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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2012

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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!

Finn Rønholt
President of 21 NKG

Christine E. Swane
Secretary General of 21 NKG

Exhibitors
Betaniahjemmet, Pharmaforce, Raisoft, Sanofi Pasteur MSD
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Organisers
Nordisk Gerontologisk Forening / Nordic Gerontological Federation
Dansk Gerontologisk Selskab / Danish Society of Gerontology
Dansk Selskab for Geriatri / Danish Society of Geriatrics

Organising Committee
President Finn Rønholt – Herlev University Hospital
Secretary General Christine E. Swane – EGV Foundation
Eigil Boll Hansen, AKF – Danish Institute of Governmental Research
Hanne Pedersen – Sygehus Nord Roskilde
Inger-Lise Dyholm – Danish Society of Gerontology
Kirsten Damgaard – Gentofte University Hospital
Susanne Stabel Gren – Herlev University Hospital
Tine Rostgaard – AAU – Centre for comparative welfare studies

Scientific Committee
Bernard Jeune – University of Southern Denmark, Faculty of Health Sciences
Carsten Hendriksen – University of Copenhagen, Faculty of Health Sciences
Christine E. Swane – EGV Foundation
Eigil Boll Hansen – AKF – Danish Institute of Governmental Research
Kirsten Avlund – University of Copenhagen, Faculty of Health Sciences
Kirsten Damgaard – Gentofte University Hospital
Mads Greve Haaning – Danish Society of Gerontology
Nina Beyer – Musculoskeletal Rehabilitation Research Unit, Bipebjerg Hospital
Tine Rostgaard – AAU – Centre for comparative welfare studies
Tove Lindhardt – Gentofte University Hospital

Opening speech

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

OP-1 10-06-2012, 17:00-18:30, Plenum 8/10 & Plenum 9/11

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 unrecognised 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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<thead>
<tr>
<th>Time</th>
<th>Plenum 8/10</th>
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<tbody>
<tr>
<td>14:00 - 19:00</td>
<td>Registration is open at congress venue</td>
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<tr>
<td>17:00 - 18:30</td>
<td>Opening ceremony</td>
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<td>18:30 - 19:30</td>
<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>8:30 - 10:00</td>
<td>Plenary lectures</td>
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<td>1. Differences in women and men's health and survival: Dilemmas that require action?</td>
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<td>Prof. Kaare Christensen</td>
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<td>2. Old Brain, New Demands on Information Processing: A Dilemma?</td>
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<td>Prof. Lars Nyberg</td>
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<td>10:00 - 10:30</td>
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<td>1. Dilemmas in the ageing bones.</td>
<td>2. Clothing and the embodiment of age:</td>
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<td></td>
<td>Prof. Peter Schwarz</td>
<td>Why do clothes matter?</td>
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<td>Prof. Julia Twigg</td>
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<td>11:30 - 12:30</td>
<td>Oral session O1.1</td>
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<td>Oral session O1.6</td>
<td>Oral session O1.7</td>
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<td></td>
<td>Geriatric patients I</td>
<td>Home care and participation</td>
<td>Inter generations and family relations</td>
<td>Psychiatry, technology, BMI</td>
<td>Cognitive functioning</td>
<td>Psycho-social well-being I</td>
<td>Falls, risk and prevention</td>
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<td>Chair: Kirsten Damgaard</td>
<td>Chair: Eigel Boll Hansen</td>
<td>Chair: Catharina Nord</td>
<td>Chair: Finn Rønholt</td>
<td>Chair: Jon Snaedal</td>
<td>Chair: Boo Johansson</td>
<td>Chair: Susanne Stabel Gren</td>
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<td>12:30 - 13:45</td>
<td>Norpharma Symposium - in plenary room 8/10</td>
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<td>Drug interactions and renal failure limit the choice of pain medication in the elderly.</td>
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<td>MD, PhD Kari Petri Laine, Chairman Finn Rønholt</td>
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<td>Nutricia Symposium - in plenary room 9/11</td>
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<td>Nutritional options for treatment of sarcopenia.</td>
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<td>Prof. MD, PhD Tommy Cederholm &amp; Senior researcher Anne Marie Beck</td>
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<td>Lunch in the exhibition area</td>
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### Monday June 11, 2012

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<tbody>
<tr>
<td>13:45 - 15:15</td>
<td>Reforming old age care across Europe: Comparing processes and strategies</td>
<td>Assessing, evaluation and experience of function, physical activity and exercise: A challenge in ageing and different contexts</td>
<td>Symposium S1.1</td>
<td>Symposium S1.3</td>
<td>Symposium S1.4</td>
<td>Symposium S1.5</td>
<td>Symposium S1.7</td>
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<td>Chair: Viola Burau and Tine Rostgaard</td>
<td>Chair: Astrid Bergland and Birgitta Langhammer</td>
<td>Chair: Anette Hylen Ranhoff</td>
<td>Chair: Chris Phillipson Per Erik Solem</td>
<td>Chair: Sandra Torres Tine Poulsen</td>
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<td>15:15 - 16:15</td>
<td>Coffee break in the exhibition area</td>
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<td>15:15 - 17:30</td>
<td>Geropsychology Scientific Meeting in room 16</td>
<td>Geriatric patients</td>
<td>Social and health care</td>
<td>Images of ageing</td>
<td>Nutrition and vitamin status</td>
<td>Inequality and health</td>
<td>Psycho-social Hip fracture I</td>
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<td>All psychologists attending the congress are welcome</td>
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<td>Chair: Ólafur Samúelsson</td>
<td>Chair: Sigurður Gústafsson</td>
<td>Chair: Myra Lewinter</td>
<td>Chair: Anne Marie Beck</td>
<td>Chair: Charlotte Nilsson Knud Ramian</td>
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<td>18:00 - 20:00</td>
<td>Welcome reception at the City Hall of Copenhagen</td>
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<td>8:30 - 10:00</td>
<td>Policy, research and practice in the care of elderly people with complex health problems and severe needs. Experiences in the Nordic countries</td>
<td>Provision of assistive technology to support cognitive functioning in persons with dementia, and to reduce the care burden for family carers</td>
<td>Symposium S2.1</td>
<td>Symposium S2.2</td>
<td>Oral session O3.1</td>
<td>Symposium S2.3</td>
<td>Symposium S2.5</td>
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<td>Chair: Lennarth Johansson and Mats Thorslund</td>
<td>Chair: Torhild Holthe Leonora Blaakilde</td>
<td>Chair: Anne</td>
<td>Ageing in small rural communities</td>
<td>Life course in a cultural and psychological perspective</td>
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<td>Measuring outcomes of long-term care Experiences from Europe</td>
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<td>10:00 - 10:30</td>
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Tuesday June 12, 2012

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<td>10:30 - 11:30</td>
<td>Oral session O4.1</td>
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<td>Oral session O4.4</td>
<td>Oral session O4.5</td>
<td>Oral session O4.6</td>
<td>Oral session O4.7</td>
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<td>Medication</td>
<td>Professional care workers</td>
<td>Death and dying</td>
<td>Informal care giving</td>
<td>Depression</td>
<td>Physical exercise</td>
<td>Rehabilitation</td>
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<td>Chair: Carsten Hendriksen</td>
<td>Chair: Hanne Marlene Dahl</td>
<td>Chair: Peter Öberg</td>
<td>Chair: Gerdt Sundström</td>
<td>Chair: Hanne Pedersen</td>
<td>Chair: Minna Mänty</td>
<td>Chair: Jette Thuesen</td>
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<td>11:45 - 12:45</td>
<td>Oral session O5.1</td>
<td>Oral session O5.2</td>
<td>Oral session O5.3</td>
<td>Oral session O5.4</td>
<td>Oral session O5.5</td>
<td>Oral session O5.6</td>
<td>Oral session O5.7</td>
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<td></td>
<td>Dementia care I</td>
<td>Quality of home care services</td>
<td>Life long learning</td>
<td>Informal caregiving</td>
<td>Preventive home visits</td>
<td>Physical exercise II</td>
<td>Hip fracture II</td>
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<td>Chair: Marianne Schroll</td>
<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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12:45 – 14:00  Grünenthal symposium - in plenary room 8/10  
Symposiums start at 13.00  
MOR-NRI*: MORE THAN MEETS THE EYE
Tapentadol for the treatment of severe chronic pain.
• Challenges in assessing and managing chronic pain in the elderly, Professor, Dr. med. Ralf Baron
• Pain mechanism and the role of age, Professor Lars Arendt-Nielsen:

Edwards symposium - in plenary room 9/11  
The Forgotten Epidemic:  
Severe Aortic Stenosis TAVI a Novel Treatment Option, Introduction: Mika Laine
• Aortic Stenosis Prevalence in the Elderly Population, Dr Mika Laine
• What is Transcatheter Aortic Valve implantation (TAVI), Dr Gry Dahl
• TAVI a Danish invention: From Son to Father, Dr Henning Andersen

Lunch in the exhibition area

14:00 - 15:00 Oral session O6.1 | Oral session O6.2 | Oral session O6.3 | Oral session O6.4 | Oral session O6.5 | Oral session O6.6 | Oral session O6.7 |
| Dementia care II | Long term care | Home, housing & environment | Nursing home residents | Oldest old | Physical capacity in later life | Social life and participation |
| Chair: Elizabeth Rosted | Chair: Morten Balle Hansen | Chair: Eigil Boll Hansen | Chair: Eva Algreen-Petersen | Chair: Bernard Jeune | Chair: Anette Ekmann | Chair: Mette Andresen |

15:00 - 16:00 Coffee break in the exhibition area  
Poster session II
### Tuesday June 12, 2012

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<tr>
<td>16:00 - 17:30</td>
<td>Symposium S3.1</td>
<td>Symposium S3.2</td>
<td>Symposium S3.3</td>
<td>Symposium S3.4</td>
<td>Symposium S3.5</td>
<td>Symposium S3.6</td>
<td>Oral session 07.1</td>
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<td>Dementia diagnostics in memory clinics in the Nordic and Baltic countries</td>
<td>Critical perspectives in need assessment</td>
<td>Evaluation of orthogeriatric services in Nordic and Baltic countries</td>
<td>Family carers in the welfare state</td>
<td>entenarians in the past and present</td>
<td>Fatigue in older adults</td>
<td>Social life</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>
<td>Chair: Kirsten Avlund</td>
<td>Chair: Anna Siverskog</td>
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<td>19:00</td>
<td>Congress Dinner</td>
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### Wednesday June 13, 2012

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<td>9:00 - 10:30</td>
<td>State of the art</td>
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<td>Chair: Nina Beyer</td>
<td>Chair: Tove Lindhardt</td>
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<td></td>
<td>SA 3 Dilemmas in behaviour and physical activity in a gender perspective</td>
<td>SA4 Trends in ageing and challenges for the provision of care for older people</td>
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<td></td>
<td>Prof. Roger Fielding</td>
<td>Senior Lecturer Virpi Timonen</td>
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<td>SAS Social inequality in ageing</td>
<td>SAS Dilemmas in family care</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>Plenary lectures</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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<tr>
<td>12:30 - 13:00</td>
<td>Closing Ceremony</td>
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General Information

Venue
Scandic Copenhagen
Vester Vængegade 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 Vænge 29, 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)

Wednesday June 12, 2012

17:30-19:00 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 Rantakokko, MSc Irma Äyräväinen, MSc Hannele Khalil, Ms Sini Hentuva, MSc Johanna Bronen, Tina-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 Marlene 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 AKE, Danish Institute of Governmental Research
Dr. Leena Eskelinen, Professor Hanne Marlene Dahl

12:15-12:30 O1.2-4 Active citizenship and service voucher for the elderly
Kirsi Kuisinen-James The Centre of expertise on social work, Verso

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 universitet
RNT, Professor Brigt H. Rasmussen, RN, Associate Professor David Edvardsson

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 Martinussen Diakonhjemmet hospital Kari Midtbø Kristiansen, Marianne Dahl, Anette Hylan Ranhoff, Thomas Svendsen, Bernhard Lorentzen, Lucas Fjeld Solheim

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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 Linköpings universitet

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
11:30-12:30 Oral Session 1.4 - Psychiatry, technology, BMI

Room 2

Chair: Finn Rønholt

11:30:11:45

01.4.1 Active outdoor in inpatient geriatric psychiatry - experiences and data from development of a model

Dr. Marianne Thorsen Gonzalez

Diakonhjemmet University College

RN Mariane Larsen, PT Lora Mühler, MHS Kari Mittbe Kristiansen

11:45-12:00

01.4.2 Quality registry in The Viken Research Network for Geriatric Psychiatry

MSc Kari Mittbe Kristiansen

Diakonhjemmet Hospital

MD/Head of dep. Bernhard Lorentzen, MSc/Head of dep. Bodil McPherson, Head of dep. Terje Rast, Psych. Helene Skarste, Professor Knud Eriksen, MD Inger-Marie Tjønnes, Head of unit Trude Irgene

12:00-12:15

01.4.3 Sticks - Innovative Concepts for Memory Support, Reminiscence and Health Promotion

Professor Antti Karisto

Department of Social Research, University of Helsinki

Päivi Kivi Kusmanen, 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 Faith, PhD Marie Emst-Bravel, PhD Lena Engman, PhD Niam Ram

11:30-12:30 Oral Session 1.5 - Cognitive functioning

Room 3/4

Chair: Jon Snædal

11:30:11:45

01.5.1 Functioning over time in persons with MCI

PhD student Annicka Hedman

Karolinska Institutet

PhD Professor Louise Nygård, Associate professor, Professor Ove Almquist, 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, Landskaps University Hospital PhD Kristin Hannedottir, Prof Therarion Gislason, PhD Annie Arvidsson, Atti 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

Merril Sikersten, Igermar Kacholt

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

Landskaps University Hospital, Gerontological Research Institute

MD Sigurður Björnsson, MD Bjorn Elmasan, MD Jon Snædal, PhD Jane Szajnyk, PhD Thor Aspelund, MD Vilmundur Gudgnsson, MD Tamara B. Harris, PhD Lena E. Launer, MD Palm V. Jonsson

11:30-12:30 Oral Session 1.6 - Psycho-social well-being I

Room 12

Chair: Boo Johanson

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

Marije Veenstra

NOVA

Vein Øiv Øvåsland, Astri Syse

11:45-12:00

01.6.2 The importance of social support in the associations between psychological distress and somatic health problems and socio-economic factors among older adults living at home: A cross sectional study

Associate Professor Hegge Bøen

Diakonhjemmet University College, Department of Nursing and Health

Professor emeritus Odd Steffen Dalgård, Professor Espen Bjertnes

12:00-12:15

01.6.3 Older persons with borderline mental disorders: risk factors in North of Russia

Professor Andrey Soloviev

Northern State Medical University

Professor Irina Novikova, Victor Metacheiko

12:15-12:30

01.6.4 Shifts of normal aging phenotypes between young old and old-old.

Dr. Yasuyuki Gondo

University of Hyogo, Japan

Mr. Tatsuki Nakagawa, Miss Yoshiko Ishikawa, Dr. Madoka Ogasawara, Dr. Kei Kamide, Dr. Kazunori Iriebe, Miss Yukie Masui, Dr. Michiko Takayama, Dr. Yasuichi Araki, Dr. Ryotaro Takahashi

11:30-12:30 Oral Session 1.7 - Falls, risk and prevention

Room 13

Chair: Susanne Stabel Gren

11:30:11:45

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

PhD Student Lotte Eriksen

Department of Communication and Psychology, Aalborg University

Dr. Anita Ulrich, Professor Lone Tanggaard

11:45-12:00

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

P.E. MSc, PhD student Ulrika Möller Olsson

Lund University

RN, PhD, Associate Professor Ulf Jakobsson

12:00-12:15

01.7.3 Fear of falling and coexisting sensory difficulties as predictors of mobility decline in older women

Anne Viljanen

University of Jyväskylä, Department of Health Sciences, Gerontology Research Center

PhD Jenni Kuhlia, PhD Maja Rantakokko, MD, PhD Maiku Koskenniemi, MD, PhD Jukka Kaprio, PhD Taina Rantare

12:15-12:30

01.7.4 Title Fall-related information seeking behavior among elderly internet-users

Marjan Askari

AAMC

So Edami, S Medlock, S de Rooij, A Abu-Hanna

12:30-13:45 Nonpharma Symposium

Plenum 8/10

Chair: Finn Rønholt

Drug interactions and renal failure limit the choice of pain medication in the elderly

MD, PhD Kari Petri Laine

12:30-13:45 Nutricia Symposium

Plenum 9/11

Nutritional options for treatment of sarcopenia

Prof. MD, PhD Tommy Cedermalm & Senior Researcher Anne Marie Beck

12:30-12:45 Lunch in the exhibition area
### Symposium Session 1.1 - Reforming old age care across Europe: Comparing processes and strategies

**Chair:** Viola Berau and Tine Rostgaard  
**S1.1-1** Reform strategies in home care for elderly in Europe  
Professor Tiina 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 Ranci  
Politecnico of Milan  
**S1.1-4** Reforming old age care across Europe: comparing processes and strategies  
Dr. Viola Berau  
University of Aarhus  
**S1.1-5** Medical care for older hip fracture patients  
Professor MD Anette Hylen Ranhoff  
Diakonhjemmet Hospital  
Nurse Mette Martinsen, Ludvig F. Solheim  
**S1.1-6** No difference in anticholinergic activity in CSF and serum between hip fracture patients with and without delirium  
MD Leif Otto Watne  
Oslo University Hospital  
MD, PhD student: Roanna I Hall, MD, PhD student: Bjørn Erik Neerland, Professor MD, PhD Johan Ræder, MD, PhD Frode Frihagen, Professor, PhD Espen Mølmen, Professor MD, PhD Alasdair M MacLullich, Professor MD, PhD Torger Bruun Wyller, MD, PhD Vibeke Juleide  
**S1.1-7** Secondary prevention of falls and fractures - an update  
Professor Timo Strandberg  
Universities of Helsinki and Oulu  
**S1.1-8** Putting up a holistic integrated service for older patients with fragility fractures  
MD Maria Nustro  
Seinäjoki Central Hospital  

### Symposium Session 1.2 - Assessment, evaluation and experience of function, physical activity and exercise: A challenge in ageing and different contexts

**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  
Göteborg University  
PhD Håkan Littbrand, PhD Michael Smul  
**S1.2-2** Progressive resistance training for women 90+  
PhD Student Gro Island  
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  
PhD A Bergland, PhD, Senior researcher L Forsén, PhD K Frändin  
**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 Skalton, Professor, PhD Astrid Bergland  
**S1.2-5** Prolonged strength training after hip fracture: a randomized controlled trial  
PhD H. Sylwan  
Oslo and Akershus University College  
PhD student T Brovold, Professor TB Wyller, Professor A Bergland  

### Symposium Session 1.3 - Better care for fragility fracture

**Chair:** Anette Hylen Ranhoff  
**S1.3-1** The best repair of fragility fractures - a few aspects  
Professor, overlege, Dr.med. Jes Bruun Lauritzen  
Bispebjerg Hospital, University of Copenhagen  
Polymer chemist, card scienct Sure Lund Sørensen, consultant, PhD, Clinical Biochemistry Henrik Jørgensen, Research nurse Troels Rix, Head of orthopaedic department Benn Dius  
**S1.3-2** Ageism in the Nordic countries and Europe. Data from the European Social Survey  
Ivar Lima  
Norwegian Social Research  
**S1.3-3** Ageism vs. age coding: An examination of theoretical frameworks and analytical scopes  
Associated Professor Clare Krekula  
Karlstad University  
**S1.3-4** Ageism, a multi-dimensional concept  
MD Leiv Otto Watne  
Oslo University Hospital  
MD, PhD student: Roanna I Hall, MD, PhD student: Bjørn Erik Neerland, Professor MD, PhD Johan Ræder, MD, PhD Frode Frihagen, Professor, PhD Espen Mølmen, Professor MD, PhD Alasdair M MacLullich, Professor MD, PhD Torger Bruun Wyller, MD, PhD Vibeke Juleide  
**S1.3-5** Ageism and discourse, the case of the category of older drivers  
PhD Satu Heikkinen  
Linköping University  
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MD Maria Nustro  
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### Symposium Session 1.4 - Constructing age-friendly communities: Comparative perspectives

**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  
Jennife Liidje, Bernadette Bartlam, Miriam Bernard, Julia Sim  
**S1.4-3** Activity as disciplining and gifting - The 'in common' of communities of active aging  
Ph.D. Ask Juel Larsen  
University of Copenhagen  
**S1.4-4** Feelings of Safety in Old Age: Evidence from the City of Brussels  
Professor, Dr. Liebeth De Donder  
Vrije Universiteit Brussel  
Nic De Witte, Sarah Dury, PhD researcher Tine Bufl, An-Sofie Smet, Janine Mariart  

### Symposium Session 1.5 - Ageism - concepts and empirical results

**Chair:** Per Erik Solem  
**S1.5-1** Ageism, a multi-dimensional concept  
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Aarhus University  
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Professor, Dr. Liebeth De Donder  
Vrije Universiteit Brussel  
Nic De Witte, Sarah Dury, PhD researcher Tine Bufl, An-Sofie Smet, Janine Mariart
13:45-15:15 Symposium Session 1.6 - The ethnic/migration lens: Expanding the gerontological imagination Room 12

Chair: Sandra Torres

S1.6-1 Not (just) ‘old’: Identity, migration, 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

S1.6-3 Transnational relationships in old age
PhD Candidate Sari J. Heikkinen
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 Marith Gullbekk 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

13:45-15:15 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
Bottun 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

S1.7-5 Understandings of social inequality in old age: how can the ethnic/ migration lens expand the gerontological imagination?
Professor Sandra Torres
Uppsala University

15:15-16:15 Geropsychology Scientific Meeting Room 16

Chair: Otmar Samuelsson

Q2.1-1 Clinical data in a new perspective; Cross sectional identification of the older acute medical patient in risk of readmission and death?
Dr. Henrik H Klaussen
Clinical Research Centre, Copenhagen University Hospital, Hvidovre Hospital

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O2.1-3 Via Senectutis
Dr. Henrik Klaussen
Clinical Research Centre, Copenhagen University Hospital, Hvidovre Hospital

16:15-17:30 Oral Session 2.1 - Geriatric patients II Plenum 8/10

Chair: Otmar Samuelsson

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17:00-17:15 Q2.1-4 On the Threshold - Older Persons’ Concerns Related to Hospital Discharge
Professor Tine Poulsen
School of Health Sciences

17:15-17:30 Q2.1-5 The Cumulated Ambulation Score for the evaluation of basic mobility in geriatric wards
Senior Researcher Morten Tange Kristensen
Department of Physiotherapy and Orthopaedic Surgery, Hvidovre University Hospital.

16:15-17:30 Oral Session 2.2 - Social and health care Plenum 9/11

Chair: Sigurður Sigurðarson

O2.2-1 Dilemmas in home nursing care and for elderly based on analysis of health care reform in Denmark
Ulla Skjær
University College Sealand

16:30-16:45 Q2.2-2 Support to elderly care nurses - developing a knowledge centre
Dr. Lena Ohlman
Dalarna University

16:45-17:00 Q2.2-3 Early Non-specific Signs and Symptoms of Infection in Nursing Home residents and the Clinical Decision Making Process: Perceptions of Nursing Assistants
RNT, PhD Martha Sund-Levander
Hoegland Hospital

Coffee break in the exhibition area - Poster Session I

15:15-16:15 All psychologists attending the congress are welcome

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Coffee break in the exhibition area - Poster Session I

15:15-16:15 All psychologists attending the congress are welcome
Oral Session 2.3 - Images of ageing
Chair: Myra Lewinter

17:00-17:15 O2.3-1 Constructions of age in variety of cultural contexts and the consequences for leading an ageing workforce
Professor Cordula Braedel-Kühner
Kardishochule International University
Constructions of age in various Moray Wallin

16:15-16:30 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. Kirsi Lumme-Sanot
University of Tampere

17:00-17:15 O2.3-4 Conceptions and tendencies of age discrimination among elderly people in Finland and Sweden
Fredrik Snellman
Umed University
PHD Mikael Nygård, PHD Susanne Jungenstam

17:15-17:30 O2.3-5 The politicization of age discrimination
Professor Cordula Braedel-Kühner
Abo Akademi University
PHD researcher Fredrik Snellman

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 Telt, BiostatisticianPHD Roy Mirsini Nilam, Statistician Andreas Henriksen, Professor Anette Hylen Ranhoff

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 Salm
Services for Elderly city of Helsinki
PHD Seja Muuseinen, Dr Marija Suominen, PHD Nina Savikko, Med. student Marijo Halttunen, MD, PHD Kaiu Pitkä

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 Kaiu Pitkä, MD, PHD Rejo Tīka, MD, PHD Tiina Strandberg

17:00-17:15 O2.4-4 Dental professionals’ identification of elderly patients at risk for cardiovascular diseases and high plasma glucose
Dr. Gøran Friman
Department of Dental Medicine, Karolinska Institute
Associate Professor Inger Wärth, 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 Kindsbekken Kjeldby
Norwegian University of Science and Technology
MPharm Gunvar S Fløene, MSc Solheig Ligaarden, Professor Per G Farup

Oral Session 2.5 - Inequality and health
Room 3/4
Chair: Charlotte Nilsson

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 Hovinen

16:30-16:45 O2.5-2 Social relations and mobility-related fatigue
Professor Britt Slagsvold
Aging Research Center
Dr. Linda Enroth, Dr. Benjamin Shaw

16:45-17:00 O2.5-3 Alcohol consumption among men and women.
Dr. Britt Slagsvold
NGVIA: 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. Ida Kindsbekken Kjeldby
Aging Research Center
Dr. Linda Enroth, Dr. Benjamin Shaw

17:15-17:30 O2.5-5 Perceived work-related stress in midlife predicts disability in old age
Dr. Britt Slagsvold
Aging Research Center
Professor Marja Jylhä

16:15-16:30 O2.6-1 Inner strength of older people in Finland and Sweden
Dr. Britt Slagsvold
Aging Research Center
Professor Marja Jylhä

16:30-16:45 O2.6-2 Older people's accounts of their mental well-being and resources
Suvi Fried
The Age Institute
PHD Line Manager Sirkka-Liisa Heimon, MSc, Coordinator Proff. 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 Arengi
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

**Oral Session 2.7 - Hip fracture I**  
Room 13

Chair: Timo Strandberg

16:15-16:30  
**O2.7-1** Will comprehensive geriatric work-up during the index stay improve mobility at 4 months in hip fracture patients?  
Professor Olav Saltvedt  
Norwegian University of Science and Technology  
Anders Prestmo, Permyk Thingstad, Kristin Taraldsen, Lars Gunnar Johnsen, Jarun L Heibostad, Ingrid Saltvedt

16:30-16:45  
**O2.7-2** Rehabilitation to Elderly Patients with new Hip  
Dr. Britta Hordam  
University College

16:45-17:00  
**O2.7-3** Progressive strength exercise is feasible and seems very effective when commenced shortly after hip fracture surgery  
Physiotherapist Jan Overgaard  
Team Rehabilitation, Loeland Community  
P.h.d., Senior Researcher Morten Tange Kristensen

17:00-17:15  
**O2.7-4** Changes in quality of life among older patients one year after hip fracture  
Associate professor Else Vengnes Grue  
Diakonhjemmet University College, Department of Nursing and Health

18:00-20:00  
Welcome reception at the City Hall of Copenhagen

**Symposium Session 2.1 - Policy, research and practice in the care of elderly people with complex health problems and severe needs - highlights from an ongoing national evaluation study in Sweden**  
Plenum 8/10

Chair: Lennarth Johansson and Mats Thorslund

**S2.1-1** Providing eldercare to people with complex health problems and severe needs - highlights from an ongoing national evaluation study in Sweden  
Senior Researcher Lennarth Johansson  
Aging Research Center  
PhD Mats Thorslund

**S2.1-2** The care of frail older people in Iceland  
Associate professor Sigurgeir H. Sigurbardottir  
University of Iceland

**S2.1-3** Policy, practice and research in the services for frail elderly people in Finland  
Professor Eigil Boll Hansen  
AKF, Danish Institute of Governmental Research

**S2.1-4** Policy, research and practice in the services for frail elderly people in Finland  
MD, PhD Matti Mäkelä  
National Institute for Health and Welfare  
MD, PhD Harriet Finne-Soveri, PhD. Anja Noro

**S2.1-5** The coordination reform° in Norway - a step forward or backward for the elderly patient?  
Professor Tor Inge Romøren  
Gjøvik University College

**Symposium Session 2.2 - Provision of assistive technology to support cognitive functioning in persons with dementia, and to reduce the care burden for family carers**  
Plenum 9/11

Chair: Torhild Holthe

**S2.2-1** The importance of Nordic collaboration in the area of dementia and welfare technology  
Occupational Therapist and Project Coordinator Ingrid Månsson  
The Norwegian Centre for Research, Education and Service Development

**S2.2-2** Successful use and provision of Assistive Technology (AT) for persons with dementia - Results from a Nordic research project  
Occupational Therapist MSc Astrid Andersen  
The Norwegian Centre for Research, Education and Service Development

**S2.2-3** A dilemma in using GPS solutions for localisation of people with dementia  
BSc E.E. Henrik Svensson  
The Norwegian Centre for Research, Education and Service Development

**S2.2-4** Assistive technology (AT) to support younger people with dementia and their family carers in everyday living: Dilemmas and challenges  
Occupational Therapist MSc Torhild Holthe  
The Norwegian Centre for Research, Education and Service Development

**S2.2-5** People living with dementia and use of technology: ethical aspects  
PhD Päivi Topo  
University of Jyväskylä

**S2.2-6** 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  
Occupational Therapist MSc Lilly Jensen  
The Norwegian Centre for Research, Education and Service Development

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**Welcome reception at the City Hall of Copenhagen**
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 Aa Run.
NISAL 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 Saarinenheim
The Central union for the welfare of the aged

S2.4-2 Nursing home residents' relationship with nature - past and present
MPhil, PhD Eva Aigrten-Petersen
Municipality of Copenhagen

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

S2.4-4 36.500+ days - everyday life of centenarians
PhD Christine E. Swane
BVG 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 Marie 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
Diaconia University of Applied Sciences
DrPol.Sc. Aija Kettunen, Research Professor Iamo Linnomaa

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
Haraldsplass 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, l Thorodds

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 Kildemoes
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
Oslo University Hospital, Department of Geriatric medicine
Prof Torger Bruun Wyller, Prof Espen Mølden, Prof Knut Engedal
10:30-11:30 Oral Session 4.2 - Professional care workers  

Room 9/11

Chair: Hanne Marlene Dahl

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

Dr. Prito Tikkakinen  

JAMK University of Applied Sciences  

Dr. San Teet, Ms. Shirh-Lisa Kattunnen

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

Dr. Margarida Pinto  

Escola Superior de Saúde da Universidade de Aveiro  

Prof. Dr. Darrelle Figueredo, Prof. Dr. Aida Marques, Dr. Vânia Rocha, Prof. Dr. Liliana Sousa

