots are investigated in a systematic manner to assess impacts and usability of the sticks.

Data are collected by means of interviews, learning diaries, photographs, memos, and participatory observation. According to the results, the hStick is accepted and adopted by the users especially when it functions as a means for monitoring one’s own health, learning self-care and giving feedback (e.g., concerning physical exercise).

The mStick prevents the world from becoming narrower which easily follows the deterioration of health in old age. It enables people who are confined to bed to be connected to other places and times. The stick may create “generational intelligence” by increasing intergenerational interaction and transmitting family history to younger generations. It also acts as an assistive device for care workers who organize reminiscence sessions and other joint programmes. It helps to see patients as whole human beings – thus potentially renewing the care culture.

The registration in QualGeP started 1 April 2011. By 15 September QualGeP had included 119 patients from all the participating departments, 29 from Oslo University Hospital, 42 from Akershus University Hospital and 29 from Diakonhjemmet Hospital. A total of 31 patients admitted to one of the departments were not included due to lack of consent from the patient or the next of kin. For 10 patients the consent was not provided or mislaid by the staff. Therefore, out of 160 patients, 119 were included in QualGeP during the first 6 months. The staff reported the work with QualGeP to be challenging and time consuming, but also clinically relevant in their day-to-day contact with the patients. The data has not yet been registered electronically. Results will be provided before the conference.

Conclusion: So far 74.6% of all patients were included at admittance, despite the start-up challenges with such a substantial initiative. QualGeP may be essential in facilitating research and ensure quality for the benefit of elderly patients with severe psychiatric disorders in the future.

Body Mass Index and Survival in the Very Old

Author: Dr. Anna Dahl
Department of Medical Epidemiology and Biostatistics, Karolinska Institutet

Co-authors: PhD Elizabeth Fauth, PhD Marie Ernst-Braxell, PhD Dennis Gerstorf, PhD Niilm Ram

Although the negative effect of being overweight in midlife is well researched and associated with negative health outcomes, the implications of weight in late life is less well understood. Most research has focused on current body weight in relation to health outcomes in late life. But current weight is only a snapshot. It does not tell the story of past weight and changes in weight. In the present study we aimed at evaluating both current BMI and changes in BMI with mortality across four Swedish studies in very old age, including 1581 persons aged seventy and above. About half of the sample (53.4%) were overweight or normal weight (BMI<25), 35.6 were overweight (BMI 25-29.9), and 12% were obese (BMI>30). Over a two year period 60% had a stable weight, 24.1% declined, and 15.3% increased as defined as a five percent change in BMI. Regression analysis of survival data based on the Cox proportional hazards model (the PHREG procedure in SAS) showed that relative to those persons being underweight/normal weight, both persons being overweight and obese have a reliably lower mortality risk. Likewise, to relative to those with a stable BMI score, those with a 5% increase in BMI over two years have a lower mortality risk. Both being overweight or obese as well as weight gain in very old age are associated with survival. These findings add to the discussion whether there is a need for other weight recommendations in very old age.
Results:
To examine the interplay of occupational and leisure time engagement at midlife and its relation to cognition in advanced old age.

Methods: We used all 805 participants from SWEOLD, a Swedish population based cohort of men and women participated in the Age, Gene/Environment Susceptibility (NOVA) study with assessments at ages 40+ (N = 2,400). Mixed models were used to assess five-year changes. Subjective age was assessed twice with the help of interviewers in 1992 and 2002. Occupational categories were matched to previously validated ratings for complexity of work with data, blood pressure, BMI as well as sex and waist circumference measurements were collected. Participants completed questionnaires on signs of SA such as physical symptoms, daytime sleepiness and snoring.

Results: Out of 29 participants, 24 (14m/10f) of the SA assessed had 14 mild dementia patients had SA. Out of the total 24 analyzed cases, males had a mean apnea/hypopnea index of 15.46 ± 9.39 while females had a mean apnea/hypopnea index of 8.96 ± 5.98.

Conclusions: There was a high frequency of SA in this small MCI/mild dementia population. Further research is needed to explore the occurrence of SA in this population, its relation to cognitive functioning and dementia progression and the effect of SA treatment.

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1.6 somatic health, social inequality. We also examined changes in the association of somatic health problems and socio-economic factors with psychological distress. Income was found to be an independent determinant for mediating role between hearing impairment and psychological distress. The combination of poor social support, poor somatic health and economic problems therefore to increased psychological distress. The population of Russia in the last decade out of date, the low birth rate creates a situation of increasing the population aged 60 years and older (over 17%), the same trend and recorded in the European North (16%). Unstable socio-economic situation leads to a decreased quality of life and growth of borderline mental disorders in the elderly. Arkhangelsk Oblast is located in adverse climatic conditions of Northern European, among them - the sharp fluctuations in temperature and humidity, barometric pressure and wind speed, the presence of a peculiar photoperiodicity (Polar Day - Polar night), expressed in space and geomagnetic changes, etc. The greatest influence on the emotional state the elderly has a syndrome of “polar tension” - characterized by fatigue, “polar” shortness of breath, sleep disturbances, asthenia, etc. Socio-climatic tension contributes to the emergence of anxiety, emotional lability, irritability, depressed mood, impaired memory, reduced efficiency. Treatment is complicated by the fact that the elderly accumulate a number of medical conditions that require specific acceptance of drugs, with the possible side effects such as muscle weakness, drowsiness, incoordination, and sometimes inadequate reaction of excitement and sleep disturbances. The main objective in this situation - to choose products that are compatible with most other pharmacological agents and do not have side effects. This requires an integrated approach to study the implementation of medical and social support and supportive care to improve the quality of life and maintain the mental health of older persons.

1.7 Falls, risk and prevention

Chair: Susanne Stabel Gren
11-06-2012, 11:30-12:30, Room 13

Discursive constructions of falls prevention: discourses of active aging versus old age as disease

Author: PhD student Lotte Evron
Department of Communication and Psychology, Aalborg University
Co-authors: Dr. Anita Ulrich, Professor Lene Tanggaard

This study presents a discourse analysis of falls prevention among older people in a context of a falls clinic. Data are based on an empirical study of the ways in which fall prevention was realized and managed in a falls clinic at the political, recruitment and treatment level. Despite massive information and investment in falls prevention programs, many still drop out or decline to participate in such programs. The study explores how discourses cross swords in the domain of falls prevention. We identify two main discourses in the field: Discourses of active aging opposed to discourses of old age as disease. In discourses of active falls are constructed as preventable and not necessarily related to old age; in discourses of old age as disease falls are constructed as a disease of old age. Specific agent positions are created within discourses. Discourses of active aging construct self-responsible citizens who are physically active and motivated to participate in falls prevention programs; discourses of old age as disease on the other hand construct “fall patients” who accept being passive in the healthcare system. Older citizens who are not in need of treatment or less physically active are excluded from the discourses. Future falls prevention strategies might try to invite different perspectives on aging and physical activities to improve participation rates in falls prevention programs.

1.7.1 11:30-11:45

Predictive validity and cut-off scores in four diagnostic tests for falls – a study in frail older people at home

Author: PT, Misc, PhD student Ulrika Möller Olsson
Lund University
Co-authors: RN, PhD, Associate Professor Ulf Jakobsson

Background: Healthcare providers need fall-risk assessment tools in order to be able to identify people at risk of future falls and to implement effective preventive interventions. Various
1.7 FOF had two-fold age-adjusted odds (OR 2.1, 95%CI 1.4-3.3) for difficulties in walking 2km at baseline. At baseline women with assessment tool should be investigated in future studies.

Validity for falls in this context, the used cut-offs for DFRI and/or predicting future falls in this context. To increase the predictive people. Romberg tests are not recommended for use in acceptable sensitivity for DFRI and TUG indicates that these tests. Among the 290 women without walking difficulties at baseline, 54 participants developed difficulty in walking 2km during the three-year follow-up. Age-adjusted OR for incident walking difficulty was 3.5 (95%CI 1.6-7.8) in participants with FOF and with 2-3 sensory difficulties compared to persons without FOF and with at most one sensory difficulty at baseline.

Conclusions: Older women who have several coexisting sensory difficulties combined with FOF are particularly vulnerable to mobility decline. Avoidance of walking as a result of FOF is likely to be reinforced when multiple sensory difficulties hinder reception of accurate information about the environment, resulting in accelerated decline in walking ability.

O1.7-4 12:15-12:30
Title: Fall-related information seeking behavior among elderly internet-users

Author: Marjan Askari
Co-authors: S Esami, S Mellick, S de Ruijter, A Abu-Hanna

Objectives: Falls form a major health problem for elders, and increasingly strain the healthcare system. It is conjectured that elders’ involvement in their own care is beneficial. The internet provides a promising instrument for empowering elders but their information-seeking behavior about fall is unknown. The aim of this study was to investigate this among fallers and non-fallers.

Methods: A survey was distributed among members of an association of elderly internet users. Solicited were demographic; information seeking behavior; cause, consequence and prevention of falls. The questions were either dichotomous or designed on a 1 to 4 Likert scale. Results of fallers and non-fallers were compared using statistical test. Results Ninety-seven persons completed our survey. The average age was 72 years. 84% respondents reported internet use for finding health-related information, and 32% reported they sustained a fall in the last 12 months. 65% fallers and 64% non-fallers (2031 vs 42/66, p=0.84) were willing to search fall-related information on internet. 28% fallers vs. 15% non-fallers have actually sought fall information (p=0.23). The mean scores of fallers vs. non-fallers for having interest in receiving information about cause, prevention and consequence of falls were respectively, 3.0 vs. 2.7 (p=0.18), 3.4 vs. 2.8 (p=0.02) and 3.5 vs. 2.9 (p=0.01). This was for interest in having specific information for medications, conditions that increase the risk of falling, fall anxiety and self management respectively 3.1 vs. 3.0 (p=0.72), 3.3 vs. 3.2 (p=0.37), 2.7 vs. 2.3 (p=0.14), 3.1 vs. 2.9 (p=0.47).

Conclusion: About 2 out of 3 elderly internet users are interested in fall-related information. Fallers are especially more keen on receiving information on fall consequences and prevention than the non-fallers. There was no difference between the groups in receiving specific information. These findings can help the design of more effective fall-related media for the elderly.

O2.1 Geriatric patients II
Chair: Olafur Samuelsson
11-06-2012, 16:15-17:30, Plenum B10

Clinical data in a new perspective; Cross sectional identification of the older acute medical patient in risk of readmission and death?

Author: Dr. Henrik H Klaueen
Clinical Research Centre, Copenhagen University Hospital, Hvidovre Hospital
Co-authors: ResearchPhysiotherapist Mette Merete Pedersen, M.D
PhD Ove Andersen, Card Sceint Rh D Janne Petersen

Objectives: Evaluation of clinical parameters potential to predict mortality and readmission among older acutely admitted medical patients.

Methods: Registry study on 3883 Danish citizens older than 65 years of age with an acutely medical admission to the emergent department of Copenhagen University Hospital, Hvidovre in the period of 01/01 – 31/12 2010. Patients with malignance were excluded. The cohort and the biochemical analysis data was retrieved from the hospital database. Data regarding death were retrieved from the Danish Civil Registration. We study associations between length of stay (LOS), primary admission diagnosis, co-morbidity and standard biochemical analyses on the outcomes of mortality and readmission within 30 days of discharge.

Results: Preliminary results: Of the 3883 elderly patients 42% where males. Mean age were 79 years. Mean LOS was 5.5 days. Within 48 hours from admission 54% were discharged. Among patients with no co-morbidity the 30 days readmission frequency were 12 % for LOS ≤48 hours and 16% if LOS > 48 hours. For patients with one or more co-morbidity the 30 days readmission frequency were 16 % for LOS ≤48 hours and 18% if LOS > 48 hours. Only 45% of the readmission diagnosis was identical with the primary admission diagnosis. We will extend these results with results from biomarkers, and use these in a Cox regression to predict readmissions and death.

Conclusion: Usual information provide to the primary health sector at discharge is insufficient to identify the risk of readmission and death. We expect biochemical parameters can be clinical feasible parameter in risk assessment of readmission and death.
2.1 Community health centre, primary physician or arrangements made relevant referrals to the geriatric outpatient clinic, comprehensive geriatric assessment. Following this the nurses medical intervention, new or different home care services, or comprising a checklist of 10 physical, mental, medical and social N=271. Intervention: A nurse did a brief nursing assessment decline (had an ISAR 1 score of 2-6 points) and discharged home patients >70 at increased risk of readmission and functional trial with follow-up at one and six months. Included were unresolved problems and preventing further functional decline. 1 tool followed by structured nursing assessment and interven

Method: We conducted a prospective, randomized, controlled trial with follow-up at one and six months. Included were patients ≥70 at increased risk of readmission and functional decline (had an ISAR 1 score of 2-6 points) and discharged home in the period 16th of February 2009 to 31st of January 2011, N=271. Intervention: A nurse did a brief nursing assessment comprising a checklist of 10 physical, mental, medical and social items. The focus was on unresolved problems which require medical intervention, new or different home care services, or comprehensive geriatric assessment. Following this the nurses made relevant referrals to the geriatric outpatient clinic, community health centre, primary physician or arrangements with next-of-kin. Findings: Primary endpoints will be presented as unplanned readmission to ED; admission to nursing home; and death. Secondary endpoints will be presented as physical function; depressive symptoms; health related quality of life; and hours of help received from the community. Conclusion: The presentation at the conference will include results collected at one and six months follow-up, this will show if a two-stage intervention consisting of screening with the ISAR 1 tool followed by structured nursing assessment and intervention in the ED could be a way of discovering geriatric patients' unresolved problems and presenting further functional decline and readmission.

Conclusion: It is possible to admit older frail patient directly from ambulance to a geriatric unit. Time to doctors' assessment can be reduced with 1½ h. The fast track is an important improvement, with a large value for the elderly, while maintaining medical safety. We can already conclude that the fast track to a geriatric unit will be a future important part of the emergency medical service, to meet the need of the elderly.

The fast track from ambulance to geriatric unit was introduced on February 15th 2010. After one year: 120 patients. 79 in the control group. Middle age is 88 years old in both groups. Gender distribution: about 60% women and 40% men. Cause of admission (fast track): 35% general weakness, 13 % fall at home, 8% dyspnoea, 6,5% confusion, 6,5% vertigo. The ambulance nurse is spending 19 minutes extra with the patient. Time to doctor was median 42 minutes (fast track) and 147 minutes (Emergency Room). Total time at the ER was mean 312 minutes. Totally the value of this fast track is 5,5 hours earlier to the hospital bed.

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2.1-4 17:00-17:15

On the Threshold - Older Persons' Concerns Related to Hospital Discharge

Author: Doktorand Felicia Gabrielson-Järhult
School of Health Sciences
Co-author: Docent Per Nilsson
Background: Discharge planning is a communicatively complex process, the aim of which is to identify and organize care and support to meet older persons’ needs after discharge from the hospital. However, the concerns experienced by older persons in the discharge process have been studied insufficiently.

Objective: To identify older persons’ concerns about everyday life after discharge and their expressed needs for further care and support.

Methods: Content analysis of videotaped discharge meetings and individual follow-up interviews with 27 older persons; 17 women, 10 men; median age 82 (range 67-93) years at a Swedish county hospital. Informants had a variety of causes for hospital care.

Results: Three themes emerged from analysis of the data, labeled “striving to attain security”, “striving to regain independency” and “recognizing the need for further care”. One person could express more than one concern. Many of the older persons being discharged from hospital raised somewhat conflicting concerns such as they wished to be independent and get back to a normal everyday life concomitant to realizing that they had to accept a certain amount of care and support to attain security.

Conclusions: The hospital discharge process brought strain and uncertainty to many older persons. Their main concerns were related to how support and care could be organized as to achieve an acceptable balance between their strive to regain independency and their wish to receive enough care and support to attain security in their post-discharge everyday life.

The Cumulated Ambulation Score for the evaluation of basic mobility in geriatric wards

Author: Senior Researcher Morten Tange Kristensen
Department of Physical therapy and Orthopaedic Surgery, Hvidovre University Hospital.
Co-authors: PhD-Student Thomas Linding Jakobsen, Physiotherapist Jesper Westphal Nielsen, Geriatric Consultant Lillian March Jørgensen, Section Leader Robert-Jan Mannhuis, Physiotherapist, Development Line Rikkeidal Jansen

Objectives: To assess the feasibility of the Cumulated Ambulation Score (CAS) for the evaluation of changes in basic mobility in a geriatric ward.

Methods: The CAS assesses basic mobility defined as; getting in and out of bed, sit to stand from a chair and walking, with a score from 0-6 (a score of 6 indicative of independent mobility). All patients were evaluated objectively with the CAS by physiotherapists, upon admission and before discharge.

Results: A total of 101 consecutively admitted patients (74 women, 27 men) with a mean (SD) age of 84.9 (7.2) years, were included. The primary reasons for hospitalisation were medically illness (n = 56, 55%), falls or decreased functional level (n = 42, 42%) and surgical illness (n = 3, 3%). Number of patients independent in basic mobility increased significantly (P<0.001, Figure), after a mean of 17 (12) days in the ward. Fewer patients were independent in bed transfer as compared to chair and walking (Figure). Those not independent in basic mobility upon admission (CAS>6) died more often during admission (7 out of 8 who died), and were more often not discharged to their own home (13 out of 19 not discharged to own home) as compared to those independent (CAS≤6) upon admission.

Conclusions: The CAS is feasible for use in a geriatric ward to evaluate changes in basic mobility for the majority of patients, and recommended to be used, nationwide in geriatric wards. It seems as if specially training of “bed” independency should be given a higher priority. Additionally, the CAS may be useful in predicting patients at risk of dying, or not being discharged to their previous residence.

Development in basic mobility in a geriatric ward, n=101

The Cumulated Ambulation Score (CAS)
O2.2 Social and health care

Dilemmas in home nursing care and for elderly based on analysis of health care reform in Denmark

Author: Ulla Skjødt
University College Seeland

Abstract: Dilemmas in home nursing care and for elderly based on analysis of health care reform in Denmark. The effort is to produce understanding and dialogue about how management tools can create paradoxical scenarios in the municipal organisation in daily work for the community nurses and for elderly who are in need for home nursing care.

Methods: The method is qualitative deductive content analysis of political material. The chosen material is analysed in connection with organisational management tool and changes of the welfare society and how this has an impact in a nursing and an elderly perspective. The theoretical framework consists of five categories: character of the management tools, paradox of the management tools, home nursing care between market economy, science and professional judgement, elderly between reality, continuity of care and standardisation and self-determination of the elderly. Research questions are formulated within each category with which the material is coded focused and systematic.

Results: Estimated to bring out themes to explain how the presumptions are embedded in the aim of the study. This project is a part of a Ph.D. study in the context of New Public Manage- ment regarding impact on professional nursing in society and elderly in need of home nursing care.

O2.2-2  16:30-16:45
Support to elderly care nurses – developing a knowledge centre

Author: Dr. Lena Olai
Dalarna University

Objectives: Nurses working in elderly health care in the municipalities needs a broad competence. They have to deal with an extensive range of health problems, co-morbidity, medical and nursing treatment, supervision of patients, relatives and staff. They also have to follow national guidelines (NG) and evidenced based methods (EBM) and documenting the care process in patients’ journals. The aim of the Knowledge Centre (KC) is to provide support and coordinate work and care development, based on research and evidence based practice.

Methods: All 15 local authorities in the county of Dalarna and Dalarna University have developed a KC for elderly health care. A Senior Lecturer (SL) will supervise and develop the work in close collaboration with the nursing staff. The first step was identifying the nurses’ needs, and that process is still in progress. The second step was working in small groups under the supervision of the SL. Local care programmes, and working routines from all authorities, together with NGs and EBM, were compiled and developed to update regional care programmes, in consensus.

Results: As of date, the work has contributed to a production of documents in nursing care related areas such as patient security, implementing guidelines, routines for delegating health care duties to unqualified staff, mentor-program for newly employed registered nurses, and networks for nurses. The production of documents produced by the KC is available on a Swedish web-site www.du.se/kommunalvardutveckling with free access. The work has generated a number of suggestions for student thesis for nurses as well as for researchers. The KC has contrib- uted to cooperation between nurses in different authorities.

Conclusions: The KC successfully contributes support regarding processes and structures for knowledge dispersion and practical issues with special focus on elderly care nurses.

O2.2-3  16:45-17:00
Early Non specific Signs and Symptoms of Infection in Nursing Home Residents and the Clinical Decision Making Process: Perceptions of Nursing Assistants

Author: RNT, PhD Mårtha Sund-Levander
Hoeghland Hospital
Co-authors: MD, PhD Anna Milberg, RNT, PhD Pa Tongström

Background: Infectious diseases in nursing home residents (NHr) is related to non specific signs and symptoms, contributing to a delayed diagnosis and treatment, hospital care and mortality.

O2.2-5  17:15-17:30
Better cooperation - better care delivery for the frailest elderly

Better cooperation-Better life!

Author: Marie Bergström
The City of Stockholm, the district of Hägersten-Liljeholmen

Diabetes mellitus is becoming a constantly increasing chronic chronic This project is to improve care delivery for the frailest elderly. The City of Stockholm, the district Hägersten-Liljeholmen with 74,000 inhabitants-12 % aged 65 or more. A large number of organizations delivering health care and social care are established in the district.

Purposes:
- To improve cooperation between healthcare and social care givers who are involved in delivering care
- To deliver sustainable measures that improve the delivery of care in terms of improved quality and cost efficiency. Target group: individuals aged 65 or more with social care delivery in there homes and:
- Two hospital stays or more during the last 12 months and/or home health care with at least one hospital visit a week

The target group have needs of both health- and social care and is small-6% of age 65 or more. It accounts for: 43% of the county council’s healthcare costs in the district for individuals aged 65 or more +56% of the district’s social care costs for home care for individuals aged 65 or more

The group is highly dynamic-more than 50% leave the group during a year

Methods: The project has focused on engaging employees from workplaces in the involved organizations to design special and strengthened routines using Lean methodology.

Follow up and evaluation process:
**O2.3 Images of ageing**

**Chair:** Myra Levintner  
11-06-2012, 16:15-17:30, Room 1

**Constructions of age in variety of cultural contexts and the consequences for leading an ageing workforce**

**Author:** Professor Cordula Braedel-Kühnner  
Karlsruhe University International University

Co-authors: Constructions of age in variety Marj-Wallin

The increasing diversity of an ageing workforce demands leaders to support an open (non-stereotypical) attitude towards growing old and a willingness to reflect on ageing as an element of diversity. Objective of this exploratory study is to increase understanding of the leaders’ perception of ageing in different cultural contexts.

The leadership concept, our study is based on, is the concept of individualized, age-related leadership (Braedel-Kühnner, 2005; Braedel-Kühnner & van Elst, 2011; Ilmarinen, 2002). The perception of one’s own ageing depends on cultural and social influences, on images of age and ageing. The concept considers the meaning of the construction of age and ageing in the context of an individual and interactive leader-employee relationship as well as in the evolving collective understanding of leadership. This research drawn on Max Weber’s social closure theory and Niklas Luhmann’s inclusion/exclusion theory to explain age discrimination and unequal treatment as a cultural or ideological process (Weber et al., 1978; Roscio et al., 2007).

We used a mixed method research using a quantitative questionnaire (n=395) study and semi-structured interviews (n=24). The data (from Finland, Germany, Italy and Switzerland), was analysed by an exploratory principle component analysis. The data is collected during three separate months in 2011 and repeated in 2010 (n 3370) and repeated in 2010 (n 6838). The respondents in our study were 65 and 75 years of age in the two years respectively. The analysis of the data was descriptive and differential (Chi-square), showing frequencies, tendencies over time and variations across subgroups.

**Results:** Our discussion is committed to interpreting the empirical tendencies that are observed in the data. We delve into tentative interpretations of design effects, political rhetoric (in a wide sense) and ageing awareness, and, the individualisation of society.

**Older people on the agenda**

**Author:** Dr. Kirsi Lumme-Sandt  
University of Tampere

Population is ageing and issues concerning older people are dealt with regularly in daily news. The images of old age and older people presented on the media have a significant role on shaping both our understanding of the role of older people and meaning of old age in the society.

The aim of this presentation is to look at what is written about older people and population ageing on editorial pages of two Finnish leading newspapers, Helsingin Sanomat and Aamulehti. The data is collected during three separate months in 2011 and 2012. The articles dealing with old age and ageing are analyzed with content and discourse analysis.

Most of the articles related on ageing focus on societal level, and older people are seen as anonymous mass. They are often seen as passive recipients of care and burden to economy. Population ageing is also used as a popular justification for very different aims without any explanations. Although the population ageing is seen as a problem, there are also tones that the civilized society has to take care of its’ whole population no matter of the costs.

The positive side of population ageing is taken into consideration very seldom. The resources of older people are ignored. Articles don’t give much space for heterogeneity and active role of older people.

**Discussion:** Our discussion is committed to interpreting the empirical tendencies that are observed in the data. We delve into tentative interpretations of design effects, political rhetoric (in a wide sense) and ageing awareness, and, the individualisation of society.

**O2.3-2 16:30-16:45**

"As time goes by"?

A contribution to the discussion of time in the study of ageing

**Author:** Dr. Myra Levintner  
Department of Sociology

The concept of time seems intrinsically related to the study of ageing. Yet there is an uncomfortable feeling among people working with social science and humanities approaches to ageing with the linear conception of time that dominates current discourses. Baars wants to integrate the chronological approach towards ageing with personal experience and narrative articulations of time. However, thoughtful, this approach doesn’t seem to break the dominance of linear time. This paper will first argue that the current linear approach to time has deep roots in history and society and is deeply constructed by western societies. Next the paper will seek to complement this dominant discourse with a complementary one consisting of four elements of time: individual, social, symbolic and infinite time. These will be elaborated and developed so that they can be used in research on ageing in order to understand individual experience of ageing within a socially structured time frame.

**O2.3-3 16:45-17:00**

Older people on the agenda

**Author:** Dr. Kirsi Lumme-Sandt  
University of Tampere

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The positive side of population ageing is taken into consideration very seldom. The resources of older people are ignored. Articles don’t give much space for heterogeneity and active role of older people.
set in motion by the EU anti-age-discrimination directive (2000/78/EC). Among other things, this directive required EU member states to enact age discrimination legislation. Society, however, encompasses different discourses – or forms – of age discrimination, i.e. different ways of defining age discrimination as well as different views on what should be done in order to curb such tendencies. The aim of this paper is to analyse how age discrimination was constructed on a political arena by scrutinising how the governments as well as MPs in Finland and Sweden, respectively, ‘talked’ about this particular issue during the legislative process. How was the extent and essence of the problem constructed discursively during this process, what groups were pointed out as particularly affected by age discrimination, and, what claims were made in order to rectify the problem? We argue that although age, among other things, was posed as a thinkable ground for discrimination in both countries, the documents and debates did not elaborate in detail on this problem (e.g. the causes and effects). For instance, the legislative process was not anchored in a scientific debate on age discrimination and ageism; instead it can be seen as a more or less direct policy offshoot of the EU directive in question. Moreover, the legislative process contained few concrete claims for rectifying direct policy offshoot of the EU directive in question. Moreover, discrimination and ageism; instead it can be seen as a more or less

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O2.4 Nutrition and vitamin status

Chair: Anne Marie Beck
11-06-2012, 16:15-17:30, Room 2

Nutritional risk (NRS2002) and low BMI was associated with increased mortality for patients in a university hospital.

A one year follow-up.

Author: Randi J Tangvik
Haukeland University Hospital
Co-authors: Professor Anne Berit Guttormsen, Professor Grethe S Tel, Biostatistician/FH Ray Modin/Milisen, Statistician Andreas Henrikson, Professor Anne-Ellyn Rainich

Background and Aims: Disease related malnutrition is common in hospitalised patients and is associated with adverse outcomes. To improve nutritional care and practice at Haukeland University Hospital, Bergen, Norway, a nutritional strategy was developed and a campaign entitled “Good nutritional practice” was introduced. Screening for nutritional risk was introduced to identify patients in need of improved nutritional care. The aim of this study was to investigate, by one-year follow-up, risk factors and consequences for patients at nutritional risk according to Nutritional Risk Screening 2002 (NRS2002).

Methods: During eight repeated point prevalence surveys in 2008 and 2009, a total of 3280 adult somatic inpatients were screened by NRS2002. Patient characteristics and data on one-year mortality were obtained from the patient-administrative database.

Results: Of 3280 screened patients, 29% (952) were identified to be at nutritional risk (at risk). These patients were more often women than men (53.5% vs. 46.5%, p<0.001), in average 6.2 years older (67.8 years vs. 61.6 years, p<0.001), had a lower mean BMI (21.4 vs. 24.9, p<0.001) and more co morbidity (24.8% vs. 12.3% with eight diagnoses or more, p<0.001). Compared to patients not at nutritional risk (not at risk), the patients at risk had increased mortality (OR=4.65 (3.87-5.58), even after adjusting for age, sex and illness score (OR=2.13 (1.42-3.16)). Near half of the patients at risk, who were 60 years and older, died the following year. For patients aged 40-60 years, mortality was four times higher among patients at risk, compared to patients not at risk. BMI (BMI) was associated with reduced mortality at one year follow-up, compared to the lower BMI categories.

Conclusion: Nutritional risk identified with NRS2002 was associated with increased one-year mortality. Higher BMI was associated with reduced one year mortality. Strategies to prevent and treat malnutrition in the hospital and post discharge are crucial.

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O2.4-2 16:30-16:45

Trends in nutritional status and caring practices among service house and nursing home residents in Helsinki 2003 - 2011

Author: Dr. Helena Soimi
SERVICES FOR ELDERLY CITY OF HELSINKI
Co-authors: PhD Seija Maukainen, DDS Merta Suominen, PhD Niina Savikko, MD, student Marko Halttunen, MD, PhD Kasu Pitkälä

Aims: The aim of this study is to compare the older nursing home (NH) residents’ and service house (SH) residents’ nutritional status in 2003 and 2007, respectively, with that of residents in both settings in 2011. Methods: In 2003 and 2007 we assessed the nutritional status all NH and SH residents in Helsinki, Finland and repeated the assessments in these settings in 2011. In 2003, 2114 (87%) NH residents and in 2007, 547 (7%) SH residents were assessed, whereas in 2011, 1586 NH residents (86%) and 1532 SH residents (61%) were assessed with a personal interview and with the Mini Nutritional Assessment (MNA).

Results: The mean age of both later cohorts was higher in 2011 than in 2003 (NH: 84.4 vs. 83.7) and in 2007 (SH: 84.2 vs. 82.7), respectively. A larger proportion had dementia in 2011 cohorts than in 2003 (NH: 76.0% vs. 69.4%, p<0.001) and in 2007 (SH: 69.5% vs. 59.3%, p<0.001). A larger proportion of later cohorts were either malnourished or at-risk of malnutrition according to the MNA than in 2003 (NH: 93.4% vs. 88.7%, p<0.001) and in 2007 (SH: 81.9% vs. 78.0%, p<0.001). The use of nutritional supplements was significantly more common among the later cohorts than in 2003 (NH: 11.1% vs. 4.8%, p<0.001) and in 2007 (SH: 10.7% vs. 3.1%, p<0.001). The same applies to the use of vitamin D supplements (NH: 78.1% vs. 32.9%, p<0.001), (SH: 68.7% vs. 60.2%, p<0.001).

Conclusions: In 2011 institutionalized resident population in Helsinki is more frail, prone to malnourishment and suffer more often from dementia than 4-8 years ago. Institutions seem to be more aware of good nutritional care of vulnerable older people although there is still room for improvements.
Vitamin B6 deficiency and diseases in elderly – a study in nursing homes

Author: MD Ida Kindsbakk Kjeldby
Norwegian University of Science and Technology
Co-authors: Ida K Kjeldby, MPHarm Gunnar S Fossen, MSc Solveig Ligenstein, Prof Per G Farup

Background: Malnutrition, vitamin deficiencies and diseases are common in elderly.

Objectives: Assess the prevalence of vitamin B6 (B6) deficiency and the associations between B6 deficiency and diseases in elderly.

Methods: Residents in five nursing homes with 190 beds were invited to this cross-sectional study. Demographics, nutritional status (Mini Nutritional Assessment MNA® score; range 0-30, <17 = malnutrition, 17-23.5 = risk of malnutrition), activities of daily living, physical activity (steps per day), dietary habits, use of drugs, and psychiatric and somatic diseases were recorded. A blood sample including B6 (p-PLP) was collected, and p-PLP values <20 nmol/l indicates B6 deficiency in elderly. Although no association was seen between B6 deficiency and somatic and psychiatric diseases, vitamin supplement should be recommended at frail elderly in nursing homes.

Results: Among the 170 patients we commonly found undiagnosed hypertension and diabetes. Forty patients with high values were referred and 23 (14%) of them required further care. The coherence was 64.5% between oral health care and medical health care concerning blood pressure recording, and 60.5% concerning plasma glucose. Among elderly subjects there was significant correlation between malagzel bone loss and high systolic blood pressure. No significant correlations between plasma glucose and periodontal status were found.

Conclusions: To identify medical risk patients, the coherence between oral health care and medical health care registrations in this study based on blood pressure and plasma glucose, indicates that it is useful for dental professionals to perform opportunistic medical screening and refer elderly medical risk patients to the medical care system before medical complications occur.

O2.5 Inequality and health

Chair: Charlotte Nilsson
11-06-2012, 16:15-17:30, Room 3/4

O2.5-1 16:15-16:30

O2.5-3 16:45-17:00

Alcohol consumption among men and women.

The impact of education, values and urbanization
Author: Dr. Britt Slagsvold
NOVA- Norwegian Social Research
Co-author: Researcher Ivar Lima

Objectives: Alcohol consumption is increasing in the elderly population in Norway, especially among elderly women. Because a higher consumption will lead to relatively more people with problems related to alcohol, the situation has become a source of public health concern. Higher alcohol consumption is assumed to be associated with modern ways of life. How strong are these associations? Are they equally strong among men and women? More specifically we explore the relationship between alcohol consumption and three aspects related to modernization; education, values of self-enhancement, and urbanization.

Methods: The analyses are based on cross-sectional data from the Norwegian NorLAG and LLOG study in a sample of 6988 men and women aged 40 to 85. Data were collected in 2007-08.

Results: Frequent alcohol consumption is almost twice as high
among women aged 40-49 compared to 50-59. Men consume more than women, but the proportion of women with an intake above WHO’s recommendations is higher among middle-aged women than among middle-aged men. Education is associated with alcohol consumption, importantly among women than men. Values of self-enhancement and urbanization are also significantly associated with alcohol intake, more strongly among men than women.

O2.6.2 16:30-16:45
Older people’s accounts of their mental well-being and resources
Author: Savi Fried
The Age Institute! Co-authors: PhD, Line Manager Sirkkaliisa Heimonen, MSc, Coordinator Piippo Jokinen, Logotherapist, Planner Minna Laine

Mental health and mental well-being are essential resources of meaningful life in old age. This research is part of a research and development project Meaning in Old Age - Knowledge and Tools for Supporting the Mental Well-Being of Older People (2011-2014) at the Age Institute funded by the Finland’s Slot Machine Association (KAY).

The study applies interdisciplinary approach by applying psychological, gerontological and logotherapeutic theories. We will analyze older people’s own descriptions and reflections of meaning in life in old age.

The data was collected in semi-structured interviews. The objective of the semi-structured interviews was to map the thoughts and resources of older people in recognizing and maintaining well-being and positive outlook on life. The interviews were conducted in the metropolitan area of Helsinki, Finland. The first ten interviews were performed in autumn 2011 and the preliminary results are based on these interviews. The total number of respondents was 11 (9 women and 2 men). The age range of the interviewees was 69-85 (mean 76). The data collection is on-going and will continue up to 20 interviews during the spring of 2012. The interviews were recorded, typed verbatim and analyzed thematically.

The preliminary results demonstrate certain shared elements in different ways of finding meanings in life and maintaining mental well-being. The most common was connections with other people. The key to maintaining meaningful and satisfactory relations with others seemed to include the chance to adjust the intensity and frequency of contacts based on own preferences. Experiences of personal growth sometimes required changes in earlier habits and may have been strenuous. Once implemented, the consequences were often positive.

