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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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 organizing committee and the scientific committee, the congress bureau BDP – and last but not the least the generous sponsors of the congress. We are looking forward to welcoming you face-to-face at the opening of the congress on Sunday June 10th!

Christine E. Swane
Secretary General of 21 NKG

Finn Rønholt
President of 21 NKG
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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 Dyrholm – 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, Bipesbjerg 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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<tr>
<td>14:00 - 19:00</td>
<td>Registration is open at congress venue</td>
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<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>Optional dinner at Brew Pub</td>
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<td><strong>K1 Differences in women and men's health and survival: Dilemmas that require action?</strong></td>
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<td>Prof. Kaare Christensen</td>
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<td><strong>K2 Old Brain, New Demands on Information Processing: A Dilemma?</strong></td>
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<td>10:00 - 10:30</td>
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<td><strong>SA1 Dilemmas in the ageing bones.</strong></td>
<td><strong>SA2 Clothing and the embodiment of age:</strong></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></td>
<td>Geriatric patients I</td>
<td>Home care and participation</td>
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<td>Chair: Catharina Nord</td>
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<td>12:30 - 13:45</td>
<td>Norpharma Symposium - in plenary room 8/10</td>
<td>Drug interactions and renal failure limit the choice of pain medication in the elderly,</td>
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<td>Symposiums start at 12.45</td>
<td>MD, PhD Kari Petri Laine, Chairman Finn Rønholt</td>
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<td>Nutricia Symposium - in plenary room 9/11</td>
<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>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</td>
<td>Chair: Per Erik Solem</td>
<td>Chair: Sandra Torres</td>
<td>Chair: Tine Poulsen</td>
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15:15 - 16:15 Coffee break in the exhibition area

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

16:15 - 17:30 Oral session O2.1 | Oral session O2.2 | Oral session O2.3 | Oral session O2.4 | Oral session O2.5 | Oral session O2.6 | Oral session O2.7 |
| Geriatric patients II | Social and health care | Images of ageing | Nutrition and vitamin status | Inequality and health | Psycho-social aspect | Hip fracture I |
| Chair: Ólafur Samúelsson | Chair: Sigurgeir Sigurðardóttir | Chair: Myra Lewinter | Chair: Anne Marie Beck | Chair: Charlotte Nilsson | Chair: Knud Ramian | Chair: Timo Strandberg |

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

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<td>Oral session O3.1</td>
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<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 carer</td>
<td>Migration</td>
<td>Ageing in small rural communities: Dilemmas for western countries</td>
<td>Life course in a cultural and psychological perspective</td>
<td>Measuring outcomes of long-term care: Experiences from Europe</td>
<td>Sarcopenia</td>
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<td>Chair: Lennarth Johansson and Mats Thorslund</td>
<td>Chair: Torhild Holthe</td>
<td>Chair: Anne Leonora Blaakilde</td>
<td>Chair: Jeni Warburton</td>
<td>Chair: Christine E. Swane</td>
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10:00 - 10:30 Coffee break in the exhibition area
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<td>Medication</td>
<td>Professional care workers</td>
<td>Death and dying</td>
<td>Informal care giving I</td>
<td>Depression</td>
<td>Physical exercise I</td>
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<td>11:45 - 12:45</td>
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<td>Dementia care I</td>
<td>Quality of home care services</td>
<td>Lifelong learning</td>
<td>Informal caregiving II</td>
<td>Preventive home visits</td>
<td>Physical exercise II</td>
<td>Hip fracture II</td>
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<td>Chair: 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>
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<td>12:45 – 14:00</td>
<td>Grünenthal symposium - in plenary room 8/10</td>
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<td>Ephemeris symposium - in plenary room 9/11</td>
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<td>Ephemeris symposium - in plenary room 9/11</td>
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<td>Tapentadol for the treatment of severe chronic pain.</td>
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<td>• Challenges in assessing and managing chronic pain in the elderly, Professor, Dr. med. Ralf Baron</td>
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<td>• Pain mechanism and the role of age, Professor Lars Arendt-Nielsen:</td>
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<td>The Forgotten Epidemic: Severe Aortic Stenosis TAVI a Novel Treatment Option, Introduction: Mika Laine</td>
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<td>• Aortic Stenosis Prevalence in the Elderly Population, Dr Mika Laine</td>
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<td>• What is Transcatheter Aortic Valve implantation (TAVI), Dr Gry Dahle</td>
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<td>• TAVI a Danish invention: From Son to Father, Dr Henning Andersen</td>
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<td>Dementia care II</td>
<td>Long term care</td>
<td>Home, housing &amp; environment</td>
<td>Nursing home residents</td>
<td>Oldest old</td>
<td>Physical capacity in later life</td>
<td>Social life and participation</td>
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<td>Chair: Eigil Boll Hansen</td>
<td>Chair: Eva Algreen-Petersen</td>
<td>Chair: Bernard Jeune</td>
<td>Chair: Anette Ekmann</td>
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**Tuesday June 12, 2012**
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<td>Oral session 07.1</td>
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<td>Chair: Anette Nylen Ranhoff</td>
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<td>19:00 -</td>
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### Wednesday June 13, 2012