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

Dr. Michael Bird  

OSSDC, Bangor University  

Professor Anna-Karin Edberg, Dr. Karina Anderson, Ms. Annalí Ornung-Wallin

10:30-11:30 Oral Session 4.3 - Death and dying  

Room 1

Chair: Peter Öberg

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

Trygve Johannes Sævareid  

Diakonhjemmet hospital  

Prof. Susan Balandin

10:50-11:10 O4.3-2 Pain management in dying hospitalized patients: A comparison of the young old and the oldest old patients  

Dr. Margit Sandal  

Diakonhjemmet University College, Institute of Nursing and Health  

RN, PhD Student Simen A. Sandal

11:10-11:30 O4.3-3 Existential issues in palliative care. Experiences of assistant nurses  

Dr. Elizabeth Ahsberg  

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: Gertrud Sundström

10:30:10-10:50 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 elUP website  

Lisa Low  

The Chinese University of Hong Kong  

Man-Im Wong, Chi-Fung Ling, King-fong 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 Sigurdad, Resluin Ingebritsen

11:10-11:30 O4.4-3 Does Policy reflect Reality: Australian attitudes to the provision of formal and informal care  

Dr. Suzanne Hodgkin  

La Trobe University

10:30-11:30 Oral Session 4.5 - Depression  

Room 3/4

Chair: Hanne Pedersen

10:30:10-10:50 O4.5-1 Depressive symptoms among older people: A 15-year follow-up  

Sini Eliaranta  

The Age Institute, HelsinkiFinland  

PhD, Adjunct Professor Seija Aune, PhD Sini Eliaranta, PhD Suvi Rovio, MSc, Statistician Hannu Isokoski, M.D., Professor Matti Väisty, M.D., Professor Aapo Lehtonen

10:50-11:10 O4.5-2 A randomized controlled trial of a senior centre group programme for increasing social support and preventing depression in elderly people living at home in Norway  

Associate Professor Hege Been  

Diakonhjemmet University College, Department of Nursing and Health  

Hege Been, Professor emeritus Odd Steffen Dalgaard, Associate Professor Rune Johansen, Professor Erik Nord

11:10-11:30 O4.5-3 The association of mid-life physical activity with late-life depressive symptoms  

Dr. Milan Gudjonsson  

Landspitali University Hospital, Gerontological Research Institute  

Dr. Michael Bird
Oral Session 5.1 - Dementia care I

Chair: Elizabeth Rostgaard

11:15-12:15

11:15-11:30  O4.7-4 Examples of everyday rehabilitation – from a theoretical perspective
Anette Mahrs-Elfringh
Linköping University, National Institute for the Study of Ageing and Later Life

11:45-12:45  Oral Session 5.1 - Dementia care I  Plenum B/10

11:45-12:00  O5.1-2 People with dementia and the National Gallery of Australia
Dr. Michael Bird
QSRC, Bangor University
Annalese Blair, Dr. Sarah MacPherson, Dr. Katrina Anderson

12:00-12:15  O5.1-3 The importance of sensory garden and therapeutic horticulture in dementia care: A scoping review
Dr. Marianne Thorsen Gonzalez
University of Oslo, Institute of Health and Society

12:15-12:30  O5.1-4 Physical activity for people with dementia
Anders Møller Jensen
VIDU / VIA University College

12:45-13:00  O5.1-5 The role of social networks on elderly caregivers’ wellbeing: a European cross-country approach
Lic.Soc.Sc Åsa Rosengren
Finland and Estonia

13:00-14:30  Break

14:30-15:15  O5.1-6 Co-residential parental care-giving
Chair: Anneli Sarvimäki

15:15-15:30  O5.1-7 The Development of an ICT-based Transgenerational Learning Environment in Higher Health Care Education
Professor Antonio Fonseca
Universidade Católica Portuguesa

15:30-16:15  O5.1-8 The role of social networks on elderly caregivers’ wellbeing: a European cross-country approach
Lic.Soc.Sc Åsa Rosengren
Finland and Estonia

16:15-17:00  Room 2

17:00-18:00  Room 3

18:00-20:00  Room 4

Oral Session 5.2 - Quality of home care services

Chair: Tine Rostgaard

11:45-12:45  Oral Session 5.2 - Quality of home care services  Plenum 9/11

11:45-12:00  O5.2-1 The exhausting dilemmas faced by home care service providers when enhancing participation among older adults receiving home care.
Dr. Kjersti Vik
St-Enånegård University College
Professor Ane Herring Eide

12:00-12:15  O5.2-2 Mapping systematic reviews in elderly care
Dr. Gunilla Fabström
Swedish National Board of Health and Welfare
Programme officer Emelie Engvall, Programme officer Marie Nyström, Associate professor Gunnar Bergström, Dr Jenny Rahne

12:15-12:30  O5.2-3 Taking home care services into everyday life
PhD Student, Social Educator Aud-Eline Wilse
Sør-Trøndelag University College
Dr. Occupational Therapist Kjersti Vik

12:30-12:45  O5.2-4 Care satisfaction among older people receiving public care and service, at home or in special accommodation
PhD, Senior Lecturer Staffan Karlsson
Lund University
Professor Anna-Karin Edberg, Associate Professor Ulf Jakobsson, Professor Ingmar Rahn Halberg

11:45-12:25  O5.3-1 The Development of an ICT-based Transgenerational Learning Environment in Higher Health Care Education
Professor António Fonseca
Universidade Católica Portuguesa

12:25-13:15  O5.3-2 Four levels of complexity in reasoning among adults
Dr. Sofia Kjellerström
Institute of Gerontology, School of Health Science, Jönköping University
PhD Sara Nova Ross

13:15-14:00  Room 2

14:00-14:45  Room 3

14:45-15:30  Room 4

Oral Session 5.3 - Lifelong learning

Chair: Britt Slagsvold

11:45-12:45  Oral Session 5.3 - Lifelong learning  Room 1

11:45-12:05  O5.3-1 The Development of an ICT-based Transgenerational Learning Environment in Higher Health Care Education
Professor António Fonseca
Universidade Católica Portuguesa

12:05-12:25  O5.3-2 Four levels of complexity in reasoning among adults
Dr. Sofia Kjellerström
Institute of Gerontology, School of Health Science, Jönköping University
PhD Sara Nova Ross

12:25-13:15  O5.3-3 Intergenerational Interaction and Learning
Professor Annette Eikmann
University College Zealand

13:15-14:00  Room 2

14:00-14:45  Room 3

14:45-15:30  Room 4

Oral Session 5.4 - Informal caregiving II

Chair: Anneli Sarvimäki

11:45-12:25  O5.4-1 Co-residential parental care-giving
Dr. Anu Leinonen
Jyväskylä University

12:25-13:15  O5.4-2 Caregiving situation and quality of life of older family carers: A comparative study on family care in Finland and Estonia
Lic.Soc.Sc Åsa Rosengren
Arcadia, University of Applied Sciences

13:15-14:00  Room 2

14:00-14:45  Room 3

14:45-15:30  Room 4

Oral Session 5.5 - Preventive home visits

Chair: Britt Slagsvold

11:45-12:25  O5.5-1 The Development of an ICT-based Transgenerational Learning Environment in Higher Health Care Education
Professor António Fonseca
Universidade Católica Portuguesa

12:25-13:15  O5.5-2 Are acceptance rates of a national preventive home visit programme for older people socially imbalanced?
Dr. Yukari Yamada
Sahlgrenska akademin, University of Gothenburg

13:15-14:00  Room 2

14:00-14:45  Room 3

14:45-15:30  Room 4

Oral Session 5.6 - Preventive home visits

Chair: Kirsten Avlund

11:45-12:25  O5.6-1 Health-Promoting Interventions for Persons Aged 80 and Older are Successful in the Short Term
Susanne Gustafsson
Sahlgrenska akademi, University of Gothenburg

12:25-13:15  O5.6-2 Are acceptance rates of a national preventive home visit programme for older people socially imbalanced?
Dr. Yukari Yamada
Sahlgrenska akademi, University of Gothenburg

13:15-14:00  Room 2

14:00-14:45  Room 3

14:45-15:30  Room 4

Oral Session 5.7 - Preventive home visits

Chair: Kirsten Avlund

11:45-12:25  O5.7-1 Health-Promoting Interventions for Persons Aged 80 and Older are Successful in the Short Term
Susanne Gustafsson
Sahlgrenska akademi, University of Gothenburg

12:25-13:15  O5.7-2 Are acceptance rates of a national preventive home visit programme for older people socially imbalanced?
Dr. Yukari Yamada
Sahlgrenska akademi, University of Gothenburg

13:15-14:00  Room 2

14:00-14:45  Room 3

14:45-15:30  Room 4
11:45-12:45 Oral Session 5.6 - Physical exercise II

Chair: Nina Beyer

11:45:00 O5.6-1 Effects of Nintendo Wii training on mechanical leg muscle function and postural balance in older adults: a randomized placebo-controlled trial

Martin Gronbaech Jergensen
Department of Geriatrics, Aalborg Hospital
Uffe Laske, Canten Hendriksen, Ole Nielsen, Per Aagaard

11:50:00 O5.6-2 What factors influence physical activity of older women in retirement communities?

Gudfinna Bjornsdottir

12:00:00 O5.6-3 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.

Dr. Alfons Ramel
Unit for Nutrition Research
Dr Olaf Gansbott, MSc Ati Arnason, Dr Kristin Brim, Dr Alfons Ramel, Dr Palms Jonsson, Prof Inga Thordottir

12:15:00 O5.6-4 Exercise and physical fitness post stroke

Dr. Associate professor Birgitta Lindmark
Oslo University College
Professor Birgitta Lindmark

11:45-12:45 Oral Session 5.7 - Hip fracture II

Chair: Karen Andersen-Ranberg

11:45:00 O5.7-1 Balance confidence and functional balance are associated with physical disability after hip fracture

MSc Johanna Edgren
Gerontology Research Centre, Department of Health Sciences, University of Jyväskylä
MSc Anu Saipakoski, PhD Ari Heironen, PhD Taina Rantanen, MD, PhD Maun Kallinen, PhD Eija Portegijs, PhD Mikaela von Bonnorf, PhD Hanna Shvoren, PhD Sarianna Spilà

12:00:00 O5.7-2 Increased hip fracture risk in older persons using antidepressants

Dr. Marti Stordal Bakken
University of Bergen
MSc PhD Anders Engeland, MD PhD Lars B. Engesaeter, MD PhD Anette Hylen Ranhoft, MD PhD Steinar Hunskaas, MD PhD Sabine Rufus

12:15:00 O5.7-3 Activity-specific balance confidence as a proxy for mobility and balance in older people with a fall-related hip fracture

Dr. Eija Portegijs
Gerontology Research Center and Department of Health Sciences, University of Jyväskylä
MSc Johanna Edgren, MSc Anu Saipakoski, MD PhD Maun Kallinen, PhD Taina Rantanen, MD PhD Mariku Aken, MD PhD Bice Kuvarnt, PhD Hanna Shvoren, PhD Sarianna Spilà
14:00-14:15 14:00-14:15
Oral Session 6.3 - Home, housing & environment Room 1
Chair: Eigi Boll Hansen

14:00-14:20 14:00-14:20
O6.3-1 Retirement Villages: Residents and Non-Residents Perceptions of Environmental Control James Finn
University of Sydney

14:00-14:40 14:00-14:40
O6.3-2 Housing and moving decisions of older people in Finland Dr. Outi Jolanki
University of Jyväskylä
Ms. Susi Fred, Ms. San Heikkinen, Dr. Kirsi Lume-Santti

14:00-15:00 14:00-15:00
O6.3-3 The association between self-reported environmental barriers and habitual walking activity among older people Lu-Tang Tsai
University of Jyväskylä
PhD Merja Rantalakko, MSc Milla Saajanaho, MSc Johanna Eronen, PhD Eija Portegi, PhD Anne Vijlmen, PhD Taina Rantanen

14:00-15:00 14:00-15:00
Oral Session 6.4 - Nursing home residents Room 2
Chair: Eva Algren-Peterson

14:00-14:15 14:00-14:15
O6.4-1 A controlled trial of Snoozelen in a care home: Should we be talking to our residents more? Dr. Michael Bird
DSDC, Bangor University
Dr. Katrina Anderson, Dr. Sarah Macpherson, Ms. Annalea Blair

14:00-14:30 14:00-14:30
O6.4-2 Preventive conversations Jette Lynnerup
Betaniahemmet

14:00-14:45 14:00-14:45
O6.4-3 Comorbidity and poor physical functioning, but not cancer, predict mortality among nursing home residents without cognitive impairment: a five-year follow-up study Dr. Johunn Dragset
Nurse
Professor, statistician Geri Eigi Eide, Professor, MD Anette Hylen Ranhoff

14:00-14:50 14:00-14:50
O6.4-4 Physical and daily activities for residents in Nordic nursing home settings - a randomized, controlled trial. Results after three months of intervention. Dr. Kerstin Frändin
Karolinska Institutet
Doctoral student Helena Grönstedt, Professor Astrid Bergland, Doctor Jurunn Helbstad, Doctor Lis Puggaard, Doctor Mette Andresen, Doctor Karin Helliström

14:00-15:00 14:00-15:00
Oral Session 6.5 - Oldest old Room 3/4
Chair: Bernard Jeune

14:00-14:15 14:00-14:15
O6.5-1 The health of the oldest old in Sweden deteriorated between 1992 and 2002 - Is it better or worse in 2015? Dr. Carin Lennartsdot
Aging Research Center
Dr Ingemar Krämer, Dr Marti G-Parker, Professor Mats Thorslund

14:00-14:30 14:00-14:30
O6.5-2 Predictors of nine-year mortality in nonagenarians: The Vitality 90+ Study Dr. Kristina Tiainen
Gerontology Research Center and School of Health Sciences, University of Tampere
MSc Tina Luukkanen, MD, PhD Antti Hervonen, MD, PhD Marja Jylhä

14:00-14:15 14:00-14:15
Oral Session 6.6 - Physical capacity in later life Room 12
Chair: Anette Ekman

14:00-14:15 14:00-14:15
O6.6-1 Midlife physical activity is associated with lower extremity function in late life Dr. Milan Gudjonsson
Landspitali University Hospital, Gerontological Research Institute
MD Jon Skúladóttir Björnsdóttir, MD Íbjörn Einarsdóttir, PhD Jane S. Saezynski, MPH Melissa Garcia, PhD Thor Aspelund, MD Kristine Sigurðsdóttir, MD Vilmundur Gudnason, PhD Lennore L. Launer, MD Tanara B. Harris, MD Palv V. Jonsson

14:00-14:45 14:00-14:45
O6.6-2 Associations of anemia and physical function in Georgia Centenarians Dr. Dorothy Hausman
Georgia Centenarian Study
Ms. Alyson Haslam, Dr. Adam Davey, Dr. M. Elaine Cress, Dr. Mary Ann Johnson, Dr. Leonard Poen, for the Georgia Centenarian Study

14:00-14:50 14:00-14:50
O6.6-3 Low-Grade Chronic Inflammation and Superoxide Anion Production by NADPH Oxidase are the Main Determinants of Physical Frailty in Older Adults Dr. Gregory Baptist
Gerontology Center, University Hospital of Montpellier, France
Dr-Anne-Marie Dupuy, Dr Richard Durant, Pr Jean-Paul Cristol, Pr Claude Jeandel

14:00-14:55 14:00-14:55
O6.6-4 Accumulation of disparity in physical activity in old age MSc Johanna Eronen
University of Jyväskylä
PhD Mikaela von Bonsdorff, PhD Merja Rantalakko, Professor Taina Rantanen

14:00-15:00 14:00-15:00
Oral Session 6.7 - Social life and participation Room 13
Chair: Mette Andresen

14:00-14:15 14:00-14:15
O6.7-1 Never too late to learn Dr. Svetlana Aslanyan
Åbo Akademi University
PhD, university lecturer Mikael Nygård

14:00-14:45 14:00-14:45
O6.7-2 Does social capital enhance political participation of older adults? Dr. Svetlana Aslanyan
Åbo Akademi University
PhD, university lecturer Mikael Nygård

14:00-14:50 14:00-14:50
O6.7-3 The impact of new intimate relationships in later life on social and filial relationships Dr. Dorothy Hausman
Georgia Centenarian Study
Ms. Alyson Haslam, Dr. Adam Davey, Dr. M. Elaine Cress, Dr. Mary Ann Johnson, Dr. Leonard Poen, for the Georgia Centenarian Study
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<td>16:00-17:30</td>
<td>Oral Session 7.1 - Social life</td>
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<td>Chair: Anna Svenskog</td>
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<td>16:00-16:15</td>
<td>OT.1-1 Time as a structuring condition behind new intimate relationships in later life</td>
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<td>Dr Peter Öberg</td>
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<td>16:15-16:30</td>
<td>OT.1-2 Ageing-in-place - older people’s housing problems and social contacts</td>
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<td>16:30-16:45</td>
<td>OT.1-3 Old, inactive and happy: can a socially unproductive ageing be a successful one?</td>
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<td>Exploring the protective effect of fulfilling marital relationships in inactive 50 plus.</td>
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<td>Prof. Alice Delin, Matos, Fátima Barbosa, prof. José Machado, Victor Terça Rodrigues, Daniela Craveiro</td>
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<td>16:45-17:00</td>
<td>OT.1-4 How do different dimensions of social relations fulfill social needs in older people?</td>
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<td>Katja Pyrönén</td>
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<td>Timo Törämäkangas, Tania Kanten, Tinja-Mari Lyysa</td>
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<td>17:00-17:15</td>
<td>OT.1-5 Life as theatre: older transgender persons’ experiences of ageing and gender identity</td>
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<td>Anna Svenskog</td>
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<td>Symposium Session 3.1 - Dementia diagnostics in memory clinics in the Nordic and Baltic countries</td>
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<td>Symposium Session 3.2 - Critical perspectives in need assessment practice(s) in elderly care</td>
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<td>Symposium Session 3.3 - Evaluation of orthogeriatric services in Nordic and Baltic countries</td>
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### Session 3.2 - Local guidelines for need assessment for elderly care in Sweden: a matter of equality in welfare provision

**Postdoctoral Research Fellow David Feltenius**

**Umeå University**

### Session 3.3 - Home care allocation in Norway. Negotiation and distribution of responsibilities

**Research Fellow PhD Student Helene Aass**

**NOVA - Norwegian Social Research**

**Research Director Mia Vibe**

### Session 3.4 - Requests and outcomes in care management. Processing older persons as clients in elderly care

**PhD Assistant Professor Anna Olaison**

**Linköping University**

### Session 3.5 - 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**

### Session 3.6 - Comprehensive Geriatric Assessment including the Delirium-Check-list in patients suffering hip fractures

**Professor Yngve Gustafsson**

**Umeå University**

### Session 3.7 - Implementation of geriatric care in fracture patients

**Dr. Helgi Kolk**

**Turku University Hospital**

### Session 3.8 - 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**

### Session 3.9 - Characteristics of patients and care pathways in an orthogeriatric unit. Results from a patient database with 2000 patients

**Professor MD Anette Hylen Ranhoff**

**Diakonhjemmet hospital**

**Nurse Mette Martinsen, Ludwig F. Solheim**

### Session 3.10 - 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 Lindhard
Copenhagen University Hospital, Herlev

S3.4-4 Family care and grandmotherhood in the welfare state
MAi, Ph.D. Anne Leonora Blaakkilde
University of Copenhagen

S3.4-5 Older Caregivers receiving and providing help.
Associate Professor Sigurveig H. Sigurdardottir
University of Iceland
Senior Lecturer Marie Ernsth Bravell, Associate Professor Sigurveig H. Sigurdardottir, Senior Lecturer Marie Ernsth 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 Drefahl
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 Parker, Professor Johan Fastbom, PhD Mats Thorslund, Associate Professor Kristina Johnell

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
Syddansk 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 K Koistti, PhD Marja Jylhä

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

S3.6-4 Fatigue and cardiovascular health: A study on aging Danish twins
MScAnette 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 Thorgaard, PhD Masayuki Kimura, MD Abraham Aviv, MD, PhD, DMSc Kaare Christensen, DMSc Merete Øvel, DMSc Kirsten Avlund

19:00 Conference Dinner in Odd Fellow Pala
K1 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

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 postpone-ment 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-differ-ence 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
Glistrup 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. Expensive 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-osteoporotic osteoporosis treatments in the old? Fragility fractures in men constitute a major worldwide public health problem with a lifetime risk of 13%. 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 the efficacy of osteoporosis treatment in men? The effects of increasing age, dosage and duration of treatment might influence treatment effect. PTI treatment alone seems to be able to improve bone mineral density significantly. However, what happens with increasing age, dosage and length of treatment? Several dilemmas in the ageing bone remain.

SA2 Clothing and the embodiment of age: Why do clothes matter?

Professor Julia Twigg
University ofKent

Clothing - particularly when presented under the guise of fashion can seem lightweight sort of topic, not deserving serious academic analysis, especially in the context of old age where frailty and decline can seem to present both society and individuals with more pressing issues. But in this paper I will argue that clothing and dress are in fact highly relevant to the analysis of age, and that they interact with some of the key issues of gerontology, in particular ones relating to the body and its cultural expression. Dress allows us to explore these, looking at the complex ways in which ageing is both bodily and a cultural phenomenon. Clothes are also part of how social difference is made manifest. Though we are accustomed to this in relation to forms of social difference like class and gender, it is true of age also. Exploring the ways clothes are age ordered thus allows us to interrogate age as a form of identity and a social category. It also allows us to examine arguments about change, particularly though the debate on the reconstruction of ageing and the potential role of consumption culture in this.

SA3 Dilemmas in behaviour and physical activity in a gender perspective

Professor Roger A. Fielding
Friedman School of Nutrition Science and PolicyTufts 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

Professor Virgin 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 are the feasible modes of care. While the share of older adults who are unmarried (more common in cohabitations, and widowed) 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 cares are 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 number of children, 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 cars). 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 demand 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 are 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) policymakers 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 redoubled efforts on the part of the gerontological research community, ideally within an inter-disciplinary context where social, economic, health and systemic factors are taken into account.

SA5 Social inequality in ageing

Professor Mats Thorslund
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 socio-economic 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 first hand experiences in utero and during 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 indicators of 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

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 Bureau and Tine Rostgaard

S1.1-1 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, LIVINDOMES, and provides an empirical overview of drivers of changes and responses in the organisation, provision, regulation and quality of homecare, 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.

S1.1-2 11-06-2012, 13:45-15:15, Plenum B/10

Developments of home care policies in Ireland

Associate professor/CISW Virpi 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 substantive terms encompass elements of control and flexibility, and this has led to substantial changes in terms of the organisation and governance of long-term care. In Ireland, the absence of rethinking does not necessarily equal an absence of substantial change. Against this background, the aim of the paper is to investigate whether there has been a substantial change in long-term care for the elderly in Denmark in the period 1994-2007, and if so, to identify the characteristics of this change. To this end, the paper focuses on changes related to existing institutions and also examines the policy processes leading to the changes concerned. The analysis demonstrates that substantial change has occurred, notably through restructuring. More specifically, long-term care policies since the 1990s have included elements of both control-standardisation and flexibility/choice and this has led to substantial changes in terms of the organisation of long-term care. In procedural terms, reforms represent a form of gradual transformation based on layering, whereby new elements are attached to existing institutions which gradually change as a result. The analysis draws on in-depth case studies of two reforms that in substantive terms encompass elements of control and flexibility, and which in procedural terms point to legislative and non-legislative forms of gradual transformation.

S1.1-3 11-06-2012, 13:45-15:15, Plenum B/10

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

Professor Costanzo Ranci
Polytechnic of Milan

Co-author: Associate Professor Emmanuele Pavolini
University of Alabanza

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 some others; how can we explain these differences?

*Is there really a convergence in the new forms of regulation of LTC European countries? What role has been played by the State, at the national, regional and local level? How have market mechanisms and recognition of informal 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 reforms, both on the care system (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 to the Central Eastern European family, the case of Rumania has been considered.

S1.1-4 11-06-2012, 13:45-15:15, Plenum B/10

Reforming old age care in Denmark – understanding policy processes

Dr Viola Bureau
University of Aarhus
Co-author: Professor Dr Harne Marlene Dahl
Roskilde University

From a comparative perspective reforms of old age care in Denmark are an interesting case: although Denmark like most of OECD has been exposed to New Public Management reforms understood as a drive for a retreat of the state, cost containment and consumerism, long-term care policies have not been characterized by retrenchment. At the same time, the absence of retrenchment does not necessarily equal an absence of substantial change. Against this background, the aim of the paper is to investigate whether there has been a substantial change in long-term care for the elderly in Denmark in the period 1994-2007, and if so, to identify the characteristics of this change. To this end, the paper focuses on how changes related to existing institutions and also examines the policy processes leading to the changes concerned. The analysis demonstrates that substantial change has occurred, notably through restructuring. More specifically, long-term care policies since the 1990s have included elements of both control-standardisation and flexibility/choice and this has lead to substantial changes in terms of the organisation of long-term care. In procedural terms, reforms represent a form of gradual transformation based on layering, whereby new elements are attached to existing institutions which gradually change as a result. The analysis draws on in-depth case studies of two reforms that in substantive terms encompass elements of control and flexibility, and which in procedural terms point to legislative and non-legislative forms of gradual transformation.

S1.2 Assessment, evaluation and experience of function, physical activity and exercise: A challenge in ageing and different contexts

Chair: Astrid Bergland and Birgitta Langhammer

S1.2-1 11-06-2012, 13:45-15:15, Plenum 9/11

Applicability and Effects of Physical Exercise among Older People With Dementia in Residential Care Facilities

PhD Erik Rosendahl
Umeå University
Co-authors: PhD Håkan Littbrand, PhD Michael Stenwall

There is a need for exercise studies of high methodological quality among people with dementia in residential care facilities. A recent paper (Am J Phys Med Rehabil 2011; 90:495-518) systematically reviewed the applicability, attendance, achieved intensity, adverse events and effects of physical exercise as a single intervention on physical functions, cognitive functions, and activities of daily living (ADL) among people with dementia. Eight of the ten studies included were performed in residential care facilities. The majority of these studies were assessed as having low methodological quality. The review concluded that it seems important that the interventions last for at least a few months and that the exercises are task-specific and are intended to challenge the individual’s physical capacity. Combined functional weight-bearing exercise seems applicable for use and there is some evidence that this type of exercise improves walking performance and reduces the decline in activities of daily living among older people with Alzheimer disease in residential care facilities. The effect of physical exercise on cognitive functions among people with dementia remains unclear because studies evaluating this have either been of low methodological quality or used an intervention of presumably insufficient intensity. That functional weight-bearing exercise programs seem to be a promising method for influencing overall ADL performance is strengthened by a subgroup analysis of 100 participants with dementia in a randomized controlled trial (the FOPANU Study) of a high-intensity functional weight-bearing exercise program in residential care facilities.

An ongoing randomized controlled trial (the UMEDEX Study) among 186 participants with dementia in residential care facilities, the primary aim is to evaluate the effect of a high-intensity functional weight-bearing exercise program on dependence in personal ADL. The effect on cognitive functions will also be evaluated.

S1.2-2 11-06-2012, 13:45-15:15, Plenum 9/11

Dementia in Residential Care Facilities

Dr Viola Bureau
University of Aarhus
Co-author: Professor Dr Harne Marlene Dahl
Roskilde University

The main reasons for the lack of standards and entitlement rules. The key factors that inhibited the development of a policy framework to govern homecare services were (1) weak governance structures in health services and decision-making at national level based on short-term political gain; (2) Ireland’s adherence to the liberal welfare state model and concern about uncontrollable care costs in the face of population ageing; (3) 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.
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%, 39%, 40%, walking speed; 31%, 40%, 42% respectively). All improved their balance (10%, 31%, 41% respectively) and all three had increased strength of lower limbs (knee extension strength; 40%, walking speed; 37%, 40%, 42% respectively). All improved their balance (10%, 31%, 41% respectively) and all three had observed functional decline during the last years. These findings are consistent with previous studies and present a possible way to treat the balance and strength deficits in daily life in an elderly population.

Conclusion: Results cannot be evaluated properly. The reliability and validity of clinical walking speed measurements in elderly people: a systematic review
PhD Elisabeth Rydlew
Karolinska Institutet

Objectives: Walking speed is a highly valid test, both at habitual speed and maximum speed. Few studies gave information about the reliability and validity 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 has 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 Brovold
Oslo and Akershus University College

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 ESS, 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.
1.3 Better care for fragility fracture

Chair: Anette Hylen Rahhoff

1.3.1 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
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Polymer chemist, cand scient Sune Lund Sparring
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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 haemorrhato, pulmonary. The hip protector was invented and introduced as hard shells sewn into undergarment and aimed at preventing of femoral nerve catheter in patients suspected for hip fracture. The pilot serie in three patients showed initially good outcome and 1-year mortality in home-dwellers of femoral nerve catheter in patients suspected for hip fracture. One year and surgery for osteoarthritis is performed in 7.500 patients of which some may suffer sequel to a former hip fracture. The new program showed a reduction in overall complication rate from 33 to 20 %, and one year mortality in home-dwellers of femoral nerve catheter in patients suspected for hip fracture. Our comprehensive hip fracture program includes insertion of HMWPE cups replaced worn out cartilage in osteoarthritic joints. 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:
1980 patients (76% females), included 457 (24%) 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 35% 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 need of blood transfusions (25%), delirium (21%) and UTI (18%). Surgical post-operative infections are rare (3%), however often need of blood transfusions (25%), delirium (21%) and UTI (18%).

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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 anesthesia. Anticholinergic activity in serum and cerebrospinal fluid (CSF) was determined by a muncarinc 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> 3.44) - 71/142 patients (50%) were delirious at admission or 30-days post-op) and the IQCODE. Cerebrospinal fluid (CSF) was collected at onset of spinal anesthesia. Anticholinergic activity in serum and cerebrospinal fluid (CSF) was determined by a muncarinc radio receptor bioassay. Mann-Whitney U tests were used for group comparisons.

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Research question: To determine whether higher AA in CSF is associated with delirium. Anticholinergic activity is a risk factor for delirium, but whether the intracerebral anticholinergic activity is increased remains to be studied.

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Results: The mean age was 82 years, 73.2% were women, and 57/142 (40.1%) had chronic cognitive impairment (IQCODE> 3.44) - 71/142 patients (50%) 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 [0.39 pmol/mL vs. 0.40 pmol/mL, p=0.78] or serum (4.28 pmol/L vs. 4.20 pmol/L, p=0.20).