O2.6-3 6:45-17:00
Valuation of Life in old age and the role of intrapersonal factors
Author: Lia Araújo
UNIKI
Co-authors: Valuation of Life in old age Lia Araújo, Oscar Ribeiro, Constança Paul

Valuation Of Life (VOL) is understood as a set of judgments, emotions and projections into the future, representing the dynamic accommodation and assimilation process by which
people meet the threat of illness and decline” (Lawton et al., 1998: 23). In order to analyze the differences of VOL in young-old, old-old and very-old people and identify the factors that explain its variance, a study with a sample of 207 communi- ty-dwelling participants aged between 60 and 96 years (mean age 77.2, SD 7.5) was conducted. Data collection included a multidimensional protocol comprising validated and recognized instruments as the Positive Valuation of Life Scale (Lawton, 1998), the Meaning of Life Questionnaire (Steger et al., 2006), the Geriatric Depression Scale (Yesavage, 1982), the NEO-FFI (Costa & McCrae, 1992) and the OARS (Fillenbaum & Smyer, 1981), as well as socio-demographic information. Results demonstrated differences on life evaluations between the three age groups (p<0.05), with better results in the youngest. After testing the individual contribution of each variable with unadjusted linear regressions for the Positive Valuation of Life (Pos-VOL), we conducted an adjusted linear regression model using the significant ones, namely gender and age. In the final model, extraversion, conscientiousness, meaning of life and depression explained 57% of the dependent variable variance (R2=0.565). The results for extraversion, as one of the contributors of Pos-VOL is in line with previous work (e.g., Costa & McCrae, 1992) and the OARS (Fillenbaum & Smyer, 1981), as well as socio-demographic information. Preliminary results: Frequent use of alcohol, is associated with empty nest households. Widowed women drink less frequent. Frequent use of alcohol, drinking alcohol at least twice a week or more, increased from 27.7 percent at wave 1 to 31.6 percent at wave 2. Frequent drinking of at least 3 alcohol units increased from 11.8 to 13.3 percent. However, five year change in frequency of use alcohol is age-related, as increase is strongest among respondents aged 40 to 69. Longitudinal analyses indicate that the association of life course transitions with change in alcohol consumption is not statistically significant. Conclusion: The increasing alcohol consumption among respondents aged 40-69 deserves a closer attention. The cross-sectional data shows a higher consumption among persons that have are in an empty nest household, and a less frequent consumption among widowed women. Retirement is not associated with increased alcohol consumption, neither in the panel data nor in the cross-sectional data.

O2.7 Hip fracture I
Chair: Timo Strandberg
11-06-2012, 16:15-17:30, Room 13
O2.7.1 16:15-16:30
Will comprehensive geriatric work-up during the index stay improve mobility at 4 months in hip fracture patients? The Trondheim Hip Fracture Trial.

Author: Professor Olav Støtvold
Norwegian University of Science and Technology
Co-authors: Andres Prestmo, Permale Thringstad, Knut Taraldsen, Lars Gunnar Johnsen, Jorun L. Helbostad, Ingvild Saltvedt

Background: Hip fractures in old age have serious consequences on function, mobility and mortality. The aim of the study was to investigate if treatment of old hip fracture patients in an orthogeriatric ward during the hospital index stay has advantage over standard care in an orthopedic ward. Primary endpoint is mortality at 4 months after the fracture.

Methods: A randomized clinical trial (RCT) enrolled 400 home dwelling patients aged 70 years +. Randomization was performed before surgery while the patients were in the emergency room. The intervention group received comprehensive geriatric assessment including a work-up by geriatricians, nurses, physiotherapists and occupational therapists. Control patients received standard orthopedic care. Information on demographic characteristics, pre-fracture use of walking aids, cognitive function, activities of daily living (ADL), instrumental ADL (IADL) and medical condition was collected during index stay from patients and caregivers and review of medical records. ADL was evaluated by use of Barthel Index (0-20) and IADL by use of Nottingham extended IADL scale (0-66). Mobility was assessed by use of Short Physical Performance Battery (SPPB) and Timed Up and Go (TUG) at the 5th postoperative day and at 1, 4 and 12 months

Results: Data collection will be closed in January 2012. Group allocation is therefore unknown. Preliminary analyses show that the study sample has a mean age of 83 years, 75% are female, and 10 % lived in sheltered housing before the injury, and that the participants had a prefracture median Barthel Index value of 20 (interquartile range 17-28) and median IADL score of 45 (interquartile range 28-57). The mean SPPB score at 4 months was 5.11 points (SD 3, 04) (range 0-12).

Conclusions: Preliminary data demonstrate a study sample of old hip fracture patients with restricted mobility 4-months after the fracture. Data comparing mobility and ADL-IADL in the two treatment arms will be presented at the congress.

O2.7.2 16:30-16:45
Rehabilitation to Elderly Patients with new Hip
Based on Patient Reported outcome measurement

Author: Dr. Britta Hordam
University College

Objectives: Based on results of a clinical randomised trial aimed to study the effect of rehabilitation nursing to patients with new hip after early discharge.

Method: Two post doco randomised clinical trials of 260 patients focusing on patients’ health status by using SF-36 at 4 weeks pre- and 3 and 9 months postoperatively were carried out. Patients were randomised 4 weeks preoperatively to either control or intervention groups. Both groups received the conventional surgical treatment, but the intervention groups 1 and 2 were either interviewed by telephone 2 and 10 weeks (group1) or 1, 3 and 7 weeks (group 2) after surgery by a nurse specialist. Patients were given counselling within eight main dimensions with reference to their postoperative situation based on specific developed counselling and clinical guidelines to patients after hip replacement.

Results: All patients experienced improvement in health status. The counselling significantly reduced the time patients needed to reach their habitual levels; the intervention patients reached their habitual levels at least 3 months whereas the control patients reached theirs after 9 months.

Conclusion: Nursing intervention and innovation by telephone interviews and support in the postoperative phase seems to benefit patients’ improvement within rehabilitation.


O2.7.3 16:45-17:00
Progressive strength exercise is feasible and seems very effective when commenced shortly after hip fracture surgery

Author: Physiotherapist Jan Overgaard
Team Rehabilitation, Lolland Community
Co-authors: Ph.d., Senior Researcher Morten Tange Kristensen

Objectives: We want to examine the feasibility and effect of a 6-weeks progressive strength training program for patients with hip fracture in an outpatient geriatric health centre.

Methods: This prospective cohort study with thirty-one subjects (5 men and 26 women) with a hip fracture, at a mean (SD) age of 77.9 (8) years who followed a standardised 6-weeks rehabilit-
Changes in quality of life among older patients one year after hip fracture

Author: Associate professor Else Vengnes Grue
Diakonhjemmet University College, Department of Nursing and Health

Background: Older persons who experience a hip fracture are at high risk of impaired quality of life. Our aims were to identify characteristics in hip fracture patients with impaired health related quality of life and changes during the following year. Also we intended to discover indicators that might predict high quality of life at twelve month after hip fracture.

Methods: A total of 311 patients were admitted to two acute-care hospitals during 2004-2006 for hip fracture. Inclusion criteria were age 65 years or older and admitted from their own home. Information about pre-morbid period, three days prior to the incidence, was collected retrospectively using the Resident Assessment Instrument for Acute Care (InterRAI-AC) and SF 12 Health Survey also at three and twelve month after the hip fracture. The Mental and Physical Health Composite Scores (MCS & PCS) were computed using scores of the SF 12.

Results: Persons with premorbid values lower than the mean score MCS (43.0 (SD 6.2)) had more often discouraged mood than patients with higher mean score. The twelve month follow-up mean MCS did not changed compared to premorbid and three month assessment (p=0.08, p=0.279 respectively). Patients with less than the mean score PCS (42.8 (SD 11.3)) prior to the admission had more frequently cognitive and combined sensory impairment, ADL and IADL less compared to patients with higher mean score. The mean value on PCS at three months [36.9 (SD10.6), p=0.011, showed a lower value than the initial assessment. At twelve month PCS showed a poorer value [39.5 (SD10.2) p=0.011], than premorbid. Eighteen percent had high quality of life (PCS>48.7) twelve month after the hip fracture. Predictors for high quality of life were younger age, independent in ADL and home care.

Conclusion: Interdisciplinary intervention programs aimed at empowering home dwelling older people with hip fractures in maintaining daily activity may improve health related quality of life.

Keywords: Hip fracture, 65 years or older, 12-month follow-up study, SF12 Health Survey, InterRAI-AC, comprehensive assessment
Aging and Health Practices Between Two Cultures: Elderly Turkish Migrants in Denmark

**Author:** Postdoc, Ph.D. Anne Leonora Blaakilde, Center for Healthy Ageing, University of Copenhagen
**Co-authors:** Visiting Scholar, Dr. Suzan Yavaci, Research Assistant, MA Signe Gransvæl Petersen

**Background/purpose:** Since labour migration from Southern Europe to the North started in the 1960s, host countries like Denmark are facing new demographic challenges regarding this population of retired migrants who do not necessarily age and live like other Danish retirees. No one – and least of all the migrants themselves – expected the move to be permanent, and potential problems following migration were not foreseen and not dealt with. Many of them obtained low-paid, physically demanding jobs, did not learn the language of the host country, did not receive further education, did not invest in real estate, and now as they age, do often not possess the same positions and legal rights regarding the Danish pension system as the in-born Danes do.

Such aspects of otherness can eventually cause a range of problems such as social isolation, poor financial situation, languages and discourse psychological approaches. The Faroe Islands consist of 17 inhabited islands in the middle of the Atlantic Ocean, of which only half are connected by tunnels or bridges. There has been a vast migration, especially of young people, from the small islands and communities to e.g. the capital Tórshavn. This has left some areas with only a few older people remaining. The study was undertaken with the assistance of an Ethiopian social worker whose presence opened doors to us despite the prevailing suspicion and mistrust. Our research was undertaken with the assistance of an Ethiopian social worker whose presence opened doors to us despite the prevailing suspicion and mistrust. He helped us overcome the language barrier and constituted a bridge to understanding the culture of the research subjects. By employing an interpretative sociological approach that adopts a phenomenological perspective and utilizes qualitative research methods, we examined interpersonal influences as we focused on the cultural dimension. This approach enabled us to reveal the meaning of life for the kessoch in a postmodern reality and to decipher the cultural shock that they experienced.

This is the first such cultural anthropological study that addresses the problem of traditional elderly leaders who come into contact with “postmodern life materials” and are unable to contend with “postmodern life materials” and are unable to contend with them. Our research shows how these elderly leaders, who underwent this jolting experience, are of particular interest to us since through them we are able to learn about other elderly populations that experience similar processes.

For thousands of years, the elderly Ethiopian kessoch were the undisputed leaders of the Jews who lived in Ethiopia. The great revolution that they led as they presided over their communities on the journey to the Promised Land (Israel) eventually radically transformed their status and in fact destroyed their social position in their old-new homeland. Our research was undertaken with the assistance of an Ethiopian social worker whose presence opened doors to us despite the prevailing suspicion and mistrust. He helped us overcome the language barrier and constituted a bridge to understanding the culture of the research subjects. By employing an interpretative sociological approach that adopts a phenomenological perspective and utilizes qualitative research methods, we examined interpersonal influences as we focused on the cultural dimension. This approach enabled us to reveal the meaning of life for the kessoch in a postmodern reality and to decipher the cultural shock that they experienced.

The invisibility leaders: Elderly ethnic priests in Israel

**Author:** Dr. Aviva Kaplan, Netanya Academic College
**Co-author:** Dr. Aviva Kaplan, Dr. Rachel Sharaby

Our lecture addresses a central topic, migration, which is one of the prominent characteristics of the borderless postmodern society in which we live. The experience of migration imparts to all migrants a sense of marginality and social exclusion. The elderly Ethiopian kessoch (priests) who came to Israel over the past two decades constitute a singular population that underwent this jolting experience. They are of particular interest to us since through them we are able to learn about other elderly populations that experience similar processes.
O4.1 Medication
Chair: Carsten Hendriksen
12-06-2012, 10:30-11:30, Plenum 8/10

Does the increasing use of statins in older people reflect an indication creep?

O4.1-1 10:30-10:45

Author: Post doc Helle Wallach Kildemoes
University of Copenhagen
Co-authors: Lektor Carsten Hendriksen, Post doc Mikkel Vass, Professor Morten Andersen

The use of statins (the most important group of cholesterol lowering drugs) increased considerably during the last decade. In 2009 the number of statin-users in Denmark increased to 530,663, corresponding to about 10% of the population. Introduced to reduce the high mortality in middle-aged men with myocardial infarction, statins are now also recommended for a range of other conditions, including individuals without cardiovascular disease (CVD) or diabetes (there termed asymptomatic individuals) at high risk of CVD.

Yet, it has been questioned whether the beneficial CVD risk reducing effect among older people outweighs the adverse effects e.g. muscle problems.

Aim: The aim of this study was to explore trends in prevalence and incidence statin-use in elderly (age=65) according to indication, age and gender.

Methods: We followed all Danish adults during 1996-2009 in the nationwide individual-level registries with respect to demographic information, dispensed prescription drugs and in-hospital information. The indication for statin-prescribing was continuously assigned by means of register-markers for a range of CVD conditions and diabetes (applying prescription and in-hospital information). Prevalence and incidence of statin-use during 1996-2009 were computed according to indication, age and gender.

Results: During the period 1996-2009 statin incidence increased substantially more in older than in younger age groups and was especially observed in asymptomatic individuals. The prevalence increased to 320/1000 and 170/1000 in individuals aged 65-84 and 85+ respectively – asymptomatic statin-users amounting to 27% and 10%, respectively. Incidence and prevalence in asymptomatic individuals were highest in women.

Conclusion: Statins are increasingly prescribed for asymptomatic older persons, despite the dubious net-beneficial effect. Are we facing an indication creep for preventive drugs with an inverse ageism transforming elderly care into disease/death preventive drugs, prescription drugs, and pharmaceuticals used for therapeutic purposes.

O4.1-2 10:45-11:00

Dilemmas in discontinuing medication among elderly people

The example of discontinuing statins in primary care

Author: Michael Nixon
Copenhagen University

Among elderly patients the usage of statins has increased exponentially over the last 10 years. There are several problems with this increased usage, including: overprescription of statins, a weak evidence base for effectiveness of statins for those over 65 years of age, especially women, as well as the risks of increased polypharmacy and reduced adherence to existing medication. There is also evidence of patients having general moral stance against taking drugs. One potential strategy for addressing these problems is the discontinuation of the medication (statins), especially in primary care where most of the medication is prescribed. However, little is known about the decision-making process of general practitioners (GPs) in decisions to discontinue or continue. Therefore this study used a qualitative methodology to examine the decision-making process of GPs to identify how appropriate discontiuation could be encouraged. Data used in the study included interviews, focus group discussions, document analysis and participant observation. The results led to three types of recommendations related to: the GPs, professionals who work together with GPs and national bodies, including those who produce guidelines. Suggestions for further research are given, including qualitatively examining the role other professionals have in enabling the process of discontinuation.

O4.1-3 11:00-11:15

Life-Threatening Drug Use, Misuse And Abuse Among Male And Female Older Adults In The United States: 2005-2010

Author: Victoria Albright
RTI International
Co-authors: Dr Jerry Hedge, Dr Al Woodward, Victoria Scott

By many credible measures, prescription drug use has been on the rise in the United States as well as the globe over the last decade. More prescriptions are being written; more individuals, and especially seniors (adults aged 65+), are on maintenance medications to treat chronic conditions; and individuals are living longer on these treatment programs. These forces create a marked increase in the opportunity for drug interactions as well as intentional drug abuse. The Drug Abuse Warning Network (DAWN) is an ongoing national (USA) public health surveillance system that monitors emergency department visits and deaths that involve illicit substances, prescription drugs, and pharmaceuticals used for therapeutic purposes. DAWN identifies the visits/deaths as resulting from drug misuse/abuse, drug-related suicide attempts, accidental ingestion or adverse reaction.

DAWN data offer a rich trove of information on the intentional and unintentional ingestion of legal and illegal drugs that result in life-threatening medical emergencies and death. The information can be used in a multitude of ways to support public health messaging and design of intervention programs targeted at the older and more vulnerable segment of the population. The presentation will use DAWN data to (1) identify the characteristics of older persons experiencing life-threatening medical emergencies and fatalities that are drug-related, (2) learn about drugs and drug combinations that are most life threatening, and (3) identify opportunities for formulating public health messages that are targeted at seniors and the problems they have with drugs. The presentation will present the demographic characteristics of older patients, identify the drugs and drug combinations most often involved in life-threatening emergencies and death, and identify directions for formulating public health messages targeted at reducing misuse/abuse, avoiding adverse reactions, and reducing drug-related suicide.

O4.1-4 11:15-11:30

No cognitive impact of reduced anticholinergic drug score in a frail elderly population

Author: Hege Kensten
Oslo University Hospital, Department of Geriatric medicine
Co-authors: Prof Torger Bruun Wyller, Prof Espen Meldem, Prof Knut Erigstad

Introduction: Large observational studies have reported that anticholinergic drug exposure in the elderly display a high risk of cognitive impairment, but the potential cognitive improvement of an interventional reduction of drug-induced anticholinergic burden is not previously studied in randomized controlled trials. In present study, we assessed the impact of pharmacist-initiated reduction of anticholinergic drug use on cognitive function in nursing homes residents.

Methods: The study was a randomised, controlled, single blinned trial including long-term residents from 21 nursing homes with anticholinergic drug scale (ADS) score ≥4 (SAA) were included as peripheral measures. The subjects were re-tested after 4 and 8 weeks following intervention.

Results: 87 patients were included. The median ADS score was reduced by 2 units (IQR= 3-5) in the intervention group and remained unchanged in the control group. The adjusted mean difference in immediate recall between interventions and controls was 0.54 words, 95% CI: 0.97, 2.05, p = 0.48, and there were no significant differences in any of the cognitive test performances or peripheral measures after adjusting for confounding baseline scores.

Conclusion: Pharmacists initiated intervention significantly reduced ADS score in nursing home residents, but this reduction did not significantly improve cognitive function or reduce the peripheral measures; SAA and mouth dryness.
O4.2 Professional care workers
Chair: Hanne Marline Dahl
12-06-2012, 10:30-11:30, Plenum 9/11

O4.2-1 10:30-10:50
Nurses’ self-assessed competence in gerontological nursing

Author: Dr. Pirjo Tikkainen
JAMK University of Applied Sciences
Co-authors: Dr. Jari Treen, Sirkka-Lisa Kalluunen

Background: People working in the service provision for aged people have very different educational backgrounds and levels of competence. Developing professional competence both improves the quality of care and makes the field more attractive for potential staff. In Finland, apprenticeship-type continuing education in gerontological nursing is a new form of adult education (30 ECTS credits) that offers professional development based on the needs of working life for registered nurses who are in employment. Object: The purpose of this study was to describe the self-assessment of competence in gerontological nursing of the registered nurses (n=51) who participated in the apprenticeship-type continuing education programme in 2010–2011.

Methods: Data were carried out by Digium internet-based software for surveys by using a Likert-scale self-assessment questionnaire at the beginning and at the end of the programme. Eight competencies are divided into statements about their work. The respondents assessed their level of competence on a scale. This condition often leads to increased pain symptoms and work-related disabilities.

This study aims to evaluate the presence/absence of physical pain among formal caregivers of dependent older people in care homes and/or day centres. And it explores the association between presence/absence of physical pain and subjective health perception, reduction in usual work activities, medication intake and sick leave.

Methods: A cross-sectional study was conducted in the central region of Portugal, with a convenience sample of 180 formal caregivers, who provide direct care to dependent old people in care homes and/or day centres. Data were collected using a self-administered structured questionnaire based on ICF checklist. Descriptive statistics and non-parametric test (Man-Whitney U Test) were used for data analysis. Results: The main findings suggest that 80% (n=144) of the formal caregivers present some type of physical pain. Pain was localized mainly in the spine (n=115; 63.9%), upper limb (n=65; 36.1%) and lower limb (n=63; 35.0%). Those who report physical pain state a worse perception of physical and mental health, a greater reduction in their usual work activities and a larger consumption of analgesics and anti-inflammatories. No significant statistical differences were found between the presence of physical pain and the need for sick leave.

Conclusion: The physical pain and its underlying conditions, if not prevented, may affect the well-being of caregivers but also their performance. Therefore, it is required to invest in occupational health, by providing caregivers with strategies to care without prejudice about their health (e.g., adequate ways of lifting and transfer weights) and by raising awareness to self-care (e.g., relaxation techniques or dynamic muscle training).

O4.2-2 10:50-11:10
Physical pain in formal caregivers of dependent older people

Author: Dr. Margarida Pinto
Escola Superior de Saúde da Universidade de Aveiro
Co-authors: Prof. Dr. Daniela Figueiredo, Prof. Dr. Alda Marques, Dr. Vânia Rocha, Prof. Dr. Liliana Sousa

Objectives: Formal caregivers of dependent old people have a physically demanding job, as they are exposed to biomechanical difficulties associated with care-giving tasks. This condition often leads to increased pain symptoms and work-related disabilities. This study aims to evaluate the presence/absence of physical pain among formal caregivers of dependent older people in care homes and/or day centres. And it explores the association between presence/absence of physical pain and subjective health perception, reduction in usual work activities, medication intake and sick leave.

Methods: A cross-sectional study was conducted in the central region of Portugal, with a convenience sample of 180 formal caregivers, who provide direct care to dependent old people in care homes and/or day centres. Data were collected using a self-administered structured questionnaire based on ICF checklist. Descriptive statistics and non-parametric test (Man-Whitney U Test) were used for data analysis. Results: The main findings suggest that 80% (n=144) of the formal caregivers present some type of physical pain. Pain was localized mainly in the spine (n=115; 63.9%), upper limb (n=65; 36.1%) and lower limb (n=63; 35.0%). Those who report physical pain state a worse perception of physical and mental health, a greater reduction in their usual work activities and a larger consumption of analgesics and anti-inflammatories. No significant statistical differences were found between the presence of physical pain and the need for sick leave.

Conclusion: The physical pain and its underlying conditions, if not prevented, may affect the well-being of caregivers but also their performance. Therefore, it is required to invest in occupational health, by providing caregivers with strategies to care without prejudice about their health (e.g., adequate ways of lifting and transfer weights) and by raising awareness to self-care (e.g., relaxation techniques or dynamic muscle training).

O4.2-3 11:10-11:30
The Strains in Dementia Care Scale

Author: Dr. Michael Bird
DSDC, Bangor University
Co-authors: Professor Anna-Karin Edberg, Dr. Katrina Andersson, Annal Órn Gunn-Wallin

Background and aims: By comparison with family carers, distress amongst residential staff in dementia care is much less investigated, even though providing practical and emotional support for this difficult work is known to improve quality of life both for staff and, by extension, those they care for. There is need for a well-researched scale.

Method and Results: We ran focus groups in three countries where, despite different systems and quality of care, there was strong agreement between participants. We produced a 64-item scale based on everything they told us stressed them about dementia care, asking how frequently respondents encountered each situation and how much it stressed them. We trialled the scale on 100+ residential care staff in Sweden and Australia. Factor analysis enabled us to reduce the scale to 29 items and we administered the shortened scale to a new sample (n = 600). Confirmatory Factor Analysis produced the same factors and left us with 27 items. The factors are Frustrated Empathy – staff being unable to protect and care for people with dementia as well as they wish; Difficulty Understanding – when staff do not understand or ‘get’ dementia; Balancing Competing Needs – for example when staff have to give care to a demanding resident but others are equally in need; and, a systemic issue: Lack of Appreciation – when others (especially management) do not appreciate what staff do and give no support.

Conclusions: The scale will be made freely available with publication of a manuscript currently in preparation and should fill an important gap in outcome research in residential dementia care. We also hope it will raise awareness of this topic and the critical but largely neglected need to continuously support staff to enable them to provide optimum dementia care. (By way of illustrating neglect, every focus group said that this was the first time anybody had ever asked them how they felt about their work).

O4.3 Death and dying
Chair: Peter Öberg
12-06-2012, 10:30-11:30, Room 1

O4.3-1 10:30-10:50
Slow codes - do we have a problem

Author: Trygve Johannes Søerværd
Dialymphjemenet Hospital
Co-author: Prof. Susan Balandin

Abstract for 21st Nordic Congress of Gerontology, Copenhagen June 10-13, 2012. Slow codes – do we have a problem? Trygve Johannes Søerværd, Dialekhjemmet hospital, Oslo

Background: The use of slow codes has been reported outside of Scandinavia. Slow codes are cardiopulmonary resuscitation (CPR) efforts that intentionally are conducted too slowly for resuscitation to occur. Objective: The project explored nurses’ experiences and attitudes concerning CPR of the oldest-old hospitalised patients.

Methods: Ten nurses working in different hospital settings participated in in-depth interviews. The data was analyzed according to a constructivist grounded theory tradition.

Results: Cardiac arrests present special challenges in the care of the oldest-old patient. Participants felt stress in end-of-life care, especially when resuscitation status is not decided for patients they think should have a do not attempt resuscitation (DNAR) order. The category “Appropriate availability of a DNAR” was treated as the theoretical concept, as it was of central importance to all participants. The participants were sympathetic towards doctors for making tough end-of-life decisions, but feel DNAR orders are undervalued and in some instances delayed. Slow codes had been suggested used for 5 out of 8 participants being asked about slow codes when asking a doctor about CPR status. None of the participants had experienced slow codes being performed on patients.

Conclusions: This small study indicates there is a need to address slow codes in research concerning end-of-life treatment of the oldest-old patients.
Pain management in dying hospitalized patients: A comparison of the young old and the oldest old patients

Author: PhD Student Simen A. Steindal
Diakonhjemmet University College, Institute of Nursing and Health
Co-authors: RN, PhD, Associate Professor Inger Schou Bredal, MD, PhD, Professor Anette Hylén Ranhof, RN, PhD, Professor Liv Wergeland Setøy, RN, PhD, Professor Arners Lendal

Objectives of the study: Pain is often underestimated and undertreated in older patients. Knowledge concerning pain in the oldest hospitalized patients during the last three days of life is deficient. The objectives of this study were to investigate healthcare workers’ documentation of frequency of pain characteristics, whether there were differences in documentation of pain characteristics in young old patients (65-84 years) and oldest old patients (85-100) and what types of analgesics were administered in the last three days of life.

Methods: The study included 190 patients; 101 young old patients and 89 oldest old patients from a general hospital in Oslo, Norway. Data were extracted from the patients’ electronic records using the Resident Assessment Instrument for Palliative Care.

Results: Median age for young old patients and oldest old patients was 79 years and 89 years, respectively. No significant difference was found between these two groups with regard to mean length of stay in the hospital, residential status and ward admittance. A higher proportion of the young old patients had a cancer diagnosis, were married, and lived with family members or others, while a higher proportion of the oldest old were women. Pain was reported in 72.1% of the total sample. No significant differences were found between the two age groups with regard to frequency of pain, intensity of pain breakthrough pain, pain control and type of administered analgesics. Not adequate pain control was documented among 9.4% of the young old patients and 10.8% of the oldest old patient group. Morphine was the most frequently administrated opiate for both young old (52.7%) and oldest old (50.0%) patients.

Conclusion: No significant differences with regard to pain characteristics and types of administered analgesics between the age groups were found. Healthcare workers should be aware that pain is a highly frequent symptom in the oldest old hospitalized patients in the last days life.

Existential issues in palliative care. Experiences of assistant nurses

Author: Dr. Elizabeth Åhsberg
National Board of Health and Welfare
Co-author: PhD, Associate professor Maria Carlsön

Palliative care aims to ease pain and discomfort, when care is no longer possible. The care may also offer social, psychological and existential support, to both patients and relatives. An increasing international attention has been given to patients, relatives and staff in palliative care during the last decades. Little focus has though been given to less educated staff, like assistant nurses, who are those who often spend most time with patients.

Objective: To investigate nursing assistant’s experiences of existential issues in palliative care.

Method: Six female and one male nurse assistants participated in three group sessions (2.5 hours per session). The participants had a rather long work experience as nursing assistants (m=15 years, range 3-29 years). The sessions were structured as focus groups, with literature giving three issues to discuss: (1) working close to death, (2) loneliness, (3) our need of meaning. The discussions were recorded, transcribed and analyzed with content analysis.

Results: Two overlapping domains were extracted, one concerning practical care and one concerning existential issues. The stories about practical care were interpreted in themes as (a) organisational boundaries, (b) meeting others, and (c) the patient’s body. The stories about existential issues were interpreted in themes as (a) the difficult part, (b) the valuable part, and (c) death and dying. One theme interpreted as communication seemed to be a part of both domains, why communication seemed to be a central theme.

Conclusions: The experiences that were reported in this study indicate that assistant nurses may give existential support to some patients, in addition to the practical care. The very personal situations that occur when staff helps patients to wash themselves, get dressed, bandage wounds, to eat etc., may create situations where meaningful conversations can take place. Such conversations, where staff primarily listens to patients, may constitute an existential support for patients and a meaningful task for staff.

O4.4 Informal care giving I

Chair: Gerdt Sundström
12-06-2012, 10:30-11:30, Room 2

Up against a challenge of providing pre-discharge resources for family carers of older patients: the process of developing a user-friendly eLP website

Author: Lisa Low
The Chinese University of Hong Kong
Co-authors: Man-him Wong, Chi-fung Ling, Kim-pang Fan

Background: Against the dilemmas arising from the multiple concerns of providing timely, appropriate and relevant care for older persons following discharge from hospital, this 4-year study aims to examine the effects of an Existing Information Package (eLP) for hospitalised older people and families to make decisions about discharge locations.

Objectives: This presentation describes an interim phase that used the qualitative data collected from elders, families and nurses in the phase one study, which identified the needs and challenges confronting them when planning older patients for discharge, to then undergo a process of developing a nurse-led, user-friendly and interactive eLP website for family carers.

Methods and theoretical underpinnings: The content of the website is underpinned by the Ottawa Decision Support Framework (ODSF) which composes of three components: decisional needs, decision support and decision quality.

Additionally, a set of guidelines was used to guide the development of the website design and thereby obtained user-centred website design and thereby obtained user-centred website design and thereby obtained user-centred website design.

Results: We have managed to integrate the first two components of the ODSF framework into the eLP website by creatively incorporating the qualitative findings to heighten family carers awareness and understanding of the elders' needs, and to help them think ahead and consider options in managing the elder's situation before discharge. Decisional support was provided by developing new, as well as consolidating and integrating existing elderly resources into the website and then helping families to become familiar with resources that are available for their consideration. We will present our challenges of designing eLP that attempted to address the multiple needs of elders, and how we prioritized and selected from our qualitative findings, and our choice of existing elderly resources to include.

Conclusions: eLP hopes to become an interactive pre-discharge hospital package for older people by providing timely, appropriate and relevant information to family carers during a very stressful time. Its effectiveness in supporting families of old people during the pre-discharge period has yet to be determined, and will be tested in phase 2 of the study.
Does Policy reflect Reality: Australian attitudes to the provision of formal and informal care

Author: Dr. Suzanne Hodgkin
La Trobe University

Australia is reliant on a mixed economy of welfare, embedded in the ideology of supported familialisation. However, it is being questioned whether this over-reliance on informal care can be sustained, and, it has been suggested that population ageing will have a profound impact on notions of intergenerational solidarity and the generational contract. Specifically, as the baby boom generation approach their sixties, their willingness to assume the emotional and physical demands of caring for their parents has been questioned.

In line with such an issue, this paper will explore the Australian perspective, how population ageing will impact upon the future availability of informal care. In particular, it examines Australian attitudes to the provision of care to older people and whether informal care policies are in keeping with public attitudes and expectations.

Findings are drawn from a secondary analysis of data collected from over 1500 respondents in the 2009 Australian Survey of Social Attitudes, which included a specific module on attitudes and expectations concerning elderly care. Findings indicate strong expectations for a continuing government role in the provision of formal care, and payment of income to full time and occasional carers. There is less support for the role of children in the payment of formal care, particularly coming from the baby boomer generation. Additionally, significant differences between genders are observed in relation to attitudes concerning the direct provision of informal care to ageing parents, with women demonstrating less support. In summary, these findings indicate that despite fiscal policies designed to shift costs from government to private households, public attitudes and expectations support a stronger governmental role. These findings have significant implications for future policies designed around the provision of formal and informal care.

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O4.5 Depression

A randomized controlled trial of a senior centre group programme for increasing social support and preventing depression in elderly people living in home in Norway

Author: Associate Professor Hege Been
Diakonhjemmet University College, Department of Nursing and Health

Co-authors: Professor emeritus Odd Steffen Dalgaard, Associate Professor Rune Johansen, Professor Erik Nord

Objectives: Late-life depression is a common condition and a challenging public health problem. A lack of social support is strongly associated with psychological distress. Senior centres seem to be suitable arenas for community-based health promotion interventions, although few studies have addressed this subject. The objectives of the present study were to examine the effect of a preventive senior centre group programme consisting of weekly meetings, on social support, depression and quality of life.

Methods: A questionnaire was sent to a random sample of 4,000 persons over 65 in Oslo, and a total of 2,387 completed questionnaires were obtained. These subjects served as a basis for recruitment of participants for a trial, with scores on HSCL-10 used as a main inclusion criterion. A total of 138 persons were randomized into an intervention group (N=77) and control group (N=61). Social support (OSS-3), depression (BDI), life satisfaction and health were measured in interviews at baseline and after 12 months. Perceptions of benefits from the intervention were also measured. Mean scores, SD, SE and CI were used to describe the changes in outcomes. Effect sizes were calculated based on the original scales and as Cohen's d.

Results: There was an increase in social support in both groups, but greatest in the intervention group. The level of depression increased for both groups, but more so in the control than the intervention group. There was a decrease in life satisfaction, although the decrease was largest among controls. There were almost no differences in reported health between groups. However, effect sizes were small and differences were not statistically significant. In contrast, most of the participants said the intervention meant much to them and led to increased use of the centre.

Conclusions: In all probability, the intervention failed to meet optimistic targets, but possibly met quite modest ones. Since intention-to-treat analysis was not possible, we do not know the effect on the intervention group as a whole. It is recommended that senior centres expand their activities with group programmes by strengthening social support, but a further evaluation of such programmes is needed. For the depressed, more specialized programmes to cope with depression may be a more appropriate intervention.
Nordic Walking for Geriatric Rehabilitation: A Randomized Pilot Trial

Author: MSc Sabrina Figueiredo
Co-authors: PhD Lois Finch, BSc (PT) Juli Ming, PhD Sara Ahmed, MD Ailen Huang, PhD Nancy Mayo

Purpose: There is a need to identify effective interventions to promote walking capacity in seniors. This study was the first to compare Nordic Walking and traditional walking. The primary objective was to estimate the relative efficacy in improving walking capacity of Nordic Walking and Overground Walking for the elderly.

Method: Single blind, site-stratified, randomized, pilot trial designed to estimate the amount of change with Nordic Walking and Overground Walking for elderly. 130 participants were included. The primary outcome was 6MWT walking capacity. The secondary outcome was gait speed. All participants completed the primary and secondary outcome measures.

Results: Overground Walking participants improved 41 meters on 6MWT and increased their gait speed by 0.21 m/s. Nordic Walking participants improved 16 meters on 6MWT and increased their gait speed by 0.12 m/s. The difference in distance walked and gait speed was statistically significant between the two groups.

Conclusions: Nordic Walking is 125% more effective in improving gait speed among elderly than Overground Walking.

The association between older adults' personal goals and physical activity

Author: Milla Saajanhko
Gerontology Research Center, Department of Health Sciences, University of Jyväskylä

Purpose: To investigate the association between older adults' personal goals and physical activity.

Methods: A cross-sectional study with 505 participants aged 65-85 years. The participants were interviewed using a revised version of the Personal Project Analysis. Physical activity was assessed with self-reported amount of leisure time exercise, ranging from none (1) to a great deal (5) of activity. The data were analyzed using logistic regression modeling.

Results: Of the participants (86%) that had at least one goal related to health and functioning, 48% to social relationships, 45% to physical activity, 39% to leisure activities and 29% to self-development, lifestyle or ideology. 26% of the participants reported exercising quite a lot or a great deal (high level of physical activity) and 74% moderately or less. The analysis showed that high level of physical activity was associated with having at least one physical activity goal (OR 3.47, 95% CI 1.99-6.04). The association remained strong when adjusted for age, education, economic situation, depressive symptoms and mobility limitations. Other personal goals did not correlate with physical activity.