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<tr>
<th>Time</th>
<th>Plenum 8/10</th>
<th>Plenum 9/11</th>
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<tr>
<td>8:00 - 13:00</td>
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<td>Chair: Nina Beyer</td>
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<td><strong>SA 3 Dilemmas in behaviour</strong></td>
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<td>Prof. Roger Fielding</td>
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<td><strong>SA5 Social inequality</strong></td>
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<td>Prof. Mats Thorslund</td>
<td>Prof. Mike Nolan</td>
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<td>10:30 - 11:00</td>
<td>Coffee break in the exhibition area</td>
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<td>11:00 - 12:30</td>
<td>Plenary lectures</td>
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<td>Sohlberg Nordic Price Lecture</td>
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<td>Andrus Viidik Lecture</td>
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<td>12:30 - 13:00</td>
<td>Closing Ceremony</td>
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General Information

Venue
Scandic Copenhagen
Vester Soegade 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, Vestergade 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

Sunday June 10, 2012

14:00-19:00 Registration - Hospitality Desk Open

17:00-18:30 Opening Ceremony Plenum 8/10 & 9/11

Opening Speech: A 350 Year Young Woman - Vermeer's Girl with a Pearl Earring
Keeper of Conservation, Director Jørgen Wadum
National Gallery of Denmark (SMK) & Centre for Art Technological Studies and Conservation (CATS)

18:30-19:30 Reception (Snacks and drinks)

20:00 Optional dinner at Brew Pub Restaurant

Monday June 11, 2012

08:00-18:00 Registration - Hospitality Desk Open

08:30-10:00 Keynote Presentations Plenum 8/10 & 9/11

Chair: Finn Rønholt

K1-1 Differences in the health and survival of women and men: Dilemmas that require action?
Professor Kaare Christensen
The Danish Aging Research Center, University of Southern Denmark

K2-1 Old Brain, New Demands on Information Processing: A Dilemma?
Professor Lars Nyberg
Departments of Radiation Sciences and Integrative Medical Biology, Umeå University

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

10:30-11:15 States of the Art Lecture Plenum 8/10 & 9/11

Chair: Kirsten Damgaard

SA1-1 Dilemmas in the ageing bones
Professor Peter Schwarz
Glostrup hospital

Chair: Christine Swane

SA2-1 Clothing and the embodiment of age: Why do clothes matter?
Professor Julia Twigg
University of Kent

11:30-12:30 Oral Session 1.1 - Geriatric patients I Plenum 8/10

Chair: Kirsten Damgaard

11:30-11:45 O1.1-1 Barriers to a person-centred care for older patients with cognitive impairment in acute care.
RNT, MSc, PhD student Anita Nilsson
Umeå university

RNT, Professor Birgit H. Rasmussen, RN, Associate Professor David Edvardsson

11:45-12:00 O1.1-2 Metabolic syndrome and associated factors among South Korean Older adults
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 Jøsper 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 Martinsen
Diakonhjemmet hospital

Kari Midtbø Kristiansen, Marianne Dahl, Anette Hylen Rabhoff, Thomas Svendsen, Bernhard Lorentzen, Luskiq Fjeld Solheim

11:30-12:30 Oral Session 1.2 - Home care and participation Plenum 9/11

Chair: Eigil Boll Hansen

11:30-11:45 O1.2-1 Older volunteers help improve quality of life through out-of-home activity intervention among older people with severe mobility limitations: a randomized controlled trial.
Professor Taina Rantanen
Gerontology Research Center and Department of Health Sciences, University of Jyväskylä

PhD Merja Rantakokko, MSc Irma Ayraäinen, MSc Hannele Kalliala, Ms Sini Hennula, MSc Johanna Gronen, 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 Marline Dahl

12:00-12:15 O1.2-3 The outcome of focusing on a principle of help to self-help in the provision of home care
Dr. Eigil Boll Hansen
AKF, Danish Institute of Governmental Research

Dr. Leena Eskelinen, Professor Hanne Marline Dahl

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

11:30-12:30 Oral Session 1.3 - Inter generations and family relations Room 1

Chair: Catharina Nord

11:30-11:50 O1.3-1 Intergenerational relations materialized
Dr. Catharina Nord

Linköping university

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

Linköping university

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 Marianne Larsen, PT Lena Mühler, MSc Kari Midtbø Kristiansen