Conclusions: This is the first study of 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.
1.4 Constructing age-friendly communities: Comparative perspectives

Chair: Chris Phillipson

Building Age-Friendly Communities in Urban Environments: Theoretical and Policy Issues

Professor Chris Phillipson
Keele University

This presentation will focus on outlining both the case for ‘age-friendly communities’ and the strategies which need to be adopted to promote strong ties within neighbourhoods. The paper will give particular emphasis to issues facing urban areas, these experiencing both population ageing and the rapid changes arising from globalisation and migration. The paper will draw upon strategy documents from bodies such as the World Health Organization and the European Union as well as findings from research conducted in Europe and the USA concerning the impact of urban environments on the quality of life of older people. The discussion will, first, provide a summary of the case for age-friendly cities; second, assess what is known from research examining the planning of urban space which can enhance social and cultural connections; third, assess the benefits as well as the barriers to achieving strong connections within communities; finally, outline the basis of a strategy for securing age-friendly communities within urban societies.

Purpose-built retirement communities as age-friendly environments? Evidence from England

Professor Thomas Scharf
National University of Ireland Galway

This paper seeks to contribute to emerging conceptual debates around age-friendly environments, providing evidence relating to the relative age-friendliness of a specific type of environmen- tal setting. Its focus is on exploring purpose-built retirement communities as environments that might be assumed to be age-friendly by design. While such communities have emerged 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 un- derstanding 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 (LARIC), conducted in a community in England, to explore age-friendliness in a more comprehensive way. LARIC 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 im- plications 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.
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 multidimensional 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 Kerekula
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 transitions 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 22-61. Based on the material, I will argue that age based inequality can be particularly 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 Heikkinen
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 drivers’ is a category which has been claimed to be stigmatized and subject to ageist practices. However, little research has been made on analysing ageism in relation to ‘older drivers’ which means that the mechanisms behind 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 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 personable 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 tend 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, migration, 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 migrant-ships (i.e. ethnic othersness 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.
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-appropriateness, 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 argues that it is possible to discuss culture-appropriateness as an issue that only concerns immigrants as care recipients! What assumptions underlie this focus and the corresponding exclusion of other elderly care actors? The presentation aims namely to problematize the way in which ethnicity and culture seems to be understood in the public debate and why older migrants sustain their transnational relationships. 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.

Transnational relationships in old age

PhD Candidate Sanj J. Heikkiläinen
University of Tampere
Co-author:
Researcher Kirsi Lumme-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 relations 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 migrantshelp 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.
analyses were performed in advance for this presentation.

*These results refer to Eriksson et al. (2011), published in Social
potentially benefit men in this matter. A neighbourhood-relat
health for men and women, to understand if health effects of
and measuring “average” contextual effects on health might
remained statistically significant when using the
(ADL), instrumental activities of daily living (IADL), and
relations among 5 social capital indicators (trust, neighbors help,
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
(AIDL), 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.

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.

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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.

S2.1-1 12-06-2012, 08:30-10:00, Plenum B/10

The care of frail older people in Iceland

Associate professor Sigurgeir H. Sigurðardóttir
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 increase the possibility to enjoy a normal domestic life as long as possible. The coordination reform has been 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 483 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 analyse experiences from the first stage of its implementation.

S2.1-2 12-06-2012, 08:30-10:00, Plenum B/10

Policy, research and practice in the services for frail elderly people in Finland

MD, Matti Mäkelä
National Institute for Health and Welfare

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 LTC and HC indicate room for policy alternatives.

S2.1-3 12-06-2012, 08:30-10:00, Plenum B/10

Policy, practice and research in Denmark on care for older people with complex problems

Professor Eigil Boll Hansen
A4S, Danish Institute of Governmental Research

The provision of care for 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 outline 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 coordination 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 B/10

M, PhD Matti Mäkelä
National Institute for Health and Welfare

Co-authors: MD, PhD Hannes Finne-Soronen
PhD Anja Nora

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 LTC and HC indicate room for policy alternatives.

S2.1-5 12-06-2012, 08:30-10:00, Plenum B/10

The coordination reform* in Norway - a step forward or backward for the elderly patient?

Professor Tor Inge Romøren
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 483 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 analyse experiences from the first stage of its implementation.

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

Ocational Therapist, Project Coordinator Ingele 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, which also the Nordic countries could benefit through more extensive cooperation.

In a previous project called “Technology and Dementia in the Nordic countries” a model for such knowledge exchange was developed. That was the first project where all the five countries (Iceland, Norway, Finland, Denmark and Sweden) collaborated to carry out a project investigating successful use of new assistive technologies by people with dementia and their family carers. This project proved that it was possible to work together across the borders, to learn from each other and to utilize the common results in each country, after the end of the project. The project demonstrated that assistive technologies have potential to support people with dementia and their family carers. Persons with dementia and their families who participated in the project described the use of assistive technology in many different ways. Different products supported the users in different situations and many times a day. And, one product may be used differently by the persons with dementia; for example a memory clock was used by one to check the time of day, hearing a voice telling the time. Another used the same clock to remind her about her appointments, by switching on the clock to show the time of day, hearing a voice telling the time. Another used the same clock to remind her about her appointments, by switching on the clock to show the time of day, hearing a voice telling the time. Another used the same clock to remind her about her appointments, by switching on the clock to show the time of day, hearing a voice telling the time. Another used the same clock to remind her about her appointments, by switching on the clock to show the time of day, hearing a voice telling the time.
Successfule use and provision of Assistive Technology (AT) for persons with dementia: Results from a Nordic research project

O ccupational Therapist MSc Astrid Andersen
The Norwegian Centre for Research, Education and Service Development

The project “Technology & Dementia in the Nordic countries” investigated procedures of user needs’ assessments, implementation and use of AT that may support people with dementia and their relatives. The objectives were to investigate use of AT in the area of dementia, and specifically look for successful experiences with AT which could demonstrate a high degree of personal independence and quality of life, and to identify important factors in the process of providing AT.

Methods: Twenty-nine persons with the diagnosis of dementia and/or their relatives as well as professionals providing AT were interviewed about their experiences with assessment of needs for AT, the implementation and the use of the devices in the daily life. A thematic qualitative analysis focused on the usefulness and benefit of cognitive assistive technology in the daily living for persons with dementia, and on the function of the service delivery system in order to identify relevant procedures for providing AT to cognitively support persons with dementia.

Results and conclusion: The analysis of data accentuates that AT may support individuals’ sense of security, feeling safe and secure, and strengthen the user’s activity and social contact. But the results also tell us, that AT that support cognitive impairment are not commonly known among professionals, family caregivers or the persons with dementia. Concerning the process of assessing the need for and implementation of AT to support mental functions, the study revealed that usually only isolated problems were solved. The families were not offered a holistic evaluation, which could take all their problems into consideration.

Conclusion: The presented limitations of the available GPS-technology, and the specific individual requirements, must be taken into account in the decision of implementing a GPS solution for locating a person with dementia. There is a risk that highly technical combined solutions like GPS-localisation will not be sufficient in special situations, causing a false safety. In addition, the daily task of maintaining the solution is also a disadvantage. However, for many persons, a mobile GPS-solution can improve quality in daily life or work, and the presented deficiencies have to be compared with alternative measures needed in place of the localisation solution.

A dilemma in using GPS solutions for localisation of people with dementia

BSc E. Henrik Svensson
Danish Centre for Assistive Technology

Objectives: The Global Positioning System (GPS) has been a success in finding way on the roads and sea for many years. In recent years this technology has been combined with mobile phone technology and the internet for localisation of stolen vehicles, boats and people. Both demented people in an early phase of dementia and responsible persons around them, see this solution as a way to reduce the risk of demented getting lost, and improve mobility and independence. Also locating lost people is often a resource demanding task for family carers, running home staff and police, which can be reduced using a good GPS localisation solution. In Denmark, several municipalities have tested GPS localisation with citizens suffering from dementia. The results are diverse and apart from the ethical dilemma of tracking people, there is a dilemma between, on one side obtaining the safety benefits of localisation, and on the other side the potential false safety, false positive tracking and the burden of maintaining the solution.

Method: Based on engineering knowledge and experience on the technologies, the inherited limitations of the current localisation technology are explained. The problems experienced during some practical Danish tests of localisation solutions are compared with above inherited technology limitations, and the user relevant issues identified. With this identification, reflections and recommendations are presented in order to support decision making and manage the expectations of use.

Conclusion: The presented limitations of the available GPS-technology, and the specific individual requirements, must be taken into account in the decision of implementing a GPS solution for locating a person with dementia. There is a risk that highly technical combined solutions like GPS-localisation will not be sufficient in special situations, causing a false safety. In addition, the daily task of maintaining the solution is also a disadvantage. However, for many persons, a mobile GPS-solution can improve quality in daily life or work, and the presented deficiencies have to be compared with alternative measures needed in place of the localisation solution.

Assistive technology (AT) to support younger people with dementia and their family carers in everyday living: Dilemmas and challenges

O ccupational Therapist MSc Torild Holtie
The Norwegian Centre for Research, Education and Service Development

The study is part of the Norwegian program on Younger people with dementia 2009-2011, and aims to investigate how younger people with dementia and their family carers use and benefit from AT to support everyday living. This paper focuses some dilemmas and challenges identified during this follow-up study. Twelve persons with dementia below 65 years of age and their family carers were recruited from four Memory clinics in Norway, and participated between three and nineteen months, using AT to support everyday living. A participatory design was chosen 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 carer. 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.

People living with dementia and use of technology: ethical aspects

PhD Päivi Topo
University of Jyväskylä

Technology has been designed for years to support people with dementia and their informal and formal caregivers. Despite the development work the use of technology is still limited. Part of the slow implementation of technology in this field is due ethical questions and dilemmas. The aim of this presentation is to illustrate the main ethical issues in use of technology in supporting people with dementia and their caregivers. The main issues are related to privacy, autonomy, competence, justice and efficiency. In addition, ethical issues in research and development such as information consent and quality of data are discussed.

The presentation is based on (i) review of previous literature on dementia, ethics and technology, (ii) literature review which included 66 intervention studies on the topic and (iii) interviews of seven family carers who had long experience on living with a person with Alzheimer’s disease or other disease causing dementia. Theory based content analyses was carried out in analyzing the literature and the interviews. The first literature review showed that most tests published on ethical issues, dementia and technology are discussion papers and not based on information gathered from people with dementia or their families and that they were mostly concerned about use of surveillance technology.

The second literature study showed that the intervention studies mainly focused on support of GPS-log for formal carers or family caregivers and that the role of people with dementia was often very limited.

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

O ccupational 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 results from research and from practical 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 individual 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.
Marginalized or Aging-Well?
Discourses on rural aging in Canada

Professor Norah Keating
Department of Human Ecology, University of Alberta

Publications on rural aging in Canada over the past 20 years reflect two lenses in rural aging. 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 relationship to others and to their rural settings. In this presentation, Professor Keating discusses the state of knowledge of both marginalization and aging well across the diversity of Canadian rural senior and communities in which they live, highlighting particular challenges in countries with severe climates, low density populations and great distances.

Single older men in rural Sweden: Norms of masculinty

Dr Magnus Nilsson
Karlstad 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 there is less room 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 childlessness in relation to norms of masculinity and heterosexuality, notions of ageing, growing old and approaching death.

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 citizens confined to subordination as well as social and political exclusion. Szasz (2008) has noted that “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 (disenaged, 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 homogenous 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 services providers in promoting community cohesion for rural elders.

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.

Construction of ageing in the Faeroe Island

PhD Student Ása Roín
NIASL, Linköping University/University of the Faeroe Island

This is a presentation of a doctoral project in which discourse analysis 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 Faeroe Islands which is a rural archipelago where people live on islands, in villages and a few towns.

Marginalization or Aging-well? Across the diversity of Canadian rural elder?

Professor Vanessa Burholt
Centre for Innovative Ageing, Swansea University

Social deprivation and poverty can create a class of secondary citizens confined to subordination as well as social and political exclusion. Szasz (2008) has noted that ‘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 (disenaged, 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 homogenous 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 services providers in promoting community cohesion for rural elders.
relatives, and that they do not get out in nature to the extent they would like. 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 so are the dreams of an outdoor life. A nursing home interview was conducted where 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 wanted to contribute with ideas and experiences.

Methods: To capture the experiences and ideas of the residents, relatives, and staff one hour a week was used to create knowledge of how to minimize the gap between the existing possibilities and the dreams of the residents, and to change the physical environment and the routines of the daily life in the nursing home towards the dreams of the involved persons. About half of the participating residents were suffering from dementia. Careful preparations made it possible to support residents’ participation in the research process. Participants worked in workshops where their critique of the existing 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 lives based on their diverse relations to nature during their life.

S2.4-4 12-06-2012, 08:30-10:00, Room 3/4

36.500+ days - everyday life of centenarians

Philine Christine E. Svane
EGV Foundation

Images of centenarians split between categorisations like “success fully aged” and persons whose “life stands still” due to mental or physical frailty. The aim of the research is to develop our understanding of very old people’s everyday life experiences. 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.

S2.4.3 12-06-2012, 08:30-10:00, Room 3/4

Life Histories in Theory and Practice

Dr philos Kirsten Thonen
Bucerius University College

Life histories are important scientific avenues to the experiences of aging. The life course perspective underlines that personal life experiences living a long life are ideas of how to make the outdoor facilities attractive. Accepting that their abilities to e.g. working in the garden had changed, they still wanted to contribute with ideas and experiences.

Methods: To capture the experiences and ideas of the residents, relatives, and staff one hour a week was used to create knowledge of how to minimize the gap between the existing possibilities and the dreams of the residents, and to change the physical environment and the routines of the daily life in the nursing home towards the dreams of the involved persons. About half of the participating residents were suffering from dementia. Careful preparations made it possible to support residents’ participation in the research process. Participants worked in workshops where their critique of the existing 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 lives based on their diverse relations to nature during their life.

S2.5 Measuring outcomes of long-term care: Experiences from Europe

Chair: Tine Rootgaard

S2.5-1 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 (KORLA) across eight domains and innovative approaches and has developed to establish the impact of service interventions in the absence of costly and demanding research designs. The toolkit includes a multi-dimensional 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.

S2.5-2 12-06-2012, 08:30-10:00, Room 12

Measuring outcomes of home care - Experiences from the Austrian Home Visit and Counselling Programme

Dr Birgit Trukeschitz
Vienna University of Economics and Business

Co-author: Professor Ulrike Schneider

Measuring outcomes of social care services for people in later life

There is a topic of personal 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 76% of all people in approved need of care do not use any long-term care services. They rely to 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 report papers 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 approximately 1,000 LTC 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.
2.6 Sarcopenia
Chair: Anette Hylen Ranhoff

2.6-1 12-06-2012, 08:30-10:00, Room 13

Frailty and Sarcopenia
Professor MD Timo Strandberg
University of Helsinki and Oulu

Although lacking a consensus definition the phenotype of frailty is commonly defined according to the 5 criteria initially described by Fried and colleagues: shrinking, slow gait speed, low physical activity, reduced grip strength, and mental exhaustion. The presence of 3-5 criteria depicts frailty and 1-2 criteria prefrailty. Also sarcopenia (muscle wasting) does not have strict criteria, but is wellknown that muscle mass is reduced with advancing age. However, for physical function dynapenia (reduced muscle strength) is probably more important than muscle mass. Sarcopenia is usually not included in the definitions of frailty as such, but it is debated that it may contribute at least to grip strength, gait speed and low physical activity. Prevention and treatment of both sarcopenia and frailty have thus similar aims, at the moment best evidence is from multifactorial programs including exercise (resistance training), adequate energy and protein nutrition, and vitamin D supplementation. The quality of amino acids and their relationship to exercise may be important in the stimulation of protein synthesis. Several studies are also ongoing, for example, about vitamin D, omega-3 fatty acids, testosterone/estrone, specific drug treatments, and various combinations.

Sarcopenia is the key feature of frailty in older people and a major determinant of adverse health outcomes such as functional limitations and disability. Resistance training and adequate protein and energy intake are the key strategies for the management of sarcopenia. Management of weight loss and resistance training are the most relevant protective countermeasures to slow down the decline of muscle mass and muscle strength. The quality of amino acids in the diet is an important factor for stimulating protein synthesis. Vitamin D deficiency should be treated, and new pharmacologic approaches for sarcopenia are currently assessed.

2.6-2 12-06-2012, 08:30-10:00, Room 13
Sarcopenia in hip fracture patients
MD Ole Martin Steilaug
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: 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. 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 were 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, Charlon 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 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.

2.6-3 12-06-2012, 08:30-10:00, Room 13

The role of sex hormones in the development and treatment of sarcopenia
Professor Sarianna Sipilä
University of Jyväskylä
Co-authors: Researcher Eija Rollanen Adjunct Professor Vuokko Kosvan

Previous data on women suggest accelerated decline in muscle performance around the age of 50. This implies the role of sex hormones as the mechanism for age-induced muscle weakness. We tested this hypothesis by two designs: a randomized placebo controlled trial (RCT) among 50-57 year-old postmenopausal women including 1 year hormone replacement therapy (HRT) and a case control twin design with 15 54-62 years old female MZ pairs discordant for HRT for an average of 7 years. We found that after 1 year of HRT, muscle power increased on average 7 % compared with 5 % decline in the controls (p=0.014). The twin sisters on HRT had on average 16 % greater muscle power and 32 % greater peak twitch torque compared with their co-twins (p=0.023 and p=0.002, respectively). To explore the mechanisms by which HRT effects on muscle performance, we measured thigh muscle cross-sectional area (CSA) and composition and took biopsy samples from the thigh muscle in both studies. After 1 year HRT, muscle CSA increased on average 6 % compared with 1 % increase in the controls (p=0.001). The relative proportion of fat in the muscle compartment increased 5 % after 1 year HRT use compared to the 17 % increase observed in the controls after the trial (p=0.009). HRT using twin sisters had on average 6 % greater thigh muscle area, 8 % greater CSA, more CSA area and 5 % lower relative fat area compared with their co-twins (p=0.065, p=0.047, p=0.047, respectively). In the RCT, explorative global transcriptome analysis (microarray) showed e.g. notable changes in many genes related to proteolysis and peptides involved in the controls but not among the women on HRT. On the other hand, HRT up-regulated the expression of IGF-1 gene and its splice variants, especially MGF which is a well-known growth factor. HRT using twin sisters had up-regulated genes in processes related to the cell structure regulation and down-regulated genes in processes related to the e.g. cell-matrix interaction and energy metabolism. Hormonal changes related to menopause are among the key factors in the development of muscle weakness and wasting. HRT is an effective treatment for adverse outcomes in the skeletal muscle among postmenopausal women. Given the known contraindications and potential harms related to the current HRT, further development and studies are needed.

2.6-4 12-06-2012, 08:30-10:00, Room 13

Renal function after a 12-week resistance exercise program with protein supplementation in community dwelling older adults.

MD PhD Alfons Ramel
University of Iceland
Co-authors: A Arnason OG Grisdottir PV Jonsson I Thorsdottir

Background: Resistance exercise and increased protein intake have been recommended for older adults to prevent sarcopenia. However, concern has also been expressed about providing extra protein to elderly because they are at risk for decreased renal function and resistance exercise might further decrease renal function. We investigated this issue during a 12-week resistance exercise program with protein supplementation in community dwelling older adults.
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.

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

**Chair:** Anette Hiylen Ranhof

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

**Coordinator NIDD Anne Rita Øksengård 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 upon 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 for new treatment methods, and the Nordic countries are often markets for new treatment methods. 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 manual outlined 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 age groups aged from 66 to 85+.

S3.1-1 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 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 registration 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
Although health and social care services for patients with dementia are available in Estonia and Lithuania, geographical maldistribution 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 dementia symptoms in BS was assessed via survey aiming to reveal the similarities and differences.

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 so pronounced as in those without dementia. Some symptoms overlap with dementia. A psychiatric assessment of the patients 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.

3.2 Critical perspectives in need assessment practice(s) in elderly care

Chair: Sandra Torres

Need assessment and the organization of eldercare provision in the modern welfare state: a comparative perspective

Professor Morten Balke Hansen
University of Southern Denmark

Background: Comparative studies of home care, elder care and social care generally indicate that a large number of industrialized countries are facing common challenges. These challenges are caused by the demographical developments of an aging population, changed labour market conditions and changed family structures. At a macro-level this presentation analyzes how different welfare state systems cope with these challenges by organizing the provision of eldercare in different ways. At a micro-level different systems of needs-assessment are analyzed. The pros and cons of these different systems will be discussed since this presentation is planned as an introduction to the complexities that are associated with need assessment practice. Objectives: To provide a rich contextual understanding of the challenges and complexities of needs assessment in elderly care in advanced welfare states.

Methods: Comparative case studies can roughly be divided into most-similar and most-different studies and in this study a “most similar cases” strategy is applied. After a short characteristic of some global tendencies, the study focuses on 16 European OECD countries. Based on deskwork and the analysis of secondary data a typology of welfare state regimes for eldercare provision is elaborated.

Theory: A conceptual framework to guide the comparative analysis is elaborated based on a) different types of elderly care, b) different types of welfare regimes, c) a distinction between financing, organisation and control of services, and d) a distinction between the mechanisms of exit, voice and loyalty. Results: Different welfare state regimes enhance different divisions of labour between state, market and family/civil society in the provision of elderly care. The Nordic model is characterized by a major role of the municipalities in the provision of elder care. The emphasis on home care as contrasted to care homes is especially pronounced in the Danish care system. Differences in the organization of elder care imply differences in the utilization and functions of needs assessment in elderly care.

Conclusions: There is a trade-off between different functions of needs assessment in elderly care. The pros and cons of different systems are discussed.
Home care allocation in Norway. Negotiation and distribution of responsibilities

Research Fellow/PhD Student Helene Alkvist
Novia Norwegian Social Research
Co-author:
Research Director Mia Vabø

Objectives: 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 (Strauss 1978) presuming that both the structural context and the negotiation context are explored.

Method: 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 instructional 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 egalitarian 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-client continuity etc. The paper contributes to ongoing debates about the protection of the most vulnerable old.

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 effects 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 “recontextualisation” 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: Managerialist 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.

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 Torén
Uppsala 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 need 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 care. 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 elder 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 ethnic 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.

Evaluation of orthogeriatric services in Nordic and Baltic countries

Chair: Helgi Kolb

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 Umedalens 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.
MD, PhD student Leiv Otto Warne University of Oslo
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- Professor Eva Skovlund St Olav University Hospital
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- MD, PhD Simon Carrey University of Leisteter School of Medicine
- Professor MD, PhD Torger Brun Wyller 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 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 anaesthesiologic 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 specter of performance by combining two instruments; the Clinical Dementia Rating Scale, and The 10 words 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 monthsincidence 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.

Characteristics of patients and care pathways in an orthogeriatric unit. Results from a patient database with 2000 patients.

Professor MD Anette Hylen Ranhoff Dialkommisjonet hospital Co-authors:
- Nurse Mette Martinsen
- Ludwig F. Solheim

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 2007 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 for blood transfusion (25%), delirium (21%), and urinary tract infections (18%). Post-operative orthopaedic infections were rare (3.2%).

Patients from long-term care were older (87 vs. 84 years, p<0.001), had more 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<0.001), had 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<0.001), had ASA score >3 (72% vs. 50%, p<0.001), more medical chronic medical conditions (mean 1.7 vs 1.3), larger impairment in pre-fracture ADL (pre-morbid Barthel mean 114 vs 18.3, p<0.001), and lower cognitive function IQ-CODE 3.7 vs 3.5p<0.001, and more complications during hospital stay 1.15 vs 0.74 p<0.001.

Conclusion: 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.

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
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- Norwegian University of Science and Technology
- Ingrid Salstedt
- St Olav University Hospital of Pondera

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 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 walk-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, activity 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±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 32 (interquartile range 27-40)
3.4 Family carers in the welfare state

Chair: Tove Lindhardt

3.4-1 12-06-2012, 16:00-17:30, Room 2

Assistive technology makes change for family carers

Ocational Therapist Ingela Månnson
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 (SAT) 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 matching 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.

3.4-2 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
Swedish National Family Care Competence Centre, Linnaeus University
Co-author:
RN, MScN, Eva Gustafsson
Swedish Family Care Competence Centre

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 to make in their lives. The process is commonly associated with feelings of guilt, remove 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 to re-invest in one’s own life are common themes that are 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 form one of the prioritised areas of the Swedish National Family Care Competence Centre (SNFCCC). Currently, 8 local blended learning networks (UBLN) in municipalities across Sweden, consisting of family carers, older 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 UBLN 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.

3.4-4 12-06-2012, 16:00-17:30, Room 2

Family care and grandmotherhood in the welfare state

MA, Ph.D. Anne Leonora Bläckilde
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 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.

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 valiated structured, self-report measure covering attributes, prerequisites, outcome and barri-en/-promoters for family in-hospital collaboration.

Results: Data collection is currently ending, and analyses are about to commence. Preliminary analysis in-dicate 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 sufficient care. 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, only 18 % when it concerned discharge. While 70 % 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.

3.4-4 12-06-2012, 16:00-17:30, Room 2

Family care and grandmotherhood in the welfare state

MA, Ph.D. Anne Leonora Bläckilde
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 encodes contemporary expectations to grandmotherhood in Denmark.
3.5 Centenarians in the past and present

Chair: Bernard Jeune

3.5.1 12-06-2012, 16:00-17:30, Room 3/4

Centenarians today: new insights on selection from the Five Countries Oldest-Old Project (5-COOP)

INSERM Research Director Jean-Marie Robine (INSERM)

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 discuss the 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.

3.5.2 12-06-2012, 16:00-17:30, Room 3/4

The Era of Centenarians - The Mortality of Swedish Oldest-Old

PhD Sven Dre Dahl
Karolinska Institute

Between 1969 and 2009 Swedish life expectancy at age 80 increased by 2.01 years for men and 2.79 years for women. While the number of Swedish centenarians and the maximum age at death have risen dramatically, it is still unknown whether their mortality has declined as well. For our investigation we use individual-level data of all Swedes who reached age 100 between January 1, 1969 and December 31, 2009 (N=15,231). We estimated different measures of the average age at death. Our results indicate that the mortality rates for centenarians of both sexes remained remarkably stable over the 40 year period, even for the most recent years. This suggests that either the progress in delaying death has been limited to mortality at ages below 100, or that increasing heterogeneity among centenarians is concealing declining mortality rates.

3.5.3 12-06-2012, 16:00-17:30, Room 3/4

Use of medicines among centenarians in Sweden

PhD Student Jonas W. Wastesson
Aging Research Center

Co-authors: Docent, Associate Professor Marti Parker
Professor Johan Fastbom
Professor Mats Thorslund
Associate Professor Kristina Johnell

Little is known about the use of medications among very old persons. This study investigated pharmacological drug use in community-dwelling and institutionalized centenarians, nonagenarians and octogenarians using the Swedish Prescribed Drug Register. The register was linked to the Swedish Social Services Register and comprised 1,672 centenarians, 76,584 nonagenarians, and 381,878 octogenarians. Multivariate logistic regression analysis was used to analyze whether age was associated with use of drugs, after adjustment for sex, living situation and co-morbidity. With these adjustments, centenarians were more likely to use analgesics, hypnotics/cisellites and anxiolytics, but less likely to use antidepressants than nonagenarians and octogenarians. Moreover, centenarians were more likely to use high-ceiling diuretics, but less likely to use beta-blockers and ACE-inhibitors. Centenarians’ high use of analgesics, hypnotics/ sedatives and anxiolytics may reflect a palliative approach to their drug treatment or that pain and mental health problems increase into extreme old age. Also, centenarians do not seem to be prescribed cardiovascular drug therapy according to recommended guidelines to the same extent as nonagenarians and octogenarians. Longitudinal studies will be needed to ascertain if this is an age or cohort effect.

3.5.4 12-06-2012, 16:00-17:30, Room 3/4

Using cardiovascular diseases and medicine consumption to describe morbidity in Danish centenarians

Associate Professor, Senior Consultant Karen Andersen-Ranberg
University of Southern Denmark

Although health in general deteriorates with advancing age, centenarians are generally perceived as survivors with better health than their age peers. The Danish 1895 birth cohort study was launched to describe the health of unselected 100-year-olds (N=275; n=207; 75%) through interview and objective examinations, as well as health information from family doctors and national health registers. Since CVDs are the main cause of mortality we focus on the prevalence of objective CVD-findings. General morbidity was assessed by use of drugs. Major CVDs were assessed by measuring blood pressure (BP; participation rate 69%) and electrocardiogram (ECG; participation rate 76%). Hypertension affected 52%, ECGs revealed a major pathology in 69%, ischaemia 46%, atrial fibrillation/Flutter 27%, and previous myocardial infarction 10%. Drugs were used regularly by 95% (mean: 3.9 drugs/day; using 5 drugs: 38%). The most commonly prescribed drugs were those aimed at the cardiovascular (64%), alimentary (56%) and nervous systems (49%). Based only on these selected findings we find the 1895-cohort to have a high prevalence of CVDs. Moreover, drugs aiming at the cardiovascular system were similarly the most commonly prescribed drugs, but may reflect underdiagnosing of cardiovascular diseases in the oldest-old.

3.5.5 12-06-2012, 16:00-17:30, Room 3/4

Disability in Danish centenarians: comparing gender-specific data on ADL from surveys of birth cohorts 1895, 1905 and 1910.

Post Doc Sonja Vestergaard
Syddansk Universitet

Co-authors: Professor Kaare Christensen
University of Southern Denmark
Associate Professor Bernard Jeune
Danish Aging Research Center

The number of Danes reaching 100 years has increased with more than 50% since 1995. It may be hypothesised that today more frail person reach the age of 100 than in earlier decades. We therefore examined whether this increase in survival has led to an increase in disability levels. We have earlier found that Danish centenarians born in 1895 had better ADL than those born in 1895, but only among women. We have now carried out a third survey of Danish centenarians born in 1910. Does the improvement for female centenarians in 2005 still hold in 2010? In all three birth cohorts, disability was assessed according to a modified version of Katz ADL and Ardagh’s PALS. In the 1895-cohort 207 out of 275 participated (75%), in the 1905-cohort 225 out of 364 participated (63%), and in the 1910-cohort 273 out of 442 participated (62%). The first cohort was interviewed and examined by the same geriatrician and nurse, the next two cohorts was interviewed and examined by trained interviewers. It seems that the improvement in ADL holds for 100-year-old women in 2010 but it did not improve further.
Fatigue in older adults

Chair: Kirsten Avlund

Trends in fatigue 1992-2002-2010/11 among the oldest old in Sweden

PhD Carin Lennartsson

Aging Research Center
Co-authors: Marti G. Parker
Linda Hids-Salem
Professor Mats Theland

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.

Fatigability in basic indoor mobility in nonagenarians

PhD Minna Mänty
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MD, PhD, DMSc Kaare Christensen
University of Southern Denmark
DMSc Kirsten Avlund
Copenhagen University

Objectives: Older adults’ subjective feelings of fatigue have been considered an important indicator of functional decline in old age. However, fatigue is 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 in indoor mobility related fatigability among nonagenarians.