The results indicate that having personal goals related to physical activity correlate with higher physical activity. Encouraging older adults to set relevant goals for physical activity could be a key factor for increasing their physical activity level.

Identity Work in Geriatric Rehabilitation

Author: Jette Thuesen
Roskilde Universitet, Center for Sundhedsfremmeforskning

Purpose: To examine how identity work in geriatric rehabilitation is constructed and understood. The study examines the production and use of identities in institutional talk, and how they are promoted and used in institutional talk.

Methods: The study is based on 13 in-depth interviews with patients and staff, and patient records and plans of action. The study's purpose is to document the interaction between institutional identities and self construction as an unfolding narrative of the self.

The presentation outlines these processes. In a preliminary analysis, it is illustrated how institutional identities are promoted and used in institutional talk.

Training the frail body: An exercise of hope

Author: Louise Scheel Thomsen
Dep. for Ethnology & Center for Healthy Aging, University of Copenhagen

Purpose: To examine how a P.D. project about Danish elderly going through physical rehabilitation and training after illness.
or operation. In a context of a growing number of elderly the purpose of the study is to understand how frailty and bodily changes are experienced and managed by elderly, and how we think old age and manage elderly as particular health subjects in Denmark.

The study is based on anthropological fieldwork in rehabilitation centers, and time spent with elderly in other contexts of their lives. Living with persistent pain and the understanding of hope (2003) the study shows the paradoxical nature of life in this situation. Working their way through the ups and downs of rehabilitation, crises occur continuously. Some elderly also see the end of life as approaching. Physical decline and endpoints co-exist with striving for improvement. Feelings of insecurity turn into a hope for a return to normality, thus restoring a known sense of self. Hope in crisis induces a certain temporal quality to life. The past is both behind and ahead of you as it spills into images of the future.

Through rehabilitation and training, and an effort to engage elderly citizens in various activities, the welfare state both creates and organizes hope. Individual goals for training are negotiated between psycho- and occupational therapists and elderly, shaping hope along the lines of a moral imperative of an active and healthy senior citizen. Training emerges as an exercise of a culturally informed hope, and a way of managing uncertainty. Measuring and testing instills training with an aura of certainty and objectivity, and holds out a promise of reaching your goals. The study offers an anthropological understanding of the temporality and workings of hope in individual crises. This permits a greater understanding of how Danish elderly manage crises initiated by illness or operation, and feeds into a discussion of how to help them through this process in the best way.

### Examples of everyday rehabilitation – from a theoretical perspective

#### Author: Ann sofie Mahs-Träff

Linköpings University, National Institute for the Study of Ageing and Later Life

#### Objectives: The rehabilitation needs of most people living in residential care are to a large extent met through rehabilitative work in everyday life. The analysis presented is based on rehabilitative activities in Norrköping Municipality in relation to activity theory and the theory of gerotranscendence. Most people who live in residential care are in the so-called fourth age. They have multiple illnesses, major disabilities and need care. Activities in nursing homes need to be varied according to the residents' abilities and interests. Participation in everyday life is crucial for older people's health and wellbeing.

#### Theory and Method: Two major theories explain in social gerontology how individual's adapt to the aging process; activity theory and the theory of gerotranscendence. In Sweden an activity theoretical approach is taken to elderly care. The theory purport that older people who are active and have contacts with others are happier than those who are not active. The theory of gerotranscendence is based on the idea that values and ideas about life change and we get a more spiritual and cross-border perspective as we age. Social activities are less important. The elderly may have an increased need for self-imposed loneliness.

#### Results: An analysis was made of physical and social activities. This showed that the activities usually occurred in groups and for the most part were based on activity theory. Very few activities can be traced to the theory of gerotranscendence. The user can choose whether to participate in activities or not. On the other hand it is not made clear that users are involved in planning the activities to be implemented. When an event occurs an interesting side effect is that staff are released and can be with those who do not want to participate in organized activities.

#### Conclusion: Staff must meet the patient's need for activity by offering activities that are based on the two theories.

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### Older Women's descriptions of how they activate themselves in their everyday living and what will promote their activity abilities

#### Author: PhD-candidate Sara Cederbom

Mälardals universitet

#### Background: One common health problem among the older population is pain. About 50-70% of the older people live with some kind of pain. Living with persistent pain affects their ability in activities. Older people who are limited in their activities report decreased quality of life. There are generally more women, compared to men, who report a decreased quality of life. To develop rehabilitation programs, there is a need of more knowledge how older women living alone and have persistent pain describe their everyday activities and what they thought could promote their ability in activities.

#### Aim: The aim was to gain knowledge about how older women, living alone with persistent musculoskeletal pain, describe their ability in activities and what promotes or would promote their ability in activities.

#### Method: Qualitative interviews for content analysis were chosen for the study. Twelve women with musculoskeletal pain and living alone (ages 66-93) participated in the study. The interviews focused on how the women described their ability in activities, and what they thought could promote their ability in activities in their daily life. The interviews were verbatim transcribed and analyzed with descriptive qualitative content analysis.

#### Results: As a preliminary result, a construction of a general theme demonstrates that these women have a daily program and daily rhythm of activities to either keep their ability, or they want to have a daily program or daily rhythm to promote their ability in activities. Activities beyond the daily rhythm include outdoor activities, social contacts and amusements and activities.

#### Important for their abilities in activities were support from the community service, as well as adjustments in their homes.

#### Conclusions: Further results and conclusions will be presented at the conference.
nity to engage in higher level intellectual activities. This project investigated the effect of exposing them to art works at the National Gallery of Australia (NGA).

Methods: Fifteen people from the community and eight from residential care attended the NGA weekly for six weeks. They were shown artworks by gallery educator, who had been briefly trained in dementia skills. Sessions were filmed and level of engagement analysed using time sampling. Focus groups were held for participants, family members, and gallery staff.

Results: Participants were highly engaged, often becoming animated and able to interact with and discuss the artworks with confidence. This included the more impaired people from residential care, who were more behaviourally disturbed or withdrawn in their usual environment, raising the concept of excess disability. In focus groups they had no or grossly impoverished memory for the visits but, when given cues, community participants remembered the program with pleasure and wanted it to continue. Family members confirmed these sentiments but reported no lasting change in participants. NGA educators spoke mostly about what they had learned from meeting people with dementia, including developing a less fact-driven and more experiential and sensory way to present to other clients of the gallery.

Conclusions: This activity went beyond many offered to people with dementia and all, even some who were losing speech, were able to engage and most appeared less impaired in this setting. This was mainly a feasibility study and we took no measures to assess lasting effect; we will have clearer ideas of what to measure next time. In any case, a family member quote: 'You do it for the moment', encapsulates a sense that an activity is worth doing even if benefits are only apparent whilst it is running. The program has continued and is expanding to other galleries in Australia.

O5.1-4 12:39-12:45

Physical activity for people with dementia
Exploring the possibilities in physical activity for people with dementia who participate in municipal daycare

Author: Anders Møller Jensen
VUOJA / VU University College

Objective: Exploring the possibilities in physical activity for people with dementia who participate in municipal daycare.

Methods and Theories: Physical inactivity is associated with increased disease risk and the ADEX study by The Danish Dementia Research Centre work to investigate whether physical exercise has an effect on the development of Alzheimer’s disease. This project takes hold of the challenges of implementing activities for demented containing increased physical activity. The goal is to generate knowledge about how staff in practice can support the demented person being physically active. Staff from two municipality daycare centers in Denmark, participated in 4 workshops over a period of ¼ of a year. The content was a combination of presentations on training and dementia, group work and staff presentations of experiences from practice. The staff collected during the project experience around selected activities in a registration forms. The staff was mid-term interviewed about their experiences with the process, and presented the best activities they discovered at the closing workshop day.

Results: Content of the registrations showed a structure where activities could be divided into 4 broad categories. The interviews and presentations on the last workshop demonstrated that when activities were self-motivated - for example by including a competition or playing/games - that was when the staff saw that demented were most physically active. Planning and the ability to improve and motivate are important characteristics of staff to achieve success.

Conclusion: The project has shown that everyday life in dementia daycare may come to include more activities designed to make people more physically active. Time for dialogue among staff about the possibilities and limitations, and ideas from other colleagues, are important elements to create a culture change to include planning physical activity as a natural element in everyday life.

O5.2 Quality of home care services

Chair: Tine Rostgaard
12-06-2012, 11:45-12:45, Plenum 9/11

The exhausting dilemmas faced by home care service providers when enhancing participation among older adults receiving home care.

Author: Dr. Kjerti Vik
Sør-Trøndelag University College
Co-author: Professor Anne Henning Eide

Older adults wish to stay at home, participate in society, and manage on their own as long as possible. Many older adults will, however, eventually become dependent on care and help to maintain their daily living. Thus, to enhance activity and participation also among older adults that receive home-based services, there is a strong need for development of knowledge based practice regarding participation. The objective of this study is to explore how service providers perceive conditions influence on their possibilities to promote participation among older adults, and more specifically, how they perceive the influence of their working conditions.

Methods: A purposeful sampling strategy was applied, and six focus groups with professionals in two municipalities were conducted. The focus groups comprised four and six participants of varying ages, length of working experience, and professions. A total of 30 service providers participated. The data was analysed by a constant comparative method following the guidelines from Grounded Theory.

Results: The analysis identified the four categories: ‘encountering needs that cannot be met’, ‘expectations about participation’, ‘organisation of services’, and ‘professional standards’ influencing the service delivery and created exhausting dilemmas. During this analytical process, ‘being on the verge’ emerged as a core category that describes the service providers’ experience of a stressful workload, i.e., when they had the feeling of working against their own professional standards and being pushed to their limits.

Conclusion: The results indicate how the professional standards of service providers are in line with health policy for in-home services for active aging. Policy objectives are however not always followed due to different constraints at the level of service delivery. Along the path from political ideals to the practical execution of services, external circumstances related to the organisation of services are perceived as crucial in order to minimise dilemmas for the service providers.

O5.2-2 12:09-12:15

Mapping systematic reviews in elderly care

Considerations of content, quality and evidence

Author: Dr. Gunilla Fahlinstrøm
Swedish National Board of Health and Welfare
Co-authors: Programme officer Emelie Engwall, Programme officer Marie Nyström, Associate professor Gunnar Bergström, Dr Jenny Kehrman

Objective: The study objective is to map systematic reviews of effects of 1) support to informal carers, and 2) models of organizing care (discharge, care models or rehabilitation). Life in dignity and care for the most fragile elderly is a matter of high priority in Sweden. The study is part of a government commission.

Methods: Scientific databases were searched and review articles were read in full text. The quality was assessed with a form based on recommendations in AMSTAR and PRISMA. The fragile population is seen as many subgroups such as persons with single diagnoses (e.g. dementia), multiple diseases or frailty. Information was extracted of e.g. population, the procedures for searching literature, screening, assessing quality and bias of included studies and country of origin. The reviews were categorized as either of three systematic and updated, systematic in need of updating the literature search or of limited quality. Inclusion and quality was independently assessed by two reviewers.

Results: Altogether 59 out of 119 included reviews were categorized as systematic. Psychosocial and educational training interventions for carers were most frequent and mainly for persons with dementia or stroke. Discharge arrangements and care models were often reviewed, sometimes for persons with single diagnosis, sometimes for a wider population. Lack of knowledge was identified for e.g. interventions supporting carers of persons with psychiatric or psychosocial problems respectively to how to organize non acute elder care.

Conclusion: The amount of reviews suggests that these matters are of great interest. No intervention either about supporting carers or how to organize care covers the entire population of the most fragile elderly. Review areas and methodological aspects such as criteria for assessing review quality, origin of primary studies and a potential use of GRADE will be discussed.
Taking home care services into everyday life
Older adults’ participation with home care services

Author: PhD student, Social Educator Aud Elisabeth Wilse
Sør-Trøndelag University College
Co-author: Dr., Occupational Therapist Kjersti Vik

The aim of the study was to explore the experiences and descriptions of older adults’ participation with home care services when living in home. Ten older adults with a variety of age-related physical impairments and frequency of homecare were interviewed. A constant comparative method was applied to analyze the data. The core category was identified as ‘taking homecare services into everyday life’, including emotional and intellectual aspects of participation. Two main categories included the older adults’ descriptions and experiences of participation with the homecare services and home-carers; ‘balancing agency – a process of giving, taking and letting go’ and ‘socialising with the home carers’. The older adults’ strategies for balancing agency included the subcategories ‘expecting joint responsibility for appropriate service delivery’, ‘being understanding and indulgent’ and ‘making one’s mark’. The older adults’ understandings of socialising with the home carers included two subcategories; ‘small talking in the passing by’ and ‘linking to society’. In general, the older adults were content with the home carers, but experienced that the service system they worked within created barriers for participation in daily life.

In order to promote participation in older adults depending on home based care, the study highlights the importance of understanding and recognizing the strategies for balancing agency in everyday life.

Care satisfaction among older people receiving public care and service, at home or in special accommodation

Author: Dr. Staffan Karlsson
Lund University
Co-authors: Professor Anna-Karin Eidberg, Associate Professor Ulf Jakobsson, Professor Ingrid Dahl Halberg

In order to be able to provide care and service of high quality to older people, knowledge about factors influencing their experience of satisfaction with the care is essential. The aim was to explore care satisfaction in relation to health related quality of life, functional dependency, health complaints and place of living among people 65 years or older, receiving formal care and service.

Methods: 166 people receiving care and service from the municipalities were interviewed regarding demographic, functional ability, perceived health complaints and care. Health related quality of life was measured with SF-12, and care satisfaction was measured with a questionnaire.

Results: The people were in mean 84 years old and those at home were more often cohabiting, less dependent in activities of daily living, less cognitively impaired and had fewer health complaints regarding mobility, faeces incontinence and pressure ulcer, compared to those in special accommodation (equivalent to nursing home). Low care satisfaction was associated with IADL dependency, blindness, faeces incontinence and anxiety, while high care satisfaction was associated with PAFI dependency. Those at home rated an overall higher care satisfaction and were more satisfied with care continuity, personal relations and that staff have plenty of time, are respectful and quiet, than those in special accommodation.

Conclusions: Care satisfaction and health related quality of life (HRQoL) among older people was found to be more associated to functional impairment and health complaints than to whether care and service is received at home or in special accommodation.

The Development of an ICT-based Transgenerational Learning-Environment in Higher Health Care Education

Author: Kriemhild Leitner
Carnintha University of Applied Sciences

Dynamic changes in the globalized world place complex demands on individuals and societies. ICT play a vital role in this context. At the same time, the aging societies present a major challenge especially with regard to social and intergenerational justice. This calls for a move beyond traditional boundaries in health care education.

The EU funded project Primer ICT was dedicated to the development and evaluation of a concrete training program aiming at promoting ICT-competences of people of older age. Innovative pedagogic and geragogic approaches were developed and intertwined to meet the project’s overarching goal to foster transgenerational understanding by ICT based learning. The main challenge was to actively involve senior citizens and students in the development of the course materials, so that, on one hand, the sustainable learning of ICT competences succeeded and, on the other hand, a dialogue between the generations emerged.

The didactic methodology was based on ideas of cognitive and social constructivism and situational learning according to the model of self-directed learning (Holec, 2007). This was further developed taking into consideration theories of intergenerational learning, learning in older age (Kade, 2009) and learning and ICT in older age (Schaffter, 2006). The project’s quality was assessed using a mixed-methodology design (Cresswell, 2009). Special focus in the evaluation process was given to the concrete training process of students as well as the special needs of the elderly.

The results of Primer ICT showed that the chosen approach strongly accommodated the learning of older people. The results of Primer ICT showed that the chosen approach strongly accommodated the learning of older people. The results of Primer ICT showed that the chosen approach strongly accommodated the learning of older people. The results of Primer ICT showed that the chosen approach strongly accommodated the learning of older people. The results of Primer ICT showed that the chosen approach strongly accommodated the learning of older people. The results of Primer ICT showed that the chosen approach strongly accommodated the learning of older people. The results of Primer ICT showed that the chosen approach strongly accommodated the learning of older people. The results of Primer ICT showed that the chosen approach strongly accommodated the learning of older people.

Conclusion: Results suggest a long-standing blind spot in gerontology, that people reason at different levels of complexity, and this can be generalized to other domains. We cannot expect that all people are able to comprehend responsibility and other issues as assumed by society. Societal institution needs to be aware of this and construct their information at several levels of complexity in order for adults to understand messages as intended. Researchers need to be aware of the complexity dimension in analysis of data.

Four levels of complexity in reasoning among adults

Author: Dr. Sofia Kjellström
Institute of Gerontology, School of Health Science, Jönköping University
Co-author: PhD Sara Nora Ross

Objective: Many lay people and non-developmental specialists still assume that development ends once adolescence is completed. This may account for gerontology’s emphasis on decline in aging process without considering the development that may continue in later years. The development may result in different levels of complexity in reasoning. This study uses a mature theory to introduce how it can be used to examine levels of complexity in older persons reasoning.

Methods and theory: The model of hierarchical complexity (MHC) is a formal general theory that accounts for increases in behavioral complexity applicable to all occasions when information is organized. Previous studies have shown that the following four stages are common in Western adults’ reasoning: concrete, abstract, formal, and systematic. We predicted that at least three different measures of stage of performance would be used by older persons. We conducted interviews with a small sample of Swedish older persons about responsibility for health, and analyzed these qualitatively and quantitatively by MHC.

Results: Results indicated that older persons were using the four adult stages. Each level suggesting a qualitatively different way of reasoning about the issue: two where there is no actual reasoning about health and responsibility, and two where reasoning does occur, each qualitatively different.

Conclusion: Results suggest a long-standing blind spot in gerontology, that people reason at different levels of complexity, and this can be generalized to other domains. We cannot expect that all people are able to comprehend responsibility and other issues as assumed by society. Societal institution needs to be aware of this and construct their information at several levels of complexity in order for adults to understand messages as intended. Researchers need to be aware of the complexity dimension in analysis of data.
Intergenerational Interaction and Learning

Author: Professor Antonio Fonseca
Universidade Católica Portuguesa

The Calouste Gulbenkian Foundation in Lisbon and London has launched a joint programme of work on Innovative Approaches in Intergenerational Interaction and Learning. This programme of work involves funding a series of projects in the United Kingdom and in Portugal respectively as a means of trialling either especially innovative approaches and/or “importing” best practices in intergenerational interaction and learning. This would particularly focus on projects which are not only intergenerational in nature but also address how lifelong learning and modern technologies can both enhance older peoples lives and mitigate loneliness and isolation, and furthermore enhance the quality of life of younger generations, while also strengthening communities and increasing social cohesion. This paper presents the implementation process and the main results of the seven Portuguese funded projects. Some STRENGTHS/OPPORTUNITIES and WEAKNESSES/THREATS can be highlighted. As STRENGTHS/OPPORTUNITIES: innovation and pertinence of the idea; creativity of methodologies considered; diversity of settings used for the implementation of the projects; involvement of local authorities and institutions (public, private, religious, political); development of systematic actions against loneliness involving different generation’s members; promotion of planned and organized interaction initiatives between people of different ages and different social background. On the other hand, as WEAKNESSES/THREATS: lack of experience in diverse domains: community work, older people’s work, intergenerational work; confusion between intergenerational approach and topic approach (environment, ethnography, ...); lack of coherence: aims - activities - human resources involved; adhesion of the community below the expected. Three conditions appear to be vital for the mainstreaming and sustainability of the projects: solid base in the community; good management and flexibility.

Co-residential parental care-giving Views of adult daughters in late midlife

Author: Dr. Anu Leinonen
Jyväskylä University

In the Nordic countries, adult children and their parent(s) usually live in own households. Older people receive long-term help from social care services, but family members’ responsibilities have increased. However, it is not totally uncommon to live together with an ageing parent who needs help and care. International studies indicate that co-residential carers with intensive care responsibilities have more health problems than other carers. What do middle-aged adult daughters who care for their parent(s) think about living together with them? What are their rationales for co-residence and for living separate? How can the assessments related to co-residential care be understood in terms of relationships between the generation in late midlife and the generation needing help and care? The views of 33 Finnish women born in 1955 or earlier are examined. Various rationales are categorised, and principles of qualitative content analysis are used. The rationales for co-residence included, for example, the aim to avoid difficulties related to long distance caring, and the individual choice to live with one’s parent. When the interviewees talked about the unwillingness or impossibility to live together with their parent(s) they referred to the inability to provide intensive caring when still working themselves, or the inability to move themselves due to work and family commitments. The wish of having own autonomous space as adult and the generation needing help and care? The views of 33 Finnish women born in 1955 or earlier are examined. Various rationales are categorised, and principles of qualitative content analysis are used. The rationales for co-residence included, for example, the aim to avoid difficulties related to long distance caring, and the individual choice to live with one’s parent. When the interviewees talked about the unwillingness or impossibility to live together with their parent(s) they referred to the inability to provide intensive caring when still working themselves, or the inability to move themselves due to work and family commitments. The wish of having own autonomous space as adult persons and the need to counter caring responsibilities with own time were prevalent rationales. In addition, some interviewees did not explicitly comment co-residential care but referred to care at parents own home or in an assisted living facility as solutions when care needs increase. To conclude, interviewees’ rationales are connected to their individual wellbeing in late midlife and in years of retirement. Further, well-being of caring persons through the life course is a significant societal question across ageing countries.

Caregiving situation and quality of life of older family carers: A comparative study on family care in Finland and Estonia

Author: Lic. Soc. Sc. Åsa Rosengren
Arcada, University of Applied Sciences
Co-authors: M. Soc. Sc. PhD student Krista Tammsaar

There is currently little evidence on the circumstances of family carers who are themselves elderly. The objectives of this study is to describe, analyse and compare the caregiving situation and quality of life of older family carers in Finland and Estonia. Structured interviews with older family carers (aged 65+) in Helsinki, Turku and Saol (n=101), Tallinn and Lääne-Viru county (n=484) were carried out within the frame of the research project SUHACARE (2009-2011). The caregiving situation of the older carers was investigated in relation to duration of caring, number of hours support per week provided, caregiving tasks, principal reason for caring, positive and negative aspects of caregiving, carers willingness to continue caring and quality of life.

The results show that many of the Finnish and Estonian family carers in the study have a long career in caregiving and are engaged with caregiving more than seven hours per day (76% and 65%). A high proportion of the carers in both samples (70% and 75%) are alone in the caregiving situation and note that it would be difficult to find a substitute in case of illness or if they needed a break from the caregiving role (54% and 31%). The most frequent motive for family caring in the Finnish sample are emotional bonds and a personal sense of duty or obligation. Over 80 percent of the family carers in the Estonian sample feel responsibility to care for their dependent relative and economic aspects play also an important role for the decision to care.

Caring obligations put significant pressure on many of the Finnish and Estonian family carers in the study. The most negative impact of caring to family carers in the Finnish sample is that they feel trapped in their role as a care. In the Estonian sample many family carers note side-effects on their own health and social relations. Most of the family carers in the Finnish and Estonian sample are willing to continue to provide care. Many of family carers in both samples state their quality of life as predominantly positive.

The results strengthen the knowledge base of family caregiving by specifically highlighting the caregiving situation of older family carers in Finland and Estonia. This comparative study could be used for developing care policies and practices for older family carers in the two different welfare regimes.

The role of social networks on elderly caregivers’ wellbeing: a European cross-country approach

Author: Daniela Graveiro
CCl, Centro de Investigação em Ciências Sociais
Co-authors: Alice Delute, Nuno, Roberto Martinez-Pecino, Maria Scouren, Sara Silva, Rita Borges Neves

Informal caregiving has been identified as an essential contribution to the sustainability of long-term care systems in all countries in Europe, particularly in a context of economic and financial crisis and restructuring of the welfare state. As the phenomenon of the ageing of the population evolves, the number and the age of informal caregivers will increase over time. In this sense it is important to analyse the characteristics of these actors, the family dynamics frequently associated with them, and factors connected to the quality and the maintenance of the provision of this kind of care such as caregivers’ health and wellbeing.

Caregiving has often been associated with a deterioration of work conditions, economic situation or health status, but also with some positive outcomes such as improvement of the caregiver’s wellbeing. In this scope several researches have pointed out the role of social networks (as one indicator of social support) as a protective factor for health and wellbeing of caregivers. This influence may also vary according to gender. Based on the preliminary results of the fourth wave (2010) of SHARE project (Survey of Health, Ageing and Retirement in Europe) a gender approach that takes into account the differences in structure, interaction, family dynamics, exchange and emotional closeness of social networks of men and women is adopted. Analyses will allow to identify to what extent these characteristics of social networks are more or less promoters of wellbeing of 50+ years old individuals that provide help and care in 20 different European countries. Because the data used are recently collected is given an opportunity to report a very updated perspective about the issues in question. For the same reason the results will be available only in March.
Living with Chronic Obstructive Pulmonary Disease in later life: dilemmas of family carers

Author: Dr. Raquel Gabriel
Escola Superior de Saúde da Universidade de Aveiro
Co-authors: Dr. Daniela Figueiredo, Dr. Alda Marques, Dr. Cristina Júdice

Background: Approximately 210 million people worldwide present Chronic Obstructive Pulmonary Disease (COPD). The impacts of COPD on the quality of life of patients are well documented; however a progressive chronic illness also affects the family, especially the primary carer. The impacts of COPD on family carers remain relatively unexplored, when compared to other chronic diseases, such as dementia or cancer. This study aimed to explore the impacts of COPD on family carers’ lives, actual concerns and perceived support from formal services.

Methods: A qualitative, cross-sectional study was conducted with family carers of patients at advanced grades of COPD (GOLD 3 and 4). Semi-structured interviews were performed with 25 family carers (n=22, 88% female), with a mean age of 63.1±12.0 years old. The majority were spouses (n=16; 64%), caring for more than 4 years (n=2; 93%). All interviews were audio-recorded, transcribed and submitted to thematic analysis by 2 independent judges.

Results: The main impacts reported by the carers were: i) a restriction on social activities (n=18; 72%); ii) an increased interaction with the patient, but less contacts with other family members (n=14; 58%); iii) emotional distress (n=13; 52%) and iv) a decrease in social contacts (n=10; 46%). Their main concerns were related to the worsening of the symptoms (n=23; 92%) and patient having an afflictive death, related to asphyxia (n=14; 56%). Intrapersonal burden was expressed by 23 carers (n=23; 92%), while interpersonal burden was expressed by 18 carers (n=18; 72%).

Conclusions: Family carers of patients at advanced grades of COPD experience high levels of burden and empower carers in their caregiving role.

5.5 Preventive home visits

O5.5-4 12:30-12:45

Health-Promoting Interventions for Persons Aged 80 and Older are Successful in the Short Term

Results from the Randomized and Three-Armed Trial

Author: Susanne Gustafsson
Sahlgrenska akademin, University of Gothenburg
Co-authors: PhD, MD Katana Wilhelmsson, PhD Kaja Ekstrand, AV prof, PhD Gunilla Hedström, PhD Lena Ziden, PhD Greta Hägglund Kronlöf, MS Betina Haggaard, PhD Freda Sinde, PhD, Prof. Elisabeth Rothenberg, MD, PhD, Prof. Sten Landahl, PhD Synneve Dahlén-Inarnoff

Objectives: The study Elderly Persons in the Risk Zone was designed to evaluate if it is possible to delay deterioration if a health-promoting intervention is made when the older adults (80+) are at risk of becoming frail, and if a multiprofessional group intervention is more effective in delaying deterioration than a single preventive home visit. This paper examined the outcome with regard to frailty, self-rated health, and activities of daily living (ADL) at the three-month follow-up.


Setting: Two urban districts in Gothenburg, Sweden.

Participants: A total of 459 older adults were included. They were 80 years or older, living in their ordinary housing, and not dependent on the municipal home help service.

Intervention: A preventive home visit or four weekly multiprofessional senior group meetings with one follow-up home visit. The change in frailty, self-rated health, and ADL between baseline and the three month follow-up.

Results: Both interventions delayed deterioration of self-rated health (OR=1.39, 95% CI=1.12 to 3.54). As regards postponing dependence in ADL, senior meetings found to be the most beneficial intervention (OR=9.95, 95% CI=1.14 to 3.30). No effect on frailty could be demonstrated.

Conclusion: Health-promoting interventions, made when older adults are at risk of becoming frail, can delay deterioration of self-rated health and ADL in the short term. Also, a multiprofessional group intervention such as the senior meetings described seems to have a greater impact on delaying deterioration in ADL than a single preventive home visit. Further research is needed to examine the outcome in the long term, and in different contexts.

O5.5-2 12:00-12:15

Are acceptance rates of a national preventive home visit programme for older people socially imbalanced?

Author: Dr. Yukari Yamada
University of Copenhagen
Co-authors: Anette Eibom, Charlotte Nilsson, Mikkel Vass, Kirsten Avlund

Background: to investigate 1) whether socioeconomic status was associated with acceptance of preventive home visits among older people and 2) whether municipality invitational procedures for the preventive home visits modified the association.

Methods: The study population included 1,023 community dwelling 80-year-old individuals from the Danish Intervention Study on Preventive home visits. Information on preventive home visit acceptance rates was obtained from questionnaires. Socioeconomic status was measured by financial assets obtained from national registry data, and invitationary procedures were identified through the municipalities. Logistic regression analyses were used, adjusted by gender.

Results: Older persons with high financial assets accepted preventive home visits more than persons with low assets (adjusted OR=1.5 (95% CI: 1.2-2.3)). The odds ratio for accepting preventive home visits was larger among persons with low financial assets invited by a letter with a proposed date than among persons with high financial assets invited by other procedures, though these estimates had wide confidence intervals.

Conclusion: High socioeconomic status was associated with a higher acceptance rate of preventive home visits, but the association was modified by invitational procedures. The results indicate that municipalities might decrease some of the social inequality in acceptance of preventive home visits, if they change their invitationary procedures.

O5.5-3 12:15-12:30

Preventive home visits for non-western elderly citizens in Denmark

Danish municipalities experiences of mediating, implementing and evaluating preventive home visits

Author: PhD, Occupational Therapist Mette Andresen
University College Zealand
Co-authors: BA in Occupational Therapy Usra Krogh Borde, BA in Occupational Therapy Ditte Birkby

Danish law offer one yearly preventive home visit to elderly citizens accept the invitation to participate in a preventive home visit. The municipalities assess that the reason for not participating has cause in differences in culture and poor communication. Almost 80% of the respondents assess that additional focus on these elderly is required. Moreover, the municipalities suggest that culture and language are important barriers in participation and implementation of preventive home visits. A greater focus on culture in home visitors’ training and education programmes is needed. This presentation will reveal the most important results of the study and discuss perspectives in how to oppose the health and economical challenges of a growing group of non-western elderly in near future.

O5.5-4 12:30-12:45

Older peoples’ experiences with preventive home visits in a Norwegian municipality: How do preventive home visits affect older peoples’ health and possibility for a good life in their own home?

Author: KD student, MNSc, RN Mette Toien
Buskerud University College
Co-authors: Master student, OT Morten Hegeland, MPH, MScH, RN Bjørg Landmark, PhD, RN Lisbeth Fagerstrøm

Background: The aim of preventive home visits (PHV) is to uphold home dwelling older peoples’ health and wellbeing, and to prevent or postpone functional decline and need for comprehensive health care. Varieties of PHV are offered in several countries, including some Norwegian municipalities. The interest in PHV is increasing due to expected demographic changes. Even though the potential of PHV to improve older peoples’ health is well documented, the knowledge base to guide the design of the visits is limited. Studies that shed light on experiences, attitudes and perceptions of recipients of PHV are missing and are therefore called for.

Aim: The aim of this study was to explore and describe older peoples’ experiences with and perceptions of PHV. The
Weekend Breaks may contribute to further development of the service.  

Method: The study presented here was part of a larger Norwegian evaluation study of PHV with an exploratory case study design. The municipality that formed the case had offered PHV for 11 years. The present study was based on qualitative research interviews with 20 recipients of PHV, selected through stratified random sampling. Ten seniors aged 75 had received one visit and ten seniors between 78-89 years of age and had received multiple visits during several years. The interviews are now in process of being analyzed according to manifest and latent content analysis.

Preliminary Results: The PHV provided security and was highly valued by the majority of the respondents. For frail elders, the PHV provided help to maintain role and preserve important valued by the majority of the respondents. For frail elders, the

PHV helped older people to maintain degree of compliance to home based exercise programs using the Wii.

The high level of motivation suggest that WII may ensure a high change from pre-to-post intervention was -1.6 mm2/s (-7.8%) for the WII group and -1.6 mm2/s (-8.3%) for the CON group. The present study was conducted as a randomized, plaudo-controlled trial with older adults comparing 10 wks. of WII (20 sessions in total) with daily use of Ethylene Vinyl Acetate Copolymer insoles (CON).

Results: Of 212 subjects screened for eligibility, 154 (73%) were ineligible or did not wish to participate; thus, 58 (73.9% of 80) underwent stratification. The absolute change in MVC from pre-to post-intervention was 294.6 Newton (N) (+17.0%) for those assigned to WII and -19.9 N (-1.3%) for subjects assigned to CON (absolute between group difference, 283.1 N; 95% confidence interval, 126.2 to 418.8, P<0.001). For Center of Pressure Velocity Moment (CoP-VM) the absolute change from pre-to-post intervention was -1.6 ms2/s (-7.4%) for the WII group and -1.6 ms2/s (-8.3%) for the CON group (absolute between group difference, 0.002 mm2/s; 95% confidence interval, 4.8 to 4.8; ns ). In the secondary endpoints a statistical difference favoring the WII group over the CON group was evident in muscle Rate of Force Development (RFD). Timed Up and Go (TUG), Falls Efficacy Scale-International (Short FES-I), 30-s Chair Stand Test (P<0.05). Subjects rated the WII highly motivating (5-point Likert scale) at 5 and 10 weeks of intervention.

Conclusion: Ten weeks of biofeedback-based WII that involved both balance and strengthening exercises led to significant improvements in MVC, RFD and functional performance in older adults. Static bilateral postural balance remained unaffected. The high level of motivation suggest that WII may ensure a high degree of compliance to home based exercise programs using this system.

O5.6-2 12:00-12:15

What factors influence physical activity of older women in retirement communities? Phenomenological study

Author: Gudfinna Björndottir Hafnarfjörður

Background: Older people benefit from being physically active for as long as possible as a preventive measure against disease and function decline. However, older people are not as active as recommended, particularly not women. Information on how living in retirement community influences physical activity (PA) is rare and the subject needs more research.

Purpose: To deepen understanding of factors that influence physical activity of older women living in retirement communities.

Methods: The study was qualitative, built upon the Vancouver-School of doing phenomenology. Twelve in-depth interviews with ten women were conducted. Interviews were transcribed, and transcriptions were analyzed for themes and subthemes.

Results: The ecological system of Bronfenbrenner was used to explain the themes emerging from the results. Themes that fit into all systems of the Bronfenbrenner model were found and it turned out to be a helpful tool to make a holistic model explaining these factors and interaction between them. The Bronfenbrenner ecological system consists of a nucleus surrounded by layers or systems, which envelop each other. Innermost in the model are personal and genetic factors that influenced the women directly like physical environment and family surroundings. Outmost in the Bronfenbrenner model are factors that had indirect influence on PA like media and culture (exo- and marcosystem).

In special interest regarding older women was the chronosystem (the third dimension in the model) which had to do with the time and life-course and explained how former experience influenced PA today.

Conclusion: Factors influencing PA in retirement communities are found in all systems of the Bronfenbrenner’s model. To facilitate older women to be more physically active professionals need to be acquainted with influencing factors of PA and apply a holistic approach.

O5.6-3 12:15-12:30

Effect of a 12-week resistance exercise program on body composition, muscle strength, physical function and glucose metabolism in healthy, prediabetic and diabetic elderly Icelanders.  

Author: Dr. Álfró Ramel  

Unit for Nutrition Research  

Co-authors: Dr. Olafur Gisladottir, Msc. Ali Manzoor, Dr. Kristin Birn, Dr. Falmi Johannsdottir, Ingolf Thordardottir  

Background: Insulin is a stimulator of skeletal muscle protein anabolism and insulin resistance might therefore negatively affect muscle protein metabolism. We investigated muscle mass and physical function before and after a resistance exercise program in subjects with pre-diabetes or type 2 diabetes mellitus (T2DM) in comparison to healthy controls.