Methods: The study is based on baseline data of The Danish 1905 cohort study in 92-93 year old persons (n=1181) who were independent of 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 (22% 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 ischemic 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 1966 healthy individuals was followed 10-16 years through registries 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, lifestyle factors and depression. IHd was defined as first hospitalization due to IHd (CD10: I20d25) or death with IHd as primary cause. A poor cardiovascular health profile was assigned to individuals who at questionnaire follow-up was lost 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 (CI95%: 1.08-200) and of having a poor cardiovascular health profile at 2: (OH=1.45 (CI95%: 1.08-1.00) and 4-year of follow-up (OH=1.55 (CI95%: 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. We concluded that fatigue in older cardiovascular healthy adults is an independent early predictor for development of subsequent poor cardiovascular health and even hospitalization due to IHd.

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 439 older Danish non-disabled twins. LTL was measured using Southern blots of terminal restriction fragments. Fatigue was measured by the Mobility-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<0.03), 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.

Telomere length - a molecular biomarker for fatigue.

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Fatigue is a common and potentially modifiable symptom that is associated with a variety of health and functional outcomes. Telomere length (LTL), a marker of cellular aging, has been associated with fatigue in younger adults. However, the relationship between LTL and fatigue in older adults is less clear. This study aimed to investigate the association between LTL and fatigue in a sample of older Danish twins. The study population consisted of 439 non-disabled twins aged 70 and older, of whom 353 agreed to participate. LTL was measured using Southern blots of terminal restriction fragments. Fatigue was assessed using the Mobility-Tiredness scale based on questions on whether the respondents felt fatigued after performing six mobility items. The study used logistic regression to examine the association between LTL and fatigue, adjusting for potential confounders such as age, sex, smoking status, and physical activity. The results showed a significant association between LTL and fatigue, with a 0.038 kb increase in LTL per standard deviation increase in fatigue score. This finding suggests that LTL may be a useful biomarker for fatigue in older adults, and further research is needed to explore the underlying mechanisms and clinical implications of this association.
Oral Abstracts
1.1 Geriatric patients I
Chair: Kirsten Damagaard
11-06-2012, 11:30-12:30, Plenum B10

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

Barriers to a person-centred care for older patients with cognitive impairment in acute care.
Author: RNT, MSc, PhD student Anita Nilsson
Umeå universitet
Co-authors: RNT, Professor, Birgit H. Rasmussen, RN, Associate Professor, David Edvardsson

Objectives: Older patients with cognitive impairment often receive acute care not corresponding to their individual needs. Person-centred care (PCC) is described as a model for high quality care taking the needs of the whole patients into account. Despite the known advantages it appears difficult to implement, quality care taking the needs of the whole patients into account. Person-centred care (PCC) is described as a model for high

Quality registries in elderly care 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.

The aim of this study was to investigate the determinants for Mets within older adults over 60 year in Korea. Method: Dataset was obtained from the K-NHANES 2007; a cross-sectional health survey of a nationally representative sample of non-institutionalized civilians South Koreas. The prevalence of the Mets, as defined by NCEP ATP II, was determined, and factors associated with prediabetes to the Mets were analyzed.

Result: 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: Mets is present in more than 34% of older South Koreas. 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.

O1.1-2 11:45-12:00

Metabolic syndrome and associated factors among South Korean Older adults Analysis of KNHANES 2007
Author: Professor Seung yoon Hong
Kangnam Univ.

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.

The aim of this study was to investigate the determinants for Mets within older adults over 60 year in Korea. Method: Dataset was obtained from the K-NHANES 2007; a cross-sectional health survey of a nationally representative sample of non-institutionalized civilians South Koreas. The prevalence of the Mets, as defined by NCEP ATP II, was determined, and factors associated with prediabetes to the Mets were analyzed.

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Conclusion: Mets is present in more than 34% of older South Koreas. 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.

O1.1-3 12:00-12:15

Orthostatic hypotension - significance of measurement duration in geriatric inpatients
Author: MD Heidi Pedersen
Gentofte Hospital
Co-authors: MD, PhD Jesper Petersen, MD, PhD Marianne Kirchhoff

Introduction: Orthostatic hypotension (OH) is defined as a blood pressure (BP) decrease of at least 20 mmHg (systolic) and/or 10 mmHg (diastolic) within 3 minutes (min) of standing up. However, the measurement duration of 3 min is not evidence-based. Consequently, many geriatric departments in Denmark use a measurement duration of 10 min.

Objective: To examine the proportion of patients who experience a significant orthostatic BP decrease after the first 3 min.

Methods: A total of 110 hours of ethnographic style observations were completed at a cardiologic ward. The data analysis was inspired by the principles of grounded theory and based on different types of observations and interviews.

Results: Data analysis is under progress. 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 interwovenness 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.

O1.1-4 12:15-12:30

Similarities and differences in characteristics in elderly patients admitted to an acute geriatric unit, an orthogeriatric unit and a department of geriatric psychiatry
Author: Mette Irene Martinsen
Diakonhjemmet hospital
Co-authors: Kan Midelberg Kristiansen, Marianne Dahl, Anette Hylen Ranhoff, Thomas Svendsen, Bernhard Lorentzen, Ludwig Fjeld Scheim

Objectives: Hospital services to elderly takes place in different areas. The aim here is to indicate differences and similarities in by comparing demographic and medical characteristics in elderly patients admitted to an acute geriatric unit, an orthogeriatric unit and department of geriatric psychiatry at Diakonhjemmet hospital in Oslo.

Methods: Cross-sectional observational study. Data was obtained from quality registry where demographic and medical information is collected by the interdisciplinary teams in each unit.

Results: 880 patients, 346 acute geriatric unit (AGU), 450 orthogeriatric unit (OGU) and 84 department of geriatric psychiatry (DGP), 642 women and 238 men aged 61 - 103, were included in in 2011. A higher percentage of women was admitted to the AGU 78% than the other two units, 6 % DGP and 67% AGU, p<0.001. Patients admitted to DGP were younger, mean age 75 years, than patients admitted to the other two units OGU mean age 85 and AGU 86 years, p=0.001. 80% of the patients admitted to AGU and 76 % in OGU were 80+, while only 26 % of the patients in DGP were 80+. DGP had a higher percentage of registered dementia diagnosis, 39% vs 26 % in OGU and 28% in AGU. AGU 69 % of the patients admitted to DGP 53% patients in AGU and only 13 % of patients in OGU were discharged home. While 41 % and 42 % of the patients with dementia returned home after hospitalstay from DGP and AGU, only 2.5 % of the patients with dementia returned home from OGU. 95% of the patients with dementia in OGU were either returned to a longterm nursing home residence or discharged to a shortterm nursing home. Conclusion: The OGU had more women admitted than the DGP and the AGU. The patients in DGP were younger and stayed longer in hospital than patients in OGU and AGU. Our data suggest that dementia alone does not determine place of discharge, however a few years added to the dementia, seems to increase the need for nursing home after hospitalization.
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 Äyräväinen, MSc Hanna Khiir, Ms Sini Honkula, MSc Joanna Ernen, Tiina-Mari Lynna, 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 Recreation and Wellbeing in Older people (VOW) project (SRCTRNS0847832) 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 four Danish municipalities. The primary outcome is QoL measured with WHOQOL-BREF which includes the overall QoL (2 items), physical capacity (7 items), psychological well-being (6 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 -0.70, 1.58) while the control group QoL decreased on average -1.60 points (95% CI -3.46, 0.35; treatment effect p=0.163 and group difference p=0.076). For physical capacity subscale a significant treatment effect was observed (p=0.003) 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.

1.2 Help to self-help as principle and as everyday practice

Author: Dr. Leena Eskelinen
AKF
Co-authors: Eigil Boll Hansen, Hanne 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 NVivo 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.

1.2-3 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
AKF, Danish Institute of Governmental Research
Co-authors: Dr. Leena Eskelinen, Professor Hanne Marlene Dahl

Objective: 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.

Active citizenship and service voucher for the elderly

Author: Kiri 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 choice, participation and responsibility. A purchaser 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 surveys 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.

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 persons 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, photographs were used to document the interviews' 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 present, and the future are conflated 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 older people in residential care. The things selected may represent the now, and the future are conflated 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 older people in residential care. The things selected may represent the now, and the future are conflated 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 older people in residential care. The things selected may represent the now, and the future are conflated to a field of associations with significant others.

Qualitative semi-structured interviews regarding the disposal of objects in the home were performed with 13 elderly persons (age 72-98) 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.

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.

Active outdoor in inpatient geriatric psychiatry - experiences and data from development of a model

Author: Dr. Marianne Thorsen Gonzalez
Dakkehjemmet University College
Co-authors: RN Marianne Larsen, PT Lara Misher, MHiC Kari Midtibra Kristensen

Objective: To develop and test out a model for increased outdoor activities for old 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 understood 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 directly or indirectly involve patients or users in order to improve or develop 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 analyzed 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

Author: Mie Kari Midtba Kristiansen
Co-authors: MD/Head of dep. Bernhard Lorenzen, MSc/Head of dep. Bodil Mõesen, Head of dep. Tenje Rast, Psych. Helene Skanse, Professor Knut Engedal, MD Inger-Marie Tjernas, Head of unit Trude Tegnø

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 Viken Research Network for Geriatric Psychiatry (VikRegP) 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 daily setting, as well as demographic data; previous and present standard information about our patients provided in an ordinary setting, and can contribute to valid and reliable research and documentation. QualGeP contains standard information about our patients provided in an ordinary daily setting, as well as demographic data; previous and present standard information about our patients provided in an ordinary setting, and can contribute to valid and reliable research and documentation.

Results: 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 Akerhus 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 pilots have been launched in the Læti Region to examine user experiences. The pilots are investigated in a systematic manner to assess impacts and usability of the stick. Data are collected by means of interviews, learning diaries, photographs, memos, and participatory observation.

Conclusion: The pilot stick is then 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 stick 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 a “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.

Sticks – Innovative Concepts for Memory Support, Reminiscence and Health Promotion

Author: Professor Antti Karisto
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Co-authors: MA Fleivi Kuzmenien, PhD Helinä Mellas, PhD Satu Pekkanen, PhD Rasa Valve

Human being is a biographical creature, whose memories are important resources in the latter life. This is a starting point in a Finnish R&D project where simple gerontechnological 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), and 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, with which various health-related data are saved for cases like acute illness or injuries, and 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 Læti Region to examine user experiences. The pilots are investigated in a systematic manner to assess impacts and usability of the stick. 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 a “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.

Body Mass Index and Survival in the Very Old

Author: Dr. Anna Dahl
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Co-authors: PhD Elizabeth Fahit, PhD Marie Emsth-Brau, PhD Jens Jerstrøm, PhD Niam 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 body mass index (BMI) and changes in BMI with mortality across four Swedish studies in very old age, including 150 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>20). 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, 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.

Conclusion: The results show that functional patterns in persons with MCI are heterogeneous over time: the participants could be categorized in three main patterns of functioning, characterized as ascendingstable, fluctuatingstable or descendingstable. More than half of the sample showed descending or fluctuating longitudinal case plots on the ET variable, while activity involvement, depressive symptoms and cognitive functioning exhibited less fluctuation for the majority over time. In patterns with descending ET use the proportion of participants who converted to dementia was higher.

Functioning over time in persons with MCI

Author: PhD student, OT reg Anniica Hedman
Karolinska Institutet
Co-authors: PhD, Professor Louise Nygård, Associate professor, Professor Ove Almquist, PhD, Associate professor Anders Kottorp

Objectives: Increasing demands of ability to manage everyday technology (ET) for participation in society is a potential dilemma for elderly. The aim of this study was to investigate patterns of functioning over time in elderly with mild cognitive impairment (MCI) mainly regarding perceptions of difficulty in using ET and involvement in activities.

Methods: A longitudinal study was conducted assessing 37 older adults with MCI on four occasions over two years. The Everyday Technology Use Questionnaire (ETUQ) was used to identify their perceptions of difficulty in ET use, and self-perceived involvement in everyday activities was rated using the Frenchay Activity Index (FAI). In addition, screening of mood state and cognitive function was done and conversion to dementia or not was followed. A person-oriented approach with visual inspection of longitudinal case plots was used to explore and analyze patterns of functioning over time.

Results: The preliminary results show that functional patterns in persons with MCI are heterogeneous over time: the participants could be categorized in three main patterns of functioning, characterized as ascendingstable, fluctuatingstable or descendingstable. More than half of the sample showed descending or fluctuating longitudinal case plots on the ET variable, while activity involvement, depressive symptoms and cognitive functioning exhibited less fluctuation for the majority over time. In patterns with descending ET use the proportion of participants who converted to dementia was higher.

Conclusion: The results indicate that assessing perceived difficulty in ET use may capture subtle decline in functioning in persons with MCI, helping to discover needs otherwise at risk of being unattended. The results suggest that increasing difficulty in ET use might be associated with a higher risk of disease progression.
Evidence of sleep apnea in MCI/Mild dementia

Author: Dr. Jon Snaedal
Geriatric Department, Landspítali University Hospital
Co-authors: PhD Kristi Harnessedt, Prof Thorarinn Gudnason, PhD Amie Andsson, Atl Jósefsson

Background: The vulnerability of the brain to hypoxic conditions is well recognized. Sleep apnea (SA) is a sleep disorder which causes breathing to stop and start, leading to fragmented sleep. The apneas and hypopneas reduce oxygen saturation in the blood, which may cause neurocognitive and cognitive consequences of SA may be wide ranging including difficulties in memory, learning, concentration and language as well as symptoms of depression and anxiety. Sleep apnea is a common yet perhaps an under-diagnosed disorder in the ageing population. Thus early identification and treatment of this risk factor may be of key importance in this population. This study tested the hypothesis that SA is common in individuals with MCI or mild dementia.

Methods: 29 recently diagnosed MCI/mild dementia Memory Clinic patients with an MMSE score ≥ 23 points, participated. All participants underwent a standard overnight sleep apnea study (Emblettia) including pulse oximetry and assessment of movements, oxygen flow and breathing patterns. Blood pressure, BMI as well as neck 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, 22 (9m/13f) of the SA assessed had SA. Of the total 24 analyzed cases, males had a mean apnea/hypopnea index of 15.46 ± 9.35 while females had a mean apnea/hypopnea index of 8.96 ± 5.98.

Conclusion: 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.

O1.5-3 12:00-12:15
Occupational and Leisure Time Engagement at Midlife and Cognitive Functioning in Advanced Old Age

Author: Dr. Ross Andel
University of South Florida
Co-authors: Merrill Silversten, Ingmar Kareholt

Objective: 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 nationally representative study of individuals aged 74+, with information about occupation and midlife leisure activity participation from 1986, and cognitive assessment (an abridged version of the Mini-Mental State Exam) administered in person in 1992 and 2002. Occupational categories were matched to previously validated ratings for complexity of work with data, people, and things. The self-reported intellectual discretions at work was also assessed. Generalized estimating equations adjusted for repeated observations were used as some individuals underwent cognitive testing twice.

Results: Controlling for age, sex, education, and income, those with higher complexity of work with people (p<0.01) and greater intellectual discretion at work (p<0.001) were more likely to engage in leisure activity overall and specifically in political and mentally stimulating activities (p<0.05), but not in physical, cultural, or organizational activity (p>0.5). When overall, mental or political leisure activity scores were combined with each measure of engagement at work, the combination of high (above median) leisure activity/high work engagement was consistently associated with better cognition in advanced old age controlling for age, sex, education, income and year of cognitive testing (p<0.01). High work engagement was not associated with better cognition when combined with low leisure activity (p>0.05), whereas high overall leisure activity was associated with better cognition even when combined with low work engagement (p<0.01).

Conclusions: Engaged life during midlife, whether through work or during leisure, is related to better cognition in late life. Engagement during leisure may compensate for lack of engagement at work but not vice versa.

O1.5-4 12:15-12:30
The joint association of physical activity and BMI in mid-life with cognitive function in late life

Author: Dr. Milan Gudjonsson
University of South Florida

Objective: To examine the long term joint effect of midlife PA and BMI on mid-life cognition.

Methods and theories: Physical activity (PA) and body mass index (BMI) are associated with cognitive function. However, the long-term joint effect of midlife PA and BMI on cognition has not been extensively examined in an old population. A population based cohort (born in 1907–1935) of men and women participated in the Age, Gene/Environment Susceptibility - Reykjavik Study with an average of 25 years interval between midlife and late-life examinations. The four PA/BMI joint groups were defined as 1) No PA/overweight or obese (BMI ≥ 25), (NP/O, 34%), 2) No PA/normal BMI (18.5 < BMI < 24.9), (NP/N, 34%), 3) PA/overweight or obese BMI (PA/O, 15%), and 4) PA/normal BMI (PA/N, 16%). Composite z-scores of speed of processing (SP), memory (MEM) and executive function (EF) were created from a neuropsychological test battery.

Results: Analyses were based on 477 participants (58% women, 42% men) after excluding people with dementia. Compared with NP/O group (reference), PA/O and NP/N groups had significantly faster SP (PA/O, beta = 0.19; PAN, beta = 0.25, p < 0.001), higher MEM (PA/O, beta = 0.14; PAN, beta = 0.26, p < 0.001) and EF (PA/O, beta = 0.11; PAN, beta = 0.12, p < 0.001), after controlling for demographic, behavioral, cardiovascular factors and apolipoprotein E genotype. However, no significant difference was found with NP/N group.

Conclusion: Being physically active at mid-life even in persons who were overweight or obese BMI is associated with better cognitive function 25 years later.

Discussion: Our results are in line with lifespan theories indicating that a younger subjective age perception is an adaptive strategy in ageing.

O1.6 Psycho-social well-being I
Chair: Boo Johansson
11-06-2012, 11:30-12:30, Room 12

A Five-Year Panel Study of Relationships between Subjective Age and Mental Wellbeing in the Second Half of Life

Author: Marijke Veenstra
NOVA
Co-authors: Svein Olav Daatland, Astrid Syse

Background: Wanting to be younger than one’s actual age may operate as a maladaptive identity strategy whereas feeling younger may serve as a compensatory, adaptive, strategy in terms of ageing processes. There are few longitudinal studies assessing the stability of subjective age in general and its relation with mental wellbeing over time in particular. Hence, the direction of causality remains unclear and mental wellbeing may be a cause rather than a consequence of youthful identities. Objective: To assess stability and change in subjective age and its causal relation with mental wellbeing over a five year time period.

Methods: Two waves of data from the NorLAG panel study from 2002 and 2007; a community-based panel study of Norwegians aged 40+ (N = 2,400). Mixed models were used to assess five-year stability of subjective ageing and its relation with socio-demographic characteristics. We used Structural Equation Modelling (SEM) to assess the direction of causality between domains of subjective age and mental wellbeing.

Results: On average, respondents indicated that they felt 7.2 years younger than their actual age at T1 and 7 years younger at T2. Similarly, they wished to be 16.3 years younger than their actual age at T1, and 17.4 years younger at T2. Five-year declines in subjective age scores were significantly greater for men than women. Preliminary SEM results suggest the presence of reciprocal causation in the relations between domains of subjective age and mental wellbeing. Wanting to be younger than one’s actual age has a negative effect on mental wellbeing five years later. Feeling younger than one’s actual age is associated with less depression five years later. Conversely, good mental wellbeing is associated with feeling younger five years later and less discrepancy between ideal age and actual age.

Discussion: Our results are in line with lifespan theories indicating that a younger subjective age perception is an adaptive strategy in ageing.
1.6-2  11:45-12:00

The importance of social support in the associations between psychological distress and somatic health problems and socio-economic factors among older adults living at home: A cross sectional study

Author: Associate Professor Hege Been
Doktorhjemmet University College, Department of Nursing and Health
Co-authors: Professor emeritus Odd Steffen Dalgaard, Professor Espen Bjertness

Background: The objectives of the present study were to investigate the associations of social support, somatic health problems and socio-economic factors with psychological distress. We also examined changes in the association of somatic health problems and socio-economic factors with psychological distress after adjusting for social support.

Methods: A random sample of 4,000 persons aged 65 years or more living at home in Oslo was drawn. Questionnaires were sent by post, and the total response was 2,387. Psychological distress was assessed using Hopkins Symptom Checklist (HSCL-10) and social support with the Oslo-3 Social Support Scale (OSS-3). Partial correlations were used, while associations were studied by logistic regression.

Results: After adjusting for socio-demographics and somatic health problems, we reported a statistically significant association between psychological distress and social support: “Number of close friends”, OR 0.61; 95% CI 0.47-0.80; “Concern and interest”, OR 0.68; 95% CI 0.45-0.96. A strong association between lack of social support and psychological distress, irrespective of variables adjusted for, indicated a direct effect. Social support had a mediating role between hearing impairment and psychological distress. Income was found to be an independent determinant for psychological distress.

Conclusions: Lack of social support and somatic health problems were associated with psychological distress in elders. It is likely that hearing loss, which is one of the most common somatic disorders in the elderly, leads to reduced social contact and support and therefore to increased psychological distress. The combination of poor social support, poor somatic health and economic problems may represent a vulnerable situation with respect to the mental health of older persons. Free interventions that highlight social support should be considered in mental health promotion.

Keywords: older adults, social support, psychological distress, somatic health, social inequality.

1.6-3  12:00-12:15

Older persons with borderline mental dis orders: risk factors in North of Russia

Author: Professor Andrey Soloviev
Northern State Medical University
Co-authors: Professor Irina Novikova, Victor Mestetchko

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.

1.6-4  12:15-12:30

Shifts of normal aging phenotypes between young old and old-old. Findings from SONIC study.

Author: Dr. Yasuyuki Gondo
Osaka University Graduate School of Human Sciences
Co-authors: Takeshi Nakagawa, Yoshiko Ishikawa, Dr. Madoka Ogawa, Dr. Kei Kamiide, Dr. Kazunori Ikeda, Yukie Matu, Dr. Mihoko Takayama, Dr. Yasunichi Ara, Dr. Ryutaro Takahashi

Objectives: Conceptualizing successful aging has long been debated in gerontology. To date three different successful aging models are the focus of discussion. These are: longevity without frailty (medical model), functional independence with social involvement (Rowe & Kahn's model), and psychological adaptation and well-being (Baltes's model) have been studied concurrently. Each model has advantages and disadvantages to apply for long elderly period (65-100), because different age groups have different characteristics in successful aging components. The aim of this study is clarifying functional status differences in 4-dimensions of successful aging components between young-old and old-old.

Methods: Community-dwelling young-old (men 238, women 255, age range 69-72) and old-old (men 248, women 264, age range 79-81) participated in the invitation survey at the community centers. The participation rates were 25% (young old) and 20% (old-old), respectively. We performed medical and dental checkups, cognitive tests, physical assessments, and interviews based mainly on questionnaires which included psychological and social variables.

Results: Simple comparisons of average scores for each variable between two age groups and sex were performed. As results, higher disease prevalence except for diabetes and lower physical and cognitive function were observed in old-old. However, psychological well-being (WHO-5, positive and negative well-being, and life satisfaction) were higher in old-old. Perceived social support was not different between the age groups, even although the number of people living alone increased in old-old.

Conclusion: Functional phenotypes of normal aging differ between young-old and old-old. Regardless of multiple losses of successful aging components in functional dimension, old-old maintain higher psychological well-being. This result indicates the existence of psychological process which enables them to compensate for functional losses. To consider successful aging model in future super aged society, we should focus more on the psychological adaptation and psychological developmental process as well as functional maintenance. Further studies including oldest-old and centenarians are needed.

1.7 Falls, risk and prevention

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

1.7-1  11:30-11:45

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 aging 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 programmes; discourses of old age as disease on the other hand construct “fall patients” who accept being passive in the health care 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 programmes.

1.7-2  11:45-12:00

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

Author: PT, MSc, PhD student Ulrika Möller Olsson
Lund University
Co-authors: RN, PhD, Associate Professor UF 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
diagnostic tests to identify the risk of falls in older people should be used in different clinical settings. However, no study has investigated the predictive ability and cut-off scores for diagnostic tests used as part of an in-home assessment in frail older people. Aim: To investigate the predictive validity for falls and optimal cut-off scores in the Downton Fall Risk Index (DFRI), Timed Up and Go (TUG) and Romberg, Semitandem Romberg and Tandem Romberg tests (RT, SRT, TRT) used in in-home assessment of frail older people (65+ years).

Method: Data were extracted from a randomized controlled study involving 153 participants (women 67%, mean age 81.5 years [SD 6.3]). To assess the predictive validity baseline data of the diagnostic tests were used and data on falls were collected at the 6- and 12-month follow-ups. Youden’s index was used to assess the optimal cut-off score in each test.

Results: None of the tests showed a high predictive validity. The optimal cut-off in DFRI was 3 with 79% sensitivity and 24% specificity and in TUG 12 seconds was suggested with 78% sensitivity and 37% specificity. However, the validity indexes were generally low and only 40-50% were correctly classified. The RT and SRT showed low sensitivity and few were able perform TRT.

Conclusion: No test exhibited a high predictive validity. The acceptable sensitivity for DFRI and TUG indicates that these tests may be used to predict falls in in-home assessment of frail older people. Romberg tests are not recommended for use in predicting future falls in this context. To increase the predictive validity for falls in this context, the used cut-offs for DFRI and/or TUG suggested in this study as a part of a comprehensive fall-risk assessment tool should be investigated in future studies.

Falling difficulties compared to those without FOF. In women with one sensory difficulty the age-adjusted OR for walking difficulties was 1.3 (95% CI 0.7-2.2), in those with two sensory difficulties 2.1 (95% CI 1.2-3.9), and in those with three sensory difficulties 3.5 (95% CI 1.7-7.3), compared to persons with no sensory difficulties. Persons who reported FOF and who had three sensory difficulties had almost five-fold age-adjusted odds (OR 4.7, 95% CI 1.9-11.7) for walking difficulties compared to those who reported no FOF and no sensory difficulties. 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.

Title: Fall-related information seeking behavior among elderly internet-users

Author: Marijan Aikari
Co-Author: S Islami, S Mellock, S de Rijzi, 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; 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 4266, p=0.84) were willing to share fall-related information on internet. 28% fallers vs. 15% non-fallers have actually sought fall information (p=0.023). 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. 2.1 (p=0.18), 3.4 vs. 2.8 (p=0.02) and 3.5 vs. 2.8 (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=0.01), 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.

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 Klausen
Clinical Research Centre, Copenhagen University Hospital, Hvidovre Hospital
Co-authors: Research Physiotherapist Mette Merete Pedersen, M.D
Ph.D Ove Andersen, Cand Scent Ph.D Jann 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 emergency department of Copenhagen University Hospital, Hvidovre in the period of 01/01 – 31/12/2010. Patients with malignancy diagnose 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 5.3 days. Within 48 hours from admission 54% were discharged. Among patients with no co-morbidity the 30 days readmission frequency were 12% for LOS #8004; 16% and 16% if LOS > 48 hours. For patients with one or more co-morbidities the 30 days readmission frequency were 16% for LOS #80048 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.
Nursing Assessment and Intervention to Geriatric Patients Discharged From Emergency Department

Author: MScN, PhD-student Elizabeth Rosted
University of Southern Denmark and University Hospital Aarhus
Co-authors: Research Manager, Dr.Med.Sc. Ingrid Poulsen, Associate professor, Dr M Sc. Carsten Hendriksen, Professor, Dr. Ph. Lis Wagner

Background: Geriatric patients recently discharged from hospital are at risk of unplanned readmissions and admission to nursing home. When discharged directly from Emergency Department (ED) the risk increases, as time pressure often requires focus on the presenting problem, although 80% of geriatric patients have complex and often unresolved caring needs.

Objective: To examine the effect of a two-stage nursing assessment and intervention to address the patients uncompensated problems given just after discharge from ED and one and six months after.

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 and intervention to address the patients unresolved problems just after discharge from ED and one and six months after.

Results: The fast track from ambulance to geriatric care 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. Time to doctors’ assessment: median 42 minutes (fast track) and 147 minutes (Emergency Room). Total time at the ER was mean 312 minutes. Total value of this fast track is 5.5 hours earlier to the hospital bed.

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.

Via Senectitis
Fast track from ambulance to a geriatric unit

Author: Dr. Berit Lanson
Sahlgrenska University Hospital
Co-author: Senior Consultant Eva Siat

Objective: The aim of this study is to evaluate a fast track from ambulance to a geriatric unit for elderly with acute illness.

Further to compare with a control group consisting of patients who were hospitalized after assessment at the emergency room.

The purpose is to avoid moving elderly patients between different care units within the hospital.

Methods: The method of assessment used in the fast track is MEET5 (Medical Emergency Triage and Treatment System). The inclusion criteria is over 80 years of age, green triage according to MEET5 with one exception: saturation down to 90% is accepted. Green triage means vital parameters as follows: alert, saturation: 90-95% without oxygen, normal respiration, pulse: 50-150, temperature: 35-38,5 degrees C, no alarm symptoms.

Ambulance nurse is phoning senior physician in charge for decision about hospitalisation.

Results: The fast track from ambulance to geriatric care 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. Time to doctors’ assessment: median 42 minutes (fast track) and 147 minutes (Emergency Room). Total time at the ER was mean 312 minutes. Total value of this fast track is 5.5 hours earlier to the hospital bed.

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.

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 old 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 insofar that 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.

Conclusion: 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 Physiotherapy and Orthopaedic Surgery, Aarhus University Hospital
Co-authors: PhD-Student Tham Leikjaer, Physiotherapist Jesper Westhøj Nielsen, Geriatric Consultant Lillian March Jørgensen, Section Leader Robert-Jan Nienhuis, Physiotherapist, Development Line Rikke dal Jørgensen

Objective: 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.
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, 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’s, 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 healthcare 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 nursing students as well as for researchers. The KC has contributed 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 Nonspecific 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 Hoegland Hospital
Co-authors: MD, PhD Anna Milbey, RNT, PhD Pål Tongström

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

Early nonspecific signs and symptoms of infection and other diseases are often overlooked and not a part of screening routines. The role of nursing assistants (NAs) in the clinical decision making process has not been studied. This study combined quantitative and qualitative approaches and investigated the views of NHR among diabetes mellitus, and self care behaviors (17-30). Content analysis was used to describe qualitative data from 20 in-depth interviews. Five themes with subthemes emerged:

1) Perceived causes: eating too many sweet foods and monosaccharides, excess eating, caused by genetics
2) Infection: no cure but not serious, no effects, suffering and stressful, need to comply with the regimen
3) Effects to life: no effects, suffering and stressful, need to comply with the regimen
4) Fearful of amputation, fear of hypoglycemia and hyperglycemia, and fear of kidney complication
5) Decrease in sexual drive

Findings were related to the new public management tools for elderly in home nursing care. People were also found to require more awareness of the current medical beliefs behind diabetes and a better understanding of the individuals’ afflication with this disease.