Methods: This was a secondary analysis of a randomized controlled intervention designed to investigate resistance training among older adults. Glucose metabolism status was not a selection criteria for the trial and group designation was done retrospectively. Subjects (N=237, 73.7±5.7 years, 58.2% females) participated in a 12-week resistance exercise program (3 times/week; 3 sets, 6-8 repetitions at 75-80% of the 1-repetition maximum), designed to increase strength and muscle mass of major muscle groups. Body composition, muscular strength, timed up and go test, six-minute walk for distance and blood chemical variables were measured at baseline and endpoint.

Results: Participants completing the study (N=208) experienced significant changes in muscle strength or muscle function, which did not differ significantly between healthy (N=198), pre-diabetic (N=20) and T2DM (N=17) participants (N=20) and T2DM participants (N=17). Changes in serum glucose during the intervention differed by group: only glucose improved significantly in the pre-diabetic group; glucose and triglyceride improved significantly in the healthy group; whereas no serum parameter improved significantly in the T2DM group.

Conclusions: A 12-week resistance exercise program improves muscle strength and muscle function to a similar extent in healthy, pre-diabetic and T2DM elderly people. However, according to our data T2DM participants do not experience favourable changes in fasting glucose or HbA1C.

O5.6-4 12:30-12:45

Exercise and physical fitness post stroke

Author: Dr. Birgitta Langhammer  

Oslo University College  

Co-author: Professor Birgitta Lindmark  

Background: It is argued that all stroke patients, indifferent of disability, have the same possibility to improve with training. On
5.7 Hip fracture II
Chair: Karin Andersen-Ranberg
12-06-2012, 11:45-12:45, Room 13

Balance confidence and functional balance are associated with physical disability after hip fracture

Author: MSc Johanna Edgren
Gerontology Research Center, Department of Health Sciences, University of Jyväskylä
Co-authors: MSc Anu Säläjäskari, PhD Ari Heinonen, PhD Taina Rantanen, MD PhD Mauri Kalinnen, PhD Sarianna Sippälä

Background: Hip fracture is a common trauma among older people, leading to balance impairments, decreased muscle strength, and loss of independence in daily activities. The incidence of hip fractures increases with age and the total number of fractures is expected to rise due to population ageing. This study investigated the associations between physical disability, balance confidence, and functional balance among older people after a hip fracture.

Material and methods: The participants were 159 over 60-year-old community-dwelling men and women. Health, fracture status and contraindications for participation were assessed in a clinical examination. Physical disability was assessed by a questionnaire containing 14 questions on perceived difficulty in basic (ADL) and instrumental activities of daily living (IADL). Two sum scores were composed: ADL score (range 0-6) and IADL score (range 0-8). Higher scores indicated more difficulties. Balance confidence was assessed by the Activities-specific Balance Confidence Scale and functional balance by the Berg Balance Scale. Knee extension force was measured using a dynamometer. Pain and use of walking aids were assessed by a questionnaire. The negative binomial regression analysis was used to explore the associations.

Results: For ADL disability relative to balance confidence, the IRR was 0.99 and 95% CI 0.98–0.99 (adjusted for age and gender) and respectively for IADL 0.99 (0.98–0.99). There were similar associations between functional balance and ADL/IADL disability. The results remained the same when the model was adjusted also for time since fracture, pain, chronic diseases, muscle force, and use of walking aids.

Conclusion: Balance confidence and functional balance are important determinants of physical disability in older people with a previous hip fracture. In future, it would be essential to study what kinds of interventions are effective in enhancing balance confidence and functional balance among hip fracture patients.

5.7-1 11:45-12:00

Increased hip fracture risk in older persons using antidepressants

A nationwide cohort study in Norway

Author: Dr. Marit Stordal Bakken
University of Bergen

Co-authors: MSc PhD Anders Engeland, MD PhD Lars B. Engeset, MD PhD Anette Hylen Ranhoff, MD PhD Steinar Hurtsaker, MD PhD Sabine Rufth

Background objectives: Hip fractures are highly prevalent in older persons, with great implications for morbidity and mortality. Hip fractures are usually caused by a combination of osteoporosis and a fall, and antidepressant drug use may affect both conditions. The aim of this study was to examine associations between antidepressant drug use and hip fracture risk in older persons.

Methods: Nationwide prospective cohort study including the Norwegian population aged 65+. For the study period, 01.01.05-31.12.12, data was obtained from the Norwegian Prescription Database (all prescriptions of antidepressants released at Norwegian pharmacies, by drug name and drug volume) and the Norwegian Hip Fracture Register (date of primary hip fracture). We compared hip fracture incidence during person time exposed and unexposed to antidepressant drugs (any antidepressant; tricylic antidepressants (TCAs), serotonin reuptake inhibitors (SSRIs) and other antidepressants) by calculating standardized incidence rates (SIR). SIR >1 indicates increased hip fracture risk during antidepressant drug exposure.

Results: The study population comprised approximately 906000 persons, of which 39938 (4.4%) experienced a primary hip fracture. Preliminary analysis revealed an increased risk of hip fracture for persons exposed to any antidepressant, SIR 1.8 (CI 1.8-1.9), TCAs, SIR 1.5 (1.3-1.6), SSRIs, SIR 1.9 (1.8-1.9) and other antidepressants, SIR 1.6 (1.4-1.7). Hip fractures were more prevalent among women than men exposed to antidepressants. However, fracture risk was higher in exposed men, SIR 2.0 (1.9-2.1), than in women SIR 1.8 (1.7-1.8). Generally, SIR decreased with increasing age.

Conclusions: This study indicates increased hip fracture risk in persons using antidepressants, especially SSRIs. These associations need to be explored further by clinical studies. SSRIs are extensively prescribed for older persons, necessitating careful evaluation of potential risks and benefits for individual patients.

5.7-2 12:00-12:15

Increased hip fracture risk in older persons using antidepressants

A nationwide cohort study in Norway

Author: Dr. Erja Portegijs
Gerontology Research Center and Department of Health Sciences, University of Jyväskylä
Co-authors: MSc Johanna Edgren, MSc Anu Säläjäskari, MD PhD Mauri Kalinnen, PhD Taina Rantanen, MD PhD Markku Alen, MD PhD Ikka Kiskanta, PhD Sanna Sipponen, PhD-Sanoma Sippälä

Objectives: To study the relationship between balance confidence, a concept close to fear of falling, and performance-based as well as self-reported mobility and balance in older people with a history of a fall-related hip fracture.

Methods: Cross-sectional analyses of pre-trial data of two randomized controlled trials of physical rehabilitation in community-dwelling people with a hip fracture between 6 weeks and 7 years earlier (SIRC574217567/SIRC574217568), including 130 persons with fall-related fracture. Pre-trial assessments included Activity-Specific Balance Confidence(ABC) scale, use of walking aids outdoors, self-reported ability to walk outdoors and climb one flight of stairs, and laboratory assessments of self-preferred walking speed, timed get-up-and-go(TUG), and Berg Balance Scale. Correlation and univariate general linear model analyses were performed.

Results: Table 1 shows the participant characteristics, 75% was female(61%) and osteoporosis was used to repair 46% of hip fractures(62%). Higher ABC scores correlated with better performance (r=0.47,p<0.001) and self-reported (r=0.53,p<0.001) mobility and balance measures. Figure 1 shows a gradient of increasing ABC scores in all groups with better mobility and balance. Group differences remained significant also after adjustment for age, gender, time since hip fracture, number of diseases, and in addition either physical activity or knee extension strength of the fractured limb.

Urinary retention in hip fracture patients

Author: Mette Irene Martinsen
Diakonhjemmet hospital
Co-authors: Anette Hjel Ranhoff, Ludwig Fjeld Solheim

Objectives: Hip fractures are a common trauma in the elderly and associated with complications, decline in function and mobility and high mortality. Urinary retention is a common postoperative complication. There are few studies on urinary retention in elderly hip fracture patients. The objective is to describe prevalence of urinary retention and complications related to urinary retention in elderly hip fracture patients.

Methods: This was an observational descriptive study. Data was obtained from a quality register where demographic and medical information are registered. Bladderscan were used to measure amount residual of urine preoperatively, the 1st, 2nd and 5th day after surgery. Residual urine >150 ml was defined as urinary retention.

Results: 106 patients aged 66 - 98, 86 women and 20 men were included, from 01.04.2010- 31.03.2011. An indwelling catheter was inserted preoperatively and removed the morning after surgery. Mean time of indwelling catheter was 23 hours. Prevalence of urinary retention was highest preoperatively. 66(62%) patients had urinary retention preoperatively, 30(28%) patients had urinary retention day one after surgery, 37(34%) the second day and 20(24%) on day 5. Although patients were able to void some had up to 960 ml of residual urine after voiding.

Neither age nor number of chronic diseases was associated with urinary retention in this study. Patients with urinary retention on day 5 had a higher prevalence of urinary infection, than the patients that the patients who did not have retention (55% vs 20%, p<0.005). Patients with urinary retention on the 5th day stayed longer in hospital than the other patients (74 vs 12 days, p<0.005). Patients with urinary retention preoperatively were not able to void some had to void 960 ml of residual urine after voiding.

Objective: To study possible interrelations between suffering and pain in end-stage dementia (ESD). Subjects: a cohort study of 200 ESD patients with a six month follow-up period.

Methods: We developed a new measure for suffering in dementia care, the Mini-Suffering State Examination (MSSE) scale, which demonstrated its significant reliability (α = 0.798). Validity of the MSSE scale was proven in a Pearson correlation with Symptom Management in End-of-Life in Dementia (SM-IDOL) scale (r = 0.574, P < 0.0001), and Comfort Assessment in Dying with Dementia (CAD-OL) scale (r = 0.716, P < 0.0001). The results of clinical experience with this scale were presented at world and regional congresses in Berlin (1999), Jerusalem (2000), Vancouver (2001), Stockholm (2002), Tokyo (2003), Las Vegas (2004), Rio de Janeiro (2005), Madrid (2006), Saint-Petersburg (2007), Trondheim (2008), Paris (2009), Honolulu (2010) and Athens (2011).

Results: 10 subjects on day of admission to the Geriatric Department, 10.5 % of ESD patients, diagnosed with pain (21/200) and 89.5 % of ESD patients were free from pain. Patients diagnosed with pains had a higher Mini-Suffering State Examination scale score (7.0 ± 2.4) than those without pain (4.0 ± 2.2), with a significant difference (P < 0.001).

Conclusions: Patients contribute to higher suffering and the development of Aminoff suffering syndrome in ESD.

Creating relationships a way to understand personcentred dementia care

Author: Dr. Irene Ericsson
Halsinglands konstnärskolorska institutte for gerontology
Co-authors: Ass prof Sofia Kjelstrom, RN, PhD Ingrid Helstrom

Swedish authorities recommended personcentred dementia care and this is considered a prerequisite for successful dementia care. An essential element of personcentred care is that the caregiver attempts to establish a relationship with the person with dementia.

Method and objective: This Constructivistic Grounded Theory study describes how relationships are created with persons with moderate to severe dementia. The material comprises 24 video-sequences of Relational Time (RT) sessions and 24 interviews with persons with dementia carried out in direct relation to the video-taping. We also interview eight professional caregivers which had been involved.

Results: The categories of ‘Assigning time’, ‘Establishing security and trust’ and ‘Communicating equally’ were strategies for arriving at the core category ‘Opening up’, which was the process that led to creating relationships. Both parties contributed to create a relationship; the professional caregiver controlled the process, but the person with dementia permitted the caregiver’s overtures and opened up, thus making the relation possible.

Conclusions: Interpersonal relationships significantly enhance the well being of persons with dementia. Small measures like RT that do not require major resources can open paths to creating relationships. When a relationship is established caregivers receive the response needed for them to feel that their work is meaningful. Simultaneously persons with dementia feel a sense of well-being through the confirmation of their personhood. Creating relationships may also be a path to understand the practical application of personcentred care.
The potential for Nordic synergy in such research is considered to be great. The Nordic countries are often markets with too small a potential individually for the pharmaceutical industry to finance trials of new types of treatment. A closer Nordic collaboration in the development of improved methods might generate an easier access to treatment of dementia and a better quality of life for persons with the dementia diagnosis and their caregivers.

**Conclusion**

Alcohol related cognitive and affective impairments in a sample of long term care residents in Luxembourg

**Author:** Dr. Jean-Paul Steinmetz, ZithaSenior - Department of Research & Development
**Co-author:** Dr Carine Federspiel

The aim of the present research is to demonstrate the wide-spread cognitive and affective impairments of a small sample of chronic alcoholics (K+K), residing in a long-term care facility in Luxembourg. To date, research and literature on the necessity and benefits of specific long term care programs for alcohol related brain damaged individuals is limited. During the presentation, a large test battery composed of standardized cognitive and affective tests are discussed, demonstrating important impairments in executive functions, cognitive speed, cognitive estimation, and processing of emotional information. Additionally, data from self- and other-ratings are contrasted, with results suggesting that chronic alcoholics are incapable in correctly perceiving and thus, interpreting their personal health condition. Given these findings, we conclude that there is a necessity of developing specific 24h long term care programs for alcohol related brain damaged individuals is limited.

The objectives were to describe and analyse, how use and costs of long-term institutional care in the last two years of life changed from 1996 to 2008 in Finland. Use and costs of long-term care were studied in total and separately for health centre, residential home and sheltered housing with 24-hour assistance. The data were derived from national registers. It contains all those who died at the age of 70 years or over in 1998 or 2002-2008, and a 40 % random sample of those who died at the age of 70 years or over in 1999-2001. Use of services were studied for last two years of life, thus from 1996 to 2008 in Finland. Use and costs of long-term care in the last two years of life decreased by 9.8 % and using sheltered housing increased by 16.7 %.

The costs of long-term care in the last two years of life decreased in the study period. Underlying the change in the use and costs of long-term care might be changes in either the age structure of the population or in the service system. Year of death was associated with use of services also when age was adjusted for. Thus it seems that at least a part of the change is related to the change in service system. Care in residential home has been replaced by care in sheltered housing, whose unit costs are lower. However, it is not clear, if the unit costs include all costs of sheltered housing, especially those paid by the user of service.
Author: James Finn
University of Sydney

Australia’s population, like many developed nations is ageing. Over the past two decades, the overall number of elderly people has increased at a rate of 5.1% when compared with the rest of Australia’s population. Housing this growing number of elderly citizens continues to present policy challenges for the Australian Government today and into the future. Retirement villages (RVs) are one such housing option for the elderly, and currently only five percent of seniors’ aged over 65 years old is housed in this form of accommodation. A nationally representative survey of 613 retirement village residents (RVRs) and a matched sample of 609 community residents (CRs) living in the same postcode as the RVRs was conducted to compare seniors accommodation choice. Qualitative interviews with retirees of both groups were conducted prior to the surveys, and they revealed a disconnect between RVRs experiences of independence, privacy, and safety & security and CRs perceptions of independence, privacy, and safety & security in a retirement village (RV) setting. It was hypothesised that this could be a significant reason for seniors not wanting to move into an RV, and subsequently a new measure – perceived environmental control (PEC) was designed and implemented in an attempt to capture this difference empirically. Statistical analysis confirmed the construct, convergent, and divergent validity and reliability of PEC. Further analysis revealed that RVRs actual experiences of PEC were greater than the CRs perceptions of same, and a multiple regression analysis demonstrated that resident type (where seniors’ lived) accounted for the most amount of variance of PEC. Many RVs base their marketing strategies around physical services; however, these results could potentially have major implications for the way RVs are designed and marketed to attract potential new residents into the future, and thus play a central role in solving Australia’s future housing challenges of seniors.

Earlier studies have shown that the living environment and types of housing are linked to well-being, health and social participation of older people. However, research on this topic is scarce in Finland and little is known about the subjective meaning of living environment for older people, their reasoning for and experiences of moving – or consequences of these decisions to their well-being. In this study we are interested in housing and moving decisions of older people and their family members. The theoretical framework of ‘housing pathways’ introduced by Clapham (2005) directs attention to individual and family biographies, decision-making, and subjective meaning of housing and moving. Also, the emphasis is on the meaning of cultural issues and social norms and values in housing decisions and changing needs and values throughout life course. Agency is a central concept in the study, but it needs to be noted that the moving decision can be voluntary and planned or forced and unplanned (Solant 2003). Also, individual chances to enact agency can be enhanced or hindered by various issues such as financial status, functional ability and family relations. The study draws from three qualitative empirical data sets. The respondents were native older Finns, older immigrants, and adult children. The analysis was performed using content analysis and discursive-narrative approach. The study showed that housing pathways offers a useful theoretical framework to discern and open up the complexity of older people's housing and moving decisions. They are guided by personal wishes and goals, health and functional ability, financial resources and availability of services. However, the study also showed that life history and family members’ wishes and needs guide older people’s decision-making. Policies regarding housing and service planning need to acknowledge that older people are a heterogeneous group of people with different needs, wishes and resources.

The association between self-reported environmental barriers and habitual walking activity among older people

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Co-authors: PhD Menja Rantakokko, MSc Mia Saajanaho, MSc Johanna Ennen, PhD Eija Portegijs, PhD Anne Viljanen, PhD Taina Rantanen

We examined the association of self-reported environmental barriers with habitual walking activity among older people. The analyses are based on cross-sectional data of 632 community dwelling men and women aged 75-81 who took part in the Screening and Counselling for Physical Activity and Mobility (SCAMOB) project in Jyväskylä, Finland. Self-reported environmental barriers to outdoor activity were categorized into three groups: traffic (noisy traffic and dangerous crossings), terrain (hilly terrain and poor street condition), and distances (long distance to services and lack of resting places). Habitual walking activity was assessed by self-reported distance and frequency walked within a week. Very low walking activity was defined as walking no more than 1.5 km/week at or most once a week. Participants walked on average 6.5 km (SD 5.2) and 4.0 times (SD 2.2) within a week. A total of 83 participants fulfilled the criteria for very low walking activity. Those who reported very low walking activity were more often men (p<.001), not living alone (p<.001), had higher number of chronic diseases (p<.001) and slower walking speed (p=.004). They also reported distances as environmental barriers to mobility more often than those who were more active in walking (p<.001). Those who reported distance-related environmental barriers were over two times more likely to report very low walking activity even after adjusting for age, gender, depression, socioeconomic status, number of chronic diseases, and walking speed (OR=2.2, 95% CI 1.2-3.8). This study shows that older people who report long distances to everyday services and lack of resting places as barriers to their outdoor mobility are at an increased risk of very low walking activity – a risk factor for accelerated functional decline. In the future, prospective analyses based on objective assessments of the environment are warranted.

A controlled trial of Snoezelen in a care home: Should we be talking to our residents more?

Author: Dr. Michael Bird
DSDC, Bangor University
Co-authors: Dr. Katrina Anderson, Dr. Sarah Macpherson, Annalese Blair

Objectives: Despite poor evidence, there has been a rapid increase in use of Snoezelen, or multi-sensory therapy, for BPSD. We evaluated a Snoezelen room in a care home, attempting to control for social interaction with the clinician. Methods. Staff were trained in Snoezelen techniques and each allocated to a resident with moderate to severe dementia and challenging behaviour. They were to use the Snoezelen room when their resident was upset or withdrawn (PRN sessions) and record pre- and post-distress. To enable observation by evaluators, each staff/resident dyad also had scheduled sessions, equally split between the Snoezelen room and a control condition in the garden. Resident behaviour was observed before, during, and after each session and collapsed into four categories: ‘disturbed/enraged’, ‘neutral’, ‘engaged’, ‘highly engaged’. Results and conclusions.

Over 4 months no nurse used the room on a PRN basis (i.e. to calm/comfort a resident). Though some staff came in on days off to run scheduled sessions, overall there was a rapid decline in attendance. One senior nurse took a phone-call in week one, left the room and never did another session. Accordingly we had a reduced sample for analysis: making this yet another Snoezelen study with weak evidence. Levels of engagement were high in both the Snoezelen room and garden conditions from the outset, and there were no significant differences between them. There is limited evidence that disturbed behaviour declined slightly immediately after sessions. The main story is the difficulty undertaking interventions in residential care. Reasons given at focus groups for low attendance, mirroring other studies, were that staff were too busy and pressures from others because: ‘talking to residents was not real work’. Conversely, staff who embraced the project admitted that they never engaged socially with residents, and that doing so had improved relationships and empathy. Thus it remains unknown whether the active fac...
Preventive conversations – how to ease the transition of becoming a nursing home resident

Author: Jette Lynnenup
Betaniaheimmet

The project was inspired by a documentary "The Last Station" which portrayed three women. The documentary depicts the difficulties of adapting to a life as nursing home resident. At Betaniaheimmet, we are aware that the majority of new residents find it difficult to adapt to their new situation. Our hypothesis was that a preventive conversation in their home before moving followed by conversations regularly in the first 6 months after their move, would make a difference in the adaptation process.

The project included all new residents from Dec 2010 to Oct 2011, which amounting to 18 residents total. The new residents were divided into two groups, a main group and a control group. The first resident would be in the main group and every other resident would be in the control group. The main group would receive a visit in their home, as well as regular conversations after they had moved, and conversations with their relatives. The control group would only receive conversations prior to their move to Betaniaheimmet. Written evaluations would be made after each conversation, as well as all residents would be assessed using RAI 2-3 times during the first 6 months. The groups ended up being very similar, adapting to their new environment in much the same way. However, the main group was characterized by physical disabilities, whereas the control group was cognitively impaired and prescribed with antidepressants. The project found that the resident himself has to be open for moving, before the conversations have any effect. Also, the conversations after three months of intervention demonstrated a significant improvement in the Intervention group compared to the Control group regarding ADL, balance function and confidence. A test of lung function has continued to worsen over this period. The preliminary conclusions are that the deterioration of health seen between 1992 and 2002 has not continued. At the beginning of the 21st century a Swedish study of the oldest old showed an increase in health problems in this group between 1992 and 2002. This study looks at data gathered in 2010/2011 to see if the health status in this very old population has continued to deteriorate.

Comorbidity and poor physical functioning, but not cancer, predict mortality among nursing home residents without cognitive impairment: a five-year follow-up study

Author: Dr. Jorunn Drageset
Nurse
Co-authors: Professors, statisticians Geir Egil Eide, Professor, MD Anette Hylen Ranhoff

Objectives: It is generally known that health-related quality of life (HRQOL) predicts cause-specific mortality. Few studies have explored whether generic self-reported HRQOL, sociodemographic factors and illness variables are independently associated with mortality among cognitively intact nursing home (NH) residents with and without cancer. We hypothesized that sociodemographic factors and illness variables would be associated with mortality and that HRQOL measured using the SF-36 Health Survey, would predict mortality among NH residents with and without a cancer diagnosis.

Methods: We followed a cohort of 227 cognitively intact (Clinical Dementia Rating scale score &nbsp;88040; 0) older residents (60 with a cancer diagnosis and 167 without) from 2004–2005 to 2010. We collected data by face-to-face interviews. We obtained sociodemographic variables and medical diagnoses from the records.

Results: Survival did not differ between residents with and without a cancer diagnosis (P = 0.31). Twenty percent of the residents with cancer and 13% without cancer were still alive after five years. After adjustment for sociodemographic and illness variables, increasing age (P = 0.001), higher education (P = 0.009), comorbidity (P = 0.04) and the subdimension physical functioning (P = 0.001) predicted mortality. Bodily pain was only marginally associated with mortality (P = 0.08).

Conclusion: Independent of a cancer diagnosis or not, HRQOL and comorbidity predicted mortality among NH residents without cognitive impairment.

Physical and daily activities for residents in Nordic nursing home settings – a randomized, controlled trial. Results after three months of intervention

Author: Dr. Kerstin Frändin
Karolinska Institutet
Co-authors: Doctoral student Helena Grönstedt, Professor Astrid Berglund, Doctor Jorunn Helbostad, Doctor Lis Puggaard, Doctor Mette Andreaen, Doctor Karin Helström

Objective: To describe the impact of an individually tailored intervention program, for residents in a nursing home setting, on physical functions and daily life activities.

Methods: Nursing homes in Sweden, Norway and Denmark were involved, and 322 residents were randomised to either Intervention or Control group. The intervention lasted for three months and consisted of physical and daily activities, led by physiotherapists and occupational therapists, and was built on their evaluation and on goals expressed by each resident. Testing of muscle strength, mobility, balance function and confidence, ADL, level of physical activity, wellbeing and cognitive function was performed at baseline, directly after the intervention period and after another three months.

Results after three months of intervention demonstrate a significant improvement in the Intervention group compared to the Control group regarding ADL, balance function and physical activity level. Also, the intervention group significantly improved their walking speed while the Control group significantly deteriorated in ADL and balance function.

Conclusion: Our study implies that functions can be improved and unnecessary decline be delayed, also in a frail nursing home population, through individually adjusted training programs and activities. As a consequence, residents should be entitled to an evaluation of physical function, by physiotherapists and occupational therapists, leading to adequate, individualized measures, early after admission to a nursing home or to a similar facility.
Predictors of nine-year mortality in nonagenarians: The Vitality 90+ Study

Author: Dr. Kristina Tainen
Gerontology Research Center and School of Health Sciences, University of Tampere
Co-authors: MSc Tina Luukkaala, MD, PhD Arnti Hervonen, MD, PhD Marja Jyrhä

Objectives: With increasing age, the association of conventional risk factors with mortality seems to weaken. Information about the predictors of mortality among the oldest old is limited. Possible gender differences are also poorly known. The aim of this study was to examine the predictors of mortality during nine years in a representative population sample on individuals aged 90 and older, focusing on differences between men and women. In addition, we examined the gender differences in survival at different levels of mobility and activities in daily living (ADL).

Methods: The nine-year follow-up study is part of the Vitality 90+ Study, a population-based study of people aged 90 and older. All inhabitants aged 90 and older in the area of Tampere, Finland were contacted, irrespective of health or place of living. The study population consisted of 171 men and 717 women. Data was collected with mailed questionnaire asking questions concerning ADL, mobility, self-rated health, chronic conditions, and quality of life. The study was based on the data collected in 1991-1993.

Results: The 1991-population in total Denmark had 2 children, 11% of the women were childless. The BMI from the 1991-population was on average 27.6 for men and 25.8 for women. The risk of mortality in the total study group. In men, difficulties in ADL and mobility were strong predictors, while in women, comorbid conditions were more important. At each follow-up visit, self-rated health and poor self-rated health were more important. The relative contribution is unclear if the effects of midlife PA on LEF are independent of cognition. A large community-based population of 4753 men and women (mean age 76±7 yrs) from the Age Gene/Environment Susceptibility - Reykjavik Study was followed since 1967 as a part of the Reykjavik Study. On the basis of weekly hours of regular PA reported at the mid-life examination, participants were classified as active and not-active. Measures of LEF in late-life included gait speed from 6m walk (meter per second, m/s), Timed Up and Go (TUG, second), and Knee Extension (KE) strength (kg) tests. Cognitive function was externally evaluated. Linear regression analysis was used to examine the association.

Results: Participants who were active in mid-life had significantly better LEF (faster gait speed, beta=0.05, p=0.001; faster TUG time, beta=0.03, p=0.001; stronger KE strength, beta=0.03, p=0.001) in late-life compared with those who were inactive in mid-life after adjusting for socio-demographic and cardiovascular risk factors. After adjustment for cognitive function in late life (speed of processing, memory, and executive function), participants who were active in mid-life still had significantly faster gait speed (beta=0.04, p=0.001), faster TUG time (beta=0.04, p=0.001), and greater KE strength (beta=0.01, p=0.001) in old age compared with those who were inactive in mid-life.

Conclusions: Regular PA reported in mid-life is associated with better performance of LEF in later life and is independent of late-life cognition.

O6.5-4 14:45-15:00
Leptin as a predictor of mortality in nonagenarians

Author: Inna Lisko
University of Tampere, Finland
Co-authors: PhD Kristina Tainen, PhD, MD Therto Lehikomi, PhD, MD Arnti Hervonen, MD, PhD Marja Jyrhä

Objectives: Leptin is an adipokine produced mainly from the adipose tissue. High circulating levels of leptin are associated with obesity and related disorders whereas low levels of leptin are associated with malnutrition. Accordingly both high and low levels of leptin seem to be associated with increased mortality risk. However, data regarding the oldest old are scarce. The objective of this study was to find out if leptin levels predict mortality in nonagenarians.

Methods: This study is part of a prospective population-based study, Vitality 90+, carried out in Tampere, Finland. Leptin levels in blood were measured from 60 men and 180 women, aged 90 ± 1 year. All-cause mortality was followed up for four years. Data regarding height and weight (body mass index), functional status (Barthel Index), smoking status and history of diseases were also obtained and used as covariates in the Cox proportional hazards models.

Results: In the adjusted analyses, mortality risk in men was significantly lower (p=0.047) in the middle tertile of leptin (hazard ratio [HR] 0.44, 95% confidence interval [CI] 0.19-0.99) and borderline significantly lower (p=0.056) in the lowest tertile (HR 0.37, 95% CI 0.13-1.03) compared to the highest tertile. In women no significant associations for leptin were found but the direction for association was opposite to that of men: in women the HR for the middle tertile of leptin was 1.40 (95% CI 0.79-2.46) and for the lowest tertile 1.47 (95% CI 0.81-2.65), respectively.

Conclusions: In nonagenarian men, low and moderate level of leptin seems to protect from mortality. In nonagenarian women, no significant associations between level of leptin and mortality risk were found. The findings of this study should be confirmed with a larger sample, and in future studies it is important to perform analyses separately for men and women.

O6.5-3 14:30-14:45
The importance of children in old age 95-year-olds from the 1914-population in Glostrup, Denmark

Author: Professor Marianne Schroll
Center of Preventive Medicine, Glostrup University Hospital

Aim: To understand quality of life in old age as a function of the life course.

Conclusion: Among the 95-year-olds, children were the most important life content.
O6.6-2 14:15-14:30

Associations of anemia and physical performance in Georgia Centenarians

Author: Dr. Dorothy Hausman
University of Georgia
Co-authors: Alyson Haslam, Dr. Adam Daye, Dr. M. Elaine Cress, Dr. Mary Ann Johnson, Dr. Leonard Poen, the Georgia Centenarian Study

Background: Anemia is a common among older individuals and has been associated with lower levels of physical function. Most studies of anemia and physical function have focused on a “younger” older-adult population and it is unknown whether this association holds true in the very old.

Objective: To determine associations between anemia and selected measures of physical function in a population-based sampling of centenarians with a high (>50%) prevalence of anemia.

Setting: North Georgia, USA. Study design: This study was a secondary analysis of data from the Georgia Centenarian Study, and included participants with complete data for hemoglobin and creatinine concentrations and physical function measures (n=129).

Anemia was defined according to the WHO definition (hemoglobin <13 g/dl for males and <12 g/dl for females). Analyses were also based on hemoglobin concentration increment (<12 g/dl; >12 and <13 g/dl; >13 and <14 g/dl; and >14 g/dl, respectively).

Physical function measurements include grip strength, leg strength, Physical Performance Mobility Examination score, and Direct Assessment of Functional Status. Scores on activities of daily living and instrumental activities of daily living.

Results: Logistic regression analysis indicated that centenarians with anemia have lower average grip strength (0.86, 95% CI 0.9 to 1.0, p=0.04) in fully adjusted models (demographics, number of diseases, BMI, renal function and cognitive score) and lower average leg strength (0.93, 95% CI 0.9 to 1.0, p=0.05) in partially adjusted models, than in those without anemia. Analysis by hemoglobin concentration increment indicated that grip strength was significantly greater in those with hemoglobin >14 g/dl as compared to those with hemoglobin <13 g/dl in fully adjusted models, including gender. Lower scores on other physical function measures were not associated with having lower "normal" hemoglobin concentrations or anemia.

Conclusions: Anemia in centenarians is associated with significant decreases in grip strength and leg strength. However, no associations were found between anemia and other measures of physical function. Perhaps as people age, physical function is influenced to a greater extent by other factors than simply anemia, making it difficult to detect functional associations in the very old.

O6.6-3 14:30-14:45

Low-Grade Chronic Inflammation and Superoxide Anion Production by NADPH Oxidase are the Main Determinants of Physical Frailty in Older Adults

Author: Dr. Gregory Baptista
Gerontology Center, University Hospital of Montpellier, France
Co-authors: Dr. Anne-Marie Dupuy, Dr. Richard Durant, Pr Jean-Paul Cistol, Pr Claude Jeandel

Background: Physical performance measured by gait speed is being recognized as a major instrument for clinical evaluation in older adults, because it predicts physical frailty, loss of autonomy, hospitalization, and decreased survival. Low-grade chronic inflammation and oxidative stress, mediated partly by the superoxide anion produced by NADPH oxidase, are closely linked and could be involved in age-related physical decline.

Objective: To determine whether slow gait speed is associated with anion superoxide overproduction by NADPH oxidase and low-grade chronic inflammation.

Design and setting: Observational study among 280 elderly of an ambulatory geriatric care unit (191 women, 89 men, 79.9 ± 6.1 year-old). Methods: Gait speed was evaluated by walking at self-chosen usual pace. Usual gait speed under 0.8 meter per second was defined as slow gait speed. Superoxide anion production was evaluated using a lucigenin-based chemiluminescence method. Inflammation was evaluated by CRP, fibrinogen and leukocyte count.

Results: Among the 280 participants, 179 (63.9%) walked with a gait speed < 0.8 m/s (slow walkers) and 101 (36.1%) with a gait speed ≥ 0.8 m/s. Superoxide production and inflammation markers such as fibrinogen were more important in slow walkers (p = 0.004 and p = 0.006 respectively). In multivariate analysis, superoxide anion production and fibrinogen were independently associated with physical frailty assessed by slow gait speed (p = 0.028 and p = 0.007 respectively).

Conclusion: Physical frailty in older people is associated with superoxide anion overproduction by NADPH oxidase and low-grade chronic inflammation.

O6.6-4 14:45-15:00

Accumulation of disparity in physical activity in old age

Author: Msc Johanna Eronen
University of Jyväskylä
Co-authors: PhD Marie von Bonsdorff, PhD Merja Rantanen, Professor Taina Rantanen

Background and objectives: The level of physical activity often declines in old age, although many older people would like to be more active than what they are capable of. This leads to unmet physical activity need, the feeling that one’s level of physical activity is inadequate, which is a manifestation of disparity in physical activity in old age. The accumulation of risk factors, including mobility limitations, low socioeconomic status (SES), lack of social support may increase disparity in physical activity. The aim of this study was to investigate how the accumulation of risk factors is associated with unmet physical activity need in older community-living people.

Methods: The study was based on cross-sectional analyses of an observational study with 632 participants. Socioeconomic status, mobility limitations and availability of social support were self-reported by standardized questionnaires. The outcome of the study, unmet physical activity need, was also self-reported.

Analyses were performed with logistic regression analyses.

Results: In older community-dwelling people, the risk of unmet physical activity in people who had mobility limitations but no other risk factors was almost four-fold (odds ratio [OR] 3.86, 95% confidence interval [CI] 1.86-8.03), compared to those with no mobility difficulties; having mobility limitations and either low SES or not having social support increased the risk over four-fold (OR 4.11, 95% CI 2.09-8.03) and having mobility limitations, low SES and no social support further increased the risk over seven-fold (OR 7.10, 95% CI 2.71-18.57).

Conclusions: The results of this cross-sectional study indicate that accumulation of risk factors increases disparity in physical activity in older people. Older people, who report unmet physical activity need, represent a potential target group for physical activity interventions as long as the interventions are tailored to meet their resources for participation.