Key words: diabetes mellitus, illness, elderly persons

O2.2-4 17:00-17:15
The view of illness of older persons with diabetes mellitus

Author: Dr. Tassana Choowattanapakorn Chulalongkorn University
Co-author: Sapiün Surjawongs

Diabetes mellitus is becoming a constantly increasing common chronic disease. Although many projects focus on solving this growing health problem, it still remains illusive. The important factors now being looked at are the differences of understanding of the illness and the health behaviors between persons with diabetes and health professionals.

This study combined quantitative and qualitative approaches that investigated the view of older persons with diabetes in Chiang Rai province, Thailand. Quantitative data were collected from 100 purpose sampling questionnaires. Data were then analyzed by frequency and percentage. Findings revealed that most older persons had high levels of knowledge about diabetes mellitus and self care behaviors (17-30). Content analysis was used to describe qualitative data from 20 in-depth interviews. Five themes with subthemes emerged:

1) Perceived causes: eating too many sweet foods and monosaccharides, excess eating, caused by genetics
2) Perceived disease: no cure but not serious, dry and wet
3) Effects to life: no effects, suffering and stressful, need to comply with the regimen
4) Fearful of amputation, fear of hypoglycemia and hyperglycemia, and fear of kidney complication
5) Decrease in sexual drive

Findings were related to the new public management tools for elderly in home nursing care. People were also found to require more awareness of the current medical beliefs behind diabetes and a better understanding of the individuals’ afflication with this disease.

Key words: diabetes mellitus, illness, elderly persons
Constructions of age in variety of cultural contexts and the consequences for leading an ageing workforce

Author: Prof. Cordula Braedel-Kühner
Karlhochschule International University
Co-authors: Constructions of age in variety Marjo 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 explorative study is to understand 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-Kühner, 2005; Braedel-Kühner & 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 draws 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 analyzed by an exploratory principal component analysis and by deductive and inductive content analysis. It was possible to detect cultural differences in perceptions of the leaders. When reflecting their own ageing the leaders mentioned strategic and social leadership abilities, work ethics, mental and physical capacities. When reflecting the ageing of their employees in addition they described the attitudes towards change. For leaders it is important to reflect on the own ageing process, on finiteness and also to develop a realistic attitude towards own ageing. Knowledge about diverse and differentiated images of age in a corporate, social or private context is essential for behaviour towards ageing workforces.

Discussion: The diversity of actors supporting the elderly poses a challenge in coordinating the care to be delivered for the individual. It is important to involve the employees who meet the individual within caregiving in a complex and diverse organizational context for finding the easiest and best solutions for collaboration.

O2.3-1 16:15-16:30

O2.3 Images of ageing
Chair: Myra Levintner
11-06-2012, 16:15-17:30, Room 1

“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. Kiri 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, conceived views (discriminatory expectations) of elderly people in 8 domains of society were surveyed in the GERDA study in 2005 (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 results showed a minor decline in self-reported age discrimination. Respondents reported age discrimination less frequently in 2010 compared to 2005. We show a reappearance pattern of declining age discriminatory expectations in the 8 studied domains. Respondents reported negative expectations less frequently, and positive and neutral expectations more frequently in 2010 compared to 2005.

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.

O2.3-5 17:15-17:30

The politicization of age discrimination
The parliamentary process relating to the enactment of anti-age-discrimination laws in Finland and Sweden in the 2000s

Author: PhD, university lecturer Mikael Nygard
Åbo Akademi University
Co-author: PhD, researcher Fredrik Snellman

The introduction of anti-age discrimination legislation in Sweden (2009) and Finland (2004) can in many ways be seen as important steps towards a more just society. In both countries, the backdrop to this new legislation was the policy imperative...


O2.4 Nutrition and vitamin status

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

2.4-1  16:15-16:30
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 Guttsormann, Professor Grethe S. Tel, Biostatistician/PD Ray Madsen Nielsen, Statistician Andreas Henriksen, Professor Anette Hansen

Background and Aim: 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-administra-

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. 26.9, p<0.001) and more co morbidity (24.8% vs. 12.3%, 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 (1.42-3.18)). 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 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 year mortality. Higher BMI was associated with reduced one year mortality. Strategies to prevent and treat malnutrition in the hospital and post-dis-

charge are crucial.

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 Soini
SERVICES FOR ELDERLY CITY OF HELSINKI

Co-authors: PhD Seija Mauninen, DS Meta Suominen, PhD Niina Savikko, Med. student Marjo Halttuna, MD, PhD Kasu Pulkalä

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, 3415 (87%) NH residents and in 2007, SH residents, 1475 (87%) were assessed, whereas in 2011, 1586 NH residents (86%) and 1592 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 cohorts (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.

O2.4-3  16:45-17:00
Use of vitamins and trace elements among older people in helsinki – population based survey in 1999 and 2009

Author: RN, PhD Niina Savikko
University of Helsinki

Co-authors: MD, PhD Kasu Pulkalä, MD, PhD Reijo Töyrä, MD, PhD Timo Strandberg

Aims: to study the prevalence of use of vitamins and trace elements among home-dwelling older people in Helsinki, Finland in 1999 and 2009.

Methods: The data was gathered with a survey sent home-dwell-
ing older people aged 75, 80, 85, 90, and 95 years at two time points: 1) in 1999-2000 (N=2129, n=282 responded to vitamin and trace element question, response rate 74%) and 2) in 2009-2010 (N=2247, n=1515 responded the question, response rate 67%). Use of vitamins and trace elements were charted in both surveys with the same specific questions and the respon-
dent was asked to name the products used.

Results: Of the respondents, 48% in 1999 and 70% in 2009 reported using some vitamin supplementation or trace element (p<0.01). Of 1999 and 2009 respondents, 96% and 60% named the products they used, respectively. The proportion using vitamin D supplementation increased from 13% (144/1150) in 1999 to 59% (378/642) in 2009 (p<0.01). However when comparing vitamin D, multivitamins and fish oil, both including vitamin D together (61% in 1999 and 79% in 2009) there was still significant increase in the use of vitamin D supplementation (p<0.01). The use of all other vitamins had decreased. The reduction was most evident seen in the use of multivitamins (45% vs. 25%). The use of vitamin A and E was nearly norexis-
tent in 2009. The proportion using calcium supplement had increased from 10% in 1999 to 24% in 2009.

Conclusions: Although the later cohort named their used products less often than the former cohort, the use of vitamin D supplementation seems to have increased significantly in ten years. However, its’ use is still inadequate in Finnish older population considering current recommendations. The use of vitamin E and A, that may be harmful to older people, has decreased and is very unusual.

O2.4-4  17:00-17:15
Dental professionals’ identification of elderly patients at risk for cardiovascular diseases and high plasma glucose

Author: Dr. Göran Friman
Department of Dental Medicine, Karolinska Institutet
Co-authors: Associate Professor Inger Wahlström, Professor Gunnar Nilsson, PhD Margareta Hultin

Objectives: To identify elderly patients (#48058; 65) at risk of cardiovascular diseases and high plasma glucose in a dental setting by opportunistic screening and to explore the coherence between screening results and follow-up assessments performed by medical staff.

Methods: 170 dental patients were consecutively included at their ordinary dental appointment in a dental clinic in a Swedish town. All patients were enrolled in individualized prophylactic care programs. Data on age, weight, height, use and amount of tobacco, and medication for cardiovascular diseases and diabetes
Vitamin B6 deficiency and diseases in elderly – a study in nursing homes

**Author:** MD Ida Kjeldby 
**Co-authors:** Ida K Kjeldby, MPhil Gunvor S Fовое, MSc Solveig Liganorden, 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, 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. The participants or their next of kin gave informed consent. Results are given as mean with SD.

**Results:** 61 residents (men/women: 22/39) with a mean age of 85.3 (6.8) years and BMI 25.7 (4.5) kg/m² were included. MNA-score was 21.3 (3.6); malnutrition and risk of malnutrition were present in 12% and 62% respectively. Dietary intake of B6 and plasma glucose were referred for diagnosis and care.

**Conclusions:** B6 deficiency was present in half of the residents and associated with inactivity and malnutrition, which together with low values for ALAT and s-albumin are reminders for vitamin B6 deficiency. Although no association was seen between B6 deficiency and psychiatric diseases, vitamin supplement should be recommended for frail elderly in nursing homes.

**O2.5 Inequality and health**

**Chair:** Charlotte Nilsson
**Co-author:** Researcher Ivar Lima

**Objectives:** To study the effect of cohabitation status, social participation and satisfaction with one’s social relations on 1) onset of mobility-related fatigue and its mobility activities after 1-3 and 4-6 years in a cohort of older adults who did not report any fatigue at baseline, and 2) changes in fatigue between 3- and 4-year follow-up.

**Methods:** Data were collected in the Norwegian NorLAG and LOGG study in a sample of 6988 men and women aged 40 to 85. Data were collected in 2007-08. The analyses are based on cross-sectional data from the Norwegian NorLAG and LOGG study in a sample of 698 men and women aged 40 to 85. Data were collected in 2007-08.

**Results:** Frequent alcohol consumption is almost twice as high associated with self-reported mobility-related fatigue, which is an important predictor of mobility limitations and disability.

**Conclusions:** Social relations make a difference in the disablement process. Social relations might thus have an effect on the earliest steps in the disablement process. Social relations might thus have an effect on the earliest steps in the disablement process.
among women aged 40-49 compared to 50-59. Men consume more than women, but the proportion of women with an intake above WHO recommendations is higher among middle aged women than among middle aged men. Education is associated with alcohol consumption, more strongly among women than men. Values of self-enhancement and urbanization are also significantly associated with alcohol intake, more strongly among men than women.

O2.5-4 17:00-17:15

Paying the price? The impact of smoking and obesity during mid-life on health inequalities in later life.

Author: Dr. Stefan Fors
Aging Research Center
Co-authors: Dr. Neda Agahi, Dr. Benjamin Shaw

A growing body of research now shows that substantial inequalities in health prevail into late life. However, the mechanisms generating these health inequalities have yet to be conclusively determined. The aim of this study was to explore the contribution of smoking and obesity in mid-life (ages 56 to 76) on socioeconomic inequalities in health in later life (ages 69+). Late life health is assessed by impaired cognition and mobility. Data on social class, education, smoking, BMI and mobility impairment during mid-life was gathered from the 2004 Swedish Panel Study of Living Conditions of the Oldest Old (SWEOLD). The main results were threefold: i) both smoking and obesity in midlife were socioeconomically patterned (the lowest prevalence were found among higher non-manuals and among those with an education beyond grade school), ii) social class, education, smoking and obesity in mid-life were all associated with impaired cognition and mobility in later life, and iii) smoking and obesity explained a minor part (between 4 and 24 percent) of the socioeconomic inequalities in cognitive and mobility impairments during old age. Thus, the results suggests that, despite being both substantially socially stratified and hazardous to health, smoking and obesity during mid-life contributed only partly to the socioeconomic patterning of physical and cognitive functioning in later life. These findings illustrate the multifacrotial nature of health inequalities in later life and stress the importance of using a life-course perspective when exploring the mechanisms generating socioeconomic inequalities in health in later life.

O2.5-5 17:15-17:30

Perceived work-related stress in midlife predicts disability in old age

Author: Dr. Jenni Kulmala
Gerontology Research Center, University of Jyväskylä
Co-authors: Dr. Mikaela von Bonsdorff, Dr. San Stenholt, Dr. Monika von Bonsdorff, Prof. Cas-Håkan Nygard, Dr. Matti Kokkars, Dr. Jorma Seitsamo, Prof. Juhani Linnanen, Prof. Taina Rantanen

Objectives: Work-related stress has been acknowledged as a determinant of adverse health events. The aim of this study was to examine work-related stress in midlife as risk factor for old age disability.

Methods: Data for this study came from a 28-year follow-up study of municipal professionals in Finland, which began in 1981 (Finnish Longitudinal Study of Municipal Employees, FLAME). Study includes a total of 2944 FLAME participants aged 44 to 58 years at baseline, whose self-reported stress symptoms were assessed in 1981 and 1985 and who responded to disability questionnaire in 2009. Principal component analysis was used for exploration, data-reduction and differentiation into stress symptom profiles in midlife. The Odds Ratios (OR) for ADL- and IADL-disability and mobility limitation were computed using logistic regression.

Results: Four midlife stress profiles were identified: avoidance of work and lack of energy, perceived increase in cognition, deep disturbances and somatic stress symptoms. Approximately half of all participants reported occasional stress symptoms. The proportion reporting high level of stress symptoms in 1981 and 1985 varied between 14-23% depending on stress profile. After 28 years, 12% had ADL disability, 42% IADL disability and 22% mobility limitation. We saw a clear gradient of increasing old age disability for increasing intensity of midlife stress symptoms. The extensively adjusted logistic regression models showed that those with disability in old age had reported constant work-related stress symptoms two to almost three times more often in midlife than those without disability in old age. Conclusions: Among occupationally active 44- to 58-year-old men and women stress symptoms in midlife correlated with disability 28 years later. Work-related stress symptoms may be the first signs of decompensation of individual functioning relative to environmental demands, which may later manifest in disabilities.

O2.6 16:15-16:30

Inner strength of older people in Finland and Sweden

Author: Kentin Viglund
Umeå University
Co-authors: NN, PhD Elisabeth Jonsson, RN, Professor Bert Lundman, RN, Professor Gunilla Strandberg, RNT, PhD Björn Nygren

Background: This study forms part of the 2011 Regional Database (GERBAD)- Botnia project that investigates healthy ageing with focus on the dignity, social participation and health of old people. The theoretical framework for the study was Lundman’s Model of Inner Strength, where in the meta-theoretical analysis four interrelated and interacting dimensions of inner strength were identified: firmness, creativity, connectedness, and flexibility. Inner strength was measured using a newly developed Inner Strength Scale (ISS) based on the model.

Objectives: The aim was to examine inner strength in relation to age, gender and culture among old people in Finland and Sweden. Design: A cross-sectional design was used. Participants: The 6,119 participants were 65, 70, 75 and 80 years old and living in Västerbotten County in Sweden or Österbotten County in Finland. Methods: The ISS consists of 20 items relating to the four dimensions, and it is rated on a 6-point Likert-type scale. The range of possible scores on the ISS is 20–120, a higher score denoting higher inner strength. Independent t-test and analysis of variance were used to test the mean ISS scores.

Results: The 65-year-olds had the highest mean ISS score, 100 (SD = 11.6), with a decrease in score for every subsequent age group. The lowest score, 95.8 (SD = 14.0) (p<0.001), was achieved by the 80-year-old participants. A high educational level was associated with the highest mean ISS score, 100.1 (SD = 11.4), while participants with a low educational level scored the lowest, 91.7 (SD = 13.3) (p<0.001). Mean ISS score was higher among women, 96.9 (SD = 12.7), than among men, 91.1 (SD = 12.4) (p = 0.008).

Conclusions: The main results were the finding of lower inner strength with age, and a tendency to higher inner strength among women compared with men. The study population came from Finland and Sweden; still, despite the different backgrounds, patterns in the distribution of inner strength were largely similar.

O2.6-2 16:30-16:45

Older people’s accounts of their mental well-being and resources

Author: Suni Fried
The Age Institute
Co-authors: PhD, Line Manager Sirkkala-Heimonen, MSc, Coordinator Piispanen, Logotherapist, Planner Mina 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 (RAY).

The study applies an 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 30 interviews during the spring of 2012. The interviews were recorded, typed and analyzed thematically.

The preliminary results demonstrate certain shared elements in different ways of finding meaning in life and maintaining mental well-being. The most common was connections with other people. The key in maintaining meaningful and satisfac- torily relations with others seemed to include the chance to adjust the intensity and frequency of contacts based on own prefer- ences. 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
UNIWAY
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, feelings 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 community-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 (Stege et al., 2006), the Geriatric Depression Scale (Yesavage, 1982), the NEO-FFI (Costa & McCrae, 1992) and the DARS (Filtenbaum & 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., Lawton et al., 1999; 2001; Rott, Jopp, D’Heuresse & Becker, 2006), which could be related with the tendency of extraverted persons to positive mood, sociability, and activity (in the sense of an active, busy, or engaged lifestyle). Conscientiousness appears as a dimension to be further investigated due its association with VOL and with greater longevity and lower all cause mortality risk (e.g., Chapman, Roberts, & Duberstein, 2011). Together, these results reinforce the importance of intrapersonal factors in the way people judge their present and anticipate their future life.

O2.6-4 17:00-17:15
Life Course Transitions and Changes in Alcohol Consumption in the Second Half of Life
Author: Ivan Lima
Norwegian Social Research
Co-author: Senior researcher Britt Slagvold
Background: Alcohol consumption in Norway is increasing, especially among people 50+. This has led to a public health concern about a potential rise in alcohol related problems among the elderly. Few studies have addressed the relations between life course transitions and changes in alcohol consumption in the second half of life.
Objective: To analyse the association between important life course transitions and alcohol consumption in the second half of life. The following life-course transitions are analysed: empty nest, at retirement from work and at divorce and death of a partner.
Methods: The analyses are based on cross-sectional data (2007, 2008, 2010) and panel data (2002 and 2007, 2007-2010). We use OLS regression and repeated measures models to analyze levels of, and five-year changes in, alcohol consumption in relation to life course transitions.

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 Sletvold
Norwegian University of Science and Technology
Co-authors: Anders Prestmo, Pernille Thingstad, Knut Aradalen, Lars Guttar Johnsen, Jorunn H. 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 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 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 83.6 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 17-28) and median IADL score of 45 (interquartile range 28-57). The mean SPPB score at 4 months was 5.11 points (SD 3.0, 04) (range0-12).
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
Objective: 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 docs 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 to 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 (group2) 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: Physiotherapist Morten Tange Kristensen
Objective: 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.
Method: This prospective cohort study with thirty-one subjects (3 men and 26 women) with a hip fracture, at a mean (SD) age of 77.9 (8) years who followed a standardised 6-weeks rehabili-
tation programme, twice weekly. It started approximately 2 weeks after surgery and included functional exercises, balance training and 3 sets of progressive strength training for lower limb muscle groups (2 weeks with 15RM, 2 with 12RM, and 2 with 10RM). The weight load was adjusted after each of the 3 training sets in each of the 12 sessions to secure training at the respective RM level. Pain was measured with the Verbal Ranking Scale during each training and test session. Maximal isometric knee-extension strength for both limbs was monitored with a hand-held dynamometer; the New Mobility Score (NMS) evaluated the functional level, while the Timed Up & Go (TUG), and six minutes walk test (6MWT), performed as fast as safely possible were used to evaluate changes in functional mobility.

Results: The knee-extension strength in the fractured limb improved (P<0.001) from 0.49 to 0.82 Nm/kg (67%), while strength deficits in non-fractured was reduced from 60% at baseline to 83% after the 6-weeks program. The TUG and NMS improved significantly with 31% and 59%, in addition to 61% (201-323m) for 6MWT (all, P<0.001), after six weeks training.

Weight loads for 15, 12 and 10RM for fractured limb knee-extension and bilateral leg press training increased with 52% and 81%, 25% and 19%, and 13% and 12% respectively (all, P<0.001). Hip fracture related pain was no limiting factor for higher weight loads.

Conclusion: Progressive strength training is feasible and seems very effective when commenced shortly after hip fracture. Still, an extended program seems necessary as patients experienced a fractured limb strength deficit of 17% after 6 weeks of training.

O2.7.4 17:00-17:15
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 follow-up 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 (43.8 [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 (SD 10.6), p<0.001] showed a lower value than the initial assessment. At twelve month mean PCS showed a poorer value [39.5 (SD 10.2), p<0.001], 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 homecare.

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
3.1

ORAL

Aging and Health Practices Between Two Cultures

Elderly Turkish Migrants in Denmark

Author: Postdoc, Ph.D. Anne Leonora Blakkilde
Center for Healthy Ageing. University of Copenhagen
Co-authors: Visiting Scholar, Dr. Suzan Yatsi, Research Assistant,
MA Signe Granwald 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, reliance on children or relatives for translation purposes, and, not the least, a suffering from multiple, interacting health problems, which because of the above mentioned cases may be treated in various and incomplete ways. Health perceptions and practices of Turkish elderly people living in Denmark are studied in order to gain knowledge about how these practices are facing due to migration.

Methods: 20 semi-structured interviews with Turkish migrants, aged 42-80, and fieldwork in health settings and local, public centers.

Findings/results: The interviewees feel old, ill, and worn-out. Many of them are involved in circular migration processes, cross-border health care, and what kinds of specific problems they are facing due to migration.

Conclusion: Retired Turkish migrants are not likely to remigrate, and their health situation calls for more attention in order to meet their needs.

O3.1-3 09:00-09:15

Aging in South Australia: Continuity and change in the caring practices of ageing Italian migrants in South Australia.

Author: Dr. Daniela Cosmini-Rose
Dept. of Language Studies, Flinders University

The Italian South Australian ageing population, which mirrors the pattern of the wider Italian Australian community, makes up the largest group of people over 65 from culturally and linguistically diverse backgrounds. In 2006 more than half of the Italians in South Australia were over 65. Therefore, a common concern for the Italian-Australians, one they share with other migrants groups and with the wider Australian population, is how to care effectively for their aged.

This paper is an ethnographic examination of the ageing experiences of elderly Italian migrants in South Australia. The study analyses the perception of the ageing Italian migrants’ health and practical needs, their living conditions, their need for family and social contact, the importance of remaining independent, their language and communication difficulties and cultural challenges.

The paper addresses the extent of family care-giving practices such as who and why care is exchanged, which practices are employed and by whom, and which factors facilitate or hinder care-giving focusing primarily on the parent-child relationship.

Data has been collected through individual and focus interviews employing a multi-site approach which recognises that elders, their families, and communities are closely intertwined and need to be examined in relationship to one another.

Preliminary findings show that informal family care is still the preferred pattern of care of the Italian migrants. This falls mainly on the adult children and especially on the daughters.

However, the family support is not as readily accessible as it was in the past, considering that the second generation is also expected to conform to mainstream Australian lifestyles characterised by increasing labour market mobility and demanding personal lives that reduces their availability to care for their ageing parents. In addition, the study shows that the Italian elderly face language and cultural challenges that are relevant.

O3.1-4 09:15-09:30

Ageing in a small archipelago in North-western Europe: Demographic conditions and future challenges

Author: Åsa Rön
NISAL

Ageing in a small archipelago in North-western Europe: Demographic conditions and future challenges

The aim of this presentation is to reveal and discuss how future challenges regarding a growing number of older people are managed in a small archipelagic society. The presentation forms part of an ongoing doctoral study on ageing in the Faroe Islands.

The study was prompted by an awareness of contextual conditions and an impression of a possible discrepancy between the meaning that older people attach to ageing in their daily living, and the view of ageing in public policy-making. The study material consists of documents and reports concerning public policy-making, and individual interviews with 20 older persons.

Methodologically, the analyses are based on discourse theoretical 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 as residents. With a population of only 48,574, a decline in income tax, and increasing expenses for care of the elderly, politicians and economists are warning of the necessity of changing some welfare institutions, e.g. the pension system and the primary health care system.

As in other Scandinavian countries, a strategy directed at prolonging the period that older people remain in their own homes, for example by introducing rehabilitation in everyday life, has been proposed and drawn up. An important question that arises from this proposal is whether socio-political strategies from other Scandinavian countries are transferable to the Faroese society.

Hopefully, the study of ageing in the Faroe Islands will elaborate on this important issue, and contribute to developing initiatives that are adjusted to the geographic and demographic conditions prevalent in the archipelago of the Faroe Islands.

O3.1-5 09:30-09:45

The invisibility leaders: Elderly Ethiopian priests in Israel

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

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.

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.

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 them. Our research shows how these elderly leaders, who were among those who generated a significant social revolution, are “devoured” by it at the end of the process.

O3.1-6 09:45-10:00
O4.1 Medication
Chair: Carsten Hendriksen
12-06-2012, 10:30-11:30, Plenum 8/10

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

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

Author: Post doc Helle Wallach Kildemoes
University of Copenhagen
Co-authors: Lektor Carsten Hendriksen, Post doc Mikkel Væs, 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 (here termed asymptomatic individuals) at high risk of CVD.

Yes, 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 diseasemortality

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 discontinuation 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 Ali 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 drugs, 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 Kenneth
Oslo University Hospital, Department of Geriatric medicine

Co-authors: Prof Torger Bruun Wåler, Prof Espen Mølde, Prof Knut Engedal

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 blinded trial including long-term residents from 21 nursing homes with anticholinergic drug score ≥19 points stratified by center, and randomly allocated (1:1) to intervention or control. Exclusion criteria were inability to perform the tests, i.e. patients with severe dementia were excluded. The intervention was a pharmacist-initiated reduction of ADS score in multidisciplinary drug reviews. Primary endpoint was CERAD-10 wordlist test for immediate recall. Secondary cognitive endpoints were CERAD wordlist tests for delayed recall and recognition, and MMSE. Saliva production and serum anticholinergic activity (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 (95% CI: 0.97, 2.05, p = 0.48) and there was no significant differences in any of the cognitive test performances or peripheral measures after adjusting for confounding baseline scores.

Conclusion: Pharmacist-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.
Nurses' self-assessed competence in gerontological nursing

Author: Dr. Pirjo Tikkainen
JAMK University of Applied Sciences
Co-authors: Dr. Saii Teeni, Sirkka-Lisa Karttunen

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 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 and questions at the beginning and at the end of the programme. Confirmatory Factor Analysis produced the same factors and left out 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 value or understand what staff do and give no support.

Results: None of the participants had experienced slow codes being performed on patients. None of the participants had experienced slow codes being used for 5 out of 8 participants being treated as the theoretical concept, as it was of central importance to all participants. The category “Appropriate availability of a DNAR” was treated as the theoretical concept, as it was of central importance to all participants. The category “Appropriate availability of a DNAR” was treated as the theoretical concept, as it was of central importance to all participants. The category “Appropriate availability of a DNAR” was treated as the theoretical concept, as it was of central importance to all participants. The category “Appropriate availability of a DNAR” was treated as the theoretical concept, as it was of central importance to all participants.

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. Stensdal

Diakonhjemmet University College, Institute of Nursing and Health

Co-authors: IN, PhD, Associate Professor Inger Schou Bredal, MD, PhD, Professor Anette Hylen Ranhoff, IN, PhD, Professor Liv Werangel Sarby, IN, PhD, Professor Arners Lerdal

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 analogies 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. Morphin was the most frequently administered opiate for both young old (52.7%) and oldest old patients (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 Anberg

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 assistants’ 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 life 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) organizational 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 (d) 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.

Up against a challenge of providing pre-discharge resources for family carers of older patients: the process of developing a user-friendly eLIP 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 eLearning Information Package (eLIP) for hospitalised older people and families to make decisions about discharge location.

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 eLIP website for family carers.

Methods and theoretical underpinnings: The content of the website is underpinned by the Ottawa Decision Support Framework (ODSF) which comprises 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 information about user/web interaction.

Results: We have managed to integrate the first two components of the ODSF framework into the eLIP website by creatively using 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 eLIP 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: eLIP 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 older people during the pre-discharge period has yet to be determined, and will be tested in phase 2 of the study.
4.5 Depression

Chair: Hanne Pedersen
12-06-2012, 10:30-11:30, Room 3/4

Depressive symptoms among older people: a 15-year follow-up

Author: PhD Sini Elovanta
The Age Institute, Helsinki/Finland
Co-authors: PhD, Adjunct Professor Seija Anne, PhD Sari Roivio, MSc, Statistician Hannu Iloahti, M.D., Professor Matti Vitanen, M.D., Professor Aapo Lehtonen

Aim: This population-based birth cohort study investigated the prevalence of depressive symptoms and factors associated with them among home-dwelling older people. Study Design: A prospective, population-based 15-year follow-up study of the age cohort of 70-year-olds living in the city of Turku, Finland.

Methods: The data were collected in 1991 by a postal questionnaire that was sent to all residents, born in 1920 (N = 1530). Follow-up using the same procedure were conducted in 2001 and 2006. All examinations included an identical study protocol; the participants’ self-reported health status and depressive symptoms were investigated via a questionnaire. Afterwards, thorough clinical examinations including the Zung depression scale were conducted by a nurse and a physician.

Results: The mean of the Zung score total score was 34 at the age of 70 and a significant increase was found in both re-examinations. At the age of 80 the mean of the Zung score was 35.8 while it was 31.5 at the age of 85 years. Univariate and multivariate analyses showed that the factors that associated with self-reported depressive symptoms were mostly functional and/or social (e.g. suffering from loneliness and not meeting friends regularly) while only a few associations were found between medical conditions or objectively evaluated ill health.

Conclusions: Our findings revealed an increase in prevalence of depressive symptoms throughout the course of the investigation. Mostly functional and/or social factors were associated with self-reported depressive symptoms, while few associations were evidenced between depressive symptoms and medical conditions or poor health. At a clinical level, this study highlights the need for preventive strategies and early identification of possible depressive symptoms among home-dwelling older people.

A randomized controlled trial of a senior centre group programme for increasing social support and preventing depression in elderly people living at 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 HSC-10 being 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 greater in the intervention. 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.

The association of mid-life physical activity with late-life depressive symptoms

Author: Dr. Milan Gudjonsson
La Trobe University

Aim: To assess the association of mid-life PA and depressive symptoms in late-life.

Methods and theories: Physical activity (PA) decreases the risk of various health outcomes, but the long term association of mid-life PA with depressive symptoms in late-life has not been well examined. A population-based cohort from the Age Gene/Environment Susceptibility - Reykjavik Study was followed since 1967 as a part of the Reykjavik Study. Mid-life PA was defined at two activity levels, active and not-active groups. Main outcome was depressive symptoms assessed by a 15-item Geriatric Depression Scale (GDS) in late life.

Results: After excluding those with dementia (n = 306) and history of depression (n = 234) 522 participants (58% women, 42% men) 1,364 active, 3634 non-active) were available for analysis. Of those, 4603 (77% women, 43% men) had available cognitive data for secondary analysis to assess association related to details of cognitive function. Level of weekly PA was ascertained by a questionnaire at mid-life, mean age 52 ± 7 years. Depressive symptoms were assessed on average 25 ± 4 years later. After controlling for demographic and health related risk factors, those who were active at mid-life were less likely to have significant depressive symptoms (GDS scores 6 or higher) (OR = 0.67, 95% CI: 0.48 ~ 0.92, P < 0.05). Depressive symptoms were assessed on average 25 ± 4 years later. After controlling for demographic and health related risk factors, those who were active at mid-life were less likely to have significant depressive symptoms (GDS scores 6 or higher) (OR = 0.67, 95% CI: 0.48 ~ 0.92, P < 0.05).

Conclusion: Our study shows that mid-life PA is associated with reduced number of depressive symptoms on the GDS 25 years later. Participating in regular PA in mid-life may improve mental health in late life.
4.6 Physical exercise I

**Chair:** Minna Mänty

12-06-2012, 10:30-11:30, Room 12

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**O4.6-1 10:30-10:50**

Nordic Walking for Geriatric Rehabilitation: A Randomized Pilot Trial

**Author:** MSc Sabrina Figueiredo

McGill University

Co-authors: PhD Los Finch, BSc (PT) Jadi 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 over Ground Walking for the elderly.

**Method:** Single blind, site-stratified, randomized, pilot trial designed to estimate the amount of change with Nordic Walking over Ground Walking. Main outcomes were 6MW and 5MW. Explanatory variables were age, sex, number of comorbidities, walking aids, balance, pain and leg function.

**Results:** Nordic and Overground Walking participants improved 41 meters on 6MW and increased their gait speed by 0.21 m/s and 0.08 m/s, respectively. Nordic Walking effect sizes were moderate for 6MW (ES = 0.5) and large for gait speed (ES = 0.9). Overground Walking demonstrated moderate effect size for 6MW (ES = 0.5) but small ones for gait speed (ES = 0.4). Relative efficacy, which was obtained from the ratio of Nordic walking and Overground Walking effect sizes, was 1 for 6MW and 2.25 for gait speed.

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

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**O4.6-2 10:50-11:10**

Gait speed has a closer association with physical function when adding a cognitive task

**Author:** Physiotherapist, PhD student Bård Bogen

University of Bergen

Co-authors: Geriatrician, dr.med Anette Hylen Ranheim, Physiotherapist, PhD Kjell Moe-Nilsen

**Background:** Walking requires effort from the nervous system, the cardiovascular system, the pulmonary system and the musculoskeletal system. Failure in either system is likely to produce alterations in gait patterns affecting gait efficiency.

Hence, slow gait has gained interest as an indicator of health and function in elderly people. Gait speed is easily measured in clinical settings, and has been identified as a predictor of ADL decline, falls, hospitalization and death. However, unconstrained gait may not best represent the challenges elderly people face during walking on a daily basis, such as walking while doing another task at the same time. Hence, adding a second task when measuring gait speed may demonstrate weaknesses better than when measuring gait speed during unconstrained gait. In this paper, we investigate how gait speeds during unconstrained gait and during a dual condition are associated with other measures of function.

**Method:** Participants were elderly, home-dwelling cognitively intact volunteers. They walked back and forth a distance of 6.5 meters. Time was measured with photocells. They were first instructed to walk at preferred speed, and then they were instructed to walk at their preferred speed while counting backwards from 50 with intervals of 3. Gait speed from the two conditions was then investigated for association with the SF36 physical health scale, self-reported fear of falling (Falls efficacy scale), grip strength and Sit-to-stand performance. Association was investigated by linear regression; with adjustment for age and gender.

**Results:** 51 persons (66% women) with mean age 75.8 years (SD 5.3) participated. They walked at 1.16 m/s (SD 0.20) during unconstrained gait, and at 0.85 m/s (SD 0.31) during the dual task condition. Gait speed measured during unconstrained gait was only significantly associated with Sit-to-stand performance (p = .001), while gait speed measured while doing a secondary task was significantly associated with all the variables of interest.

**Conclusion:** Adding a secondary, arithmetic task during walking disclosed functional difficulties in the participants to a greater extent than unconstrained walking. We believe this has clinical value, since procedures for measuring gait speed during dual task walking may easily be implemented in clinical settings.

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**O4.6-3 11:10-11:30**

The association between older adults’ personal goals and physical activity

**Author:** Milla Saajanaho

Gerontology Research Center, Department of Health Sciences, University of Jyväskylä

Co-authors: PhD Aine Viljanen, PhD Sanna Rassd, PhD Merja Kantakokko, MSc Li-Tang Tua, MD, PhD Jaakko Kaprio, MD, PhD Merja Jylli, PhD Taina Kantanen

**Personal goals are defined as goals that people have chosen for themselves. By setting and pursuing personal goals people are able to direct their own actions and life course. Some evidence exists that physical inactivity may be related to problems in managing exercise and other valued life goals simultaneously. However, among older adults, the association between personal goals and physical activity is yet unknown. The aim of this study was to explore how older adults’ personal goals correlate with physical activity. The participants were 388 older women (M = 71.2, SD = 3.3). They 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.**

Most of the participants (85%) 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.
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. Drawing on Vincent Crapanzano and his 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 endings 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 physio- and occupational therapists and elderly, shaping hope along the lines of a moral imperative of an negotiated between physio- and occupational therapists and elderly. The study is based on anthropological fieldwork in rehabilitation centers, and time spent with elderly in other contexts of their lives. Drawings on Vincent Crapanzano and his 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 endings 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.

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The theory of gerotranscendence is based on the idea that older people who are active and have a sense of self---i.e., that they can act freely in the world---are more likely to adapt to the aging process. In Sweden an activity theoretical approach is taken to elderly 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.

**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 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.

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

**Author:** Annsofie 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 is it 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.
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 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 greatly 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 it benefits only are 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 day-care

Author: Anders Møller Jensen

VIOLA / VIA University College

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

Methods and Theories: Physical inactivity is associated with increased disease risk and the ADEK 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 dementia day centres in Denmark, participated in 4 workshops over a period of 4 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 when the staff saw that demented wore 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 day care 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. Kjersti Vik

Sr-Trindelag University College

Co-author: Professor Anne Hennig 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: ‘encounter with clients’, ‘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’ experiences of a stressful workplace, 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 12:00-12:15

Mapping systematic reviews in elderly care

Considerations of content, quality and evidence

Author: Dr. Gunilla Fahlander

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 diagnosis (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 education/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.
O5.2-3 12:15-12:30
Taking home care services into everyday life
Older adults’ participation with home care services

Author: PhD student, Social Educator Aud Elisabeth Wite
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 place. Ten older adults with a variety of age-related physical impairments and frequency of homecare were interviewed. A constant comparative method was applied to analyse 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 recognising their strategies for balancing agency in everyday life.

O5.2-4 12:30-12:45
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 Edberg, Associate Professor Ulf Jakobsson, Professor Ingvarl Rahm Hallberg

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.

Aim: 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 municipality were interviewed regarding demography, 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 PADI 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.

O5.3 Lifelong learning
Chair: Britt Slagsvold
12-06-2012, 11:45-12:45, Room 1

O5.3-1 11:45-12:05
The Development of an ICT-based Transgenerational Learning-Environment in Higher Health Care Education

Author: Kriemhild Leitner
Carinthia 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 ergonomic approaches were developed and intertwined to meet the project’s overarching goal: to foster intergenerational 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 (Hidi, 2001). This was further developed taking into consideration theories of intergenerational learning, learning in older age (Kade, 2009) and learning and ICT in older age (Schaffert, 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 multipliers (students) did not assume an “instructive” but a co-constructive role. As a result the learner-multiplier gap was removed in favor of a transgenerational learning community. Based on these insights, further research will focus on the development of a virtual platform linking higher education, health care professionals and client needs.
O5.4 Informal caregiving II
Chair: Anneli Sanvimäki
12-06-2012, 11:45-12:45, Room 2

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 caregivers 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 can be a reason the results will be available only in March.

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=448) were carried out within the frame of the research project SUHACARE (2008-2011). 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 carer. 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.
5.5 Preventive home visits

Chair: Kirsten Avlund
12-06-2012, 11:45-12:45, Room 3/4

5.5.1 11:45-12:00

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

Results from the Randomized and Three-Armed

Author: Susanne Gustafsson
Salgernska akademien, University of Gothenburg

Co-authors: PhD, MD Katana Wilhelmszon, PhD Kaja Ekstrand, AV prof, PhD Gunilla Hedstroem, PhD Lena Ziden, PhD Greta Hagglöf Cronk, MS Betina Haggaard, PhD Frode Sinde, PhD, Prof. Elisabeth Rothenberg, MD, PhD, Prof. Sten Lundahl, PhD Synnove Dahlén-Ivanoff

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.

Measurements: 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=1.99, 95% CI=1.12 to 3.45). As regards postponing dependence in ADL, senior meetings were found to be the most beneficial intervention (OR=9.95, 95% CI=1.14 to 3.32). 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.

5.5.2 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 Elkmann, Charlotte Nilsson, Mikkel Vast, 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-olds 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 invitational 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=1.49, 95% CI=1.12-2.00). 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 invitational procedures.

5.5.3 12:15-12:30

Preventive home visits for non-western elder 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 Lisa Krogh Borde, BA in Occupational Therapy Ditte Broks

Danish law offer one yearly preventive home visit to elderly citizens aged 75 years and older. Elderly people with non-western background/heritage are a minority, but their number is expected to triple by 2050. Knowledge about the population of non-western background who participate in preventive home visits as well as experiences among staff who undertakes these visits is yet to be studied. Furthermore, it has to be investigated in which ways cultural differences plays a role before, during and after the home visits.

The aim of this study was to give a descriptive overview of experiences among home visitors in all 98 municipalities in Denmark of mediating, implementing and evaluating preventive home visits to elderly with non-western background and to describe the meaning of culture. The method used was a survey design based on an electronic questionnaire, SurveyXact, which was posted by e-mail to all 98 municipalities. The questionnaire consisted of 25 question, all developed on the basis of a thorough literature review. In total 68% of the municipalities completed the questionnaire. Results showed that less than half (45%) of elderly non-western citizens accept the invitation to participate in a preventive homevisit. 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.

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: ND student, MNC, RN Mette Toien
Buskerud University College

Co-authors: Master student, OT Morten Heggelund, MPH, MSc/IT, RN Iben Landmark, PhD, RN Iben Løfstrøm

Background: The main 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
knowledge gained may contribute to further development of the service.  
Methods: The study presented here was part of a larger Norwegian evaluation study of PHV with an explorative 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 functions and activities that helped them to uphold a good life at home. However, the perceived benefit and need for PHV varied, and some younger, healthy seniors did not identify with the topics introduced during the visit. Continuity and relationship over time was considered as positive and important, but not essential. More results will be presented at the conference.  
Preliminary Conclusion: PHV helped older people to maintain good lives in their own home through individually tailored information, facilitation and support. More differentiated follow up may be valuable.

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Effects of Nintendo Wii training on mechanical leg muscle function and postural balance in older adults: a randomized placebo-controlled trial

Author: Martin Grønbech Jørgensen, Department of Geriatrics, Aalborg Hospital  
Co-authors: Uffe Larsen, Carsten Hendrich, Ole Nielsen, Per Agaard

Background: It is well documented that older adults have an increased risk of falling and that major risk factors comprise of reduced muscle strength and impaired postural balance. It is unknown whether biofeedback based Nintendo Wii training (WII) can improve isometric maximal voluntary contraction (MVC) and/or postural balance in older adults.  
Methods: The present study was conducted as a randomized, placebo-controlled trial with older adults comparing 10 vs. 8 weeks 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 (74.8% 8461617; 5.8 ym) subjects underwent randomization. The absolute change in MVC from pre to post-intervention was 24.6 N (N=170.0%) for those assigned to WII and -19.9 N (-1.3%) for subjects assigned to CON (absolute between group difference, 263.9 N, 95% confidence interval, 126.2 to 412.8, P<0.001). For Center of Pressure Velocity Moment (CoP-VM) the absolute change from pre to post-intervention was -1.6 mm/s (7.4%) for the WII group and -1.6 mm/s (-6.3%) for the CON group (absolute between group difference, 0.002 mm/s, 95% confidence interval, 0.000 to 0.003). In the secondary endpoints a statistical difference favoring the WII group over the CON group was evident in muscular 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.  
Conclusions: 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 that WII may ensure a high degree of compliance to home based exercise programs using this system.
Results: The functional capacities in acute stroke patients showed a higher improvement rate from baseline to 36 months post stroke. However, stroke patients showed a lower performance in all outcome measures from baseline to 36 months post stroke.

Discussion: The results remained the same when the model was adjusted for age, gender, and other confounders. The adjusted relative risk (IRR) was 0.99 and 95% CI 0.98–0.99 (adjusted for age and gender). Therefore, the results were similar association between balance and ADL/IADL disability. The results were significant in the model when the adjusted was also for age, time since fracture, pain, chronic diseases, muscle force, and age of walking aids.

Conclusions: Balance confidence and functional balance are important determinants of physical disability in older people with a previous hip fracture. Future, it would be essential to study what kinds of interventions are effective in enhancing balance confidence and functional balance among hip fracture patients.
Urinary retention in hip fracture patients

Author: Mette Irene Martinsen
Diakonhjemmet hospital
Co-authors: Anette Hylen Ranhoff, Ludwig Fjeld Sohaim

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 urinary retention and complications related to urinary retention in elderly hip fracture patients.

Methods: This was an observational retrospective study. Data was obtained from a quality register where demographic and medical information are registered. Bladder scans were used to measure amount residual of urine preoperatively, the 1, 2, and 5th day after surgery. Residual urine <150ml 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(36%) the second day and 25(24%) on day 5. Although patients were able to void some had up to 96o 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 tract infection, than 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 (14 vs 12 days, p=0.01).

Conclusion: Prevalence of urinary retention was highest preoperatively. Although patients were able to void some had relative large amount of residual urine. Urinary retention on day 5 postoperatively was associated with more complications especially urinary tract infections and longer hospital stay.

The Marte Meo method in dementia care

Evaluation of the effect of a six day Marte Meo practitioner course on the caregivers in longterm nursing home.

Author: Marianne Munch
NKS Olaviken alderspsykiatrisk sykehus
Co-author: Linn-Heidi Lunde

Objective: NKS Olaviken participated from 2008 to 2011 with Sykehuset Innlærdet and the Norwegian Center for Health and Aging in a Dementia Care program initiates by the Norwegian Ministry of Health.
The objective was to examine the effect of a six day Marte Meo course on dementia caregivers communication skill and ability to perform person centered care.
The method is based on communication and solution oriented theories and uses film footage of daily life interaction with patients as counselling tools.

Method: 30 caregivers from four different nursing homes participated. During the course they learned elements of supportive communication and received counselling on film footage of interactions with patients. They completed two self-report measures, the Person Centered Care Assessment tool and a measure reading the psychosocial environment, before, immediately after and six months after the intervention.

Results: There was a significant higher total score on both self report measures. 12 participants and three leaders participated in either focus group or depth interviews. The interviewed participants described changes in their way of interacting, increase attention and discussions of care approaches, the importance of watching film to discover and understand both the patient behaviour and the consequences of their own behaviour. In addition they reported changes in patient behaviour such as change from resistance and helplessness to cooperation and initiative as well as a change from a negative to a more positive body language when interacting with the participants.

Conclusion: The results showed an effect of the Marte Meo practitioner course on caregiving experience and behaviour, on perceived contentment with psychosocial work environment and perceived patient behaviour. Watching film in combination with counselling seems to facilitate the process of caregivers curiosity in finding new approaches in challenging daily life interaction situations.

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

Nordic Network in Dementia Diagnostics

Author: Dr. Anne Rita Øksengård
NVS- Department, Section of Clinical GeriatricKarolinska Institutet, 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 (NDD) 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 upon a common diagnostic protocol and consensus in how to interpret the clinical information, several validation projects on diagnostics methods that are relatively new and easy to carry out have been performed. 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.

Creating relationships a way to understand personcentred dementia care

Author: Dr. Irene Ericsson
Hälsohälsariksen Jönköping Institute for gerontology
Co-authors: Ass prof Sofia Kjellström, RN, PhD Ingrid Helström

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 overview 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.
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.

6.2 Long term care
Chair: Morten Balle Hansen
2-06-2012, 14:00-15:00, Plenum 9/11

O6.2-1 14:00-14:15
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 widespread cognitive and affective impairments of a small sample of chronic alcoholics (Kb,8), 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, data of 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 this highly deteriorated group of patients in Luxembourg, as the absence of such programs potentially increases the probability of relapse favouring further deteriorations in this group of individuals and increasing general costs to the public health system.

O6.2-2 14:15-14:30
Insidious impact of Canadian elder’s (unspoken) perceptions of ageism in long term care facilities: Is home really a sweet home when coping strategies reinforce ageist attitudes?
Author: Professor Martine Lagacé
University of Ottawa
Co-authors: Annick Tanguay, Marie-Lyse Lavallée, Sarah Robichaud
In Western societies, while life expectancy is on the rise so are paradoxically, age stereotypes and age discrimination against seniors. However, ageism seems to be more tolerated than racism and sexism, although its consequences remain quite negative. Furthermore, ageism is often expressed in implicit modes, namely through communication. Building on postulates of Communication Accommodation Theory, the three goals that underlie the current exploratory study were a) to determine if ageism is implicitly expressed through interpersonal communication; b) when this is the case, if it is recognized and named as such, finally, c) to what extent does ageist communication have the potential to influence quality of life as well as type of coping strategies. A total of 33 semi-structured interviews were conducted from October 2010 to February 2011 with seniors living in long term care facilities throughout the province of Quebec, Canada. The issue of ageism has not been often studied in this type of living arrangement; more so, such research site seemed quite relevant in the light of previous studies suggesting that some caregivers’ attitudes in long term care facilities tend to reinforce senior’s dependent rather than independent behaviors. Qualitative and quantitative analysis of interviews revealed the following patterns: the majority of seniors provided examples of infantilizing and controlling communication, mostly through daily interactions with caregivers. A series of chi-square tests were performed to determine the potential relationship between ageism, quality of life and coping strategies. Results suggest that perception of ageist communication is negatively correlated to quality of life in the facility and positively correlated to usage of avoidance strategies (as opposed to confrontation strategies). Theoretical and practical implications of results are discussed.

O6.2-3 14:30-14:45
Use and costs of long-term care among older people in the last two years of life 1996-2008
Author: Leena Forma
University of Tampere
Co-authors: Marja Jylhä, Jari Raitanen, Petka Rissanen
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 Finland 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. The costs were calculated using unit costs reported by National Institute for Health and Welfare. Binary logistic regression analyses were used to find out how age, gender and year of death were associated with use and costs of long-term care. The data contained 316 639 persons. 46.7 % of them used long-term care at least once in the last two years of life. The proportion using long-term care increased in the study period (42.2 % of those who died in 1998, 48.9 % of those who died in 2008). The proportion using health centre did not change (16.8 %, 16.7 %). The proportion using residential home decreased (26.0, 22.0) and using sheltered housing increased (7.9, 14.0). 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.
6.3

Walling and moving decisions of older people in Finland

Author: Dr. Ouli Jolanki
University of Jyväskylä

Earlier studies have shown that the living environment and the way 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 of 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 (Galant 2003). Also, individual choices 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 discourse-narrative approach. The study showed that housing pathways offer 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.

6.4

The association between self-reported environmental barriers and habitual walking activity among older people

Author: Li-Tang Tsai
University of Jyväskylä

We examined the association of self-reported environmental barriers with habitual walking activity among older people. The analyses were based on cross-sectional data of 632 community dwelling men and women aged 75-81 who took part in the Screening and Counseling 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 rest 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 or at 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 93 participants fulfilled the criteria for very low walking activity. Those who reported very low walking activity were more often men (p<0.01), were not living alone (p<0.01), had higher number of chronic diseases (p<0.01) and slower walking speed (p=0.04). They also reported distances as environmental barriers to mobility more often than those who were more active in walking (p<0.01). 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 (1.23, 3.68)). 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.

O6.3-2 14:20-14:40

Housing and moving decisions of older people in Finland

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 608 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 RVs 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 – & 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 – 6.4 Nursing home residents

Chair: Eva Algren-Petersen
12-06-2012, 14:00-15:00, Room 2

A controlled trial of Snoezelen in a care home: Should we be talking to our residents more?

Author: Dr. Michael Bird
DSOC, Bangor University
Co-authors: Dr. Katrina Anderson, Dr. Sarah Macpherson, Annaleese 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, 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’, ‘engaged’, ‘neural’, ‘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 Lynnerup

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 a nursing home resident. At Betaniahjemmet, 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 Betaniahjemmet. 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 conversations with relatives were important to how relatives felt about the move. The conclusion was that this project would benefit from being performed on a larger scale. Also this project highlights the significant role that the care personnel play in the process, as their attention and care toward the new resident, was the same regardless of group.

**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

Co-authors: Professor, statistician 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 ≤0.5) 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

Co-authors: Doctoral student Helena Grönstedt, Professor Astrid Bergland, Doctor Jorunn Helbostad, Doctor Lis Puggaard, Doctor Mette Andersen, Doctor Karin Helström

**Objectives:** 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 332 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 setting, 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.

**The health of the oldest old in Sweden deteriorated between 1992 and 2002 - is it better or worse in 2011?**

Author: Dr. Carin Lennartsson

Aging Research Center

Co-authors: Dr. Ingmar Kåreholt, Dr. Mari G. Parker, Professor Mats Thorslund

**Objectives:** Sweden has one of the highest proportions of people aged over 80 in the world and life expectancy at higher ages is continuing to increase. 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.

**Material and methods:** The question was tested with the Swedish Panel Study of Living Conditions of the Oldest Old (SWEOLD) — a nationally representative interview survey of people aged 77+ (n~600). SWEOLD has a high response rate and includes institutionalized persons and persons, for example with cognitive impairments, who are interviewed indirectly using a proxy.

**Results:** Several health indicators, including objective tests of physical and lung function, showed a significant worsening of health for both women and men between 1992 and 2002. New cross-sectional analyses show neither an improvement nor deterioration in self reported health problems. For example, reports of pain in the shoulders, back pain, problems climbing the stairs, anxiety and nervousness, have not changed significantly since 2002. Also the proportion of people reporting poor self-rated health has been stable at a level of about 12% over the years 2002, 2004 and 2001/2011. By contrast, the objective test of lung function has continued to worsen over this period.

**Conclusions:** The preliminary conclusions are that the deterioration of health seen between 1992 and 2002 has not continued. Nor are there any signs of improvement, at least when considering subjective measures. These results will be discussed with a special emphasis on the type of health outcomes, gender differences and methodological issues.
Predictors of nine-year mortality in nonagenarians: The Vitality 90+ Study

Author: Dr. Kristina Taiinen
Gerontology Research Center and School of Health Sciences, University of Tampere
Co-authors: MSc Tina Luukkaala, MD, PhD Antri Hervonen, MD, PhD Marja Jyhä

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, occupation, place of living, and phone contacts. Cox regression analysis was used for survival analysis.

Results: The 1914-population in total Denmark had 2 children, 11% of the women were childless. The BB2 from the 1914-population surveyed in Glostrup, age 50, had 2 children and 10% of the women had no children. Two of the seven women interviewed aged 95 were childless, the 11 other 95-year-olds had between 1 and 4 children. Three had lost a child. The interviews dealt with: Thoughts about having children around World War II, fertility and birth (“I would not marry, because I had to, but because I wanted to”).

- Having children and thoughts about their education (“It was always my honor to keep the children in clean and nice clothes”).
- When the children have problems/are problems (“When my son calls me; he never calls me, his wife does not allow him to”).
- To lose one child (“You never come to grips with it”).
- Importance in old age, for practical purposes, support and as the meaning of life (“I probably would have liked to have a child or two”; “My grand children would all visit me once in a while, or call me up and ask how I am”).

Conclusion: Among the 95-year-olds, children were the most important life content.

Leptin as a predictor of mortality in nonagenarians

Author: Inna Lisko
University of Tampere, Finland
Co-authors: PhD Kristina Taiinen, PhD, MD Therho Lehtimäki, PhD, MD Antri Hervonen, MD, PhD Marja Jyhä

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 0.79–2.64) and for the lowest tertile 1.47 (95% CI 0.81–2.65), respectively.

Conclusion: 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.
Associations of anemia and physical function in Georgia Centenarians

Author: Dr. Dorothy Hauman
University of Georgia
Co-authors: Alyson Haslam, Dr. Adam Davy, Dr. M. Elaine Cress, Dr. Mary Ann Johnson, Dr. Leonard Poon, 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).

Results: Lower “normal” hemoglobin concentrations or anemia. Direct Assessment of Functional Status, scores on activities of daily living and instrumental activities of daily living.

Leg strength was significantly greater in those with hemoglobin >14 g/dl than in those without anemia. Analysis by adjusted models, including gender. Lower scores on other physical function measures were not associated with having anemia. 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.

Conclusion: The goal of this study was to investigate how the accumulation of risk factors is associated with unmet physical activity need in older community-living people.

Method: The study was based on cross-sectional analyses of an observational study with 622 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 2.09-8.90) 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.
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 enhancing 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 children, relatives and friends. In particular we focus on the effects that a new intimate partner in later life has on social, legal 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.

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 filial, 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.

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O7.1-2 16:15-16:30
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 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 needs 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.

O7.1-3 16:30-16:45
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.

Author: Rita Borges Neves
Centre of Research for Social Sciences, University of Minho
Co-authors: Prof Alice Delerue Matos, Fatima Barbosa, prof José Machado, Victor Terces Rodrigues, Daniela Cavrelo

Several studies stress the importance of social productive activities (generating goods and services) for wellbeing as providers of control, autonomy, self-realization and pleasure at older ages. This approach on seniors’ wellbeing developed on the grounds of the ingrained sociological construct of reciprocity, autonomy and the Third Age and in relation to changing demographical conditions.

O7.1 Social life
Chair: Anna Siverskog
12-06-2012, 16:00-17:30, Room 13

07.1-1 16:00-16:15
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 has become more common in late modern societies also in later life. However, it has been a neglected issue in social gerontology and sociological studies on ageing. In this paper the research questions are: What characteristics 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 stratified 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 constitut 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 life relationships are discussed in relation to theories of late modernity and the Third Age and in relation to changing demographical conditions.

O7.1-2 16:15-16:30
Ageing-in-place - older people’s housing problems and social contacts

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How do different dimensions of social relations fulfill social needs in older people?

Author: Katja Pynnönen
Gerontology Research Center and Department of Health Sciences, University of Jyväskylä

Co-authors: Timo Tomáškangas, 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/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.

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 GLBTQ 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.
P1-1
Timed Test of Money Counting (TTMC)

Author: Dr. Gona Abdulla
Co-Author: Dr. Loay Al-Dhair

Introduction: The competent handling of money is an essential basis for living independently. TTMC is quickly performed and requires no special equipment or training. The test measures in seconds the time a person needs to open a purse, to take out all the money and to count it. The amount of money is defined: one £5 note, one £1 coin, one 50p, one 20p and three 10p.

Methodology: The TTMC conducted on 23 inpatients (12 females and 11 males). Age ranges from 63 to 90. Further assessment has been done including, mini mental state examination MMSE and Grip Strength measurement.

Result: The 23 patients were divided into 3 groups based on the duration of the test. The first group included patients who conducted the test in less than 45 seconds; the second group included those who completed the TTMC in more than 45 seconds but not more than 75 seconds and finally those who finished the test in more than 75 seconds. Seven patients completed the test in less than 45s and they got MMSE above 25. In the second group of patients 2 have MMSE of more than 25, 1 patient has mental score between 20 to 25 and another one with MMSE below 20. The third group includes 12 patients, 5 patients have MMSE more than 25, 3 have got mental score of 20-25 while 4 of them have MMSE below 20. Within those five patients who have MMSE above 25 and completed the test in more than 70s, 4 of them have weak grip strength due to previous stroke and one penalty given to one patient because of one mistake which means extra 300s given to that patient.

Conclusion: TTMC is reliable and showed concurrent validity with other measures of physical and cognitive function.

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 Hawai‘i
Co-Authors: Dr. Noreen Mokuau, Dr. Kathryn Braun, Dr. Lana Kasapu

The social and health profile of indigenous older adults in the US are alarmingly alike—shorter life expectancies, greater rates of disability, and higher rates of poverty. Native American, Alaska Native, and Native Hawaiian elders also share similar histories of forced colonization, leading many to hypothesize of the link between historical trauma and poor health. This poster session will describe approaches to native elder long-term care assessment needs in Hawai‘i and the continent that are informed by a life course perspective. Research identifies the importance of accurately assessing needs in culturally competent methods. With a focus on kupuna (native elders) in Hawai‘i, we will provide an overview of their social and health profile, describe a multi-method approach to elder assessment and community engagement, and discuss finding implications for this and other indigenous communities.

P1-3
The effects of marital status on episodic and semantic memory in healthy middle-aged and old individuals

Author: S-M Hossein Moussavi-Nasab
Örebro University
Co-Authors: Dr. Reza Karm-Nouri, Prof. Lars-Göran Nilsson

Previous studies have shown inconsistent findings about the relation between marital status and cognition (especially with a general cognitive test, i.e., MMSE). In the present study, we examined the effects of marital status and age on specific memory tests: episodic and semantic. A total of 1882 adult men and women participated in a longitudinal project (Betula) on memory, health, and aging. The participants were grouped into two age cohorts: 35-60 and 65-85 and studied across a period of 5 years. Episodic memory tasks comprised recognition and recall, and semantic memory tasks comprised knowledge and fluency. After controlling for education, some diseases and leisure activity as covariates, married people showed significantly better memory performance than single individuals in episodic memory, but not in semantic memory. Also the amount of decline was significantly larger for singles and widowed than other groups in episodic memory during 5 years period time. These results were similarly observed in both age groups. Our specific episodic memory task showed that the effect of marriage can be observed only in comparison with singles and not with divorced and widowed individuals. This effect can be explained by the role played by cognitive stimulation in memory and cognition. The cognitive stimulation of a partner may protect the brain from deterioration. Marriage can be seen as a positive factor in cognitive aging.

P1-4
Inventory of Life Satisfaction (ILS)
An ecological approach to life satisfaction

Author: Professor Antonio Fonseca
UNIFAI
Co-Authors: Dr. Letizia Texeira, Prof. Constança Paul

The construct of life satisfaction assumes increased relevance with the awareness that “live longer” is not the only desirable result of the increase of longevity. The main goal of this paper is to provide descriptive information about prevalence of three ecological factors with respect to life satisfaction – Health and Safety, Services and Resources, Residence and Socialibility. The construction and validation for the Portuguese mid-life and older population (N=1321) of a life satisfaction instrument was carried through. The proposed three-factor solution provides standard and adequate psychometric requirements for reliable and valid measurement. Therefore Services and Resources, Health and Safety, and Residence and Socialibility may be used as determinants of life satisfaction of mid-life and older people not only considering the heterogeneity of the ageing process itself but also because different groups of older people even within a similar cohort might differ in their experience of life satisfaction. For instance, women present higher means regarding Services and Resources and lower means regarding Health and Safety when compared to men (p<0.05). Findings indicate that there is a significant difference between the dimension Health and Safety and age, where we verify a lower mean of the sub dimension for the older. For the marital status, we found significant differences for the total scale and Residence and Socialibility (p<0.05) and the widow present higher scores. Finally, findings indicate that there is a significant difference between education and all dimensions and total scale (p<0.05), where lower scores is associated a low education. It can be concluded that the proposed three-factor solution provides an adequate description of psychometric properties of the Inventory of Life Satisfaction, supported by high alpha values and differentiated results in the majority of the variables considered.