O6.7 Social life and participation

Chair: Mette Andresen
12-06-2012, 14:00-15:00, Room 13

O6.7-1 14:00-14:20
Never too late to learn Elderly Women’s Club

Author: Dr. Svetlana Askryan
Center for the Development of Civil Society

The paper is designed to elaborate relationships between feminist theory and practice. From my perspective to be more effective the feminists must closely collaborate with the women advocate and activists of women’s NGO. The best relationship between feminist theory and practice is the case when theoretical findings serve the base for designing practical activities directed to establishment of real gender equality. I am a researcher and leader of women’s NGO, which allows me to put into practice my theoretical findings. The paper consists of three parts: in the first part I intend to make a short overview on the situation of elderly women in soviet and post-soviet Armenia based on the research. The research conducted to assess the situation reveal the incredibly vulnerable situation in which elderly women found themselves appeared after downfall of Soviet Union, it also revealed totally social exclusion of target group. In the second part I will present the project: Elderly Women’s Club, its goal, objectives and results and refer to case studies. The long term goal of the project is: to promote elderly participation in public life and civil society development, to improve their social state and protect their rights and the short term goals are: to find their place in changed social and economical environment, to share their life and professional experience with younger generation, to change the attitude of the society. The objectives of the project are: to help elderly women to stay active persons; so they can find their own place in changed social environment by increasing their active participation in public life; to help them learn healthy and constructive ways to spend their leisure time, to share their life and professional experience with younger generation, to change the attitude of the society to older person and increase public awareness on elderly issues. Third part is our conclusion: The older generations are in danger of being left out of the society. It is necessary to evaluate elderly women’s role in society and to facilitate and encourage participation of the elderly in public life. In this regards establishment of club where women could meet, exchange views, discuss an interesting topic pertaining to issues of concern such as health or social relations topics and do something with the knowledge and experience they have accumulated over the years is very important and can be disseminated as a good practice.
Does social capital enhance political participation of older adults? Evidence from Finland and Sweden

Author: PhD, university lecturer Mikael Nygård Åbo Akademi University
Co-authors: PhD, researcher Fredrica Nyqvist

High levels of civic engagement have been seen as prerequisites for an active or successful ageing. Allegedly, politically active seniors stand a better chance of safeguarding their interests in society as well as enjoying well-being. Whether or not older adults engage politically is not merely a question of individual characteristics, such as the level of education, but also on the level of social capital, both individually and contextually.

According to Putnam (1995: p. 67) social capital, such as networks and social trust, can be expected to “facilitate coordination and cooperation for mutual benefit”. We can therefore expect communities with higher levels of social capital not only to provide a higher incitement for collective action in general but also to encourage citizens to engage in political action. This relationship, however, is far from straightforward.

Social capital may provide the glue that holds communities together, but does it also provide driving forces for engaging in politics? Political engagement of older adults may also represent a variety of sentiments and be determined by different factors. Therefore a closer assessment of the relationship between social capital and political participation is warranted. In this paper we test the association between individual- and contextual-level social capital and political participation of older adults (65+ years) by using unique survey data from Western Finland and Northern Sweden (the GERDA 2010 survey, N =10 427). We argue that although active engagement in voluntary associations as well as high levels of social trust are positively associated with both voting and nonvoting activities of older adults, the explanatory logic differs between the two. When it comes to voting, social capital provides both glue and driving forces for action, whereas only the latter is true in the case of nonvoting activities.

The impact of new intimate relationships in later life on social and filial relationships

Author: Dr. Torbjörn Bildtgård Stockholm University
Co-author: Dr. Peter Öberg

Lots of prior social gerontological research has focused on filial relations in informal care as well as the impact of widowhood on social relationships in later life. In this paper we instead ask how a new intimate relationship in later life effect relationships with children, relatives and friends. In particular we focus on the effects that a new intimate partner in later life has on social, social and care obligations. To answer these questions, qualitative interviews were conducted with a stratified sample of 28 Swedes, 63–91 years, who had established a new intimate relationship after the age of 60 (or who are dating). We found that the respondents describe changes over their life-time in what we conceptualize as the ‘relationship chain’ – a hierarchy in social and care responsibilities – where the new partner in established relations steps in at the very front of the chain. This is positively perceived by the informants, who recurrently describe their partners as a resource for their own autonomy as well as that of their children, relatives and friends.

Time as a structuring condition behind new intimate relationships in later life

Author: Dr. Torbjörn Bildtgård Stockholm University
Co-author: Dr. Peter Öberg

Mobility in and out of intimate relationships becomes more common in late modern societies also in later life. However, it has been neglected in issue in social gerontology and sociological studies on ageing. In this paper the research questions are: What characterizes the formation of new intimate relationships in later life? Are there any specific, more or less universal, conditions that separate them from relationships in earlier life phases? Qualitative interviews was used with a stratigical sample, consisting of 28 Swedes, 63–91 years, who have established a new intimate heterosexual relationship after the age of 60 or who are dating. The results showed Time constituting a central structuring condition for new intimate relationships in later life. In the results three aspects of time – Available free time, Lived time and Remaining time – which all have a constituting and an important formative power on new late in life relationships are discussed in relation to theories of late modernity and the Third Age and in relation to changing demographical conditions.

Ageing-in-place - older people's housing problems and social contacts

Author: Sirpa Andersson
National Institute for Health and Welfare THL

The aim of the presentation is to explore problems in housing, environment and social relationships of people aged over 80 based on their perceptions. How are these issues connected with each other? Living at home is the desire of older people, while the ageing policy of Finland is also to promote this kind of ageing-in-place. Given that the goals of older people’s and the society are similar, it is important to give more attention to the home environment. Social relationships, near relatives, friends and neighbours are of great value to older people. The study discusses how the conditions for ageing-in-place are realised. The theoretical orientation works from the perceived well being of older people. The study material is drawn from two different Finnish enquiries: 1) a survey of Finnish wellbeing and services, 2) a need assessment on services for older people. They contained interesting and relevant questions about housing and the social contacts of older people. Quantitative methods were used in the analysis. The study illustrated that getting to and from home is difficult for many older people. They encounter problems in moving outside and in doing things like shopping. Typical shortcomings in the housing environments were that services were too far away and there was a lack of public transportation. Most respondents were happy with their social life and relationships while some hoped for more support from friends. Connections with relatives and friends were seen as important, while some also expressed feelings of loneliness. These aspects clarified the ageing-in-place concept. The results indicated that problems in housing environment and loneliness can accumulate among some older people. Their opportunities to age-in-place can thus be poor. Ageing-in-place necessitates that physical and social housing environment must meet older people’s needs and hopes.
satisfactory marital-like relationships moderate ill-being in case of unemployment, retirement and absence of other socially productive activities in older individuals. By analyzing wave 4 of SHARE’s 2011 preliminary data on 50-plus Europeans we will establish the deflection capacity of satisfactory marital-like relationships in vulnerable strata. For that purpose, we will make use of state-of-the-art multivariate statistical analyses. As recently collected raw data is going through the final refining process, results will be available mid-March.

O7.1-4 16:45-17:00
How do different dimensions of social relations fulfil social needs in older people?

Author: Katja Pynnönen
Gerontology Research Center and Department of Health Sciences, University of Jyväskylä
Co-authors: Timo Törmäkangas, Taina Rantanen, Tiina-Mari Lyyra

Objectives: Earlier studies have shown that various dimensions of social relations may be beneficial in different ways in old age. The aim of the study is to investigate how different dimensions of social relations fulfill social needs as essential for well-being in older people.

Methods: 394 persons aged 80 were interviewed face-to-face. Exploratory factor analysis was used in forming sum variables of social relations. Perceived social support was measured by Social Provision Scale based on theory of Weiss. Associations between social relationships and dimensions of social provision were analyzed by regression analyses.

Results: Existence of spouse, frequent contacts with children and friends/acquaintances were related to intimacy including feelings of emotional closeness, assurance that others can be counted on in times of stress, and guidance. Contacts with friends/acquaintances and participation in social activities provided a sense of belonging to a group of friends (social integration). Existence of spouse was most important in providing an experience of opportunity for nurturance and reassurance of worth. These needs were related also to contacts with friends/acquaintances and giving help to children’s grandchildren.

Conclusion: Close relationships e.g. with spouse and children may be important in providing both emotional closeness and anticipated social support. On the other hand, giving help may be significant in fulfilling needs of reassurance of worth and opportunity for nurturance. Interaction with friends/acquaintances may be relevant in old age since they are related to various social needs. Thus, promoting social activity which helps to fulfill social needs can maintain and enhance health and well-being in old age.

O7.1-5 17:00-17:15
Life as theatre: older transgender persons’ experiences of ageing and gender identity

Author: Anna Siverskog
Nationella Institutet för forskning om äldre och åldrande

Older LGBTQ (Lesbian, gay, bisexual, transgender and queer) identifying persons have during their lifetime witnessed and experienced many juridical and social changes in attitudes towards sexual and gender identities. There is however a lack of research on this subject in a Nordic context, especially in the case of older trans identities.

This presentation explores age and ageing in relation to transgender identities. It is based on life story interviews with persons identifying as transgender aged 65 to 77 years old, made within a dissertation project about older LGBTQ identifying persons. The theoretical frame used consists of social gerontological perspectives and queer theory. Three themes are focused; the relation to gender throughout the life course; the ageing body; and the lack of knowledge on trans issues.

The results illustrate how trans identities and practices have been seen as inaccessible during big parts of life, but that a different context in combination with being in third age can offer new possibilities to be open. There are also experiences of attempts to undergo sex reassignment surgery, but facing the fact that health and the ageing body are making this wish impossible. Some persons express worries for ageing and future need of care where they fear they might be discriminated. There are also experiences of a big lack of knowledge about trans issues. One conclusion is that while it is possible to talk about a “homonormativity”, where the homosexual subject under certain circumstances is seen as more respectable in general discourses, transgender identities have not reached this point if they are not made invisible; something that can be hard to achieve with an ageing body that has not underwent sex reassignment surgery.
P1-2
Assessing Long-term Care Service Needs of Indigenous Older Adults: A Framework for Practice with Native Elders

Author: Dr. Colette Browne University of Hawaii
Co-Authors: Dr. Noreen Mokkau, Dr. Katharyn Braun, Dr. Lana Kaspa

P1-3
The effects of marital status on episodic and semantic memory in healthy middle-aged and old individuals

Author: S-M-Hossein Mousavi-Nasab Örebro University
Co-Authors: Dr. Reza Karm-Nouri, Prof. Lars-Göran Nilsson

P1-4
Inventory of Life Satisfaction (ILS) An ecological approach to life satisfaction

Author: Professor Antonio Fonseca UNIFAI
Co-Authors: Dr. Laetitia Teixeira, Prof. Constanza Paul

P1-5
Establishing of Herlev Hospital Discharge-Liaison team

Author: Department Physiotherapist Merete Quvang Herlev Hospital
Co-Authors: Registered General Nurse Anja Thorsen, Registered General Nurse Anne-Lise Mason

Objectives: The purpose of establishing a Discharge-Liaison Team at Herlev Hospital has been to ensure a smooth sectoral transition of care from hospital to the home environment/Primary Care, promote and obtain security surrounding the patients discharge. This helps to avoid unnecessary re-admission and this service is offered to the vulnerable patient.

Methods: The Team is based in the hospital medical department but covers all areas within medicine and surgery.
The hospital Discharge-Liaison Team consists of a Registered General Nurse, a Physiotherapist and an Occupational Therapist, each having an extensive knowledge of inter professional collaboration. The team is in continual contact with other members of the multidisciplinary team within the hospital itself and community services.

Prior to discharge, background information regarding all aspects of the patient’s circumstances and medical history is collected to ensure an individualized plan of care.

The Team is often met with a complex home situation, which is not always possible to foresee. That obviously affects the action that is taken, to ensure that the patient has the optimal conditions to remain safely at home.

If further assistive measures from the hospital, homecare professionals and/or General Practitioners are required, the team will contact the relevant professional in order to establish the necessary action. All information is documented in the medical notes and shared with any relevant team members such as community nurses and the GP.

Results: In 2011 we processed a total of 530 patients from all hospital departments. From this total there were reported 51 undesirable incidents, and a further 98 cases where there was a need for adjustments to the planned package of care. 64 patients were readmitted within a period of 14 days, of which 11 had the same diagnosis as the previous admission. It is shown that there is a high level of satisfaction regarding the Discharge-Liaison Teams. It creates confidence, ensures access to the relevant services, provides continuation of care and therefore enhances the feeling of security for the patient and family.

Conclusion: The result has been based on earlier pilot studies from 2005-2006 and has shown that a Discharge-Liaison Team contributes to secure the sector transfer after discharge from the hospital, and helps to prevent unnecessary readmissions.
Do older adults really “age-out” of self harm behavior? An DBT adaptation for older adults.

Author: Dr. Valerie Alexander National University Co-Authors: Dr. Amanda Gutierrez, Dr. Kriste Earnheart

Few studies have explored self-injury in the older adult population. It has long been assumed that amongst these behaviors, such as self-mutilation, that the course seems to decline over time. Self-harm behaviors are thought to “burn-out” or significantly attenuate. This transience is thought to happen somewhere between adulthood and older adulthood. The purpose of this study is to explore geriatric variants of self-harming behaviors that may include self-prescribed polypharmacy, refusal of needed medical attention, neglect of chronic conditions, or sabotage of medical care. Changes instead of extinction of these behaviors may be largely related to an inability to formulate plans for the future and pursue goal directed behaviors. Dialectical Behavioral Therapy is a well known empirically supported treatment for the prevention of self-harming behaviors. However, little to no research has been done on the efficacy of DBT with older adults and its impact on overall quality of life. The results of this study hope to provide evidence of the efficacy of and need for the a DBT adaptation for the older adult.

Active Lifestyle All Your Life
A Multiprofessional Occupation based Lifestyle intervention Preventing Accidental Falls

Author: Erica Johansson Karolinska Institutet Co-Authors: Medi Dr Reg QT Ann-Helen Patomeka, Medi Dr Reg QT Raymond Dalhberg, Professor Medi Dr Reg QT Lena Borell, Ass. Professor Medi Dr Reg QT Hans Jonsson

Introduction: Available research shows that accidental falls among the elderly are a major community health problem all over the world. Preventive interventions that are able to address several factors and involve several different professional groups have a proven effect in reducing the number of falls among the elderly as well as improving the physical capacity, the individuals participation and their self-rated health. But according to clinical practice today falls preventing interventions are not carried out in this way. This is a new unique occupation based multiprofessional lifestyle intervention targeting older individuals at risk for accidental falls. The project is a RCT ongoing in 9 primary care areas in Stockholm based on the Well elderly study Lifestyle Redesign in the USA. The question examined by the study is whether the intervention program can: significantly reduce accidents and incidents involving falling among the participants, influence variables such as satisfaction with life, confidence in one’s own ability and a feeling of involvement. If the intervention can be shown to be cost effective in terms of the use of resources. The intervention – Active lifestyle all your life – is being developed in and for primary care for the cost effective prevention of fall injuries among elderly people using a method that results in continued active life. Aim The current project is aimed at contributing new knowledge of how a multifactorial occupation based lifestyle intervention based on maintaining an active lifestyle can prevent accidental falls. Methods: RCT, Random allocation of 150 individuals, highly at risk for accidental falls, >65 into 2 groups (Intervention and control). Repeated measures of participation, occupational performance, fear of falling and self-rated health combined with measures of consumption of care and frequencies of accidental falls are collected for a period of 24 months. Results: Preliminary results will be presented.

How do the patients and their close relatives experienced The Coordinated Investigation Model of Dementia in the North Denmark Region?

Author: General Practitioner Hanne Hvilgaard Laeghusehj/et i V/odkov Co-Authors: PhD-student, nurse Ane Marie Ottesen

The aim of the project was to investigate how the patients and their close relatives experienced the investigation and the subsequent social medicine intervention, and to give recommendations based on the results. The project is based on qualitative interviews with 11 families. Background: The Coordinated Investigation Model of Dementia implies that the primary investigation is carried out in the primary sector by a general practitioner in cooperation with a local dementia nurse in accordance to a specified procedure. Further investigations may thereafter be carried out by specialists in the secondary sector. Especially after The Coordinated Investigation Model was evaluated in 2005 and found useful from a professional point of view, we found it relevant to investigate the experiences by the patients and their close relatives. Results: The project shows that the patients and their close relatives don’t relate to the model – but rather to the results of the investigation, responsiveness and comfort. The investigation in the secondary sector seems very important to the patients and their relatives, who generally expressed that important decisions and information were handled by the secondary sector. A follow-up interview in the primary sector after investigation, which is mandatory according to the model, was practiced to a very limited extent. The role of the local dementia nurse as a coordinator was widely recommended by the patients and their close relatives, since many have experienced an accessible support and a relevant help. Recommendations: The primary sector’s role in investigation and follow-up should be strengthened with the aim of executing the model with lowest effective cost. A formal agreement regarding follow-up should be implemented. The relatives should be more involved during both investigation period and in the socio-medical follow-up.

The Effect of Learning Therapy on Improving The Cognition Function and Psychological , Behavior Symptoms among the Elderly with Dementia in Institution

Author: Professor Shu-Yuan Chao Hungkung University Co-Authors: Hsiao-Mei Chen, Li-Jane Tai

The study used a quasi-experimental design research method to investigate the effect of learning therapy on the improvement of cognitive and psychological, behavior symptoms among the elderly with dementia in institution. There were two institutions, in total 44 participants were recruited in this study, including 23 and 21 participants were assigned to experimental group and control group, respectively. The elderly in experimental group were invited to read aloud and conduct digital computation, 15 minutes per time, five days a week, and continuously for 3 months. The MMSE and NPI&ES28;Neuropsychiatric Inventory&ES28;were used for measuring the improvement of elderly’s cognition function, and psychological, behavior symptoms, before and after intervention. We applied multiple linear regression with the generalized estimating equation (GEE) statistic method to evaluate the effect of learning therapy on the cognition function and symptoms improvement after intervention. The results indicated significant improvement on experimental group elders, both cognition function and neuropsychiatric symptoms, achieving statistic level. The program could be the reference for the elderly care in institution.

Risk of falling in elderly patients with Chronic Obstructive Pulmonary Disease

Author: Dr. Cristina Jácome Escola Superior de Saúde da Universidade de Aveiro Co-Authors: Prof. Alda Marques, Prof. Daniela Figueredo, Dr. Raul Gabriel

Falls are a major problem among elderly adults that negatively impact on their functional independency and social interaction. The presence of chronic disease and impaired balance are well known risk factors for falling. Chronic Obstructive Pulmonary Disease (COPD) is one of the highest prevalent chronic diseases in elderly adults, which severely affects patients’ mobility and balance. However, limited information is available on risk of falling in this population. Therefore, the aim of this study was to determine the risk of falling in elderly patients with COPD. A cross-sectional study was carried out with 31 elderly outpatients with COPD in the central region of Portugal. Socio-demographic data were collected via a questionnaire based on the Interna-tional Classification of Functioning, Disability and Health checklist. Spirometry was performed to assess participants’ respiratory function. Balance and risk of falling were assessed with the Timed Up and Go Test (TUG). Descriptive statistics, the Mann-Whitney U test and Chi-square test were applied using PASW Statistics version 18.0. Participants were mostly male (n=21,67.3%), with a mean age of 76.71±4.45 years old. According to the Global Initiative for Chronic Obstructive Lung Disease criteria, participants were at advanced COPD (FEV1%predicted 35.45±18.1%). Considering the TUG cutoff point of 14 seconds for predicting falls, 38.70% of the participants were at high risk of falling. Participants with more than 74 years old (58.04%) were significantly slower (15.40±1.8 vs 10.62±4.5,p<0.020) and presented a significant-ly higher risk of falling (55.6% vs 15.4%,p=0.023) compared with younger participants. Elderly patients with COPD are at high risk of falling, especially those over 74 years old. Hence, pulmonary rehabilitation, a recommended standard of care for patients with COPD, should include a specific component of balance training and strategies to prevent falling, in order respond to elderly patient’s needs.
P1-12
Effects of Age Images on Implicit Age Attitude in Taiwan
Author: Professor YU-JING GAO
Fu Jen Catholic University
The increase in the older adult population is a global phenomenon. In review of the research on age attitudes in Taiwan, there are many researches using explicit measurements such as self-report scales or age semantic differences scales. The purpose of this study is to explore age differences in the implicit age attitude. The results indicated that no matter which age groups they belonged to, people all preferred young than old. More and the difference of preference decreased with age. In addition, an experiment was conducted to evaluate age image effects on age attitudes under different conditions by manipulating age stereotypes as positive or negative. The results showed that there were various patterns of age attitudes across time. The intervention of negative impact had impact on age attitude continuously.

P1-14
The effects of self-management program and ram mai plong exercise on hba1c and quality of life in older persons with type 2 diabetes mellitus
Author: Suchada Konghan
Chulalongkorn university
This quasi - experimental research aimed to test the effects of self-management program and ram mai plong exercise on hba1c and quality of life in older persons with type 2 diabetes mellitus. The study sample were 48 patients, Diabetes Clinic out-patient department Ranong hospital, Ranong province. The experimental group and the compare groups were matched in term of sex, type of medications and duration of illness. The compare group received the weekly self-management program and ram mai plong exercise, while the control group received a conventional nursing care. The experimental group instruments were the self-management program and ram mai plong exercise and Quality of Life Questionnaire. The instruments were tested to the content validity by experts. The data were analyzed by using percentage, mean, standard deviation and t-test. The research finding were as follows: 1. The mean hba1c in older persons with type 2 diabetes mellitus after received the self-management program and ram mai plong exercise was significant lower than before received program at level of .05. 2. The mean quality of life in older persons with type 2 diabetes mellitus after received the self-management program and ram mai plong exercise was significant higher than before received program at level of .05. 3. The mean hba1c in older persons with type 2 diabetes mellitus in experimental group and control group wasnot significant different at level of .05. 4. The mean quality of life in older persons with type 2 diabetes mellitus in experimental group and control group was significant at level of .05.

P1-15
The Role of Gender in Predicting Mortality among Older Adults in Singapore Predicting Mortality in Older Population
Author: Dr. Riawati JAHJA
DUKE-NUS GMS/National University of Singapore
Co-Author: Dr. Angelique CHAN
The purpose of this study is to identify the role of gender in predicting mortality among older adults in Singapore. We used panel data from 2009 and 2011 to conduct our analysis. The original survey was based on a nationally representative sample of older adults aged 60 years and above (N=5,500) who were first surveyed between 1 July to 31 December 2009. The follow-up began 1 July 2011 and data collection is still ongoing. Our analysis is based on preliminary data between 1 July and 23 November 2011 for survival status of 207 deaths (4.1%) and 4,793 survivors (95.9%). Conceptual framework by Lezzeno (1997) guided our model for predicting mortality. We used descriptive statistics, univariate and logistic regressions to analyze the data. In multivariate analysis, as found universally that mortality risk in gender was higher in men than women (p=0.007). Separate analyses by gender showed that older women who had poor vs good self-rated health and physical dependency with assistance required vs being independent were about 2.5 times more likely to die (p=0.03). Men had increased risk of dying when they had poor hearing ability vs good (OR=2.9, 95%CI=1.30–5.82; p=0.007). Furthermore, weekly walking exercise and living in condominium/flat/house/private flat/shophouse/provided accommodation had a significant reduced risk of mortality in women by 26% and 7% following the adjustment, compared to walking exercise of less than once a month (OR=0.26, 95%CI=0.10–0.68; p=0.011) and living in 1-2 room flats (OR=0.07, 95%CI=0.01–0.49; p=0.023, 0.07, 95%CI=0.01–0.49; p=0.028). Whilst in more educated men compared to the less, benefited them in reducing 44% risk of mortality (p=0.026). Elderly men and women had different attributes of mortality risk suggesting different needs of support and approach to intervene the predictors of health-related outcomes.

P1-16
Swedish and Iranian 75-year-olds – do they differ regarding physical function and physical activity?
Author: Doctoral stud Helena Hörder
Gothenburg university
Co-Author: Doctoral stud Zähra Mozavellenhez, Professor Mahyar Salakani, Associate professor Lena Nilsson-Vikman, Associate professor Kentin Frändin
Introduction: The pattern of population ageing is highly complex and contextually based. Cross-national comparisons are helpful to explore differences in health.

P1-17
Three way benefits: Volunteers improving person centred dementia care in a rural hospital
Author: Catherine Bateman
Southern New South Wales Local Health District
Older patients with cognitive impairment are known to experience fear, anxiety and increased confusion when admitted to hospital. They are more susceptible to falls, functional decline, prolonged length of stay, premature nursing home placement and death. Staff stress and care burden can be greatly increased in the care of confused hospitalised older patients with lack of time to support the necessary emotional care and safety needs highlighted. In rural areas with high ageing populations and limited or no access to geriatrician and specialist support these issues are even more pronounced. Increasingly the use of volunteers has been promoted as a supportive adjunct to care for patients with dementia or delirium but empirical support is limited. The primary aim of the study was to establish and train a group of volunteers in a person centred care approach to support patients with cognitive impairment in a rural hospital and evaluate outcomes for patients, staff and volunteers.
The volunteer intervention provided one to one emotional support aimed at enhancing the psychological wellbeing for patients with cognitive impairment as well as practical assistance aimed at reducing delirium risk and adverse outcomes. The intervention study used a quasi experimental design. Measures included patient outcome data, staff and volunteer dementia/delirium knowledge and attitudes to dementia questionnaires and post program acceptability by staff and volunteers. The program was highly accepted with 96% of staff and 100% of volunteers perceiving the program as having a beneficial effect on patient outcomes and should continue. Staff felt supported and assisted in their care of patients and volunteers perceived what they were doing was worthwhile and beneficial to patient outcomes. The program is now continuing 30 months post implementation 1 year post the community health excellence awards and has been included as an example of existing good practice in the State Government Dementia Services Planning Framework 2010-2015.

Replication of the program is occurring in other areas.

P1-18
A cross-sectional study of fall epidemiology among community-dwelling elderly attending the Elderly Health Centres, Department of Health

Author: Dr. Chi HIN HO
Department of Health, Gov’t of HKSAR
Co-Authors: Dr. Sammy PS Ng, Dr. VIM CHAN

Background: Accidental falls pose a significant burden on elders’ health and the health care system. However the problem is often neglected by elders. As most falls are the result of a complex interaction of risk factors, elders should be advised to have multifactorial fall risk assessment and intervention.

Objectives: To collect updated epidemiological data on fall incidents of Elderly Health Centres (EHC) members so as to better plan our fall prevention education programme and to examine geriatric patients’ functional status, health care professionals use a number of standardized tests. The validity and diagnostics of such tests have been subjected to comprehensive research, but qualitative research illuminating the perspective of the standard test administrator is lacking at present. The administering of a standardized test may influence test results – results which may have an impact on the level of care provided to the elderly patient. The objective of this study was to explore the experiences of occupational therapists and physiotherapists administering standardized tests. Drawing on seven months of fieldwork and observations of 26 test situations, interviews were performed with 14 physiotherapists and occupational therapists administering standardized tests on two acute geriatric hospital wards in Norway. Interview data were analysed with Systematic Text Condensation and supported with theory on relational competences. The analysis illustrates how physiotherapists and occupational therapists decide which patients to test, (ii) what strategies they use for promoting a sense of security in the test situation, (iii) how patient stress is avoided, and (iv) how the patient’s test performance is contextualized after the test. Our findings suggest that the test situation generates a tension between the health care professional’s role as a standard test administrator and as a health care provider. In handling this tension the health care professionals use their relational competence to reach and maintain individualization. Individualized adjustments are implemented by the test administrator throughout the test situation. This may cause bias in the deliverance of high-quality and user-friendly geriatric care and needs to be explored in future research.

P1-19
Being a Standardized Test Administrator in an Acute Geriatric Setting

Author: Kariann Krohne
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Co-Authors: Prof. Sandra Torres, Prof. Ashild Stetteba, Prof. Astrid Bergland

In assessing geriatric patients’ functional status, health care professionals use a number of standardized tests. The validity and diagnostics of such tests have been subjected to comprehensive research, but qualitative research illuminating the perspective of the test administrator is lacking at present. The administering of a standardized test may influence test results – results which may have an impact on the level of care provided to the elderly patient. The objective of this study was to explore the experiences of occupational therapists and physiotherapists administering standardized tests. Drawing on seven months of fieldwork and observations of 26 test situations, interviews were performed with 14 physiotherapists and occupational therapists administering standardized tests on two acute geriatric hospital wards in Norway. Interview data were analysed with Systematic Text Condensation and supported with theory on relational competences. The analysis illustrates how physiotherapists and occupational therapists decide which patients to test, (ii) what strategies they use for promoting a sense of security in the test situation, (iii) how patient stress is avoided, and (iv) how the patient’s test performance is contextualized after the test. Our findings suggest that the test situation generates a tension between the health care professional’s role as a standard test administrator and as a health care provider. In handling this tension the health care professionals use their relational competence to reach and maintain individualization. Individualized adjustments are implemented by the test administrator throughout the test situation. This may cause bias in the deliverance of high-quality and user-friendly geriatric care and needs to be explored in future research.

P1-20
Aging and work among healthcare professionals

Results from a research study conducted in the rural area of Carinthia, Austria

Author: Andrea Stitzel
Carinthia University of Applied Sciences

This research study deals with the effects of demographic developments on healthcare professionals working in hospitals and old people’s homes in Austria. Considering that not only the age structure of patients but also of the workforce is changing drastically, it can be assumed that they already critical working conditions will aggravate further. The aim of the study was to create a comprehensive database and to encourage an intra-institutional dialogue on the research topic. A mixed-methodology design was chosen to adapt a questionnaire on age management, originally developed in Finland, with the help of focus groups to the rural context of Carinthia, Austria. In 2009, a quantitative questionnaire was delivered to eight hospitals and 24 old people’s homes. The return rate was 42.7%. The analysis showed that the subscales ‘attitude of supervisors towards age’/’aging’ and ‘human resource practices’ were most negatively assessed. A critical view increased with longer work experience, lower work status and lower subjective appraisal of personal health. The six focus groups conducted in 2010 revealed that the existing narrow financial, personal and legal framework strongly hinder the implementation of age management practices in the affected institutions. In addition, age-specific measures were feared to lead to the social and financial exclusion of elderly staff as well as feelings of injustice among team members. Overall, the study shows that aging and work among healthcare professionals is a highly pressing topic, and at the same time, sensible topic in Austria. Apart from the needed further adaptation of the age management document, it is urgently advised to offer trainings in age management for supervisors, to encourage an open debate about aging and work among employees and to adapt the training of future healthcare professionals to the needs of an age-diverse working population. Clearly, policy support will be needed to introduce sustainable change.

P1-21
Active Ageing: Exploring social participation in Belgium

Participation rates, individual profiles of participants and thresholds to participate

Author: Professor Liesbeth De Donder
Vrije Universiteit Brussel

The World Health Organization and the International Network of the Prevention of Elder Abuse have recognized the abuse of older people as a significant global problem. The rapid ageing of society means that there will be a growing population of elders living at home and the most vulnerable of them are dependent on care or assistance. Research about where, when and how often elder abuse occurs is generally inadequate and inconsistent, or even non-existent. This presentation aims to explore the prevalence rate of abuse among older women living in the community. The main research questions are: a) What is the prevalence rate of domestic violence and abuse against older women in Austria, Belgium, Finland, Lithuania and Portugal? b) Can we detect patterns of violence and abuse against older women in those countries? This contribution provides results from the prevalence study of participation of older people in West-Flanders (Belgium). Several dimensions of social participation were examined: informal care, voluntary work, participation in associations, and cultural participation. The specific questions this research addressed included: What is the activity rate of older women? Why is the individual profile of (non) participants? What are the main reasons and thresholds to participate? Method: This article analysed data from the Belgian Ageing Studies, collected in West-Flanders. 11258 older people were questioned using a standardized questionnaire.

Results: The findings indicate that older people realise several active roles in society. 30.9% older people deliver informal care and 38.4% provides childcare. Almost 17% volunteers and 69.4% older people are member of an association. One out of two older adults participate in cultural activities. Moreover, the results demonstrate that people who not yet participate in voluntary activities, but express the desire or willingness to do so in the future. Next, the individual profile of the participants in terms of age, gender marital status, income level, and physical health is discussed. Finally the main reasons (e.g. meeting other people, clothes, personally asked) and thresholds (e.g. timing, price, interest) to participate are highlighted.

Conclusion: The discussion provides an overview of potential vulnerable groups in terms of social participation. Moreover, it focuses on the implications of these findings for local policymakers and social organisations and provides impetus to organise and increase active ageing at the local level.

P1-22
Prevalence of abuse against older women: a multi-national study in Europe

Author: Professor Liesbeth De Donder
Vrije Universiteit Brussel

The World Health Organization and the International Network of the Prevention of Elder Abuse have recognized the abuse of older people as a significant global problem. The rapid ageing of society means that there will be a growing population of elders living at home and the most vulnerable of them are dependent on care or assistance. Research about where, when and how often elder abuse occurs is generally inadequate and inconsistent, or even non-existent. This presentation aims to explore the prevalence rate of abuse among older women living in the community. The main research questions are: a) What is the prevalence rate of domestic violence and abuse against older women in Austria, Belgium, Finland, Lithuania and Portugal? b) Can we detect patterns of violence and abuse against older women in those countries? This contribution provides results from the prevalence study of
Abuse and Violence against Older Women in Europe (AVOW-study). The study included women aged between 60 and 97 years who were living in private households. 2880 women were surveyed across five countries during 2010. Overall, 28.1% of older women had experienced some kind of violence or abuse. Generally, emotional abuse was the most common form of violence experienced (23.6%) followed by financial abuse (8.4%), violation of rights (6.4%) and neglect (5.4%). Sexual abuse (3.1%) and physical violence (2.5%) were the least reported forms. When studying co-incidence of types and intensity of violence several patterns of violence were detected. Furthermore, the results demonstrate that more than half of the respondents did not talk about the abuse, due to a number of reasons. In the final part of the presentation, the practical implications of these findings for early detection of elder abuse will be highlighted.

P1-23 Physical performance as long-term predictor of onset of ADL disability; A nine–year longitudinal study among community-dwelling older women

Physical performance and ADL disability

Author: PhD student Gro Idland
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Co-Authors: MD, PhD Renate Pettersen, Professor Kirsten Askrud, Professor Astrid Bergland

Disability in Activities of Daily Living (ADL) of aging women is an important public health concern. It is thus of interest to identify modifiable factors underlying onset of ADL disability. We assessed whether three physical performance-based measurements could predict ADL disability nine years later. The participants were 113 non-disabled community-dwelling women with a mean age of 78.5 years at baseline. The baseline examinations of physical performance were: functional reach, climbing steps and comfortable walking speed. ADL disability was defined as need of personal assistance in at least one of five basic ADL items. The participants were followed for 9 years. Logistic regression models were fitted for each of the physical performance measures together with the covariates in relation to ADL disability. At follow-up, 28.7% were disabled in ADL. All three performance measurements were significantly associated with the onset of ADL disability at nine years of follow-up, however, only walking speed remained significantly related to onset of ADL disability, when all three performance measurements were included in the same model. In conclusion all the three performance measurements were related to onset of ADL disability, with walking speed having the strongest predictive value. Systematic screening based on walking speed measurements of non-disabled older women might help health professionals to identify those at risk of ADL disability and introduce preventive measures in time.

Consumption of marine-origin n-3 polyunsaturated fatty acids is associated with functional mobility in the community-dwelling oldest old in Japan.

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Co-Authors: Dr. Yasumichi Aki, Dr. Satoshi Sasaki, Dr. Michio Hashimoto, Ms. Yukiko Aoe, Dr. Kershiro Shimu, Dr. Ken Yamamura, Dr. Yoshinori Ebihara, Dr. Nebuyoshi Wirose

Background: As population of the aged has been expanding rapidly, one of the major concerns is how to maintain the health and functions in late life.

Objective: The objective of this study was to examine the association of habitual dietary intake of the marine-origin n-3 polyunsaturated fatty acids (n-3 PUFA), eicosapentaenoic acid (EPA) and docosahexaenoic acid (DHA), on the functional mobility in the community-dwelling oldest old who are at a high risk for physical disability.

Design and Methods: This study is a part of the Tokyo Oldest Old Survey on Total Health, which is a community-based ongoing longitudinal study among the oldest old, 85 years or older, living in Japan. Four hundred ninety three out of 542 participants at the baseline examination were enrolled in this study. Habitual dietary intake of n-3 PUFA was estimated using the brief-type self-administered diet history questionnaire (BDHQ), and functional mobility was assessed by the Timed Up and Go test. We evaluated the cross-sectional association between the habitual intake of n-3 PUFA and functional mobility by multi-variate logistic regression analysis. Prior to the analyses, validity of BDHQ in this study was confirmed based on the EPA and DHA concentrations in the erythrocyte membrane phospholipids as the gold standard for nutritional assessment.

Results: A moderate correlation was observed between the estimated dietary intake of EPA/DHA and the concentration of EPA/DHA in the erythrocyte membrane phospholipids (Spearmans' r=0.41-0.51, p<0.05). Multivariate logistic regression analyses revealed that a lower habitual intake of EPA/DHA was significantly associated with poor functional mobility, especially in the men (OR 95%CI per 1 SD increase of EPA/DHA intake; 0.55 (0.34-0.91) and 0.79 (0.54-1.15), men and women, respectively). Conclusions: Habitual intake of marine-origin n-3 PUFA is associated positively with functional mobility in the community-dwelling oldest old, especially men.

Older adults that receive home-based services, on the verge of passivity; The perspective of service providers

Author: Dr. Kjæsti Vik
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Co-Authors: Professor Arne Henning Eide

The increasing number of older adults will put pressure on health care services in the community. Policy related to care of older adults, have focused both on active ageing and the need for more help and care. In order to reach the aim of active ageing it is necessary to explore how service providers perceive the conditions for participation among older adults. The objective of the study was to explore service providers’ perception and understanding of the conditions for participation among older adults who receive home-based care.

Methods: The study design was grounded theory study, with six focus group representing different parts of home-based care in two different municipalities. The data was analysed by a constant comparative method following the guidelines from Grounded Theory.

Results: The core category “being on the verge” captured how the older adults constantly were on the verge to stop participation and be pushed into passivity. Four conditions influenced; first, many applied for services too late, secondly, the older adults and their family’s expectations about participation. Thirdly, external factors such as adequate housing and assistive devices. Finally, the service delivery per se could constitute a barrier for participation, since the services often focused on passive help and “standard packages”.

Conclusion. The findings show how factors at the system level, the execution of services, and characteristics among older adults and their family may contribute to the individual service recipient being on the verge of being passive.

Application of heart rate variability technology to design an emotional management system for the elderly

Author: Professor Hsein-Chang Lo
Ming Chuan University
Co-Authors: Prof. Ching-Chang Chuang, Prof. Shih-Tsang Tang

Due to advancements in medical care technology, human beings are able to improve their health conditions and extend their lifespan. Some elderly people were found to have difficulties in controlling their emotion, which may later develop into psychological diseases such as panic disorder. Therefore, emotional management is a novel and important issue for the elderly. In the present study, we incorporated biomedical engineering and industrial design specialists to execute advanced design. First, we applied heart rate variability (HRV) technology to reflect the activities of the autonomic nervous system, which can also be used to develop the panic disorder identification system. The signal detection position was designed to be on both hands, with the circuit being re-designed and the signal gain being re-defined. In addition, we integrated a visual display and an auditory broadcasting into this system. Then, we investigate the life style of elderly people to design the new system. The elderly people require some accommodation conditions and compensations in later life to deal with physical degradation, reduced ability, and increased needs. We focused especially on some aspects such as health care, living spaces (such as living room, bed room, bathroom), and social activities. Through the regular design process, including idea development, computer-aided design, mechanical design, mock-up, the prototype of emotional management system was thus fabricated.

This newly developed emotional management system can detect the emotion signal when user emotion is unstable, then the system will issue the warning message to remind user, which would further effectively improve the personal health and life quality. In the future, a clinical evaluation with larger testing subjects should be conducted to collect more relative data concerning the effect of this system on the elderly population.

P1-25

P1-27

Nurses’ Perceptions of Patient-Centred Care in Gerontological Nursing in Finland and in Estonia

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Aim: To explore and compare Finnish and Estonian nurses’ perceptions of the implementation of patient-centred care (PCC) in the case of older patients and to identify possible similarities and differences in these perceptions.

Background: Gerontological nursing has seen a shift from a provider-driven toward a more patient-centred approach to care. While this approach respects older people preferences, the evidence suggests that challenges exist in implementing the approach in nursing practice.

Methods: The sample consisted of 220 nurses in Finland and 403 nurses in Estonia. We approach PCC from the standpoint of the nurses in the nursing process, and the questionnaire consisted of questions about shared decision making, assessment of patients’ need for care and functional ability, goal-setting of patients’ care, and evaluation of outcomes of patients’ care. The data were analysed using statistical methods.

Findings: The nurses in Estonia, more often than the nurses in Finland, state that they are aware of the patient’s decisions and preferences when planning their care. The nurses in Finland feel more often than the nurses in Estonia that the patients’ preferences and decisions are taken into account by the nurses when planning the care. In the sample, the nurses in Estonia state more often than the nurses in Finland that the patients are involved in the planning of their care. The nurses in Estonia state more often than the nurses in Finland that the patients are involved in the planning of their care. The nurses in Estonia state more often than the nurses in Finland that the patients are involved in the planning of their care. The nurses in Estonia state more often than the nurses in Finland that the patients are involved in the planning of their care.
Finland, reported that they never made the decision on a patient’s care themselves and that they respected the autonomy of the patient. Instead, the nurses in Estonia reported specifying the patient. Instead, the nurses in Estonia reported that they never made the decision on a patient’s care to enhance their participation in social activities and to maintain and enhance the functioning, independence and meaningful living of older inhabitants in home settings and to prevent isolation.

Our findings stress the need for recognizing the various multidimensional factors that affect voluntary work in later life. Analyses indicate that non-volunteers, compared to volunteers, and older non-volunteers in later life are different from each other in over living in 127 municipalities and cities in Flanders, Belgium. Multinomial logistic regressions are applied to analyse the key variables characterizing older volunteers, potential older volunteers, and older non-volunteers. Analyses indicate that non-volunteers, compared to volunteers, have a lower level of education, have more physical health, and family status. Data are derived from the Belgian Ageing studies. The dataset contains 27,128 people aged 60 and over living in 127 municipalities and cities in Flanders, Belgium. Multinomial logistic regressions are applied to analyse the key variables characterizing older volunteers, potential older volunteers, and older non-volunteers. Analyses indicate that non-volunteers, compared to volunteers, have a lower level of education, to be divorced, and are in better physical health than volunteers. Our findings stress the need for recognizing the various multidimensional factors that affect voluntary work in later life. Thresholds like lower level of education and financial vulnerability explain most of the individual determinants for being a non-volunteer and are crucial for voluntary organisations and social policy. Future research should include and make a distinction between potential older volunteers and older non-volunteers.

Older volunteers and potential older volunteers Differences in terms of individual characteristics

Author: Professor Liesbeth De Donder Vrije Universiteit Brussel Co-Authors: Sarah Duy, Nico De Witte, Tine Buffel, Dominique Verhe The study examines whether potential volunteers, volunteers and non-volunteers in later life are different from each other in terms of demographic, socioeconomic, physical and mental health, and family status. Data are derived from the Belgian Ageing studies. The dataset contains 27,128 people aged 60 and over living in 127 municipalities and cities in Flanders, Belgium. Multinomial logistic regressions are applied to analyse the key variables characterizing older volunteers, potential older volunteers, and older non-volunteers. Analyses indicate that non-volunteers, compared to volunteers, have a lower level of education, have more physical health issues, experience more psychological distress, and are less likely to be married. Potential older volunteers are more likely to have a lower level of education, to be divorced, and are in better physical health than volunteers. Our findings stress the need for recognizing the various multidimensional factors that affect voluntary work in later life. Thresholds like lower level of education and financial vulnerability explain most of the individual determinants for being a non-volunteer and are crucial for voluntary organisations and social policy. Future research should include and make a distinction between potential older volunteers and older non-volunteers.

P1-28

Group-work based gerontological rehabilitation in Finland – meaningful group roles of elderly clients

Author: Aila Pikkarainen JAMK University of Applied Sciences Jyväskylä

Introduction: The study focuses on an R&D project, funded and coordinated by the Social Insurance Institution of Finland (KELA) in 2009-2013 and involves 60 rehabilitation courses (each including 8 clients, aged 64-66); 6 rehabilitation centres and 21 municipalities. The aim of the multidisciplinary gerontological rehabilitation is to maintain and enhance the functioning, independence and meaningful living of older inhabitants in home settings and to enhance their participation in society. The focus of the project is to promote a client-centred approach to rehabilitation in which older clients are supported by a peer client group.

Objectives: Study Part II: The section describes the main group roles the clients adopted in various situations during their rehabilitation process in rehabilitation centres and in municipalities.

Methods: Active research in which the researcher observed selected parts of three courses in each centre during three years (18 courses). DATA: 101 observed rehabilitation days (7 hours) documented in 720 note pages.

Results: Different group processes and roles were observed and formulated. Depending on the client’s life situation, health condition, previous life course and view of self, the client could adopt one of the three different group roles: (1) an outsider: not engaging in group activities or interaction, requiring individual attention from group leaders; (2) a peer member: allying with one group member being in a similar situation, with same sickness or experiences, working in pairs or creating a smaller group inside of or parallel to the main group, even orienting out of the main group member being in a similar situation, with same sickness or experiences, working in pairs or creating a smaller group inside of or parallel to the main group; (3) an original group member: looking and longing for the group process as a whole.

Conclusion: In group-oriented gerontological rehabilitation, professionals are required a special knowledge base to support older clients in different situations in adopting a meaningful group role, to enhance their participation in social activities and to prevent isolation.

Geriatric challenges in a middle-aged person A case report of novel genetic variants causing premature ageing

Author: Dr. Karen Roksund Hov Oslo University Hospital Co-Authors: Dr. Brynjar Fure, Dr. Junko Oshima, Dr. Signe Spetlæn, Dr. Brynhild Sorensen

Background: A 49-year-old man with a history of massive coronary disease, valvular disease and diabetes mellitus was admitted with a myocardial infarction and haemorrhage of the pons. He looked much older than his age, and in combination with disorders commonly found in the older population, this suggested an underlying condition causing premature ageing.

Methods and theories: Werner syndrome, a syndrome of progeria (rapid ageing) in the adult, is a disorder caused by mutations in the WRN gene. In contrast, Hutchinson-Gilford progeria syndrome (HGPS), is a progeria syndrome in children caused by mutation in the LMNA gene, and is one entity in a large and varied group of diseases called larnipathies. Recently, cases of atypical adult progeria have been described with different LMNA mutations, connecting progeria in the young with progeria in the adult, suggesting a spectrum of diseases with molecular heterogeneity.

Results: Based on clinical diagnostic criteria, our patient was considered a “possible Werner syndrome”. Genetic testing showed a novel combination of a heterozygous LMNA mutation in exon 2 (R153L) and a heterozygous WRN stop codon mutation. Discussion: Our patient spent more than 15 years with repeated healthcare contact due to massive premature heart disease and had a very characteristic appearance of general ageing. However, otherwise highly competent health care personnel did not consider a rare underlying condition. Are we as professionals scared to acknowledge the biological variations within ageing? Has ageing become our society’s last taboo? We believe attention to biological ageing is important in order to best adapt the treatment and care to each individual.

Conclusion: We consider our patient as primarily a larnipathy case with a likely contribution to his phenotype from the heterozygous WRN mutation. This is an interesting contribution to the knowledge about the heterogeneity of these diseases and an exciting backdrop to further understand the mechanisms of normal ageing.

P1-30

Treatment intervention in nursing home versus hospital admission for patients with neuropsychiatric symptoms of dementia.

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Objectives: To investigate the clinical outcome of an ambulant treatment intervention in the patient’s nursing home unit compared to hospital admission.

Methods and theories: Optimal treatment of neuropsychiatric symptoms, or behavioural and psychological symptoms in dementia (BPSD), is debated. Due to the increasing number of elderly, geriatric psychiatry hospital services will need to interact more closely with the municipalities and their nursing homes in order to meet the health challenges of BPSD. A further aspect of BPSD is that the condition may worsen when the patient is brought out from the daily routine and surroundings and admitted to a hospital. Nursing home patients with BPSD referred for admission to hospital were randomized to either hospital admittance or ambulant treatment intervention in their nursing home unit. Registration of BPSD together with the caregiver’s distress were assessed at T1, T2 and T3 using the Neuropsychiatric Inventory (NPI).

Results: The intervention group consisted of seven females and one male and the control group of five females and two males. Median age (range) was 87 years (70(S) and 82 years (62-92) respectively. The mean NPI score ranged from 23 to 98 at T1, indicating severe neuropsychiatric symptoms present in both groups. Both treatment groups showed a statistically significant reduction in BPSD, and there was no significant difference between the groups. NPI-reported carer distress was equally reduced in both groups.

Conclusions: This study indicates that a standardised intervention in nursing home units is an equally effective treatment to hospital admission for patients with BPSD. Perceived carer distress was significantly reduced when they were engaged throughout the whole intervention process and when transference of knowledge and skills took place. Our data may carry possible health economic implications and further research should therefore be conducted within this field.

P1-31


Author: Taisuke Nakagawa Osaka University Co-Authors: Ms Masako Ogawa, Dr Kats Kamide, Dr Kazunori Ikebe, Dr Yasumichi Arai, Dr Ryuta Takahashi, Dr Yasuyuki Gondo, Yuke Masu, Yozhko Ishio, Yukiko Tatsuura, Megumi Tabuchi

Objectives: Gerotranscendence is a developmental process accompanying natural aging. Torstam (1984) defined it as a shift in meta-perspective, from a materialistic and rational vision to a more cosmic and transcendent one, normally followed by a decrease in self-importance and an increase in life satisfaction. Previous qualitative studies suggested that the oldest old Japanese could show cultural-specific gerotranscendence signs. Thus, a Japanese version of the gerotranscendence scale was developed to measure gerotranscendence among the older Japanese (Masui et al., 2010). The present study evaluates the factor structure, reliability, and validity of this scale.

Methods: Participants were 1000 septuagenarians aged 69-72 (479 males, 521 females) and 512 octogenarians aged 78-82 (248 males, 264 females). They responded to a questionnaire that...
the 30-item gerotranscendence scale and components of subjective well-being: life satisfaction, positive affect, and healthy life expectancy; however, this period has also seen a corresponding elevation in diseases linked to aging, particularly dementia. Given the high prevalence, cost, and profound impact on society of Alzheimer’s disease and other dementias, they are a public health priority at the EU level. The Alzheimer’s Observatory Evaluation in Europe (ALCOVE) is a Joint Action co-financed by the European Commission and the unit’s design is often needed. Relocation of a partner to dementia care units. As the illness progresses, transfer to a dementia care unit is often needed. Relocation of a partner to dementia care units. As the illness progresses, transfer to a dementia care unit is often needed. Relocation of a partner to dementia care units. As the illness progresses, transfer to a dementia care unit is often needed. Relocation of a partner to dementia care units. As the illness progresses, transfer to a dementia care unit is often needed. Relocation of a partner to dementia care units. As the illness progresses, transfer to a dementia care unit is often needed. Relocation of a partner to dementia care units. As the illness progresses, transfer to a dementia care unit is often needed.
Not without my pet! Domestic animals and loneliness among older Swedes

P1-37

Author: Professor Gerdt Sundström
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Co-Authors: Dr Anna Dahl, Dr Ola Stenång

Objectives: Cultural factors, living arrangement – living alone or not – and health are determinants of loneliness in European countries (Sundström et al. 2009), but we know little about potential effects on loneliness by pet ownership. In Sweden there are about 9 dogs/100 inhabitants, with the highest rate in Jönköping county (19/100), about the same rate as for underage children/100 inhabitants. We analyse potential effects on loneliness among community residing older persons.

Methods and theories: It is a common assumption that domestic animals provide an object for affection and also prevent or alleviate feelings of loneliness. We use a local study in Malmö, Jönköping county, of persons 57+ in 2010 (26 % have a pet) and the nationwide SÄLSA study to analyse potential effects of pet ownership on loneliness.

Results: 28 % of co-resident persons have a pet, 17 % of persons who live alone. In total 4 % of pet owners feel lonesome, 7 % of the non-owners. Among persons who live alone, 13 % of pet owners feel lonesome, whereas 18 % of non-owners feel this. In the most vulnerable group, persons who live alone and suffer poor health, the percentages are 19 % and 25 % respectively. To complete the panorama, 72 % have been caring for a pet during their lifetime, but regression analyses show only weak associations between pet ownership and loneliness. Partnership and health remain prime factors in loneliness.

Conclusion: Rates of loneliness depend systematically on household pattern and health as seen in other studies (Sundström et al. 2009, 2011). Pet ownership has little influence on rates of loneliness when living arrangements and health are taken into account.

When Children Go First: How Many Older Swedes Lose an Adult Child?

P1-38

Author: Professor Gerdt Sundström
Institute of Gerontology
Co-Authors: Dr Canin Lennartsson, Dr Bo Malmberg, Dr Mats Thorslund

Objectives: We assess how common it is for older persons to lose adult children and how this has shifted over time. Loss of an underage child was common in the general population until recently, with on average 18 % of mothers in 1935 having lost at least one child. (Longer marriages and unions with many children had much higher risks.)

Methods and theories: We use demographic sources and survey data to estimate risks. There is little research on the scope of loss and implications for bereaved elderly parents.

Results: Family networks of older Swedes have become tighter: older people increasingly have partners, siblings, children and other off-spring, and progressively also parents. Maybe this – although many people presume the opposite tendency – has numbered us for the potential loss of close relatives. Population data for Swedish women born in 1940 or later indicate that the risk of losing one or more children under 1 year has decreased to about 1 %, for children under 20 years of age to ca. 2.2 % altogether. Among women born in 1940 3.4 % have so far lost an adult child(ren), among women born in 1950 1.4 % so far (2010). Probing loss of adult children with survey data is problematic. Estimates of this loss for today’s older Swedes vary from 5 % for 50-74 year olds, to 16 % of the 80+. Historical population data since 1749 suggests decreasing risk of death of adult children, but the risk is still sizeable. Possibly as many as 4 out of 10 today’s older persons will lose one or more of their adult children before they die themselves.

Conclusion: Many older persons eventually risk to lose one or more of their adult children. The emotional and practical implications of these losses are little researched or understood, as are also the lifelong effects of loss of an underage child.

Relationship between leisure activities and loneliness amongst older people living in the community

P1-40

Author: Rob Hankins
ECH Inc

‘Living Well’ is an innovative program being piloted in South Australia which seeks to build social capital. It supports older people to address the social isolation and loneliness they experience. ‘Living Well’ is an innovative program being piloted in South Australia which seeks to build social capital. It supports older people to address the social isolation and loneliness they experience.

Introduction: Leisure activity in old age is important to maintain physical health, mental health, and cognitive functions. However, the causal relationship and mechanism that influences the functional components of leisure activities and cognitive function is still unknown. This study examined the relationship between leisure activity components and cognitive function, not on each activity itself.

Method: 287 individuals (471 men and 560 women) in the age range of 60-72 years (mean age 70.7 ± 8.8 years) were analyzed. We used 11 leisure activities based on the Activity Questionnaire (Jopp & Hertzog, 2010). Participants were asked to choose every item if they participated. Cognitive function was measured by 4 tests: MoCA-I, word recall and recognition, and inductive reasoning test.

Results: Leisure activities were categorized into 3 categories: strongly tap physical dimension, moderately tap physical and intellectual dimension, and moderately tap physical and intellectual dimension. We calculated activity involvement score for individuals by summing the number of activities in each category. For the multiple regression analysis, cognitive function was a dependent variable and activity involvement scores were the independent variable; sex and education were controlled. As a result, age, education, and intellectual dimension influenced all scores of cognitive function. In addition, physical activity and intellectual activity influenced score of recall test.

Discussion: These results indicated that not only intellectual activity but also physical activity influence cognitive function. Additionally, the influence of the leisure activity varied according to the dimension of the cognitive function. Individual activities have different degrees of physical load and cognitive components. Further research should examine the components of each activity and the relationship between activity components and cognitive function.
24-h mobility during acute hospitalization in older medical patients

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Clinical Research Center, Hvidovre Hospital
Co-Authors: Msc Ann Christine Bødtker, PhD Ilene Petersen, PhD Nina Beyer, PhD Ove Andersen, Professor Henrik Keflet, PhD Thomas Bandholm

Background: Inactivity during hospitalization in older medical patients may lead to functional decline and new disabilities in Activities of Daily Living. The objective of this study was to quantify 24-h mobility and assess the daily level of basic mobility during hospitalization in acutely admitted older medical patients.

Methods: A prospective cohort study in older medical patients (>65) who were able to walk independently on admission, and a reference of patients unable to walk independently. The 24-hour mobility level during hospitalization was assessed by accelerometers from admission to discharge. Basic mobility, defined as the ability to get in and out of bed, sit-to-stand from a chair, and walk, was quantified within 48 hours of admission, and repeated daily throughout hospitalization. Basic mobility was scored on a scale between 0-6. A score between 3-5 corresponding to some level of dependency in basic mobility, and a score of 0 corresponding to being independent in basic mobility.

Results: Forty-three patients able to walk and six reference patients were included. The mean age was 84 years and the sample included 52% men. The patients able to walk had a tendency of being hospitalized for fewer days than the reference patients (7 days versus 16 days, p<0.05). The patients able to walk were lying less than 17.0 hours (IQR: 14.4-19.1), sitting less than 5.1 hours (IQR: 2.9-7.1), and standing/walking 1.1 hours (IQR: 0.6-1.7) per day. On days with independence in basic mobility, the patients able to walk were lying 4.1 hours less compared to days with dependency in basic mobility (p<0.001), sitting 2.4 hours more (p=0.0004), and standing 0.9 hours more (p<0.0001). The mobility level was independent of comorbidities, and pain.

Conclusions: Older acutely hospitalized medical patients with walking ability spent 17.0 hours/day of their in-hospital time in bed, and the level of in-hospital mobility seems to depend on the patients' level of basic mobility.

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Vitamin D status in geriatric patients from 2007-2010

Author: Kim Otto Jacobsen
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Co-Authors: MD Pia Nimmann Kønnegaard

Vitamin D status in geriatric patients from 2007 - 2010. University Hospital of Gerontology, Denmark, Jacobsen, Kim Otto, MD, Kønnegaard, Pia Nimmann, MD, et al. Gerontol Hospital, med afd. C. Niels Andersen str 65, DK-2500 Hellerup, Denmark. E-mail: kiotja@regionh.dk or pkan0004@regionh.dk

Objectives and background: Vitamin D status in the elderly population has drawn much attention over a long period of time. In the Geriatric Department of Gerontology Hospital, Copenhagen, Denmark, we have collected information on vitamin D status in the elderly population for a period of four years.

Methods: Many patients admitted to our department were screened for vitamin D deficiency. In the beginning of the period fewer assemblies were performed primarily due to less focus and costs. However, over the four year period the number of assemblies increased. In the end of the period almost all patients were screened. We found a high percentage of patients with deficiency in varying degrees despite the increase in public focus.

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Intermediate care in nursing home is more successful for patients with a medical condition compared to an orthopedic admission diagnosis

Author: Dr. Jenny Foss Abrahamsen
Bergen kommune
Co-Authors: Research physiotherapist Cathrine Haukstad, PhD Roy M Nilien, MD, professor Anette H Knauth

Introduction and objectives: Storevær nursing home has organized a 19-bed intermediate care unit staffed with a geriatrician and increased nursing staff and physiotherapists. A heterogeneous group of elderly (70 +) community-living patients with acute illness are transferred shortly after hospital admission for further treatment and rehabilitation. The major indicators for successful treatment are that the patients are able to return to their home after treatment and that the length of stay does not exceed 14 days. In the present study we wanted to compare the two major groups of medical and orthopaedic patients, concerning these indicators.

Methods: A patient registry recording routine medical informations on all consecutive patients was started July 2011. The information was analyzed with SPSS 19 software for Windows. Results: So far, 239 patients (mean age 85 years) have been included. The most common medical diagnoses were infections, heart disorders and COPD. Of the orthopaedic patients 39% had a trauma with no fracture, and 61% had a fracture. Admission characteristics: The orthopaedic patients had a lower Barthel ADL index 60/100, compared to the medical patients 75/100. There were no difference concerning age, sex, living alone, no of diagnosis, home care, multiampragam, cognitive status depression nutritional status and orthostatic BP. Outcome: 73% of the medical versus 43% of the orthopaedic patients were discharged to home within 14 days. The mean length of stay was 12.7 versus 14.5 days for the medical and orthopaedic patients, respectively.

Conclusions: More patients with medical diagnosis were able to return to their home within 14 days. These patients may be more suited for treatment in an intermediate ward compared to patients with orthopaedic diagnoses. Further analysis of the heterogenous group of orthopaedic patients and one year follow up is required to answer which patients are best suited for intermediate care in a nursing home.

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The predictive value of fatigue for nonfetal ischemic heart disease

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Co-Authors: Professor, DrMedSci Merete Osler, Professor, DrMedSci Kirsten Åslund

Chronic disease in middle age may affect the possibility of a good physically functioning old age. One early sign of chronic disease may be fatigue, which has been shown to increase subsequent disability, use of health services and mortality. Hence, the purpose of the present study was to investigate whether fatigue predicts non-fatal ischemic heart disease (IHD) in middle aged men. The study population was defined as 5216 healthy middle-aged men born in the Copenhagen Metropolitan area in 1953. Fatigue at baseline was measured by questions on feeling worn out and energy level during the past four weeks. IHD diagnosis was retrieved from the Danish National Patients Registry. Kaplan Meier and Cox proportional hazard model were used to test the association between fatigue and IHD. Analyses were adjusted for socioeconomic position, life style factors, depression, diabetes, hypertension and antihypertensive medicine. Fatigue was associated with hospitalization for non-fatal IHD (HR=1.98, 95%CI=1.09-3.61), however the association became non-significant in multivariable-adjusted models (HR=1.57, 95%CI=0.82-3.01). When the analyses were stratified by smoking we found fatigue to be a strong independent predictor of first hospitalization for non-fatal IHD among non-smoking men (HR=6.00 95%CI=2.00-18.04), but not among smokers. It is suggested that fatigue is an early marker for IHD especially in individuals with a healthy lifestyle.

Introduction in nursing home is more successful for older patients with a medical condition compared to an orthopedic admission diagnosis

Intermediate care in nursing home

Author: Dr. Eva Magnus
Professor
Co-Authors: Dr. Eva Magnus

Vitamin D status in the elderly -2900 Hellerup, Denmark.

P1-47

An everyday life with minor and more wide-ranging adjustments

Author: Dr. Eva Magnus
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Co-Authors: Occ. ther., professional coord. Nina Mantrand

Objectives: Everyday life is shaped in the struggle between what the individual desire as goals, and the restrictions one meets. This presentation put attention to how elderly persons with a
P1-48

Adding value to the daily lives of the vulnerable elderly

When Time is the fundamental substance of life

Author: Knud Ramian
Public Health and Quality Improvement
Co-Author: Inger-Lise Dyrholm, Marianne Elbøe

Background: At time when those caring for the elderly are asked to do things with less social care and Quality of Life (QOL) suffers? Over 17 years VEGA, a collaborative translational research network, evolved a model of social aging. The model focuses on the time aspect of situations in everyday life (SEL). Time is the fundamental substance of life. The VEGA studies are about days, weeks, mornings, time alone, time for conversations, time for cooking and eating, time for outdoor life and sleep. The model links QOL to the personal values elderly people assign to these situations. The VEGA studies are case studies of situations and studies of attempts to improve their value. The caregivers used a small steps strategy care given is just small but important things to change to the SEL.

Purpose: This study analyzed findings from several studies that employed the VEGA model of social aging to show how attention to SEL and personal values may improve QOL for vulnerable elderly adults.

Procedure: This study is a multi-year meta-analysis of the case studies on SEL. While it is not possible to generalize findings from case studies to large populations, it is possible to use them to critique the VEGA model of social aging, and to better understand the relationship between personal values and SEL and the role it plays in an older person’s everyday life.

Results: This study of SEL shows a number of values assigned to SEL, i.e. participation, togetherness, confidential conversations, ownership, attention, personal routine, personal space, bright spots and the fullness of time. These personal values and threats to them can affect quality of life. The study suggests a number of ways to add value to SEL to improve the daily life of the elderly.

Conclusion: The studies showed how personal values are linked to SEL and contribute to the quality of a person’s daily life. Specific suggestions were made for caregivers about ways to add value to SEL and improve QOL. Since these suggestions can be implemented without much cost, care givers and policy makers may find them immediately useful.

P1-49

Last three days of life in the hospital: A comparison of pain management in adult and old cancer patients

Author: RN, PhD Student Simen A. Steindal
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Co-Authors: RN, PhD, Professor Liv Wergeland Sæbøy, RN, PhD, Professor Arnars Løradal

Objectives of the study Pain is recognized as a substantial burden in cancer patients. There are numerous studies regarding pain in adult cancer patients, while the knowledge concerning pain and pain management in the oldest terminal illness cancer patients is deficient. The objective was to investigate health-care workers documentation of frequency of pain characteristics and whether there were differences in documentation of pain characteristics in hospitalized adult cancer patients (56-77 years) and old cancer patients (78-99).

Methods: The study included 110 cancer patients: 54 adult cancer patients and 56 old cancer patients from a general hospital in Oslo, Norway. Data were extracted from the patients electronic records using the Resident Assessment Instrument for Palliative Care.

Results: Median age of the adult cancer patients and the old cancer patients was 65.5 years and 84.0. The two groups did not differ with regard to mean length of stay in the hospital, sex, residential status or ward admittance. A higher proportion of the adult patients lived with family members or others. Pain was reported in 80.9% of the total sample. There were no significant differences between the adult and old patients with regard to frequency of pain, intensity of pain, breakthrough pain, new pain and pain control. A proportion of patients from both groups, 11.3% of the adult patients and 9.3% of the old patients, did not receive adequate pain control. Analgesics were administered to 92.3% of the adult patients and 94.1% of the old patients.

Conclusions: Pain was a common symptom in hospitalized dying cancer patients in the last three days of life regardless of age. In contrast to previous studies, this study found no significant differences between adult cancer patients and old cancer patients with regard to pain characteristics. In both age groups there were potential for improvement for better pain control.

P1-50

Psychological well-being and metacognitive efficiency in late adulthood: The impact of cross-cultural factors on the Italian elderly population.

Author: Dr. Maria Chiara Fastame
Department of Psychology, University of Cagliari
Co-Authors: Professor Maria Pientroscia Porro, Mirsa Elena Sara Rossetti, Mr. Battista Leone

A body of research shows that cross-cultural differences are related to implicit theories on ageing. Specifically, in the Western individualistic cultural context, elderly people are perceived as obsolete, weak, and unable to contribute usefully to society, whereas in collectivistic cultures, elderly people are valorized as a resource of knowledge and cultural traditions (e.g., Yoon, Feinberg, Rahall, & Winocour, 2000).

Current research is mainly aimed at investigating the effect of cross-cultural and age-related factors on self-report well-being in the Italian population. One hundred thirty-nine healthy adults (20 to 99 years) were recruited in individualistic northwest Italian (i.e., province of Cremnian) and collectivistic Sardinian contexts (i.e., province of Ogliastra) and were respectively assigned to the following groups: Young (i.e., 20-30 years old), Old (i.e., 65-74 years old), and Very Old (i.e., > 75 years old). Participants were administered a battery of tests, including self-report cognitive efficiency scales, subjective psychological well-being, depression, and psychological distress scales. Participants from the collectivist context show greater levels of well-being, lower depressive signs and lower levels of psychological distress than controls from northwest Italy. Moreover, as expected, age-related factors impact psychological wellness. Older participants self-report more emotional competencies, coping strategies and personal satisfaction and less depressive symptoms than the Very Old group.

In conclusion, the present outcomes suggest that the dominance of a collectivist culture — emphasizing the positive social role of the elderly — is important as a helpful and supportive tradition of the local cultures. Older adults who live in collectivist societies may promote subjective well-being in late adulthood by means of the maintenance of a more positive social status for the elderly and a greater involvement in the social network.
P1-52
The relationship between self-reported memory compensation behaviors and prospective memory performance in elderly people
Author: Noseomi Renge
Osaka University
Co-Authors: Prof. Yasuyuki Gondo, Yoshiko Ishida, Ikuyo Kurukawa, Madoka Kawauchi, Prof. Peter Rendell
Background: Prospective Memory (PM) means the memory for future intentions. PM is important in maintaining healthy and safe independent living(Einstein & Daniel, 1996). It is essential for people to prevent from causing PM failures by memory strategies. Dixon, de Frias, & Bäckman (2001) made the Memory Compensation Questionnaire (MCQ). It is unknown whether memory compensation behaviors compensate effectively PM performance. The purpose of the present study is to reveal the relationship between self-reported memory compensation behaviors and prospective memory performance in elderly people.
Method: The experiments were conducted with 151 elderly drivers, ranging in age from 60 to 85 years old (M = 68.06, SD = 5.20). They were required to answer the MCQ and conduct Virtual Week (VW, PC version; Rendell & Craik, 2000) as PM measure. VW is a PC version of a board game on which participants move around with roll of a dice and are required to make choices about daily activities and remember to carry out life-like activities (PM tasks). First, we measured partial correlation coefficients between MCQ Scales and VW Performances. Second, we measured Results: The results showed that the elderly people who usually used more internal strategy and effort strategy in daily life made choices about daily activities and remember to carry out life-like activities (PM tasks). Our results revealed a variety of diseases and health problems available for interventions.

P1-53
Geriatric Assessment Unit (GAU)
Preliminary results from a Subacute Geriatric Assessment Unit
Author: Dr. Eva Nyholm
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Co-Authors: Nurse Ebba Holm Hansen, Dr Hanne Elijær Andersen, Physiotherapist Katrine Storm Piper
Introduction and Objective: In frail elderly people functional decline, falls and unspecffic symptoms may be signs of acute or sub-acute disease. Awareness of day to day change in functional ability and symptoms and availability of sub-acute assessments and diagnostics may be a way to prevent unnecessary acute hospital admission. We report preliminary data from a study focusing the above.
Method: Two municipalities, all GP’s in these and the local geriatric department participated. At start front workers in the municipal elderly care went through an education program. A new co-work model for the referral of patients from the elderly care and/or GP to the new sub-acute Geriatric Assessment Unit (GAU) was described.
Results: One municipality referred all eligible elderly people (n=1006) to GAU during the period of 01 September 2011 – 30th April 2012.
Results: During the first first 4 months of the study a total of 31 patients were referred for the GAU (71 % females, mean age: 79, 2 years). A number of new diseases or undiagnosed health problems were identified: 3 patients suffered acute infection, 1 anemia, 3 cardiac insufficiency, 3 cardiac arrhythmia, 6 electrolyte derangement, 10 signs of cognitive dysfunction, 6 malnutrition, 7 inappropriate medication and 20 had impaired muscle strength. Interventions included in 14 of 31 new medical treatment, 15 of 31 change in medication, 13 of 31 referral to physical training and in 11 of 31 referral to more home help services or aids. Two patients were admitted to inpatient treatment, 22 were offered further outpatient treatment and 7 were discharged immediately after the one day assessment in the GAU.
Conclusion: Multidisciplinary geriatric assessment on an outpatient basis in frail elderly patients, referred with newly developed unspecific symptoms, falls and functional decline revealed a variety of diseases and health problems available for interventions.

P1-54
Turmoil and confusion
A qualitative study of nurses’ experience with delirium in the face of hospitalized elderly with fracture.
Author: Tove Karin Vasbø
Gjøvik University College
Co-Author: PhD Farstefan manen, HBU Geitre Eilertsen
Backgrounds: Delirium is a frequently occurring condition of hospitalized elderly, especially among those with fractures. Consequences of delirium are higher mortality, increased hospitalization and subsequent institutionalization. Nursing staff play a key role in prevention and treatment of delirium. Nurses providing care to the suffering of delirium are facing many challenges connected to the state. The objective of this study was to investigate the characteristics of nurses’ practice experience related to the state of delirium in the orthopedic elderly patients.

P1-55
Residential Aged Care in Japan
- Strategies to facilitate ‘Aging in Place’-
Author: Dr. Masayuki Miyagishima
Senrei Social Welfare Community
Scandinavian countries have earned good reputations as liberal and progressive welfare states, often influencing and leading the other countries’ welfare policies. In the mid-eighties new types of dwellings for dependent older people were introduced in Denmark, with the intention of substituting conventional nursing homes. Japan was among the countries, where they followed and adapted the style of housing (assisted living) in the late-nineties. Consequently, various kind of care-available housing now exists, where residents maintain their autonomy and are respected as an individual. Along with the change in housing, long-term care system was newly introduced, and end of-life care practices are being modified in Japan. Horizonight out of every 10 Japanese die in hospital at present. Our clinic locates inside the one of the largest residential aged care facilities in Japan, providing 24-hour medical care with nursing care unit. Those who choose to move into the facility expect to age in place and receive their care on site when their condition deteriorates. We retrospectively studied how end-of-life care was managed in the facility.