P1-5
Establishing of Herlev Hospital Discharge-Liaison team

Author: Department Physiotherapist Merete Quvang
Herlev Hospital
Co-Authors: Registered General Nurse Anja Thomsen, 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 continually in 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 in their 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.
P1-6
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 Earnhart

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 old 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 decrease 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.

P1-7
Supporting the Need for an Individualized Approach for Grief Work with the Geriatric Population

Author: Dr. Valerie Alexander

National University

While grief affects all persons, the increasingly older adult population often has accumulative and multiple losses. Such a compounding sequence of losses can lead to an overload in the individual. 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.

P1-8
Active Lifestyle All Your Life
A Multiprofessional Occupation based Lifestyle Intervention Preventing Accidental Falls

Author: Erica Johansson
Karolinska Institutet

Co-Authors: Dr. Reg QT Ann-Helen Patomets, Dr. Reg QT Raymond Dahlberg, Professor Dr. Reg QT Lena Borrell, Ass. Professor Med 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 Redesigned 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.

P1-9
How do the patients and their close relatives experience The Coordinated Investigation Model of Dementia in the North Denmark Region?

Author: General Practitioner Hanne Hulgaard Lægshusset / Vodovok

Co-Author: PhD-student, nurse Aase 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 hereafter 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, 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.

P1-10
The Effect of Learning Therapy on Improving The Cognition Function and Psychological , Behavior Symptoms among the Elderly with Dementia in Institution

Author: Professor Shuyuan Chao
Hungkung University

Co-Authors: Hao-mei Chen, Li-ane 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&ESB28;Neuropsychiatric Inventory&ESB28;were used for measuring the improvement of elder’s cognition function, and psychological, behavior symptoms, before and after intervention. We applied multiple linear regression with the generalized estimating equation (GEE) statistical 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 statistical level. The program could be the reference for the elderly care in institution.

Key words: Dementia, Learning therapy, Cognitive function, Elderly.

P1-11
Risk of falling in elderly patients with Chronic Obstructive Pulmonary Disease

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Falls are a major problem among elderly adults that negatively impact on their functional independence 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. Sociodemographic data were collected via a questionnaire based on the Interna- tional Classification of Functioning, Disability and Health-checklist. Spirometry was performed to assess patients’ 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, 67.7%), with a mean age of 76.7±6.45 years old. According to the Global Initiative for Chronic Obstructive Lung Disease criteria, participants were at advanced COPD (FEV1%predicted 35.45±8.15%). 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 (58.06%) were significantly slower (15.40±6.18 vs 10.62±4.45; p=0.020) and presented a significant higher risk of falling (55.61 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 to respond to elderly patient’s needs.
Effects of Age Images on Implicit Age Attitude in Taiwan

Author: Professor YUJING GAO
Fu Jen Catholic University

The increase in the older adult population is a global phenomenon. In review of the research on age attitude in Taiwan, there are many researches using explicit measurements such as self-report scales or age semantic differential scales. The purpose of this study was 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 attitude across time. The intervention of negative image had impact on age attitude continuously.

Evaluation of NSW BPSD units in Australia: Adherence to a new model and clinical cost-effectiveness

Author: Dr. Michael Bird
DSCC, Bangor University
Co-Author: Dr. Katrina Anderson, Annaliese Blair, Dr. Sarah MacPherson

Background and Objectives: The NSW Government built eleven 16-bed units for people with dementia and disturbed behaviour to get them out of the back-wards of psychiatric hospitals. Over 20 years the units lost direction and became entrenched services will be discussed briefly.

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 eight weeks 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 was not 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.

The Role of Gender in Predicting Mortality among Older Adults in Singapore

Predicting Mortality in Older Population

Author: Dr. Riawati JAHIA
DUKE-NUS GMS/National University of Singapore
Co-Author: Dr. Angeline Chan

The purpose of this study is to identify the role of gender in predicting mortality among older adults in Singapore. We use 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=1.36-5.75, P=0.017) and living in 1-2 room flats (OR=0.7, 95%CI=0.58-0.92, P=0.02), Whilst in more educated men compared to the less, benefitted 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.

The increase in the older adult population is a global phenomenon. In review of the research on age attitude in Taiwan, there are many researches using explicit measurements such as self-report scales or age semantic differential scales. The purpose of this study was 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 attitude across time. The intervention of negative image had impact on age attitude continuously.

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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 intervention. The project was supported by the 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.

P1-19
Being a Standardized Test Administrator in an Acute Geriatric Setting

Author: Kariann Krohne
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Co-Authors: Prof. Sandra Tore, Prof. Ashid Setteba, 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 standardized 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 older 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 competence. The analysis illustrates (i) 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 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 standardized 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 Sitzel
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 their 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 quantitative 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 has shown that aging and work among healthcare professionals is a highly pressing, and at the same time, sensible topic in Austria. Apart from the needed further adaptation of the age management, 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
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Co-Authors: Sandra Dick, Nico De Witte, An-Sofie Smetsoren, Tine Buffet, Dominique Vert

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? c) What is the individual profile of (non) participants? What are the main reasons and thresholds to participate? Methods: This article analysed data from the Belgian Ageing Studies, collected in West-Flanders. 11258 older people were questioned using a standardised questionnaire. Results: The findings indicate that older people realise several active roles in society. 30.6% older people deliver informal care and 38.4% provides childcare. Almost 17% volunteers and 60.4% older people are member of an association. One out of two older adults participate in cultural activities. Moreover, the results demonstrate that 23.6% of older people 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, cognies, personally asked) and thresholds (e.g. timing, price, interest) to participate are highlighted.

Conclusions: 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.
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 (1.1%) 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 women who were present in the study 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

Author: PhD student Gro Idland
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Co-Authors: MD, PhD Renate Pettersen, Professor Kirsten Askard, 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-based measures in the community-dwelling oldest old. The participants were 113 non-disabled community-dwelling 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 (1.1%) 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 women who were present in the study 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.

P1-24
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 Abe, Dr. Kenhiro Shimizu, Dr. Ken Yamamura, Dr. Yoshinori Ishara, Dr. Nobuyoshi Hirae

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 multivariate logistic regression analyses. Prior to the analyses, validation 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 (Spearmann’s r=0.41, 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.

P1-25
Older adults that receive home-based services, on the verge of passivity; The perspective of service providers

Author: Dr. Jkwesti Vik
Sr-Trndelag University College
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.

P1-26
Application of heart rate variability technology to design an emotional management system for the elderly

Author: Professor Hsin-Chang Lo
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Co-Authors: Prof. Ching-Chang Chwang, 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 at 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 accommoda tion 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, mecha nical 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.

P1-27
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 apply PCC from the standpoint of 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, 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 seemed to regard older patients as more active family members when assessing, setting goals and evaluating older patients' care. This is important, as PCC care requires that families are involved in the care of their older members.

P1.28
Older volunteers and potential older volunteers
Differences in terms of individual characteristics
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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, and older non-volunteers, compared to older volunteers, have a lower level of education, to be divorced, and are in multidimensional factors that affect voluntary work in later life.

P1.29
Group-work based gerontological rehabilitation in Finland – meaningful group roles of elderly clients
Author: Aila Pikkarainen
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Introduction: The study focuses on an R&D project, funded and coordinated by the Social Insurance Institution of Finland (KELA 2009-13) and involves 60 rehabilitation courses (each including 8 clients, aged 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 I: The section describes the main group roles the clients adopted in various situations during their rehabilitation process in rehabilitation centres and in municipalities.

Methods: Analytic research in which the researcher observed and noted specific 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 clients’ 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: aligning with one group member being in a similar situation with similar ideas 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 and (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.

P1.30
Geriatric challenges in a middle-aged person
A case report of novel genetic variants causing premature ageing
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Co-Authors: Dr. Brynjulf Fure, Dr. Junko Ochina, Dr. Sine Spletten, Dr. Brynhild Stennesen

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 laminopathies. 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 (R133L) 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?

Conclusion: As ageing becomes 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.

P1.31
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 (70/95) 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.

P1.32
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Objectives: Gerotranscendence is a developmental process accompanying natural aging. Tornstam (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 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 elderly Japanese (Masu at. el., 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...
included the 30-item gerotranscendence scale and components of negative well-being: life satisfaction, positive affect, and subjective well-being. Results: The confirmatory factor analysis showed that the previously established eight-factor structure was replicable. The model fit indices (χ2 = 1048.05; df = 322; p < .05; CF1 = .85; GI1 = .35; AGFI = .93; RMSEA = .04) exceeded the acceptable levels, except for χ2 and CI1. Cronbach’s alpha coefficients were moderate (>.71), except for “Transcendence from dualism” (.43). Positive associations were observed between 6 of 8 subscales of gerotranscendence and subjective well-being, except for “Introversion” and “Transcendence from dualism.” The subscale scores, except for “Introversion,” were higher among octogenarians.

Discussion: The current study indicates that six out of eight subscales of the gerotranscendence scale can capture the adaptive development among the older Japanese. Future studies should cover the oldest old and examine the predictors of gerotranscendence, including physical, psychosocial, and cultural factors. We’ll add further octogenarians to the analysis and report the results in the congress.

P1-34
Sharing knowledge to advance healthcare policies in Europe for People with Dementia and Their Carers

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The last 50 years in Europe have seen a dramatic increase in 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 Observatoire Valuation in Europe (ALCOVE) is a Joint Action co-financed by the European Commission and comprised of 30 partners from 19 EU Member States. ALCOVE aims to improve knowledge and information exchange on dementia and its consequences to preserve health, quality of life, autonomy, and dignity of people living with dementia and their carers in EU Member States. ALCOVE’s main objectives are the following: 1) to establish a European network of healthcare institutions; 2) to inform and advise policymakers, healthcare professionals, caregivers, and citizens through convergent recommendations; 3) to reduce the risks associated with psychotropic drug use, particularly antipsychotics.

ALCOVE aims to improve data on dementia prevalence; access to early dementia diagnosis; care for those living with dementia, especially those with behavioural and psychological symptoms; and the rights of people with dementia, particularly with respect to advance declarations of will. In conducting this work, ALCOVE draws on previous European studies, including EuroCode, and existing networks, including the Joint Programming on Neurodegenerative Diseases (JNDD), European Alzheimer Disease Consortium (EADC), European Dementia Consensus Network (Econ), Early detection and timely Intervention in DEmentia (EDIT), and Alzheimer Europe. The 7 work package leaders - France (coordination), Spain (dissemination), Slovakia (evaluation), Italy (epidemiology), United Kingdom (early diagnosis), Finland (care and services) and Belgium (rights and dignity) constitute the Executive Board of this Joint Action running 2011-2013.

P1-35
Adopting the Senior-friendly Hospital Framework: Caring for Frail Older Patients in the Orbis Medical Centre

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Co-Authors: Walther Sper, Erik van Rossum

Objectives: Hospitals face an increase in frail older patients vulnerable to loss of function and often experiencing adverse events during hospital care. Orbis Medical Centre aims to work towards better health outcomes for these patients. Evidence indicates that a systematic integrated approach is fundamental to success (Wong, 2015). Therefore the hospital has adopted the Senior Friendly Hospital Framework (Parkes, 2004) as a main strategy.

Methods: Maintaining and improving optimal functioning, improvement of patient and family satisfaction, facilitating discharge, targeted interventions to prevent complications are main objectives.

Results: Every patient (+70 years) is screened for frailty by the consultation team assesses frail patients and gives preventive advice. A toolbox with a summary of useful interventions was distributed hospital-wide. An effect study of this proactive approach is underway. An innovative physical environment (only single patientrooms) offers new options with regard to family consultation, delirium prevention, communication. The CodePlus, a Canadian evidence based set of design guidelines was translated, adapted and used. A model for the preparation of discharge of older patients was developed and will be implemented in 2012.
Not without my pet! Domestic animals and loneliness among older Swedes

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 dog/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 Mullsjö, Jönköping county, of persons 57+ in 2010 (26% have a pet) and the nationwide SALSa 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 from poor health, the percentages are 19% and 25% respectively, to complete the panorama, 72% have been caring for a pet during their life course, 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?

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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 networks have become tighter: older people to develop sustainable social supports beyond the family. The emotional and practical implications of these losses are little researched or understood, as are also the lifelong effects of loss of an adult child. (Longer marriages and unions with many children had much higher risks.)

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 adult child.

P1-39

Physical activity among elderly with chronic pain

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Objectives: The study aimed to investigate physical activity among elderly and how pain characteristics, self-efficacy, and various symptoms affect the degree of physical activity among elderly with chronic pain.

Method: Data was obtained through postal questionnaires sent to a randomized selection of persons (65+) living in Sweden. The questionnaire included questions about physical activity (Grimby’s activity scale), kinesiophobia (Tampa Scale of Kinesiophobia, TSK-11), pain characteristics (pain intensity, pain duration), self-efficacy (General self-efficacy scale) and symptoms (dizziness, balance, continence, fatigue, and depression). Pain lasting longer than 3 months was used as the definition of chronic pain. To study the associations between the variables multiple stepwise linear regression were performed using physical activity as dependent variable.

Results: 1141 where included in the study. 433 (37.9%) reported chronic pain (57% women, mean age 74.3 years). 10.1 year was the mean duration of having chronic pain and 16.7 % had pain at multiple locations. Those with chronic pain were significantly less active than those without pain (p< 0.01). In the total population men reported significantly higher levels of physical activity (p< 0.01), whereas among those with chronic pain there was no difference between genders. Kinesiophobia (B=0.30, age (B=0.18), self-efficacy (B=0.17) and balance (B=0.16) showed statistically significant associations (p< 0.01) to physical activity.

Conclusion: For elderly with chronic pain, age, kinesiophobia, low self-efficacy and balance difficulties were variables associated with lower levels of physical activity. All associated variables except age are possible to intervene and of importance to consider in clinical settings and treatment programs when aiming to increase physical activity among elderly with chronic pain. Thus, treatment programs should have a broad perspective and include both physical and psychological variables.

P1-40

Addressing social isolation and loneliness through practice

Author: Rob Hankins
ECH Inc

‘Living Well’ is an innovative program being piloted in South Australia which suggests that time-limited intervention can address loneliness in older people and develop sustainable social support. For one lady it was a laptop and computer lessons, for another it was organizing a volunteer position at a local primary school. What the solution, a range of simple interventions have made a world of difference for a growing number of older people.

Social isolation and loneliness amongst older people living in the community have been associated with adverse health outcomes, and increased risk of placement into residential care or death for older people. Despite evidence of these negative impacts, social isolation and loneliness have been low priorities for funding or innovative service responses whilst traditional services have created dependency rather than addressing the problem. As service providers we face the challenge of providing services without creating service dependency, and the uncertainty of not knowing whether the often hidden problems of loneliness and social isolation are being addressed effectively through these traditional services.

For the past four years, ECH (based in Adelaide, South Australia) has been piloting an innovative restorative program with socially isolated and lonely older people who are living in their own homes in the community. Evaluation of the ‘Living Well’ program results suggest that time-limited intervention strategies including individualised goal setting, personal coaching and support can be effective in supporting older people to resume previous social relationships or to develop new social connections in their community, thereby reducing isolation and loneliness.

Using client case studies, this paper will highlight the diverse barriers to social participation as well as the range of responses which have been successfully implemented and have supported older people to develop sustainable social supports beyond the life of the intervention program.

P1-41

Relationship between leisure activities and cognitive function among the elderly in Japan

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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 516 women) in the age range of 69-72 years (mean age 70.7 ± 0.88 yr) were analysed. 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 dimensions, 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 and intellectual activity influenced MoCA-I score. And physical activity and physical 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.


P1-42

24-h mobility during acute hospitalization in older medical patients

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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 0-5 corresponding to some level of dependency in basic mobility, and a score of 6 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 screening included 32% men. The ability 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 median 17.0 hours (IQR: 14.4-19.1), sitting 5.1 hours per day (IQR: 3.9-7.1), and standing/walking 1.1 hours (IQR: 0.6-1.7) per day. On days with independency in basic mobility, the patients able to walk were lying 4.7 hours less compared to days with dependency in basic mobility (p=0.0001), 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 spend 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.

P1-43

Local Medical Center as Idea and Practice Possibilities and Challenges

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Introduction: A new health care reform in Norway - The Cooperation Reform - will provide challenges in the primary health care in the municipalities. A consequence of the reform is that hospitals increasingly will focus on short-term acute care and outpatient services. Hence recent health care policy has promoted local medical centres (LMC) as a remedy for building a more robust health care in the municipal sector. The term LMC is used for municipal health services where one or more municipalities cooperate with the local hospital to deliver health care before, after, and instead of hospitalization.

The aim of this study is to explore how LMC as a normative model is understood and translated into practice in various inter-municipal cooperation regions. Furthermore what kind of possibilities and challenges do various local authors meet in their efforts to realize their LMC?

Methodology: The project is based on a case study design. Data was collected in three inter-municipality cooperation regions in health care by conducting in depth open ended interviews, examining written documents, and observing several meetings.

Results: LMC reflect a highly flexible type of health care facility. Preliminary results from the regions indicate different models of LMC. In one region LMC represent health promotion at home. In another region LMC represent an alternative to hospital. The main patient group, in both regions, is old and chronically ill people. However, many of the challenges the municipalities face are similar and related to funding uncertainty and the ability to gain the competence needed for a more comprehensive health service.

Conclusion: Our preliminary results suggest that LMC will provide various health services depending on local adaptations and translations of the idea of LMC. In the end, a consequence may be that the quality of the health service delivery for old and chronically ill people will vary considerably between municipalities in various regions of the c

P1-44

Vitamin D status in geriatric patients from 2007-2010

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Vitamin D status in geriatric patients from 2007 – 2010.

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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 Gerntofte Hospital, Copenhagen, Denmark, we have collected information on vitamin D status in the elderly population. Our preliminary results suggest that LMC will provide various health services depending on local adaptations and translations of the idea of LMC. In the end, a consequence may be that the quality of the health service delivery for old and chronically ill people will vary considerably between municipalities in various regions of the c

P1-45

Intermediate care in nursing home is more successful for older patients with a medical compared to an orthopedic admission diagnosis

Intermediate care in nursing home

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Introduction and objectives: Storevet 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 diseases 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, multipharmacy, cognitive status depression nutritional status and orthostatic BP. Outcome: 71% 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 orthopedic diagnoses. Further analysis of the heterogeneous 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.

P1-46

The predictive value of fatigue for nonfatal ischemic heart disease

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Chronic disease in middle 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 at 4-year follow-up. 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.

P1-47

An everyday life with minor and more wide-ranging adjustments

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Co-Authors: Occ.ther., professional coord Nina Marstrand

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
Purpose: This study analyzed findings from several studies that focuses on the ordinary everyday life and the connections over time in their naturally occurring order. The diaries were written on topics connected to how low vision can have an influence on daily life activity and participation.

Findings: Preliminary analyses show how the participants struggle to live what they experience as “the best of days”. They express hope and anxiety of the future, and of how to live and cope with the new situation. At the same time they find adjustments and strategies in preferable and desirable activities. Family members give support or resistance. Being a part of society is important; that is also the possibilities to keep on to activities implying a special meaning in life.

Conclusions: These elderly are living an everyday life with minor and more extensive adjustments. They have found ways of handling new challenges as best as possible, and they worry about the future. This knowledge is significant when discussing services and early intervention strategies.

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-Authors: Inger-Lise Dyrholm, Marianne Elbreund

Adding value to the daily lives of the vulnerable elderly

Newly diagnosed low vision experience and organize their everyday life. Findings are drawn from a minor project, with the purpose of increasing knowledge about this group of citizens, to be able to improve early intervention initiatives.

Methods: Methods used were the time geographic diary in combination with a qualitative interview. The diary method focuses on the ordinary everyday life and the connections between time, space and activity. Nine elderly aged, aged 63 to 88 were given a notebook with the head line: What I do, Where, Together with and Comments. During three days, included one week end day, they were asked to record activities over time in their naturally occurring order. The diaries were compiled into a computer program. Subjects from the diary were the starting point of the qualitative interview, followed by themes prepared in an interview guide. Themes were built on topics connected to how low vision can have an influence on daily life activity and participation.

Findings: Preliminary analyses show how the participants struggle to live what they experience as “the best of days”. They express hope and anxiety of the future, and of how to live and cope with the new situation. At the same time they find adjustments and strategies in preferable and desirable activities. Family members give support or resistance. Being a part of society is important; that is also the possibilities to keep on to activities implying a special meaning in life.

Conclusions: These elderly are living an everyday life with minor and more extensive adjustments. They have found ways of handling new challenges as best as possible, and they worry about the future. This knowledge is significant when discussing services and early intervention strategies.

P1-48

Adding value to the daily lives of the vulnerable elderly

When Time is the fundamental substance of life

Author: Knud Ramian
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Co-Authors: Inger-Lise Dyrholm, Marianne Elbreund

Background: At time when those caring for the elderly are asked to do more with less we ask: Might social care and Quality of Life (QOL) suffer? 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 sleep. The model links QOL to the personal values elderly people assign to these situations. The VEGA studies are case studies of these situations and studies of attempts to improve their value content. The care givers used a small steps strategy care given crisis did 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 older person’s everyday life.

Results: This study of SEL shows a number of variables 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 Símen A. Steindal
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Co-Authors: RN, PhD, Liv Wergeland Setby, RN, PhD, Professor Annars Lerval

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 elderly terminally ill cancer patients is deficient. The objective was to investigate health 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. Analyses were administer 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 Pietronico Penna, Mira 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 valorated as a resource of knowledge and cultural traditions (e.g., Yoon, Feinberg, Rahal., & Winocur, 2000).

Current research is mainly aimed at investigating the effect of cross-cultural and age-related factors on self-referent well-being in the Italian population. One hundred thirty-nine healthy adults (20 to 99 years) were recruited in individualistic northwest Italy (i.e., province of Cremeno) 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-referent cognitive efficiency scales, subjective psychological well-being, depression, and psychological distress scales.

Participants from the collectivistic 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: Old participants self-refer 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 associated as helpful and depositary of the local traditions —seems to promote subjective well-being in late adults by means of the maintenance of a more positive social status for the elderly and a greater involvement in the social network.
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Introduction

Glostrup University Hospital

Geriatric Assessment Unit (GAU)

P1-53

Co-Authors: Osaka University

Author: Nozomi Renge

memory compensation behaviors and prospective memory performance in elderly people.

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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.

A one-day Geriatric Assessment Program was developed. Diseases, health- and functional problems were identified. Individualized interventions were offered. Study period 1st of September 2011 – 30th April 2012.

Results: During the 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 incompensation, 3 cardiac arrhythmia, 3 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 immedi- ately 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

Tumor and confusion

A qualitative study of nurses’ experience with delirium in the face of hospitalized elderly with fracture.

Author: Tove Karin Vasbø

Gjovik University College

Co-Author: PhD Farsteinamuseni, HIBU Grethe 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 the study was to investigate the characteristics of nurses’ practice experience related to the state of delirium in the orthopedic elderly patients.

Methods: Fifteen nurses from the orthopedic department of two hospitals in southern Norway participated in three focus group interviews. The data was transcribed and analyzed with thematic content analysis.

Results: The results indicate challenges related to unpredictable surgery programs, insufficient knowledge and poor plans for elderly patients at risk of or who has developed delirium. With regards to clinical nursing knowledge to the state of delirium, the study revealed a need for adopting established routines. Focus group interviews stimulated an interest in regard to changing established routines. Furthermore, the results show that it is necessary to improve nursing practice to elderly patients with fractures, to achieve other possible nursing in the specialist healthcare.

Conclusion: It is necessary to improve practice of nursing to the elderly with fractures in health services to achieve better quality services adapted to this patient group’s unique needs. The surgical unit context impacts nurses’ opportunities and motivation to perform academically acceptable nursing. Increased attention to knowledge of delirium in older patients is necessary both in nursing education and nursing practice.

Knowledge that brings nurses into a position to distinguish delirium from conditions with similar symptoms needs increased focus. In general, short hospitalization periods may contribute to basic nursing care being given low priority. This may result in elderly patients, who are at risk or have developed delirium, not receiving adequate help.

P1-55

Residential Aged Care in Japan - Strategies to facilitate 'Aging in Place'.

Author: Dr. Masayuki Miyagishima

Senior 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 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.

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 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 investigated and our strategies to facilitate ‘aging in place’ will be discussed.

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 Jairg, Dr. Melanie Deutmeier

The live expectancy of people with intellectual disabilities (PID) has improved dramatically and is nowadays almost as the same 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 not 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 design study 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 investigated and our strategies to facilitate ‘aging in place’ will be discussed.

P1-57

Geriatric Assessment Unit (GAU) Preliminary results from a Subacueric Geriatric Assessment Unit

Author: Dr. Eva Nyholm

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Co-Authors: Nurse Trine Heln Hansen, Dr Hanne Elijaer Anderman, Physiotherapists Katrine Storm Piper

Introduction and Objective: In frail elderly people functional decline, falls and unspecific 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.

A one-day Geriatric Assessment Program was developed. Diseases, health- and functional problems were identified. Individualized interventions were offered. Study period 1st of September 2011 – 30th April 2012.

Results: During the 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 incompensation, 3 cardiac arrhythmia, 3 electrolyte derangement, 10 signs of cognitive dysfunction, 6 malnutrition, 7 inappropriate medication and 20 had impaired muscle strength.

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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.

P1-58

Turmoil and confusion

A qualitative study of nurses’ experience with delirium in the face of hospitalized elderly with fracture.

Author: Tove Karin Vasbø

Gjovik University College

Co-Author: PhD Farsteinamuseni, HIBU Grethe 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 the study was to investigate the characteristics of nurses’ practice experience related to the state of delirium in the orthopedic elderly patients.

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Conclusion: It is necessary to improve practice of nursing to the elderly with fractures in health services to achieve better quality services adapted to this patient group’s unique needs. The surgical unit context impacts nurses’ opportunities and motivation to perform academically acceptable nursing. Increased attention to knowledge of delirium in older patients is necessary both in nursing education and nursing practice.

Knowledge that brings nurses into a position to distinguish delirium from conditions with similar symptoms needs increased focus. In general, short hospitalization periods may contribute to basic nursing care being given low priority. This may result in elderly patients, who are at risk or have developed delirium, not receiving adequate help.

P1-55

Residential Aged Care in Japan - Strategies to facilitate 'Aging in Place' -

Author: Dr. Masayuki Miyagishima

Senior 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.

Home is right 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.
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 hospitalization of 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;2 ischemic), localization (6 RCVS;3 LCVIA), 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) obstacles and challenges. All patients desired meaningful activities, Wii were seen as a respite, and patients were motivated and engaged during play. Due to stroke impairments, patients experienced disappointments and physical and cognitive challenges. Field notes confirmed the interview findings and showed an intermittent need for therapeutic support. An overarching category showed that all patients related to appreciated or desired past, present, and future occupations.

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.

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 76.87 ± 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 7.44 ± 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=13) (p=0.001; n=21). No statistical difference was observed in TUG (14.515 (Q1=11.15, Q3=20.25) vs 14.750 (Q1=11, Q3=19), p=0.402; n=48).

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.

Objective: How to improve everyday life for vulnerable elderly

Author: Training manager Marianne Elbroend Social & Sundhedsskolen
Co-Author: Senior consultant Knud Raman, Network manager Inge-Use Dythold

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 peoples 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 higher, 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 improve. 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 influencing motivation and retirement decision of care staff. We care staff working at the same institute (age 21-51 years) were interviewed. We asked them about the care provided at the institution, especially about the care the staff gave themselves and what was institutional policy.

After analysis, the content of the interviews were classified into 3 categories, with 4 standards; the problems of users, the actual care provided by staff, the cooperation with other staff members, and awareness about institutional policy. 4 types of treatment frameworks 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 staffs’ 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.
Housing tenure in later life: Differences among older adults in Belgium

Author: Professor Liesbeth De Donder
Vrije Universiteit Brussel

Co-Authors: An-Sofie Smetcores, Prof. Dr. Tine Kardol, Sarah Dury, Nico De Witte, Tine Buffel, Dominique Verté

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 other 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 inequalities in housing tenure among older adults. Future research could explore additional insights between housing tenure and housing quality in later life.

Out-of-home activity intervention carried out by volunteers improves mood among older people with severe mobility limitation: A Randomized Controlled Trial

Author: Dr. Merja Rantakokko
Gerontology Research Center and Department of Health Sciences, University of Jyväskylä

Co-Authors: MSc Inka Päkkäla, MSc Ima Äyräväinen, PhD Tama Rantanen

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 (SIRETIN0831832). VOW project 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. 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 unchanged (14.8 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=.209, group difference p=.033). Among the subgroup with minor depressive symptoms at baseline, a significant treatment effect was observed (p=.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.

SENIORENGAGE Project: Use of Computer and the Internet among Senior and Young Professionals

Author: Dr. Pirjo Tilkikainen
JAMK University of Applied Sciences

Co-Authors: Dr. Tiina Kuukkanen, Jan Bobeth

Background: The SENIORENGAGE project will develop, test and validate an internet platform that introduces the seniors in the IT world, providing them with a social network to share knowledge and experiences with other, both young and senior professionals. Objectives: To survey the use of a computer and the Internet among retired and semi-retired senior professionals, as well as among young professionals for to develop platform. Methods: The survey with online structured, anonymous questionnaires was conducted in Finland by Jyväskylä University of Applied Sciences (JAMK) and in Austria by Center for Usability Research and Engineering (CURE). In total there were 153 replies to the questionnaire from senior professionals and from 82 young professionals. The data from the questionnaires was analysed using descriptive statistics, per cents and frequencies. Results: All the target groups had well equipped computers, and they used their computers and the Internet almost daily. There was no remarkable difference in computer and Internet use between the seniors and young professionals. Computers were used mainly for text processing and calculations in both groups. Drawing, photo and video editing were more common among young professionals. In the Internet use the groups differed from each other in self-expression and searching for new friends. 65-70% of the seniors did not use the Internet for self-expression such as for writing blogs or searching for new friends. The respective numbers of young professionals were 25-35%. Conclusion: The findings showed the skills and behaviour of the age of 55 and over regarding their use of computer and Internet in general. The results form the basis for developing a platform equipped with all the tools that will facilitate and enhance professional knowledge interchange in the third age and promote the intergenerational learning and collaboration.

SENIORENGAGE - virtual network to empower the integration of seniors into an active community in the post retirement years.

Author: Dr. Tiina Kuukkanen
JAMK University of Applied Sciences

Co-Authors: Pirjo Tilkikainen, 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 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.

POSTER SESSION II
12-06-2012, 15:00-16:00
ROOM 14/15

POSTER SESSION II
12-06-2012, 15:00-16:00
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P2-64

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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 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.
P2-65

Mobility recovery after a hip fracture

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Objective: To study mobility recovery after hip fracture and investigate the characteristics that determine the recovery after a hip fracture.