P1-56
“Before thinking of retirement, I first want to lead a ‘normal’ life!”
Perspectives on aging of people with lifelong intellectual disabilities
Author: Barbara Hardt-Stremayr
Carinthia University of Applied Sciences
Co-Authors: Univ. Prof. Dr. Herbert Järg, Dr. Melanie Deutmyer
The live expectancy of people with intellectual disabilities (PID) has improved dramatically and is nowadays almost the same as for people without disabilities. Some scientists are sanguine that people with lifelong learning disabilities, who already reached a higher age, are in a good position to outstay their non disabled age cohort. This is mainly based on improved living standards and medical advancement. Growing old only comes with white hair, it also indicates life experience, new possibilities for development and obtaining wisdom. Then again growing old also means increasing probability of bodily changes up to gaining further disabilities due to physiological deterioration, or other chronic illnesses. Due to lack of older PID in the past, Carinthia’s Disability-Care System is still inadequately equipped to meet the needs of aging adults with intellectual disabilities. The objective of this part of the study is, to find out more about subjective wellbeing of aging PID. What are these people’s expectations, visions, goals and wishes concerning their convenience when growing older. The overall study objective is focusing on necessities in support and supply in aging PID in Austria’s province of Carinthia. In a multi method study design different qualitative conducted data and methods were triangulated. Five different perspectives of involved parties were identified. With a total of 33 face to face interviews, PID were the largest sampling group. They were asked questions following a partly standardized manual. This inclusive research project not only focuses on PID as research objects, it includes them in a participatory approach, mainly in all relevant project proceedings. The data material was analyzed with the qualitive content analysis, according to Mayring.
First results, concerning the individual perspectives of PID, on how to reach and preserve wellbeing in later life will be outlined and discussed in this presentation.
Stoke patients’ experiences with Wii Sports® during inpatient rehabilitation: A qualitative study

Author: Occupational Therapist Dora Celinder
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Co-Author: Occupational Therapist, MSc Hanne Peoples

Introduction: Every year 12,000 people are hospitalized in Denmark due to stroke. Commercial virtual reality games show potential as beneficial leisure intervention for discharged stroke patients. The aim of this study was to explore Danish hospitalized stroke patients’ experiences with Wii Sports® as a supplement to conventional occupational therapy.

Materials and methods: A qualitative triangulation design included semi-structured interviews and field notes. Nine stroke patients hospitalized at a stroke unit participated. Patients divided in gender (6 male, 3 female), age (51-95 years), stroke type (2 hemorrhagic, 7 ischemic), localisation (6 Right cerebral vascular accident (RCVA), 3 Left cerebral vascular accident (LCVA), and prior knowledge of Wii. Patients received 1-9 interventions with Wii Sports® during a three-week period. Each session lasted 20-40 minutes. Patients’ physical and emotional reactions were registered. An individual interview was conducted with each patient and responses were coded by qualitative content analysis.

Results: Analysis revealed three categories that encompassed patients’ experiences with Wii: 1) variety, 2) engagement, and 3) challenges. Field notes confirmed the interview findings and showed an intermittent need for therapeutic variety.

Discussion: Stroke inpatients may experience Wii Sports® as a beneficial and challenging occupation for both rehabilitation and leisure. Incorporation of Wii Sports® into conventional occupational therapy services may benefit patient rehabilitation directly or provide motivation for alternative leisure activities.

Key words: Stroke, rehabilitation, Nintendo Wii®, leisure, qualitative content analysis.

Outcome of municipal rehabilitation evaluated by Dynamic Gait Index, Short Falls Efficacy Scale-International, 30’s Chair-Stand Test and Timed Up and Go in fall patients

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Co-Author: Ole Brune Haucht Nielsen, Martin Grembech Irgens

Background: It is well documented that the risk of falling increases with advancing age, especially amongst women. Approximately 1 in 3 individuals aged ≥65 experience a fall within a year, increasing to about 50% amongst adults aged ≥80. In addition, a history of falls is a strong predictor of future falls, as the relative risk ratio (RR) in the following year is 3.0 (range 1.7-3.0) compared to non-fallen, unless appropriately interventions are performed.

Objective: To examine the effectiveness of standard municipal rehabilitation on fall patients evaluated by Dynamic Gait Index (DGI), Short Falls Efficacy Scale-International (Short FES-I), 30’s Chair-Stand Test and Timed Up and Go (TUG).

Methods: This study was an observational analysis of 48 fall patients (10 men and 38 women) with a mean age of 76.88 ±7.4. All patients were allocated to standard municipal rehabilitation by the Fall Prevention Clinic, Aalborg Hospital. The primary outcomes of interest were improvements in DGI, Short FES-I, 30’s Chair-Stand Test and TUG at 3 months follow up. One sample t-test and Wilcoxon Signed Ranks Test where applied appropriately to the scale type and the distribution of data.

Results: During 3 months of municipal rehabilitation DGI increased from 13 (Q1=10, Q3=15) to 15 (Q1=11.5, Q3=20) (p=0.001, n=41), 30’s Chair-Stand Test from 7.64 ±3.185 to 8.44 ±3.235 (p=0.044, n=39), whereas Short FES-I decreased from 14 (Q1=10.50, Q3=20) to 11 (Q1=9, Q3=12) (p=0.001; n=21). No statistical difference was observed in TUG (14.515 (Q1=11.15, Q3=20) vs 14.750 (Q1=11, Q3=19), p=0.402; n=36).

Conclusions: Statistical significant improvements were observed in DGI, Short FES-I and 30’s Chair-Stand Test following 3 months of municipal rehabilitation in fall patients, however TUG remained unaltered in this patient group. It appears that a standard municipal rehabilitation regime has a clinical impact on fall patients in the Aalborg area.

How to improve everyday life for vulnerable elderly

Author: Training manager Marianne Elbrønd
Social & SundhedsSkolen
Co-Author: Senior consultant Knud Raman, Network manager Inger-Use Dytholm

Objectives of the study: For the last 17 years a translational Research network of schools and institutions in Denmark called VEGA, studied how life for vulnerable elderly can be improved. To improve the concept of Quality of life (QOL), we focus on life as strings of moments (SoMo) and study the values built into SoMo. The networks objective is to produce knowledge, models for social aging and methods that makes a difference in practice and in elderly peoples life.

Methods: For periods of 5 years the network formulates a collaborative research program. Starting from now we will focus on: Technology in and on time. A number of case studies that allow elderly people as well as employees to systematically give their input into decisions that effect their own life and work will be designed. In sub-projects the study will focus on elderly people’s life in different settings (private homes, daycare centers, nursing homes) and on different moments of life where technology and digitization maybe or maybe not will improve life: Social time, meals, nights, conversations, travel time etc.

Procedure: In the sub-projects we will through-life and -time focused conversation examine what different elderly persons are doing and what they want to do to improve life and adding value to the string of moments. A change strategy: “the small steps strategy” will be used to study if improvement in SoMo has taken place. A cross-case analysis of the improvements will be performed and front staff and elderly people will be responsible for effectively dissemination of the know-how results.

Results: In earlier VEGA studies 15 areas of improvement in SoMo were found effective: participation, togetherness, order in days and weeks (socially, temporally and materially), personal space, bright spots etc. In this new project: Technology in and on time we hope to find new areas for improvement.

Conclusion: Focusing at the strings of moments (SoMo) as the fundamental substance of life and spotting the valuable moments suitable for improvement, makes for a QOL concept that can easily be operationalized. The results from VEGA studies are an argument for the use of simple change strategies focused on time as an efficient and not so costly way to improve QOL for the vulnerable elderly. This makes the VEGA strategies immediately useful.

Discrepancy and consistency between staff and institutional policy with regard to the actual condition of care in day care service in Japan

Author: Mami Toyoda
Osaka University

Because of the increasing number of elderly people, the care services supplied by institutes are now becoming more important. However, the turnover rate of nursing homes’ staff tends to be high, and lack of manpower is a chronic problem for facilities that care for the elderly. In order to solve this problem, work environment of staff must be improved. This study focused on the discrepancy and consistency of policy between the procedures that provided by staff and the institutional policy with regard to the treatment of users. This is an important factor that influences motivation and retirement decision of care staff. It care staff working at the same institute (age 25-55 years) were interviewed. We asked them about the care provided at the institute, especially about the care what the staff gave themselves and what was institutional policy.

After analysis, the content of the interviews were classified into 3 categories, with 4-standpoints: the problems of users, the actual cares provided by staff, the cooperation with other staff members, and awareness about institutional policy. 4 types of treatment work frames exist, — cooperate with each other (cooperation treatment), the treatment that follow institutional policy (unified treatment), shared treatment strategies among staff (common treatment), and treatment based on the staff’s own decision (unique treatment). Additional analysis indicated that the unified treatment is not always the first priority to be go along by staff. Daily cares are based on the unified treatment, but they also pay attention to the information about users, that is constantly exchanged among staff and learn good treatment strategies from other staff’s behaviors. Moreover this flexible work frame enables them to challenge new way of treatments. In conclusion, treatment strategies other than unified treatment, are important to build up their skills, which is one of the important factors to encourage them to keep working as care staff.
POSTER SESSION II
12-06-2012, 15:00-16:00
ROOM 14/15

P2-63
SENIORENGAGE Project: Use of Computer and the Internet among Senior and Young Professionals

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Background: SENIORENGAGE is a project financed by the European Commission EU-Ambient Assisted Living (AAL) Joint Programme “ICT based solutions for Advancement of Social Interaction of Elderly People”.

Objectives: To provide a tool with which seniors and new professionals may network with each other by using the latest Web 2.0 and social networking tools in a single online destination. The platform will represent a virtual environment where senior citizens (retired professionals) can, on the one hand learn, and on the other hand, be connected to others, offering their expertise and continuing to actively participate in their profession, for a mutually beneficial educational and social exchange.

Results: SENIORENGAGE platform is made up of two main modules with the aim to promote intergenerational education and cooperation. An E-learning tool will deliver a step-by-step course on the basics of use of the Internet and a Professional Self-Worth Network will allow senior professionals to continue their professions by mentoring younger generations through shared knowledge and expertise and they will continue to be involved in their professional field, contributing to their sense of self-worth.

Conclusion: The final results of this ongoing project response to the need of a large number of ageing population. The platform helps them involving in the Information Society and enabling them to enjoy its many benefits. In this practical networking internet platform the senior citizens can continue to contribute to their professions and to different areas of society which could benefit from their knowledge and expertise.

P1-62
Out-of-home activity intervention carried out by volunteers improves mood among older people with severe mobility limitation: A Randomized Controlled Trial

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We examined the effects of individualized recreational out-of-home activity intervention on depressive symptoms among community living older people who have difficulty in accessing outdoors independently.

The present study is based on the secondary analyses of the “Volunteering, Access to Outdoor Activities and Wellbeing in Older People” (VOW) data (ISRCTN56847832). VOW project was a randomized single blinded controlled trial (RCT) conducted in Jyväskylä, Finland, in 2008-2011. The inclusion criteria were: to participate in a RCT, age 65 or higher, severe mobility limitation, willing to increase outdoor activity and able to communicate normally. After screening, a total of 125 people aged 67-82 years were interviewed at home and randomized into intervention or waiting list control group. Each intervention group member was assigned a trained volunteer who assisted the participant in attending recreational out-of-home activities once a week for three months. Depressive symptoms were assessed at baseline and after 3-month intervention using Center for the Epidemiological Studies Depression Scale (CES-D). The baseline characteristics of the intervention and control groups were comparable. In the intervention group the CES-D score remained practically at the same level over the intervention (from 14.9, SD 6.8 to 14.7, SD 7.4), while in the control group CES-D score increased from 17.3 (SD 10.0) to 18.8 (SD 11.0) (treatment effect p=0.09, group difference p=0.033). Among the subgroup with minor depressive symptoms at baseline, a significant treatment effect was observed (p=0.026), where CES-D score decreased in the intervention group and increased in the control group.

The findings of the study suggest that three-month out-of-home activity intervention may improve mood among those with minor depressive symptoms. The benefits of out-of-home activity among older people with severe mobility limitation warrants further studies.

P1-61
Housing tenure in later life: Differences among older adults in Belgium

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The main purpose of this study is to investigate whether housing tenure differs among older people in terms of socio-demographic variables (age and gender), physical health, income and marital status. Housing tenure refers to the legal status under which someone lives. Four different types are examined: homeownership, private rented housing, social rented housing and others (e.g. living with children, beneficial interest). The data for this contribution are derived from the Belgian Ageing Studies among people aged 60 and over (N=48,889) living in 138 municipalities and cities in Flanders, Belgium. In order to answer the research questions, frequencies and bivariate analyses are performed. The results indicate that homeowners have a higher income, a better physical health and are more likely to be married or widowed in comparison with older renters. Differences are also found between older people living in private rented housing and those who live in socially rented housing. Renters on the private market appear to be the most vulnerable category: they are more likely to have a lower income, a poorer physical health and they are more likely to be divorced or cohabitant than older people who live in social housing.

The findings revealed the importance of recognizing the various multidimensional inequities in housing tenure among older adults. Future research could explore additional insights between housing tenure and housing quality in later life.

P1-60
SENIORENGAGE - virtual network to empower the integration of seniors into an active community in the post retirement years.

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Co-Authors: Piipo Tilkianen, Jennifer Woodard, Gabriel Swatzell, Peter Bartal, Elisa Järvenpää, Jan Bobeth

Background: Given the rapidly ageing European population – with more and more older adults retiring – this issue urgently needs to be addressed. SENIORENGAGE is a project financed by the European Commission EU-Ambient Assisted Living (AAL) Joint Programme “ICT based solutions for Advancement of Social Interaction of Elderly People”.

Objectives: To provide a tool with which seniors and new professionals may network with each other by using the latest Web 2.0 and social networking tools in a single online destination. The platform will represent a virtual environment where senior citizens (retired professionals) can, on the one hand learn, and on the other hand, be connected to others, offering their expertise and continuing to actively participate in their profession, for a mutually beneficial educational and social exchange.

Results: SENIORENGAGE platform is made up of two main modules with the aim to promote intergenerational education and cooperation. An E-learning tool will deliver a step-by-step course on the basics of use of the Internet and a Professional Self-Worth Network will allow senior professionals to continue their professions by mentoring younger generations through shared knowledge and expertise and they will continue to be involved in their professional field, contributing to their sense of self-worth.

Conclusion: The final results of this ongoing project response to the need of a large number of ageing population. The platform helps them involving in the Information Society and enabling them to enjoy its many benefits. In this practical networking internet platform the senior citizens can continue to contribute to their professions and to different areas of society which could benefit from their knowledge and expertise.
assessed early in life is associated with later health outcomes in middle aged and older adults. However, the pathways that lead to disease in later life are only partly understood. Medical treatments of different chronic conditions are increasing and it may contribute essentially to health in aging individuals and the use of preventive medications may be a pathway between socioeconomic status in childhood and later health. In this study, we explore the relationship between socioeconomic position and intelligence early in life and use of cardiovascular disease (CVD) preventive medication.

Methods: Birth-cohort study of 8736 Danish men born in 1953 without CVD at the start of the follow-up in 1995. Outcome was initialization of statin treatment (antihypolipidemic drugs) and use of cholesterol lowering medications (statins) according to the Danish National Prescription Register 1995-2007. Results: Low childhood SEP was associated with a higher probability of discontinuation of treatment with statins (HR 2.04 (1.00-4.16)). Those with higher IQ were less likely to initiate statin use between 1996 and 2007 (2nd tertile: OR 0.65 (0.52-0.82); 3rd tertile: OR 0.61 (0.40-0.98)). IQ tended to predict longer uptake and lower discontinuation with antihypertensives, but the associations were not significant in multivariate models using a 95 % confidence interval.

Conclusions: Low IQ early in life tended to be associated with a higher initiation of CVD preventive medication and low SEP in childhood was associated with initiation of statins, indicating that use of medications may be a proxy for the development of CVD. Low SEP in childhood is also associated with higher risk of discontinuation of the treatment with statins, while low IQ are associated with a higher probability of discontinuation antihypertensives, indicating that other factors than 'need' such as knowledge and economy may be involved in use of a prescribed medications.

P2-66

Do Social background and intelligence early in life influence use of coronary heart disease preventive medicine in adulthood?

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Background: Social position in childhood and intelligence andlor response times tend to be higher in yes/no task than in go/no go task for developing readers (Møret-Tatay, C. & Perea, M., 2011). Nevertheless, there is no research indicating which task is more suitable for the elderly. The main purpose of this experiment was to examine differences between yes/no and go/no go variants in this population. A preliminary lexical decision experiment was conducted, with a sample of 10 elderly people without cognitive impairment, recruited from the University of Salamanca. Here, a preliminary lexical decision experiment was conducted in a sample 10 elderly people, recruited from the University of Salamanca. Results showed that error rates were much lower in the go/no go task (1%) than in the yes/no task (9%). lexical decision times were substantially faster in the go task, (a mean of 83 ms) and there was less variability in the latency data of the go/no go task (SD=114.16) than yes/no task (SD=146.38). Thus, the go/no go lexical decision task is more preferable than the yes/no task with the elderly, however more research on this topic is necessary.

Keywords: Optimal aging, support, mental health

P2-68

Support and Mental Health Evidence from optimal aging

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Support from social environment plays an important role on psychological wellbeing, however there are many questions remaining about its relation with the aging process. The aim of this study is to examine the influence, as the first approach, of different types of support for General Mental Health scale in a sample of optimal aging. A sample of 335 elderly participants (mean age of 65.22 years and a SD of 6.29, where 46% were male and 54% women) was selected for a University training program (Nau Gran) at the University of Valencia. General Health Questionnaires, GHQ-12 (Goldberg & Williams, 1988) and Multidimensional Scale of the instrument Perceived Social Support, MSPSS (Zimet, Dahlem, Zimet & Farley, 1988) were administered. GHQ-12 measures psychiatric and psychological well-being, while the MSPSS measures perceived social support measures in three areas: family, friends and other significant support.

Results: GHQ-12 was slightly correlated with MSPSS global scores (r = - 0.4, p < .001), and correlated with some of the different subscales from MSPSS such as significant support (r = 0.5, p < .001). GAF had a mean of 15, p .001. Bear in mind that, lower scores on GHQ-12, better overall of mental health, thus, support from other significant people and friends have a relation with mental health.

Conclusions: This study shows the importance of support for optimal aging and how it may relate to factors such as mental health. It will be interesting for future research, to examine factors that may also be involved in this process, as well as, a comparison not only with optimal aging, but also with normal and pathological aging.

Keywords: Mental health, support, optimal aging
Gender differences in caregivers, in terms of coping and number of people taken care of

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In aged societies, the demand for care and caregivers has been increased. They need a range of cognitive and behavioural resources that may vary in terms of gender. The aim of this study is to examine gender differences in caregivers in relation to number of people taken care of and coping strategies. A sample of 203 informal caregivers (170 women, mean of age 55.24 years, 33 men, mean of age 58.77 years) was selected. Time as caregiver was 3.48 years for men (SD = 1.73) and 4.26 years for women (SD = 1.50) in average. COPE Coping Questionnaire (Crespo and Lopez, 2003) was employed to assess cognitive and behavioural coping. Number of people taking care of positively correlated with results from the different COPE sub-scale. In terms of gender, women results correlated with self-distraction (r = .28), Denial (r = .23) and self-blame (r = .30). Men results correlated with self-distraction (r = .45), Denial (r = .30), seeking social support (r = .28), using emotional support (r = .34), all cases, p <.05. Caregivers use more direct coping strategies than detrimental strategies, men religion and seeking social support. Thus, more people will participate in the accumulation of understanding the aspects of well-being in old age. The project is funded by the Finland’s Slot Machine Association (RAY 2011-2014). In this project the focus is on older peoples’ experiences of meaning in life as well as on their resources and coping. Meaning in life and experiences of meaningfulness are linked closely to logotherapy, in which resources, valuation of life and possibilities and hope are the main cornerstones. In the first phase of the project older people are interviewed in order to raise their own experiences and definitions on mental well-being. Also, older people have been invited to open seminars with presentations and discussion about mental well-being. In the second phase, there will be peer support groups based on a logotherapeutic approach. Further more, we will develop a peer group, and train peer group instructor. In this phase, a logotherapeutic model is distributed and implemented in dementia care by training social and health care personnel. So far, the experiences have proved that there is a keen interest in mental well-being in old age. Both attendance to open seminars and interest towards the training have been very active. Combining a resource focused approach to logotherapeutic model has been successful, and many professionals have found it useful in their practice.

Meaning in Old Age

Knowing and Tools for Supporting the Mental Well-Being of Older People

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Mental well-being of the aged is a timely topic that needs to be addressed in ageing research and development. Meaning in Old Age Project aims to promote the mental well-being of older people by focusing on resources and strengths of older people themselves. The objectives of the project are to produce and provide information on the resource perspective and meaning in life approach, and to develop ways to support and improve mental well-being in later life. This work is grounded on valuing the voice of older people and their experiences. Older people will participate in the accumulation of understanding the aspects of well-being in old age. The project is funded by the Finland’s Slot Machine Association (RAY 2011-2014). This project the focus is on older peoples’ experiences of meaning in life as well as on their resources and coping. Meaning in life and experiences of meaningfulness are linked closely to logotherapy, in which resources, valuation of life and possibilities and hope are the main cornerstones. In the first phase of the project older people are interviewed in order to raise their own experiences and definitions on mental well-being. Also, older people have been invited to open seminars with presentations and discussion about mental well-being. In the second phase, there will be peer support groups based on a logotherapeutic approach. Furthermore, we will develop a peer group, and train peer group instructor. In this phase, a logotherapeutic model is distributed and implemented in dementia care by training social and health care personnel. So far, the experiences have proved that there is a keen interest in mental well-being in old age. Both attendance to open seminars and interest towards the training have been very active. Combining a resource focused approach to logotherapeutic model has been successful, and many professionals have found it useful in their practice.
Risk factors for community-based home help services among patients with Alzheimer's disease

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Objective: To identify factors that predict the use of community-based home help services in long-term cholinesterase inhibitor (ChEI)-treated patients with Alzheimer's disease (AD).

Methods: The Swedish Alzheimer Treatment Study (SATS) is an open, prospective, non-randomized, multicentre study in a routine clinical setting. Patients with AD living at home at the time of inclusion received treatment with donepezil, rivastigmine or galantamine. They were assessed with MMSE, IADL and PSMS at the time of inclusion received treatment with donepezil, rivastigmine or galantamine. They were assessed with MMSE, IADL and PSMS scales at baseline and every 6 months over 3 years. The first 880 patients who had the opportunity to complete the full study were assessed regarding the use of home help services and adult day care. The following factors were investigated: gender, APOE ε4 carrier status, living alone or with spouse, education level, age, illness duration and cognitive and functional level at baseline.

Results: One hundred and thirty-nine patients (16%) received home help services at the start of ChEI treatment (average, 5.7 hours/week). After 3 years, 31% of the remaining 286 patients living at home used a mean of 8.9 hours of home help weekly. Among the patients with a MMSE score of 10-14, 8% of those living with a spouse used home help services compared to 62% of those living alone. Use of adult day care increased from 3% to 19% during the 3-year study among the patients without home help services; 89% of those using day care were not living alone. Solitary living (p<0.001), older age (p=0.004) and lower ADL abilities at baseline (p<0.001) were risk factors for use of home help services. These 4 variables correctly classified 90% of the relatives.

Conclusions: The results indicate that issues of importance for the relatives are: lack of communication and information both at admission, during hospitalization and at discharge, the experienced grief when seeing a beloved person not receiving sufficient care. Feeling angry and powerless, and at the same time having an empathic understanding for the staff's working conditions.

Foot care knowledge – important in older people care

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Background: The growing number of older people increases the need for social and health care services. One aspect that needs to pay attention is foot health care. Every third of older people aged 65 and over living at home have at least one foot problem and the prevalence of foot problems in long-term care (LTC) is even higher. The ability to self-care foot health decreases during aging e.g. due to inability to bend to feet, decreased manual dexterity or poor vision. Therefore, the role of the health care personnel is essential in supporting older people's foot health. The support requires adequate knowledge about foot health and care. In this study, our aim is to analyse the knowledge of nurses working in the sheltered housing. The goal is to find the lacks in the knowledge to develop interventions to promote foot health in older people.

Methods: The data were collected with a structured self-administered knowledge test consisting of 55 items divided in five subscales (11 items each): skin care, nail care, care of structural deformities, care of specific foot diseases and properties of footwear. The data were analysed with descriptive and inferential statistics.

Results: Foot care knowledge among nurses varied. On the level of sumvariables, the highest scores were obtained in skin (mean 8.2/SD 2.1) and nail (8.8/1.3), followed by footwear knowledge (7.8/1.3). The lowest scores were achieved in care of disease specific foot problems (6.9/2.0) and care of foot structural problems (5.5/2.0).

Conclusions: There is a need for continuing education among nurses to ensure their sufficient knowledge to provide evidence based foot care and prevent foot problems in older people. In future, the evaluation of the implementation of foot care knowledge in clinical practice is important to recognize supporting and inhibiting factors to foot care.

Foot care knowledge – important in older people care

Frail or frailier? A longitudinal study of elderly individuals in institutional old age care

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Background: Due to increased number of beds in institutions, it is assumed that the need of care has increased among those elderly individuals living in institutions. This population is however underrepresented in gerontological research.

Objective: The aim of this study is to longitudinally describe a population of the elderly living in institutions with focus on morbidity, use of drugs, and risk of malnutrition, pressure ulcers, and falls, and to explore their associations with frailty and mortality.

Method: SHADES is a longitudinal study in which all individuals who lived in selected institutions for permanent living for elderly were invited to participate. Participants were examined every six months and totally at six IPS (In-Person Testing). A total of 423 individuals participated in IPT1 and 130 individuals were examined on six occasions. It was 184 individuals who died during the study.

Results: The mean age at IPT1 was 85 years (M = 84.8; sd = 7.27) and almost two thirds were women (60%). They had on average three diagnoses and the most common diagnosis was some kind of dementia. Further, they accounted on average for seven other drugs, most commonly aspirin. The number of diagnoses did not change over time, but at IPT6 there was a significant reduction of drugs to a mean of nearly six (F = 7.371). Participants also showed significant worsening conditions according to risk assessments with modified Norton Scale (F = 35.48***), and Mini Nutritional Assessment (F = 5.71***). Not in Downtown Fall Risk Index (F = 3.30). At IPT1 the participants were frail with risks for pressure ulcers, falls and malnutrition.

Discussion and Conclusion: The next step is to perform Cox Regression Models in order to examine which factors that relate to increased burden of care, hospitalization and mortality. The results will provide important knowledge that can be used to improve an individualized care for elderly living in institutions and the old age care in general.
the possibility to influence national and regional politics. From an egalitarian perspective it is desirable that all persons
independent of age, sex, and socioeconomic position have equal
potential to vote.

The association between socioeconomic position and health and between socioeconomic position and life situation among
elderly is well studied, less is known about the association
between socioeconomic position and political participation. We
study the relation between three measures of socioeconomic
position (social class based on occupation, years of education,
and income) and voting.

Methods: Two nationally representative samples of Swedes aged
53-75 who were interviewed in 1968 and 1981 respectively. Survivors
from 1968 where again interviewed in 1992 (n = 461), survivors
from 1981 in 2002 (n = 614).

Both 1992 and 2002 were election years in Sweden. A single
item question regarding voting was posed – did you vote in
the election? Socioeconomic position is measured as education,
income, and social class.

Logistic regressions controlling for sex, age, age-square, walking
ability (walking 100 meters and walking stairs) and walking aids
(no aid/one(s), two(s), one(s), and two(s)/wheelchair go out) was
used.

Results: Significant differences in voting was found for both men
and women for all three measures of socioeconomic position –
persons with a high socioeconomic position was more likely
to have voted. The associations were stronger for education and
income and less strong for social class. The relation to social class
was only significant on the 10-percent level among men. The
associations were stronger among men than among women.

A significantly lower proportion of women voted.

Conclusions: There are systematic differences in political
participation measured as voting. This might indicate that there
are systematic injustices in the possibility to vote.

P2-81
Depression vs. antidepressants intake in
institutionalised people with mild to
moderate dementia

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Objectives: Depression in institutionalised people with dementia
is difficult to diagnose and treat. This study aimed to explore the
relation between the medical diagnosis of depression, dementia
screening and antidepressants prescription.

Method: A cross-sectional study of 123 institutionalised people
with mild to moderate dementia was conducted in the central
region of Portugal. Socio-demographics, information on medical
diagnosis of depression and antidepressants used were collected
with a questionnaire. Indicators of depression were screened
with the Cornell Scale using the algorithm proposed by Brown et
al(2009). Severity of dementia was assessed with the Mini-Men-
tal State Examination. Descriptive statistics and chi-square test
(≤2) were applied.

Results: Residents mean age was 82.6±6.8 years old. In the
medical records, 16.3% (n=20) of the residents were diagnosed
with depression and 51.2%(n=60) were prescribed
antidepressants. According to the Cornell Scale 43.9%(n=54) of
the residents had probable depression. From the residents
prescribed, 10 were medically diagnosed with depression, 20
presented indicators of depression and 8 had diagnostic and
indicators of depression. Therefore, 33(52.4%) residents used
antidepressants without medical diagnostic or indicators of
depression. An association between the medical diagnosis and
antidepressants intake (x2=14.4, p<0.01) was found;
however depression with the Cornell scale was not associated
with medical diagnosis or antidepressants.

Conclusion: Half of the residents prescribed with antidepres-
sants were not medically diagnosed or presented indicators of
depression with the scale. The lack of association between
Cornell Scale results and antidepressants intake alert for the
possibility of inappropriate medication usage or inability of the
instrument to screen depression in mild to moderate dementia.
More research is needed to improve recognition of depression
in dementia and explore the use of medication.

P2-82
The effect of worries on cancer patients

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Object: Cancer patients tend to be worries about their medical
conditions, interpersonal relationships, social activities, and
work. They also lose their support network as they progress
through the stages of cancer. In comparison to young patients,
elderly ones face the decline of their social support networks,
as their spouses are probably deceased and their children live
independently. This decline in social support may lower the
ability of the patient to deal with worries, which will have
negative effects like depression, through perceived number of
support givers. We examined the causal relationship between
these factors with regard to cancer patients.

Method: We use the data of 31 cancer patients (over 65 years, N =
13, mean age: 70.08, SD = 4.43; under 65 years, N = 18, mean
age: 56.11, SD = 8.55) who participated in group therapy at a
hospital. They were asked to respond to a questionnaire in the
first session. We questioned them about the “perceived amount
of emotional support,” “the number of support givers,” “the
number of family members that lived with them,” and their
“age (over 65 and under 65).”

Results: Path analyses indicated that the number of family
members living with elderly patients was low (B = .46, p < .05),
which affected the patients’ perception of the number of
support givers (B = .53, p < .01), which in turn influenced their
perception of perceived support (B = .51, p < .01).

Conclusion: The perceived amount of support was influenced by
the number of family members living with the patient, which
was influenced by the perception of the number of support
givers. The loss of social support has a negative effect on elderly
patients’ perception of the amount of support. To increase their
perceived support, they should be involved in activities like
group therapy that can constitute informal support.

P2-83
Oral status among service housing
residents in Helsinki and its prognostic value

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Aims: The aim of this cross-sectional study was to determine the
older service house residents’ oral status and its associations
with nutritional status and eating habits. We also explored the
prognostic value of oral status to mortality.

Methods: In 2007 we assessed the nutritional status all service
housing residents in the metropolitan area of Helsinki, Finland.
Of them, 67% consented and had oral health status data
available (N=1369). With personal interview and assessment
demographic data, medical history, functional and cognitive
status, information on oral status, oral health problems and
eating habits and diets were gathered. The residents’ oral status
was classified according to the type of dentition and their
nutritional status was assessed with the Mini Nutritional Assessment (MNA).

Results: More than half of the residents (52%) had lost all their
teeth (7% (n=44) being totally edentulous without prosthesis
and 45% (n=64) having complete prosthesis in upper or lower
jaw). 46% (n=166) had some natural teeth left. Of totally
edentulous subjects, 33% were malnourished whereas respective
figure among other groups were 12%. Totally edentulous
subjects ate more often pureed or soft food (47% vs. 7% vs.
11%, p<0.001). Totally edentulous suffered from chewing
problems and swallowing difficulties more often than those
residents with prosthesis or some natural teeth left, but used
dental services less frequently. Of the totally edentulous
residents, 52% were deceased during 3-year follow-up. The
respective figure in group edentulous with prosthesis was 48% and
dentate residents 40% (p<0.005).

Conclusions: Edentulousness is still common among older
service housing residents, and oral status is associated
with nutritional status and mortality of service housing residents.
These results suggest the need for co-operation between
nursing staff and dental care services.

P2-84
Testing the 10Q tool in assessing the
quality of care

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Objective: To assess the quality of care by analyzing the patient
records in one nursing home in the city of Helsinki.

Method: The systematic sampling included 61 patient records (35
% of the residents). The patient records were analyzed and recorded
by the structured 10Q tool. It is developed for assessing the quality
of care according to the notes in patient records. The patient records
were also analyzed indusingly using an observation sheet.

Theories: Care is usually perceived as a continuous process. The
phases of the care process are: need assessment, planning/goal
setting, interventions and assessment. The care plan in patient
record is comprised of these phases.

Results: Of the residents 57 % had an updated care plan, which
was drawn up or updated within three months. About 18 % of
the residents didn’t have a care plan at all. When there was a
care plan, it was drawn up in a multi-professional team for 23
% of the residents. Need assessment was done and recorded for
94 % of the residents. Three main dimensions of residents’ needs
(physical, psychological, social) were noticed in half of the
records. Spiritual needs were seldom assessed. Interventions 
were recorded on an individual level for 63 % of the residents. In
most of the care plans the goals of care were assessed in daily
notes, and the condition of the residents was assessed regularly.

Conclusions: The most serious problem in care, the tool
revealed, was that some residents didn’t have a care plan at all or
the care plan was not updated. The care and especially
rehabilitative care without a proper care plan and documenta-
tion is easily reactive, not goal oriented. By assessing the patient
records and analysing the care process, it is possible to see
the weaknesses of the care and the care planning. The 10Q tool
gives one option for this kind of assessment.

P2-85
Pattern of impairments in Activities of
daily living in patients with Mild Cognitive
Impairment and Alzheimer disease

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med Knud Engedal

Objective: Restrictions in life style with loss of ability to function
adequate and independent is one of the most troubling aspects
of dementia, and may be experienced in early stages of cognitive
decline. Complex instrumental activities of daily living (I-ADL) are
of primary interest because loss of competence in I-ADL activities is a defining diagnostic feature of Alzheimer disease (AD) and related dementing disorders.

The aim of this study is to examine the association between MCI (Mild cognitive impairment) and AD in dependency in I-ADL, as well as identifying items of ADL which are the most affected.

**Method:** The cross-sectional data for this study is carried out using the database “The Patient Registry for Dementia Assessment in Norway.” Patients examined for cognitive impairment, age ≥ 65 years and diagnosed with either MCI (n=313) or AD (n=342) are included. I-ADL is the main outcome, assessed by The I-ADL Scale by Lawton and Brody (1969). Diagnosis of the patients were assessed by the doctors at the medical clinics, often in consensus meetings. Age, gender, partnership status, depression and education will be the variables of interest for the statistical analysis.

**Results:** Results show an association between I-ADL and MCI and AD, still statistically significant after controlling for age, gender, partnership status, education and depression.

**Conclusion:** The design of the study and the baseline findings will be presented. This is the first study to explore the efficacy of group support for self-management skills that has shown to be effective in other contexts.

**P2-87**

**Returning to own home after intermediate care can be predicted by TUG and P-ADL**

**Author:** Physiotherapist Cathrine Haugland Bergen Kommune/Kavli Research centre for ageing and dementia

**Co-Authors:** PhD stud. Bård Eirik Bogen, Dr. med Jenny Foss Abrahamsen, Prof. dr. Med. Anette Hylen Raskhoff

**Background:** Intermediate care units in nursing homes can provide specialized treatment and rehabilitative measures to community-living older patients with acute illness or injuries, discharged from hospital. A goal of intermediate care is the return to original residence, but patients are frequently discharged to other nursing facilities or hospital. In this study we investigate whether physical function, personal activities of daily living (P-ADL), mental function or depressive symptoms are indicators of the ability to return to home after intermediate care.