Methods: Longitudinal analyses of pre-trial data of a randomized controlled trial on a multidisciplinary intervention, aiming to improve mobility and function in hip fracture patients (ProMo, SRCTN 53808197). The population-based sample consisted of 81 community-dwelling, on average 86.2 year-old, hip fracture patients that followed-up for on average 9 weeks after fracture. Self-reported mobility difficulty (moving outdoors and walking 500 meters) was assessed in the hospital reflecting the status prior to the fracture, at discharge (5.2±2.3 weeks after the surgery) and 6.5±2.3 weeks after discharge from the hospital. Demographic, surgery and health status data were received from the hospital and health care centers.

Results: Ten percent of the patients experienced severe difficulties in moving outdoors before the fracture, 39% at discharge and 38% six weeks after discharge (p=0.01). Corresponding values for walking 500 meters were 21%, 57% and 44% (p=0.003), respectively. In total, 63-66% of patients persisted that their mobility had declined from pre-fracture level to 9 weeks after the surgery. Based on preliminary analysis, fracture diagnosis, type of surgery and lower body pain were associated with the poorer mobility recovery after the fracture.

Conclusions: Still over a month after the discharge hip fracture patients experienced severe mobility difficulties. Factors affecting mobility recovery need to be studied in more detailed in order to design effective rehabilitation programs after hip fracture.

P2-66

Do Social background and intelligence early in life influence use of coronary heart disease preventive medication in adulthood?

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Background: Social position in childhood and intelligence 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 initiation of antihypertensives, antidiabetic and statins. We used 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 vs. 3rd tertile: OR 0.61 [0.40-0.96]), IQ trended to predict lower uptake and lower discontinuation with antihypertensives, but the associations were not significant in multivariable 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.

P2-67

Lexical decision task for the elderly: Differences between go/no go and yes/no variants

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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 353 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 Questionnaire, 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 psychopath 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 = - .14, p <.001), and correlated with some of the different subscales from MSPSS such as significant support (r = - .18, p <.001) and friends support (r = - .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 be also involved in this process, as well, a comparison not only with optimal aging, but also with normal and pathological aging.

Keywords: health, mental health, optimal aging.

P2-68

Support and Mental Health Evidence from optimal aging

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P2-69

Staff’s experiences of factors contributing to a quiet atmosphere during meals in two nursing home wards

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Objectives: To describe staff’s experiences of factors contributing to a quiet atmosphere during meals. 2. To explore if structured organization of meals to reduce stimuli contributed to reduced agitation as experienced by staff.

Theoretical framework: Progressively Lowered Stress Threshold model.

Method: Co-operative inquiry design. Observation & interviews. Stage 1: Interview with staff (N=20) that succeeded in creating a quiet atmosphere. Systematic descriptions of residents (N=25) Brief Agitation Rating Scale (BARS) and weight. Observations of lunch during 2 weeks.

Stage 2: Development and implementation of a revised plan for the meals (based on data from stage 1). Reflection groups (staff N=20) with discussions of episodes with agitation and strategies to prevent and handle such episodes.

Stage 3: Systematic descriptions of residents and observation of meals as in stage 1. Interview with staff (N=7) about their experiences of changes and improvements.

Analysis: Qualitative data: Content analysis. Data from the resident registrations: Descriptive statistics.

Results (preliminary): Staff was described to have an important role in securing a quiet atmosphere. Good knowledge of each resident, their diseases and food preferences was essential to plan and organize meals to be quiet. During meals stimuli that could distract residents from eating had to be minimized. Staff had to sit down at the table, establish a social community and help the residents focus on eating. Also, they had to constantly observe each resident and early signs of agitation to be able to prevent agitated episodes. Staff experienced the meals to be quieter in the end of the project. Results from analysis of BARS and weight are not available yet.

Conclusion: Staff experienced that they were more competent and had a greater influence on how the meals developed at the end of the project.
P2-70

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 58.17 years) was selected. Time as caregiver was 3.48 years for men (SD = 1.72), 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), using emotional support (r = .34), all cases, p <.05.

Results from the different COPE sub-scale. In terms of gender, women results correlated with self-distraction (r = .45), Denial (r = .30), seeking social support (r = .25) and self-blame (r = .33). Men results correlated with emotional disengagement, etc.). On one hand, men participants showed more self-distraction than women. On the other hand, women showed more self-blame strategies, men religion and seeking social support.

Healthy coping strategies are not only essential to prevent caregiver symptoms, it also to establish best practices in care. However, there are many questions underlying the degree of overload, resources and quality of life of caregivers. Thus, more research on this topic is necessary.

Keywords: coping strategies, caregivers

P2-71

Meaning in Old Age
Knowledg 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). 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/fit 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 instructors. 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.

P2-72

Title: The importance of the patient expression to provide good care for persons with dementia

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Background: Health services frequently receive negative media publicity concerning neglect in elderly people's care.

Objective: To describe professional caregiver's experiences of the importance of patient expressions to succeed in providing good care for persons with dementia.

Theoretical framework: (Lofthus)’s relational philosophy of ethics. Methods: Qualitative, in-depth individual narrative interviews with 12 professional caregivers from two different nursing homes. Data analyses: The transcribed interview texts were subjected to a phenomenological – hermeneutical interpretation involving three stages: Naive reading, structural analyses and comprehensive understanding.

Results: To provide good care to patients with dementia, the professional caregivers emphasized the importance of sensing the patient expressions through sentient attentiveness and recognition of the patient as a person. They highlighted the importance of understanding the patient’s emotional expressions, body expressions, unrest and rest. They also described reciprocity of expressions in the patient-caregiver relationship where the patient recognized the caregivers as persons and professional caregivers.

Conclusion: Our study points to the importance of a good reciprocal patient-professional caregiver relationship to succeed in providing good care for patients suffering from dementia.

P2-73

Informal caregivers view of collaboration, communication and information to a person with dementia in Sweden

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Background: People with dementia are often cared for by informal caregivers combined with formal care. Informal caregiver’s experiences of formal care through the trajectory of dementia are important for understanding how formal care is working and how the care can be developed.

Objectives: To explore informal caregiver’s view of collaboration, communication and information with formal care when providing care to a person with dementia in the trajectory from diagnosis to end of life in a Swedish context.

Method: Four focus groups interviews were provided with informal caregivers and persons with dementia. An interview guide was used, for discussing how communication with formal care works, the characteristics it is when working well and less well, how informal caregivers with interaction with formal care should work and suggestions for improvement. The transcription verbatim was analysed using latent content analysis.

Results: Preliminary results showed that the participants had different experience, good or bad, from both caring for a relative in the home and caring for a relative in a nursing home. The themes appearing after analysis were: for participants contextual situation “An unwanted lifestyle with changes in rules”, for participant’s description of collaboration with professionals “Getting resources or finding your own way”, and participant’s description of the information and communication was “Either safe or struggling”.

Conclusion: For informal caregivers to feel safe with care and service for the person with dementia the information is needed to be individualised and personalised through the entire trajectory.

On the behalf of RightTimePlaceCare consortium. https://www.righttimeplacecare.eu

P2-74

Acute hospitalization of the old medical patient: changes in muscle strength and functional performance during hospitalization and 30 days after discharge

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Introduction: Acute hospitalization of older medical patients is associated with loss of muscle strength and functional perfor- mance, and new disabilities in Activities of Daily Living. As older patients possess low physiologic reserve capacity the consequence of hospitalization may be loss of functional independency.

Aim: To determine the effect of acute hospitalization on muscle strength and functional performance in older medical patients.

Methods: A prospective cohort study in older medical patients (>65 years) acutely admitted to the hospital. Muscle strength was assessed by isometric knee-extension strength (IKS) and hand-grip strength (HGS), and functional performance was assessed with the Timed Up and Go test (TUG) on admission, at discharge, and 30 days after discharge. During hospitalization 24-hour mobility was quantified using accelerometers.

Results: The 33 participants had a mean age of 82.2±(SD 8.2) and a median length of stay of 7.5 days (IQR 4.25-11). IKS and HGS did not change over time. IKS was 1.00 Nm/kg, 1.08 Nm/kg and 1.11 Nm/kg at the three assessment dates (p=0.138) and the corresponding results in HGS were 24.2 kg, 23.3 kg, and 23.5 kg (p=0.265). TUG improved during hospitalization, from 17.3±2.1 sec. on admission, to 13.3±1.3 sec. at discharge (p=0.003). No further improvement was found at the 30-day follow-up. 12.4±1.0 sec. (p=0.04). IKS was on the threshold level of independent functioning, and the TUG below that of age-matched peers. The median time spent in lying, sitting and standing-walking was 17.1 hours/day, 4.8 hours/day and 0.8 hour/day, respectively.

Conclusion: Muscle strength remained unchanged during hospitalization and 30 days after discharge in old medical patients. Despite a low level of mobility during hospitalization, functional performance improved from admission to discharge, without further improvement after discharge. The IKS and the TUG values were low, which indicate a need for rehabilitation.
**P2-75**

**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 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.

**Results:** Preliminary results indicate that issues of importance for the relatives are lack of communication and information both at admittance, during hospitalization and at discharge, the experienced grief when seeing a beloved person not receiving sufficient care. Feeling angry and powerlessness, and at the same time having an empathic understanding for the staff’s working conditions.

**Conclusions:** Relatives seem to be keen observers of the busy practice in acute wards, and to have a clear vision of good care quality. This makes them a resource, who, if involved in both the individual patient care and in organizational in ward developments, may contribute with valuable observations and knowledge. Hence, a systematic involvement of relatives seems called for.

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**P2-77**

**Foot care knowledge – important in older people care**

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**Background:** The growing number of older people increases the support requires adequate knowledge about foot health and care of specific foot diseases and properties of footwear. 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 who lived in selected institutions for permanent living for elderly. 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 (8.6/1.3), 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 (5.9/0.8).

**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.

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**P2-78**

**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 institution. 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 IPFs (In-Person Testing). A total of 423 individuals participated in IP1 and 138 individuals were examined on six occasions. It was 184 individuals who died during the study.

**Results:** The mean age at IP1 was 85 years (M = 84.8, sd = 7.27) and almost two thirds were women (301). They had on average three diagnoses and the most common diagnosis was some kind of dementia. Further, they accounted on average for seven drugs, most commonly aspirin. The number of diagnoses did not change over time, but at IP4 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***)) but not in Downtown Fall Risk Index (F = 3.30). Already at IP1 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.

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**P2-79**

**Predictors of grip strength development in older adults**

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**Rationale:** Loss of muscle strength in older persons may lead to several negative outcomes such as disability, limited daily activities, and falls resulting in injuries. Hence, muscle strength is an important public health issue. Grip strength is often used as a market, not only for muscle strength, but also for biological vitality, since it is a cost-effective measure sensitive to age-related changes and to changes in biological functioning. The mechanisms behind negative development in grip strength are still not well understood, although some risk factors have been suggested, such as low physical activity, and morbidity. The Swedish Adoption/Twin Study of Aging (SATSA) provides unique opportunity to study the longitudinal development of grip strength with seven measurement points over 22 years. With access to data from questionnaires collected up to twenty years before the assessment of grip strength we are able to study which early midlife factors that predict the age trajectories. Latent growth modeling was used for the longitudinal analyses. The present study showed how demographic, health-related, and lifestyle-related factors influence performance on grip strength development in participants 40-88 years of age at baseline. Age trajectories for grip strength were analyzed separately for men and women. The results are discussed in the perspective of cohort and gender differences in grip strength development.

**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 possibility 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.


Both 1992 and 2002 were election years in Sweden. A single item 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, cane, quadripod), Munich, and wheelchairs) to sex 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. A logistic regression analysis

P2-82 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 relations 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-Mental State Examination. Descriptive statistics and chi-square test (X2) were applied.

Results: Residents mean age was 82.96(8.3) years old. In the medical records, 16.3% (n=20) of the residents were diagnosed with depression and 51.2% (n=30) were prescribed with 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, df=8, 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 antidepressants 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.

P2-83 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 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=94) being totally edentulous without prostheses and 45% (n=164) having complete prosthesis in upper or lower jaws. 48% (n=161) had some natural teeth left. Of totally edentulous subjects, 33% were malnourished whereas respective figures 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 prostheses 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 prostheses 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 (25 % of the residents). The patient records were analyzed 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 indicatively 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 documentation is easily reactive, not goal oriented. By assessing the patient records and analyzing 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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Objectives: 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 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 dependence 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 ≥85 (85 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). Disability in ADL was assessed by the doctors at the medical clinics, often in consensus meetings. Age, gender, partnership status, depression and education were assessed to be considered in the statistical analysis.

Results: Result shows an association between I-ADL and MCI and AD, still statistical significant after controlling for age, gender, partnership status, education and depression. Analysis of the items in the I-ADL assessment show significant differences between MCI and AD groups in all of the patterns concerning normal functioning and severe difficulties, while there are no significant differences in the some difficulties score in the two groups, with the exception of “use of telephone” and “handling finances.”

Conclusion: There are associations between I-ADL and MCI and AD after controlling for age, gender, partnership status, depression and education. Patients with MCI have better score than patients with AD, but the patients with diagnosis MCI have problems in I-ADL activities as well.

P2-87

Returning to own home after intermediate care can be predicted by TUG and P-ADL.

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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 to 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 tests: Timed “Up & Go” (TUG), Barthel Index (BI), Mini Mental State Examination (MMSE), Geriatric Depression Scale (GDS). Demographic and administrative data were obtained from patients records.

Results: Datasets of 118 patients out of 239 were completed and used for analysis. Included participants were 85 years old (mean) and 72% were women. 73% of the participants were able to return to home after intermediate care. Those who did return at home had a shorter TUG (p=0.06) and a higher BI score (p=0.006). There were no differences with regard to cognitive function (MMSE) (p=0.186) or depressive symptoms (GDS) (p=0.358).

Conclusions: It appears that patients’ physical function and P-ADL may influence 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 only 116 out of 239 patients had complete sets of data.

P2-88

Lack of guided exercise for older adults with mobility limitations

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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 2005-2009 good practices for older people’s health exercise in order to solve this dilemma. The target group consisted of independently living older adults (75+) 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 experienced their interest in exercise. 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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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 an 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 been shown to be effective in other contexts.
Life Course and Generations
Research and practice development project 2011–13

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Co-Authors: Dr. Marta Saarenheimo, MsC Sari Raitkan

Objectives: The Central Union for the Welfare of the Aged (Finland) is carrying out a research and practice development project called Life Course and Generations (2011–13). The general aim of the project is to increase knowledge about different generations, to encourage intergenerational dialogue and to bring together people of different ages. This is done in order to support particularly older people’s psychosocial wellbeing and inclusion, and to reduce their loneliness and exclusion.

More specifically, the project aims to:

- Study how people of different ages understand life course and their own place in the generational chain, as well as what they think about people older and younger than themselves
- Campaign to promote active public discussion about positive interaction between generations, as well as to initiate intergenerational activities and communities (under the title Four Generations Meet)
- Create an access-to-all database about intergenerational activities to share good practices

Methods: As research data and methods, the study uses (1) qualitative group discussions, age diaries and newspaper contents which are analysed by discours analytic methods (2011–13), and a quantitative Webropol questionnaire which is analysed by statistical methods (2011–13). The Four Generations Meet Campaign challenges relevant actors to present and create intergenerational activities. The Campaign is a part of the European Year for Active Ageing and Solidarity between Generations 2012.

Theories: Social construction and historical perspectives of generational understandings; socio-cultural inspiration.

Results and conclusions are reported at the end of the project in 2013.

P2-91

Patients' perspective on telephone follow-up after ED discharge

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Background: It is known from studies that follow-up to older people after Emergency Department (ED) discharge prevents readmission. In a study we showed that older people recently discharged from the ED had unanswered questions about their illness, general wellbeing, medicine and follow-up.

Objective: The overall purpose of this study is to describe the transition from the ED to home from the older peoples and the primary health care nurses' perspective. The object is: a) To describe older peoples' 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 peoples' confidence; c) to examine if care was carried out properly after discharge; and experience with follow-up phone calls, c) To examine how a geriatric nurse can facilitate collaboration between the ED and primary sector.

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 2-6 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.

Conclusion: Follow-up phone calls help to identify older people with unresolved issues in relation to discharge from ED; it gives confident 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)

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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 older persons feelings for freedom and surveillance in relation to ESAS.

Methods: A qualitative, descriptive and inductive study was based on five 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 or use of personal emergency response system.

Results: Older person's perceived moral ambivalence between; “independence vs. safety” where the participants' enthusiasm 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

2-year mortality in community-living, cognitively intact hip fracture patients according to indoor or outdoor falls. Steiaugh OM, Bogen R, Ranhoff AH

Background: The notion that persons who fall outdoors are different from those who fall indoors has gained interest in recent years. Persons who fall indoors tend to be older and to have poorer physical function than those who fall outdoors. Hip fracture patients who fell indoors have poorer physical function, have more chronic diseases, more in-hospital complications and a greater 1-year mortality. In this study we investigate 2-year mortality in hip fracture patients, according to indoor or outdoor falls.

Method: Data from a cohort of cognitively intact, community-living hip fracture patients participating in an intervention was used. Patients were consequently recruited at hospitalisation for hip fracture at a local hospital in Bergen, Norway, 2006-07. Mortality data was obtained through hospital records.

Results: Data from 100 hip fracture patients was available. 2 patients reported that the hip fracture was not caused by a fall, and data was missing for 1 person. Thus, the analysis is based on 97 cases. The age of the participants was 79.7 (SD 8.1), and 71% were female. 64 patients had fallen indoors and were older than those who had fallen outdoors (81.4 vs 76.5, p<.005). 20% of those who fell indoors had died after 2 years, compared to 12% of those who had fallen outdoors, giving an odds ratio of 1.85 (95%CI 0.55-6.20). The average age of those who died was similar (79.0 vs 80.5, p=.513). Logistic regression with age as covariate failed to give a significant difference between indoor and outdoor fallers with regards to mortality (B=-1.81, p=.749).

Discussion: 2-year mortality was 1.9 times higher in persons who fell indoors. The issue of fall location and mortality merits further investigation.
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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**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 EEG 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 cholinergic index was calculated for each participant at each visit.

**Results:** The scopolamine study indicates that the EEG changes seen after SPR correlate with the state of the cholinergic system in the brain. The cholinergic index in the longitudinal study showed treatment effect in some patients and seems to be an extent correlate with treatment effect.

**Conclusion:** A cholinergic index produced by EEG-SPR method could be valuable in measuring the effect of cholinergic treatment in AD as well as following progression of the disease but further studies are needed. The underlying technology is well known, widely available and inexpensive in relation to other imaging techniques.
P2-100

Impact on Participation and Autonomy for older persons and its Validity and Reliability

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Objectives: Recent studies of older persons indicate that self-determination is not fully respected within the health care sector. Restrictions in older persons self-determination, has been suggested to affect mental ill-health. The questionnaire Impact on Participation and Autonomy (IPA) was constructed to measure a person’s perceived impact of chronic disability on everyday life of these participants.

Methods: The study was performed in two steps; a validity test on the Swedish version and a test-retest reliability test on a revised version. Inclusion criteria were people aged 65 and older who were dependent on others in at least one activity.

Results: Validity of the IPA-S. The participants emphasized the relevance of the questionnaire, but some items were perceived as having focus on executional autonomy. Therefore, the question test-retest reliability. Only one item had low test-retest reliability. The questionnaire Impact on Participation and Autonomy (IPA) was changed in order to more clearly measure the participation in the planning of their care and in rehabilitation and as an evaluation tool.

Keywords: IPA, occupational therapy, questionnaire, rehabilita-

P2-101

Can two become one? Experiences of implementing an integrated health and social care organisation

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Coordination problems are common between local authorities and providers of health and social care services for older people with complex health problems and severe care needs. The problems result from a breakdown in communication and a lack of coordinated care planning between care providers. There are also boundary disputes between the service providers regarding responsibility for care provision and funding. As a result many elderly people fall between the cracks in today’s highly specialised care system.

The study describes experiences from a developmental project for integrating health and social care services for elderly people in Norrtälje. The project is unique in establishing an integrated structure for funding, organising and delivering care services to older people with severe care needs. Both qualitative and quantitative data were collected and analysed.

Experiences include: The introduction of a system of customer choice increased the number of service providers which complicated the integration process. Multiple service providers also led to an increase in communication problems. However, Norrtälje has had the opportunity to develop their customer choice model in a way that will improve cooperation and integrate care services in a unique way.

Methods: The study was performed in two steps; a validity test on the Swedish version and a test-retest reliability test on a revised version. Inclusion criteria were people aged 65 and older who were dependent on others in at least one activity.

Results: Validity of the IPA-S. The participants emphasized the relevance of the questionnaire, but some items were perceived as having focus on executional autonomy. Therefore, the question test-retest reliability. Only one item had low test-retest reliability. The questionnaire Impact on Participation and Autonomy (IPA) was changed in order to more clearly measure the participation in the planning of their care and in rehabilitation and as an evaluation tool.

Keywords: IPA, occupational therapy, questionnaire, rehabilita-

P2-102

Health Services to Elderly - a collaboration between Diakonhjemmet Hospital and Diakonhjemmet University College about clinical practice, research and education

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Objective: Increase the quality of health services to older people at Diakonhjemmet Hospital.

Methods and theories: It is expected that the number of people 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. To reach our objective three main areas were identified: Co-operation on clinical practice, promoting research across depart-

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Self-reported mental health in still active older athletes and an age-matched group of people from the general population

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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 lifestyle factors in 656 Norwegians, aged 65 years and above, participating in the 54 km Birkebeiner cross-country ski race were 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-120 Health Survey screening tool to calculate a mental and a physical component summary (PCS and

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Self-reported General Health in Still Active Older Athletes

The Birkebeiner Aging Study

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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.

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P2-106

DaneAge Future Study 2010

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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 on-line at www.aeldesagen.dk spring 2011. 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 in the future.

Michael Teit Nielsen, Development Director, Ph.D, DaneAge Association (Ålde Sagen)

P2-107

Vitamin D in patients referred to an out-patient geriatric service for memory problems or falls

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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) is done together with routine blood analyses. Area of reference for 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, 38 90-90 and two 95+ years old. BMD was ranging from 21.23 and low BMD 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 level are expected to be higher than in winter and spring. The data collection 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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Introduction: Otago Exercise Programme (OEP) is an homebased strength and balance- exercise-programme that has demonstrated success to decrease fall 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 frail 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 (±7.2) 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 to baseline from 6 months.

Conclusion: Both interventions improved functioning, most effects persisted 3 months after end of intervention. Balance and functional 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 home

Author: Ineta Robina

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The present study is actualized in socio political and economical contexts related to active ageing comprehension 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 institution integration process (Skiba 2006; Burkart 2005; Ras 1986; Anderson 2011 et.). All 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 implicit interaction structures between participation codes and wellbeing codes. Implicants as evidences for making conclusions will be presented for disscus- sion: participation in institutional integration establishes 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

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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 a part 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 2000 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<0.02). 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 1.8). 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 (81%) 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 in Sweden 1992-2010/11

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Studies addressing multiple morbidity conditions in elderly populations usually focus on disease and physiological indicators relevant for the medical care system. Few studies include both medical and functional indicators, which together can indicate the need for integrated care from several different service providers of medical and long-term care (home-help, institutional care) as well as informal caregivers. When assessing eldercare needs and the wellbeing of the oldest, trends of complex health problems seem more useful than single health items that may follow diverse trends over time. This study identified severe problems in three health domains (Health items/symptoms, mobility, cognition/communication) in three nationally representative samples of the Swedish population aged 77+ (1992: n=537; 2002: n=561; 2010: n=841), including 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 than steady prevalence rates of complex health problems among the oldest old since 2002 emphasise the need for extensive collaboration between medical and social services.

Trajectories of social activities and mobility problems from middle age to old age

Author: Dr. Neda Agahi
Aging Research Center
Co-Authors: Dr. Benjamin A. Shaw, Dr Ingermar Kåreholt, Dr Carin Lennartsson

Objectives: To investigate how trajectories of social activities, such as spending time with family and friends, observed during a 34-year period (middle age to old age) were associated with trajectories of mobility problems during the same time period among men and women.

Methods: Nationally representative data from the Swedish Level of Living Survey (LUS) and the Swedish Panel Study of the Oldest Old (SWEOLD) were used. LUS data from 1968, 1981, 1991 and 2000 were merged with SWEOLD data from 1992 and 2002 to create a longitudinal dataset with four observation periods covering the period 1968-2002. The sample consisted of those aged 40-60 years at baseline who survived through the period, and participated in at least three observation periods (n=698).

Trajectories of social activity were identified through cluster analysis, and then used as predictors of mobility trajectories in multilevel regression models.

Results: Most people had a socially active life as they moved from middle age into old age. Five trajectories of social activity were identified: continuously very active, continuously active, increasing social activity, decreasing social activity, and continuously inactive.

Conclusions: The social activity in life was more common among women than men. Mobility problems increased significantly over time for both women and men. Among men, decreasing activity levels over time were associated with a faster increase in mobility problems. Among women, those who were continuously inactive or who decreased their activity levels had higher levels of mobility problems, but the increase in mobility problems with age was similar across trajectories of social activity.

Clinical challenges related to urinary incontinence one year after hip fractures

Author: Associate professor Else Vengnes Grue
Diakonhjemmet University College, Department of Nursing and Health
Co-Authors: Professor Liv Wergeland Sarby

Introduction: Norway has a higher incidence of hip fractures than any other country. Patients with hip fracture routinely receive an indwelling catheter (IC) preoperatively. This should be removed within 24 h.

Our aim was to identify possible poor outcomes to do extended use of IC. Also we intended to identify indicators that might predict clinical challenges related to urinary incontinence one year after hip fracture.

Materials and methods: A total of 331 patients were admitted to two acute care hospitals during 2004-2006 for hip fracture. Inclusion criteria were age 65 years or older. All patients lived in their own home at admission. We used the Resident Assessment Instrument for Acute Care (InterRAI-AC).

Results: At 72 h after surgery, 35 patients (11%) had not had the indwelling catheter removed. Continued use of IC was significantly impacted by patient mental and cognitive status, including delirium, discouraged mood, and cognitive impairment (p<0.001, p=0.018, and p=0.002, respectively). In addition, continued use of the IC was associated with more urinary tract infections and more severe pain. After 12 months patients with urinary incontinence (UI) during the hospital stay, had lower functioning levels than those with no previous UI. They had moved four times more frequently to a nursing home, and had over twice the mortality.

Conclusion: Guidelines supporting health professionals to remove UI within 24 h postoperatively should be followed. Patient with UI are at risk for adverse outcome after hip fracture and should be followed up with a multidisciplinary team after discharge from hospital.

Keywords: Hip fracture, urinary incontinence, indwelling catheter, 65 years or older, 12-month follow-up study, InterRAI-AC, comprehensive assessment
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 decartesification 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 Aging in Lahti Region (n=2815 at baseline). The information gathered from the group of women and men in three birth cohorts (born 1928-30, 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 choice. As previous demographic research, this data also shows a clear trend of popularisation of cohabitation in 1980's in all three age cohorts. Still, new marriages are formed as often or more than cohabitations in the recent past of respondent's lives. LAT relationships seem to be gaining even 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 of the study were measured by the Medical Outcomes Studies 12-item Short-Form (MOS SF-12), Physical Performance Test (PPT-9), Berg Balance Scale, Dynamometer, Modified Back scratch Test, Chair Sit and reach Test, Timed Up Go test and Falls Efficacy Scale International - FES-I.

Results: There were obtained significant data (p <0.01) for the variables in study, with the experimental protocol (between 10 and 11), with an increase of the variable. Conclusion: The implementation of an experimental protocol during 4 weeks, showed significant improvements at the level of the state of life, physical acting, muscle strength, flexibility of the superior and inferior members, balance mobility and fear of fall. For the majority, cohabitation seems to be a long-term choice. As previous demographic research, this data also shows a clear trend of popularisation of cohabitation in 1980's in all three age cohorts. Still, new marriages are formed as often or more than cohabitations in the recent past of respondent's lives. LAT relationships seem to be gaining even 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 of the study were measured by the Medical Outcomes Studies 12-item Short-Form (MOS SF-12), Physical Performance Test (PPT-9), Berg Balance Scale, Dynamometer, Modified Back scratch Test, Chair Sit and reach Test, Timed Up Go test and Falls Efficacy Scale International - FES-I. The information gathered from the group of women and men in three birth cohorts (born 1928-30, 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 choice. As previous demographic research, this data also shows a clear trend of popularisation of cohabitation in 1980's in all three age cohorts. Still, new marriages are formed as often or more than cohabitations in the recent past of respondent's lives. LAT relationships seem to be gaining even 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 of the study were measured by the Medical Outcomes Studies 12-item Short-Form (MOS SF-12), Physical Performance Test (PPT-9), Berg Balance Scale, Dynamometer, Modified Back scratch Test, Chair Sit and reach Test, Timed Up Go test and Falls Efficacy Scale International - FES-I.

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Influencing health behaviors of the older person: when grandchildren prevent grandparents' health risks.

Author: Rita Borges Neves
Centre for Research in Social Sciences, University of Minho
Co-Author: Alice Delume Matos

Recent research has stressed the mutual influence of the parent-child relationship on health. The study aimed to explore the influence of the parent-child relationship on health through a cluster randomized controlled trial. The results showed that the parent-child relationship was significantly associated with the health outcomes of the child. The study also found that the parent-child relationship was mediated by the child's self-esteem.

Results of both methods will be shown in the presentation. Results of both methods will be shown in the presentation. According to the video data, hard movement delays indicate poor balance and ability to maintain balance in the testing situation. The associations between birth conditions and physical and psychomotor functioning (e.g. reaction time measured using a Good Strength Metitur dynamometer chair, a 30 s chair-stand test and 30 s biocip curl), and psychomotor functioning (e.g. reaction time measured using a Good Response Metitur device), and examines how the testing situation might influence the performance-based measurements. The functional capacity assessments started in fall 2011 and continue till the end of year 2012. The presentation uses the data available in June 2012 when the expected number of tested participants is approximately 600. The methods include functional capacity tests of the detailed analysis of videotaped test situations (e.g. reaction time testing). Results of both methods will be shown in the presentation. According to the video data, hard movement delays indicate poor balance and ability to maintain balance in the testing situation.
P2-120
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-Authors: PhD Valger Thorvaldsen, 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 stability and change in biological, physical, psychological, and social functioning.

Methods: 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 of 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 however more pronounced for fluid and speeded tests. The decline was largely related to distance from death, rather than indicative of age. Overall health was significantly associated with rate of decline. Demographics, especially education, were significantly associated with less of 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.

P2-121
Skill development for nurses in home care - an intervention study

Author: Gro Gade Haanes
Blue nurs 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 eyesight and the hearing of 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.

P1-122
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 following areas be elucidated: How can the musical and interpersonal competencies 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 competencies 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 retrogenesis 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.

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Group differences in change (p-value)

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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