**Method:** Data was collected from a register of patients over 70 years in intermediate care, being admitted from either orthopaedic or medical units in hospital. Recording of data during admission at the intermediate unit started June 2011. There were some missing sets of data and only patients with complete sets of data were included. Nursing staff and a research physiotherapist performed the assessment using standardized testes: Timed “Up & Go” (TUG), Barthel Index (BI), Mini Mental State Examination (MMSE), Geriatric Depression Scale (GDS). Demographic and administrative data were obtained from patient records.

**Results:** Datasets of 118 patients out of 239 were complete and used for analysis. Included participants were 85 years old (mean) and 72% were women. 73% of the patients were able to return to home after intermediate care. Those who did return home had a shorter TUG (p=0.02) and a higher BI score (p=0.07, p=0.01). There were no differences with regards to cognitive function (MMSE) or depressive symptoms (GDS) (p>.35).

**Conclusions:** It appears that patients’ physical function and P-ADL may influence on the decision to return to home or other facilities more than depressive symptoms or cognitive dysfunction. Further research should investigate decision making about discharge destination. It is important to be aware of the inclusion bias, as well as 116 out of 239 patients had complete sets of data.

**P2-88**

**Lack of guided exercise for older adults with mobility limitations**

**Author:** MvNs. Annele Urtamo Age Institute

**Co-Authors:** Pipo Kalmar, Elina Vuopiojärvi-Anderson, Ulla Salminen, Minna Säpöskä-Nordberg. Hel Stark, Elina Kaniven

Independently living older people with decreased mobility are threatened by a collapse in functional capacity, an increased need for support and a growing risk for falls. Mobility can be improved with goal-oriented strength and balance exercises; this is relatively most effective in older people with decreased mobility. However, there is not enough guided exercise for these people in Finland. The National Strength in Old Age Programme produced in 2005-2008 good practices for older people’s health exercise in order to solve this dilemma. The target group consisted of independently living older adults (>55) with decreased functional capacity. The second stage of the programme was launched in 2010. The aim is to implement good practices in cooperation with nongovernmental organizations and the public sector in 38 municipalities that were chosen in three sets. The programme is coordinated by the Age Institute and financed by Finland’s Slot Machine Association, the Ministry of Social Affairs and Health and the Ministry of Education and Culture. The objective is to implement good practices in how to reach, counsel and organize guided strength and balance exercise as well as outdoor activities for the sedentary older adults at home with decreased mobility. The aim is reached by a wide training program and intensive mentoring which supports the process of implementation of good practices. Comprehensive follow ups and evaluations are included. The process of implementation in the first set of municipalities has started. Through mentoring the deficiencies in exercise activities were recognized and plans for implementing good practices were made. Information and communication were used to reach the target group. Older people with decreased mobility have expressed their interest in exercising.

Professionals and volunteers were involved in the training and the organization of exercise activities was launched. The results of the first follow up will be available in early 2012.

**P2-89**

**Early psychosocial group intervention to enhance self-management skills of older people with dementia and their caregivers—design of a randomized controlled trial.**

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**City of Helsinki, Health Center, Laakso Hospital**

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**Aim:** To study the effectiveness of self-management support (SMS) in an objective-oriented group intervention including empowerment of participants, support of their mastery and self-efficacy on dementia patients and their spousal caregivers, and, specifically, to explore the effects of intervention on dementia patients’ QOL and on spousal caregivers’ sense of competence and psychological well-being. The use and costs of couples’ health and social care services will be calculated during a 2-year follow-up.

**Methods:** During 2011-12, 160 dementia patients and their spouses will be recruited for a randomized controlled trial and randomized into two arms: 1) B0 for normal community care and 2) B0 for group-based SMS (4 hours) sessions including topics wished by participants. They may include, e.g. topics on dementia, community services, active lifestyle and prevention for cognitive decline, spousal relationship and emotional well-being. Coping with anger, fear and sadness may be discussed as well as issues related to nutrition. The participants have their weekly group sessions (10 participants/group) 8 times and the spouses have concurrently their own. Taxi transport will be arranged. Group leaders visit the couples prior the group intervention to get acquainted with them and to encourage them to express their preferences for the sessions. The intervention is based on peer support, use of group dynamics and empowering participants to take active agency in their life. The SMS will encourage participants to identify their strengths and to solve their problems. If either of the couple is significantly depressed, psychogeriatrician’s consultation may be offered.

**Results and conclusions:** The design of the study and the baseline findings will be presented. This is the first study to explore the efficacy of group support for self-management skills that has shown to be effective in other contexts.
Primary care nurses’ perspective. The object is: a) To describe older people’s questions related to their stay in the ED and whether they felt confident with the discharge, b) To examine if the follow-up phone call affected the older people’s confidence; ability to carry out prescribed treatment after discharge, and experience with follow-up phone calls, c) To examine how a geriatric nurse can facilitate collaboration between the ED and primary care.

Method: The study is a prospective descriptive study with questionnaires and focus group interviews. Included were older people >70 years discharged from ED. Intervention: A geriatric nurse phoned the participants within 2-3 days after discharge. They asked for their wellbeing and offered to answer questions in relation to the ED visit. If they were very confused they were offered further geriatric intervention.

Results: From December 2010 to June 2011, we included 455 older people >70 years discharged from ED after a short stay; 197 men and 258 women. Results showed that 37% had questions concerning their illness, medication or social situation; 23% had questions related to the recent ED stay; 12% felt uneasy with the discharge; and 11% received further geriatric intervention. All of the older people expressed their gratitude of receiving a follow-up phone call after discharge. Conclusion: Follow-up phone calls help to identify older people with unresolved issues in relation to discharge from ED; it gives confidence after discharge; and should be considered a firm offer in the future.

P2-92
With or without ESAS?
Older persons concerns regarding extended security alarm systems (ESAS)

Author: Martina Bostrom
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Background: Important goals for society is to create settings to promote safety and independent aging in place and to meet individual’s needs. Since older persons prefer to age in their own homes, extended security alarm systems (ESAS) through monitoring might increase safety and security on one hand and invasion of privacy on the other, which raises moral concerns. The arguments for increased safety and security on one hand and invasion of privacy on the other hand are well debated among researchers, but little still seems to be known about the older persons own perceptions, attitudes or feelings towards ESAS. Purpose: To identify and describe old persons feelings for freedom and surveillance in relation to ESAS.

Methods: A qualitative, descriptive and inductive study was based on focus group interviews with older persons living in senior housing, selected by snowball sampling, based on three inclusion criteria; (1) age of 65 years or older, (2) living in senior housing: and (3) experience of use or personal emergency response system.

Results: Older persons perceived moral ambivalence between; “independence vs. safety” where the participants’ enthuasiastic for feeling free and independent, but at the same time their request for safety even if being monitored was recognized. In the category “privacy vs. monitoring” older persons seem to distinguish between monitoring their actions from monitoring their internal organs and in the category “in the best interest of me vs. in the best interest of others” there seemed to be an ambivalence -between using a ESAS for one’s own needs and using a monitoring system to satisfy others. The main theme was named “maintaining” showing that as long as they could maintain their feelings of safety or maintain control, like for instance maintain their identity or what the technique should or not should do or, they were willing to except surveillance on the expense of privacy and integrity.

Conclusions: This study indicate there are ambivalent feelings regarding freedom and surveillance and which ESAS that stimulate maintenance of control, identity and personality. They seem to have motivation to give in their integrity if it with certainly leads to safety.

P2-93
2-year mortality in community-living, cognitively intact hip fracture patients according to indoor or outdoor falls

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Co-Authors: Bård Bogen, Professor Anette Ranhoff

Mortality data was obtained through hospital records. Results: Data from 100 hip fracture patients was available. 2 year mortality was 1.9 times higher in persons who fell indoors. The issue of fall location and mortality merits further investigation.

P2-94
Reciprocal struggle in person transfer tasks - Caregivers' experiences in dementia care

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Co-Authors: PhD and RPT Petra von Heiden Vågå, Professor and RPT Anne Sønderlund, Associated professor and RN Eva GoteII

Objective: Dementia is one of the main conditions to be associated with a severe activity limitation among older people and one of the main reasons older people access special care units. This presentation will be presenting caregivers experiences’ of person transfer situations involving people with dementia.

Methods: Qualitative focus group interviews were conducted. Ten caregivers, five in each focus group participated. Data were extracted in phrases and sentences using content analysis.

Conclusion: One theme was condensed: ‘Reciprocal struggle in the person transfer task’. Three sub-themes emerged: ‘Communication strategies’, ‘Environmental factors’, and ‘The goal may be inaccessible’.

Conclusions: Person transfer situations involving people with dementia can fluctuate, therefore the ongoing challenge will be to ensure a dynamic approach based on the person with dementia’s different needs at different times. Behavioral markers hold for identification of antecedents and consequences and measures need to be developed in domains including social interaction, psychosomatic aspects of function and environmental factors. These measures would allow us to link better the antecedents to the consequences of the behavior, by and by tailoring interventions to facilitate person transfer situations involving people with dementia.
Clinical applicability of EEG in evaluating treatment effects and progression of Alzheimer’s Disease using an EEG index based on cholinergic activity

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Geriatric Department, Landspitali University Hospital
Co-Author: PhD Gisl Jóhannesson, PhD Kristinn Johnson, Dr. Thorkell Gudmundsson, Nicolas Blin

Background: The only medications indicated for treatment of mild AD are the cholinesterase inhibitors. The effects of the medicines are measured by cognitive tests and by caregiver reports but there are no direct biological means of evaluating treatment effects. A theoretically possible method is to measure the cholinergic response of these drugs in the brain. It has been proposed that the EEG changes seen in AD are primarily a reflection of cholinergic dysfunction. We postulate that by establishing a “cholinergic index” in EEG registration, the treatment effects of cholinergic drugs could be measured and thereby the treatment response.

Methods: In a clinical trial where 110 participants participated, an EEG registration was obtained from each participant before and after a 0.15 mg administration of scopolamine. Since scopolamine affects the cholinergic neurotransmitter system, a cholinergic index was created by applying Statistical Pattern Recognition (SPR) to a large set of EEG features, by considering the group before and after scopolamine administration as two distinct groups. The resulting classifier results in an index that correlates with the cholinergic activity in the subject. A longitudinal study with 40 AD patients over 1–3 years (4–11 visits) was then performed, before and after installation of cholinergic treatment. The cholinergic index was calculated for each participant at each visit.

Results: The scopolamine study indicates that the EEG changes seen by SPR correlate with the state of the cholinergic system in the brain. The cholinergic index used in the longitudinal study showed treatment effect in some patients and seems to some extent correlate with treatment effect.

Conclusion: A cholinergic index produced by EEG-SPR method could be valuable in measuring the effect of cholinergic treatment. The cholinergic index was calculated for a longitudinal study with 40 AD patients over 1–3 years (4–11 visits) before and after scopolamine administration as two distinct groups. The resulting classifier results in an index that correlates with the cholinergic activity in the subject. The current study also includes twelve professional care providers. After obtaining informed consent, data were collected through open-ended interviews for which an interview guide was used. The participants were interviewed individually and the recorded interviews were transcribed. The collected data are analyzed with content analysis. In this study, the focus will be on what is obvious, manifest. Analysis of the data was started during the data collection in order to clarify whether there was any ambiguity in the material implying the need of additional questions. The analysis also gave guidance for when the material was saturated.

Results and conclusion: In the spring of 2012 we expect to present preliminary results and answer these questions:
- Which safety risks, related to living at home for persons with dementia, do persons with dementia, their significant others and professional care providers identify?
- How are the safety risks handled?
- Which impact do safety risks have on their lives?

P2-99
Music as a means in everyday care

Author: Jette Lynnerup
Betaniahemmet

This question originated from earlier experiences with music therapy at Betaniahemmet but also a lecture given by Birgitta Anderson, a Swedish music therapist. Anderson pointed out that music can be a means in everyday care especially when dealing with demented elders. From therapists such as Synne Fris, we know that music can counteract loneliness and inactivity, create trust, security and self-respect, develop intellectual functions, and support a higher functional level, mentally as well as physically. With this in mind, the objective was to strengthen the individual resident’s sense of identity through music, taking a point of departure in the individual’s experience with music, resources and disabilities. Thus the musical activities in this project were chosen and adapted to each participant. The target group consisted of 16 residents with medium or severe cognitive disabilities but they were also targeted due to other issues such as aphasia and isolation, and all of them being fond of music. The project employed two music therapists, one who taught a specific instrument for each of the participants who used to play an instrument and the other had individual singing sessions or small groups with the participants who were used to singing. Based on RAI assessments and the teachers’ and participants’ oral statements and evaluation, the project has resulted in participants being more present, but there also seems to be an improvement in their general well-being, as they are happier. One participant even said “that she didn’t have the time to die now”, being so busy rehearsing her instrument. Short-term memory is improved as they can remember the teacher and that
they have an appointment to see one another. The conclusion is that inclusion, sense of community and attention as well as singing or playing music that they know from, when they were younger, makes a huge difference in the everyday life of these participants.

P2-101
Can two become one? Experiences of implementing an integrated health and social care organisation

Author: Dr. Pål Schön
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Co-Authors: Dr. Lennerth Johansson, Sven Eriks Wahl}

Objective: The aim of the study was to examine whether integration in health and care services is feasible and can be implemented in a new joint organisation.

Methods: The study was conducted in two steps; a validity test and a test-retest reliability study on a revised version. Inclusion criteria were participation in the Birkebeiner cross-country ski race of over 80 years will nearly triple from 2010 to 2050. As a result of normal ageing, individuals may experience psychosocial losses, comorbidity, functional decline and polypharmacy and may therefore be in need of comprehensive health services.

Results: Clinical practice has yearly organized seminars about “elderly people and medication” and about “dementia”, has initiated a geriatric outpatient service for assessment of medication and has last year distributed 11 scholarships for skills development and seminars connected to our field. Research has developed a quality registry with a common dataset across departments in the hospital, has yearly arranged internal research seminars by presenting the newest research and has last year distributed scholarships to prepare 2 candidates for PhD. Master degree studies started in 2010. 39 students are now attending a part-time master degree study, a study which enhances clinical competence in our field.

Conclusions: The collaboration between departments in the hospital and the University College in our field has enhanced. We have achieved results, but we still need a need for further development of the collaboration through co-operation in research and in clinical practice.

P2-103
Self-reported mental health in still active older athletes and an age-matched group of people from the general population:

The Birkebeiner Aging Study

Author: Ida Kristine Sangnes
Kavli Research Centre for Ageing and Dementia, Haraldsplass Hospital
Co-Authors: Anne Kristine Gulsvik, Marius Myhst, Professor Anette Hylen Ranhoff

Objectives:

1. To examine the psychometric properties of the IPA for people 65 years and older. Methods: The study was performed in two steps; a validity test on the Swedish version and a test-retest reliability study on a revised version. Inclusion criteria were participation in the Birkebeiner cross-country ski race of over 80 years will nearly triple from 2010 to 2050. As a result of normal ageing, individuals may experience psychosocial losses, comorbidity, functional decline and polypharmacy and may therefore be in need of comprehensive health services.

Results: Clinical practice has yearly organized seminars about “elderly people and medication” and about “dementia”, has initiated a geriatric outpatient service for assessment of medication and has last year distributed 11 scholarships for skills development and seminars connected to our field. Research has developed a quality registry with a common dataset across departments in the hospital, has yearly arranged internal research seminars by presenting the newest research and has last year distributed scholarships to prepare 2 candidates for PhD. Master degree studies started in 2010. 39 students are now attending a part-time master degree study, a study which enhances clinical competence in our field.

Conclusions: The collaboration between departments in the hospital and the University College in our field has enhanced. We have achieved results, but we still need a need for further development of the collaboration through co-operation in research and in clinical practice.

P2-104
Self-reported General Health in Still Active Older Athletes

The Birkebeiner Aging Study

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Co-Authors: Anne Kristine Gulsvik, Marius Myhst, Professor Anette Hylen Ranhoff

Objective: Maintenance of physical and mental health is a key factor to successful ageing. The causal mechanisms leading to successful ageing are not fully understood. The aim of this study was to explore information about general health in old athletes and to compare them to a general population.

Methods: A cross-sectional study of health and life style factors in 656 Norwegians, aged 65 years and above, participating in the Birkebeiner cross-country ski race was conducted in 2009 and 2010. Most of the participants had participated in this race several times (median 14). The variables of interest were collected from postal self-reports on medical and sociodemographic information. We used the validated SF-12 Health Survey screening tool to calculate a mental and a physical component summary (MCS and
P2-106
DaneAge Future Study 2010
Author: Michael Teit Nielsen
DaneAge Association (Åldre Sagen)
DaneAge Future Study 2010: DaneAge Association has previously produced the “Future Study”, a survey following age-cohorts, in 1987, 1997 and 2002. In 2010, with the help of Statistics Denmark, a new “Future Study” was initiated, with new cohorts in age groups 50-54, 60-64, 70-74, and 80-84, approximately 1,000 interviewees to each age group. The method is a mix of on-line questionnaire and telephone interviews. The results are currently being published online at www.alderesagen.dk, spring 2011–spring 2012. DaneAge expects to publish an abbreviated print version in the spring of 2012, followed by an English language version.

Areas analyzed include, among others: Housing situation, family relations, health (physical and mental), new technology, the welfare state, volunteer work, civic society, identity, happiness, subjective age, financial donations. Some of the questions can be found in the previous Future Study, others are new. One notable finding in DaneAge’s Future Study 2010 is that a majority of interviewees answer that they are happy and content, having an optimistic outlook on life and the extent to which they can control and decide in their own life. On the other hand, especially the younger age groups are worried about the future of the Danish welfare model, financial deficits and lack of labor within health care and nursing lining in the future.

Michael Teit Nielsen, Development Director, Ph.D., DaneAge Association (Åldre Sagen)

P2-107
Vitamin D in patients referred to an outpatient geriatric service for memory problems or falls
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Co-Authors: Thomas Svendsen, Lill Melsen, Anette Hylén Ranhoff, Thomas Svendsen, Lill K Melsen, Anette Hylén Ranhoff Department of Medicine, Diakonhemmet Hospital, Oslo Norway

Background and aim: Vitamin D deficiency is associated with muscle weakness and can possibly increase fall risk, as well as associated with cognitive impairment. Analysis of vitamin D (25-OH-cholecalciferol) has not been a routine in our fall-assessment and memory clinic. The aim of this quality study is to find the prevalence of vitamin D deficiency in patients referred for assessment of falls and/or memory problems to our outpatient geriatric service.

Methods: A prospective observation study, with the aim to improve practice. All patients referred for fall assessment and/or memory problems are consecutively included. Analysis of vitamin D (25-OH-cholecalciferol) is done together with routine blood analyses. Area of reference from the laboratory is 37-131. Clinical information about age, gender, cause of referral, diagnosis and mobility problems are obtained from patient records. Costs of analyses are calculated.

Results: From 1. August to 31. December 67 patients (44 women) were referred. Vitamin D analyses were done from 67 patients and 6 (9%) had levels below the recommended (range 20-36). All the patients with vitamin D deficiency had memory problems (4 diagnosed with dementia), and 3 did also have mobility problems. One patient was age 70-80, 80-90 and two 90+ years old. RAN was ranging from 21-23, and low BMI did not correlate with low vitamin D.

Conclusion: 9% of the patients had vitamin D deficiency. Half of them had both mobility problems and cognitive impairment. The patients were included during late summer and autumn when the vitamin D levels are expected to be higher than in winter and spring. The datacollection will therefore continue.

P2-108
The effect on functional balance and fear of falling using The Otago Exercise for the frail elderly: Group-based versus home-based intervention.
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Co-Authors: Physiotherapist Kjersti Moen, Physiotherapist Anne Sofie Rayland, Senior Researcher Jorunn I. Helbostad

Introduction: Otago Exercise Programme (OEP) is an homebased strength- and balance- exercise-programme that has demonstrated success to decrease falls and improve functioning in older home-dwelling persons. Recent studies have shown better effect of group-based exercise on functioning in older persons. The aim of this study was to compare the effect of OEP performed as group or home training in frail older home-dwelling on balance, mobility and fear of falling.

Methods: The study was a single blind RCT, participants (n=125) were older fall-prone persons referred to an outpatient falls clinic. Participants were allocated to OEP delivered as group-based (GB) or home-based (HB) training, led by physiotherapists. Group training was performed twice a week. Home training followed the OEP protocol including 4 visits. Intervention period was 12 weeks. Participants were assessed with Berg Balance Scale (BBS), Timed Up- and Go (TUG), 30 second Sit-To-Stand (STS) and 7 Items Falls Efficacy Scale International (FES-I). Assessments were performed at baseline, end of intervention (3 months) and 3 months after end of intervention (6 months). Group differences in change were assessed by Analysis of Covariance, controlling for baseline values, and changes for each of the groups by paired sample t-tests.

Results: Ninety-one women (72.8 %) and 34 men (27.2%) participated, mean age was 82.5 ±(5.7) -years. Mini Mental Status Examination score was 27 (±2.3). Mean score at Barthel ADL Index was 17.9 (±2.3). Seventy-four percent had fallen previous year, 37% had a hospital stay due to fall-related injuries. Table shows BBS , STS, TUG and FES-I scores at baseline and follow-up tests. Both groups improved functioning. There were group differences in change in favor of group training for BBS and STS from baseline to 3 months, and for STS and FES-I from baseline to 6 months.

Conclusion: Both interventions improved functioning, most effects persisted 3 months after end of intervention. Balance and functional leg strength improved more for GB. Fear of falling was significantly lower for GB at 6 months follow-up. In frail home-dwelling persons OEP performed in a group is even more effective.

* illustration see note at the end of Chapter

P2-109
Social-pedagogical treatment of elderly people’s subjective well-being in social care homes
Author: Ineta Robina
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The present study is actualized in socio political and economical contexts related to active age-reversal apprehension and the necessity of providing participation opportunities of elderly people in integration process in the social care home as a new social environment. The investigation objectives are: 1) to explore the elderly people subjective well-being in social care home; 2) to describe the intervention of social pedagogue for facilitation of opportunities of elderly people participation in design of life and work activities in social care home; 3) to explore the interaction structures between the elderly people wellbeing and quality of institutional integration by providing of participation opportunities. To rich the research objectives qualitative research used mix-methods (video observation, semi-structured interview and narrative interview has been conducted to find the evidence to elderly people wellbeing in integration process related to participation opportunities provided by social pedagogue. The theoretical background of research is based on inter-disciplinary understanding of wellbeing as quality indicator if institutional integration process (Skiba 2006;Bjurkant 2005;Raz 1986;Andersen 2011 etc.),62 respondents of the age 65-91 were involved into the research, 10 of them (active participants) were selected for interviewing and video observation. The data processing applying AQUAD-6 programme, the code linkages explore implicit interaction structures between wellbeing and participation meta-codes and explore the implicate interaction structures between participation codes and wellbeing codes. Implicants as evidences for making conclusions will be presented for disus- sion: participation in institutional integration establishment and enhances the well-being of elderly people. It gives people an opportunity of confidence rebirth.
Mental health and quality of life in older family caregivers

Author: Dr. Director, Adj. Prof. Anneli Sarvimäki

The role of family caregiving is becoming more important as more and more older people are living at home. Since the family caregivers themselves tend to be old, their health and well-being is at stake. The purpose of this study was to investigate mental health and well-being of older family caregivers. The study was partly of a larger project the purpose of which was to create a model for family caregiving in Finland and Estonia. A questionnaire was sent to 3000 persons aged 65 or more in southern Finland. 604 persons replied and 144 of them were family caregivers. Over 60 % of the family caregivers rated their mental health as good or very good. The difference between them and the other older persons was not big (p=0.82). They did not experience more problems (lack of initiative, zest for life and decision making capacity, fear) than the others. Measured by GHQ-12 the family caregivers were at risk of being mentally stressed (mean 3.1) while the others were not (mean 1.3). The family caregivers reported more frequently having diagnosed musculoskeletal problems than the others. When it came to diagnosed depression there was no difference between the groups. The global quality of life of the family caregivers measured by VAS (0 – 100) was somewhat lower among the family caregivers (63) than among the others (71), although it was clearly positive. The family caregivers generally experienced their life as meaningful or very meaningful (87 %) and only 13 % felt lonely rather or very often. The percentage of family caregivers feeling rather or very secure was high (73 %) although significantly lower than among the others of the same age (89 %). The mental health and quality of life in the family caregivers in this study was quite good, but it was even better among those who were not family caregivers. Because of the large dropout the results cannot be generalised, but they indicate that family caregivers do have mental resources that should be recognized and supported.

Recent trends in complex health problems in the oldest old in Sweden 1992-2010/11

Author: Dr. Bettina Meinow

The aim of this study was to identify trends in complex health problems among the oldest old in Sweden 1992-2010/11. The study included institutionalized people and proxy interviews for those who were too frail to be interviewed themselves. People with severe problems in two/three domains were considered having complex health problems. Changes in the prevalence of people with complex health problems between 1992, 2002 and 2010 were analysed with logistic regressions as well as differences according to age, gender, and education. Results showed a significant increase of elderly people with complex health problems from 19% in 1992 to 26% in 2002. Between 2002 and 2010/11 there has been no significant change. Gender, age and education had significant independent effects on the odds of having complex health problems. Patterns were similar for men and women. A preliminary conclusion is that the deterioration in health among the oldest old between 1992 and 2002 has levelled out. Results will be discussed with a special emphasis on methodological issues, from a social policy perspective, rather stable prevalence rates of complex health problems among the oldest old since 2002 emphasize the need for extensive collaboration between medical and social services.

Assessment of the physical environment – a way to high quality care

Author: Susanna Nordin

It is important to focus on the design quality in nursing home facilities since the residents are frail and vulnerable, often suffering from both functional and cognitive impairment. With increasing levels of frailty they spend most of their time within the home and are depending on the building design quality to a great extent. This paper, describes a part of a project using the Sheffield Care Environment Assessment Matrix (SCREAM; Parker et al., 2004) for evaluating design quality in nursing home facility. The tool was developed to measure design features of the nursing home environment as built and used and covers different aspects in the environment. The incentive for the study was the Swedish evidence-based guidelines concerning care from 2010. The guidelines emphasize the physical environment as an essential factor for achieving good-quality healthcare and supporting a person-centred care. The recommendation is that dementia residential facilities should have a domestic layout and provide the residents with private rooms or apartments with opportunities for personal belongings. Furthermore, the physical environment should offer a calm sound level and enhance the ability of orientation for residents with different factors such as confusion. Opportunities for outdoor activities are also important for the well-being of residents. Thus, the society faces many challenges in developing high-quality environments since the buildings in many cases do not meet modern standards. In this process, there is a need for tools that can evaluate the quality of the environment. SCREAM is an interesting tool covering many of the important aspects of a person-centred care and can therefore be used both for planning new environments and evaluating existing ones. Parker C., Barnes S., McKe K. J., et al. (2004). Quality of life and building design in residential and nursing homes for older people. Ageing and Society, 24, 941-962.
New trends in forming intimate relationships
Is it a lifestyle choice?

Author: Tiina Koskimäki
University of Helsinki

As life-expectancy has increased and attitudes towards both non-marital and post-marital relationships have become more flexible, it has opened new possibilities to form intimate relationships at older ages. The destandardisation of intimate relationships has e.g. made cohabitation and LAT relationships more popular, especially after divorce or after becoming a widower. This study looks at the phenomena from a perspective of a longitudinal survey data from a Finnish research project, GOAL, Good Agening in Lahti Region (n=2815 at baseline). The information is gathered from men and women in three birth cohorts (born 1926-30, 1936-40, 1946-50). The data from 2002-2008 is used to track recent changes in intimate relationships. The current relationship status is seen in the light of possible previous relationships, for which the used data offers retrospective information.

According to the study, co-habitation as well as living in a LAT relationship is mostly the choice of those who have been previously married, or lived in a cohabitation in earlier phase of life. For the majority, cohabitation seems to be a long-term solution. LAT relationships seem to be gaining ever more popularity among elderly, who are choosing between forms of togetherness. The study also sheds light into the attitudes towards different aspects and feelings of becoming older; of the respondents living in the above mentioned living arrangements. The results show that people living in more unconventional relationships are more acceptable towards new forms of elderly lifestyles. Becoming older is more positively viewed especially by people who are more acceptable towards new forms of elderly lifestyles. The study also investigated the attitudes of the respondents elderly, who are choosing between forms of togetherness. Life-expectancy has increased and attitudes towards both non-marital and post-marital relationships have become more flexible, it has opened new possibilities to form intimate relationships at older ages. The destandardisation of intimate relationships has e.g. made cohabitation and LAT relationships more popular, especially after divorce or after becoming a widower. This study looks at the phenomena from a perspective of a longitudinal survey data from a Finnish research project, GOAL, Good Agening in Lahti Region (n=2815 at baseline). The information is gathered from men and women in three birth cohorts (born 1926-30, 1936-40, 1946-50). The data from 2002-2008 is used to track recent changes in intimate relationships. The current relationship status is seen in the light of possible previous relationships, for which the used data offers retrospective information.

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Cognitive trajectories in later life in relation to distal covariates and survival: Findings from the Swedish population-based H70 and Lund 80+ Studies

Author: Professor Boo Johansson
Univ of Gothenburg
Co-Author: PhD, Valger Thorvaldsson, PhD Björn Slaug, PhD Torbjörn Svensson

Background: A better understanding of late life cognition requires longitudinal cohort studies following individuals until death, in addition to information about previous health and overall life conditions.

Objectives: To compare cognitive trajectories in two population-based samples in relation to subsequent survival, health and distal conditions.

Material: Data were drawn from the H70 and the Lund 80+ Study. H70 is based on prospective longitudinal population-based panels of 70 year olds in the city of Gothenburg. The first cohort was first measured at age 70 with subsequent measurements until death. The Lund 80+ is based on population-based panels of 80 years and older in the university city of Lund. In both studies subjects were re-examined for intra-individual panels of 80 years and older in the university city of Lund. The Lund 80+ is based on population-based panels of 80 years and older in the university city of Lund.

Method: The cognitive battery included three tests: a) Synonyms measuring verbal ability, b) Block Design measuring spatial ability an indicator of fluid ability, and c). Figure Identification which is a measure of perceptual speed. To allow comparisons across tests and samples we standardized scores to a distribution with a mean of 50 and SD of 10, using the baseline distribution for each test at the first occasion.

Results: A similar performance decline was observed in both studies and within the same age range (80+). Trajectories were found to be distinct, with rate of decline. Demographics, especially education, were significantly associated with less decline.

Conclusions: Cognitive decline is associated with subsequent survival; a terminal decline pattern was confirmed in both studies despite the fact that the samples vary considerably in overall health, demographics and many other background variables.

Skill development for nurses in home care - an intervention study

Author: Gro Gade Haanes
Bluesrud University College

This study focuses on increasing knowledge and practice skills among nurses in home care - related to evaluation of vision and hearing as well as lighting conditions in the homes of the elderly.

Objective: A training programme for nurses in home care was developed in order to increase knowledge within the three areas - the eye, the hearing and the elderly, and the indoor lighting at home. The overall objective was to develop nurses' competence and place nurses in the position to perform simple screening tests for vision and hearing. A form for assessing and surveying the indoor lighting was used. It was a goal for the nurses to develop sufficient competence to suggest changes, recommendations and references for further report.

Method: The study is an intervention study where a training programme was developed. Nurses in the home care from five different locations in Norway participated in the programme. The intervention was planned with an intervention group and a control group, with 10 nurses in each group. The intervention group participated in the training programme of four days, each day 6 hours. The programme consisted of lectures related to vision, hearing and lighting factors and practical exercises. A mapping tool was used and the intervention group will survey and follow up five patients each (over 80 years) for about 3 weeks. Both intervention and control groups performed a multiple choice knowledge test before the training programme started and will repeat this again in March 2012. The test consists of 30 questions, with 10 questions in each of the three areas.

Results: Experiences from the training programme and results from the multiple choice-tests will be presented and discussed at the conference.

Model of learning for practitioners in dementia care with music therapy as the joint focal point

Author: Aase Marie Ottesen
Institute for Communication og Psychologi, Aalborg University

The project is a PhD research in progress, which aims to develop a model of learning for practitioners in dementia care, which has music therapy as the joint focal point and focus on the relational meeting. Through development of a cross-disciplinary cooperation between the music therapist and the care providers in connection with a course of music therapy, will follow areas be elucidated: How can the musical and interpersonal competences of the individual care provider be developed with the purpose to effect the relational meeting with persons suffering from dementia, in a way that the care provider is able to develop and transfer new knowledge and acquired skills to the daily nursing and care through the application of tangible tools from the musical activities? And further: What impact does the emphasis on development of the care provider's musical and interpersonal competences have on quality of life and well-being among persons suffering from dementia?

The model of learning includes using the Dementia Care Mapping Method and the theoretical frame of reference for the project; for example Daniel Stern's theory of senses of self, forms of vitality, the present moment, Barry Reisberg's research on retrospection and the recent research on mirror neurons. Methodically the project is organized as a case study of a music therapy course in which includes process data, outcome data and follow-up data that assess the effect of the course in connection with the effect of the learning process of the practitioners. Four persons suffering from dementia living in a care facility and four care providers are included. Preliminary results indicate that the care providers are able to develop and transfer new knowledge and acquired skills to the daily nursing and care through the application of tangible tools from the musical activities, which has an effect on quality of life and well-being for persons suffering from dementia.

* Note: Illustration to P2-108

<table>
<thead>
<tr>
<th>BASELINE</th>
<th>Home training n mean (SD)</th>
<th>Group training n mean (SD)</th>
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<tbody>
<tr>
<td>BBS</td>
<td>63 35.7 (10.7)</td>
<td>62 34.6 (10.8)</td>
</tr>
<tr>
<td>TUG</td>
<td>62 18.9 (7.8)</td>
<td>59 19.3 (8.0)</td>
</tr>
<tr>
<td>STS</td>
<td>62 5.1 (4.4)</td>
<td>59 3.9 (4.5)</td>
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<tr>
<td>FES-I</td>
<td>56 13.1 (4.2)</td>
<td>56 13.5 (4.7)</td>
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<tr>
<th>3 MONTHS</th>
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<th>Group training n mean (SD)</th>
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<tr>
<td>BBS</td>
<td>46 41.3 (10.4)</td>
<td>46 43.4 (9.4)</td>
</tr>
<tr>
<td>TUG</td>
<td>41 15.0 (6.2)</td>
<td>44 14.5 (6.7)</td>
</tr>
<tr>
<td>STS</td>
<td>45 5.9 (4.3)</td>
<td>43 6.9 (5.1)</td>
</tr>
<tr>
<td>FES-I</td>
<td>44 11.4 (3.5)</td>
<td>44 10.7 (3.7)</td>
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<th>6 MONTHS</th>
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<td>39 41.5 (9.0)</td>
<td>39 42.1 (10.8)</td>
</tr>
<tr>
<td>TUG</td>
<td>39 15.5 (6.1)</td>
<td>36 13.8 (6.3)</td>
</tr>
<tr>
<td>STS</td>
<td>40 5.6 (4.3)</td>
<td>37 6.3 (5.7)</td>
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<tr>
<td>FES-I</td>
<td>38 11.2 (3.6)</td>
<td>37 10.3 (3.9)</td>
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Group differences in change (p-value)

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<th>0-3 MONTHS</th>
<th>3-6 MONTHS</th>
<th>0-6 MONTHS</th>
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</thead>
<tbody>
<tr>
<td>BBS</td>
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<td>TUG</td>
<td>0.076 0.555 0.055</td>
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<tr>
<td>STS</td>
<td>0.006 0.643 0.029</td>
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</tr>
<tr>
<td>FES-I</td>
<td>0.128 0.294 0.006</td>
<td></td>
</tr>
</tbody>
</table>

BBS = Berg Balance Scale; TUG= Timed Up-and-Go; STS = 30 second sit-to-stand test; FES-I = 7-item Falls Efficacy Scale International
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H.R.H. Crown Princess Mary of Denmark is the patroness of the 21st Nordic Congress of Gerontology

Photo: Steen Evald