11:45-12:00 01.4-2 Quality registry in The Viken Research Network for Geriatric Psychiatry
MSc Kari Midtbø Kristiansen
Diakonhjemmet Hospital

MD, Head of dep. Bernhard Lorentzen, MSc, Head of dep. Bodil McPherson, Head of dep. Terje Rast, Psych. Helene Skoconek, Professor Knut Erdal, MD Inger-Marie Tjønnas, Head of unit Trude Teigene

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

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

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

Room 3/4

Chair: Jon Snaedal

11:30:11:45 01.5-1 Functioning over time in persons with MCI
PhD student Annika Hedman
Karolinska Institutet

PhD, Professor Louise Nygård, Associate professor, Professor Owe Almquist, PhD, Associate professor Anders Kattorp

11:45-12:00 01.5-2 Evidence of sleep apnea in MCI/Mild dementia
Dr. Jon Snaedal

Geriatric Department, Landspítali University Hospital
PhD Kristin Hannesdottir, Prof Thorarinn Gislason, Dr. Markku McPherson, MD, PhD Larsen, MD, PhD Marie Ernsth-Bravell, PhD Lena Ram

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

Professor Annika Säf et al.

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

Landspítali University Hospital, Gerontological Research Institute

MD Sigurðbjörg Þorbjörgsdóttir, MD Björn Einarsson, MD Jon Snaedal, PhD Jane Szczygieł, PhD Thor Aspelund, MD Vilmundur Gudnason, MD Tamara B. Harris, MD Lenore J. Launer, MD Palm I. 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
Majirek Veenstra

NOVA

Svein Olav Daueland, Astrid Sye

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 Hege Bøen

Diaronhjemmet University College, Department of Nursing and Health

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 Inna Novikova, Victor Matveichko

12:15-12:30 01.6-4 Shifts of normal aging phenotypes between young old and old-old.
Dr. Yasuyuki Gendo

Osaka University Graduate School of Health Sciences

Mr. Takeshi Nakagawa, Mrs Yoshiko Ishoka, Dr. Madoka Ogawa, Dr. Ken Kamide, Dr. Kazunori Iriebe, Mrs Yukie Masui, Dr. Michiko Takayama, Dr. Yasumichi 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
Professor MD, PhD Tommy Cederholm & Senior Researcher Anne Marie Beck

Nutritional options for treatment of sarcopenia

Chair: Finn Rønholt

12:15-12:30 01.7-4 Title Fall-related information seeking behavior among elderly internet-users
Marjan Askari

AMC

S Edam, 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 Cedermolin & Senior Researcher Anne Marie Beck

12:30-13:45 Lunch in the exhibition area
13:45-15:15 Symposium Session 1.1 - Reforming old age care across Europe: Comparing processes and strategies

Room B/10

Chair: Viola Bura and Tine Rostgaard

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

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

S1.1-3 Reforms of long-term care policies in EU countries: an interpretation
Professor Costanza Ranò
Polytechnic of Milan

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

13:45-15:15 Symposium Session 1.2 - Assessment, evaluation and experience of function, physical activity and exercise: A challenge in ageing and different contexts

Room B/11

Chair: Astrid Bergland and Birgitta Langhammer

S1.2-1 Applicability and Effects of Physical Exercise among Older People With Dementia in Residential Care Facilities
PhD Erik Rosendahl
Umeå University
PhD Håkan Brovold, PhD Michael Stenvall

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

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

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

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

13:45-15:15 Symposium Session 1.3 - Better care for fragility fracture

Room 1

Chair: Anette Hylen Ranhoff

S1.3-1 The best repair of fragility fractures - a few aspects
Professor, overlege, Dr.med. Jes Bruun Lauritzen
Bispebjerg Hospital, University of Copenhagen
Polymer chemist, card scien Sune Lund Spanning, consultant, PhD, Clinical Biochemistry Henrik Jørgensen,
Research nurse Troels Rix, Head of orthopaedic department Børn Diuss

13:45-15:15 Symposium Session 1.4 - Constructing age-friendly communities: Comparative perspectives

Room 2

Chair: Chris Phillipson

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

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

S1.4-3 Activity as disciplining and gifting - The ‘in common’ of communities of active aging
Ph.D. Aske Juul Lassen
University of Copenhagen

S1.4-4 Feelings of Safety in Old Age: Evidence from the City of Brussels
Professor, Dr. Liesbeth De Donder
Vrije Universiteit Brussel

13:45-15:15 Symposium Session 1.5 - Ageism - concepts and empirical results

Room 3/4

Chair: Per Erik Solem

S1.5-1 Ageism, a multi-dimensional concept
Associate Professor Lars Larsen
Aarhus University

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

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

S1.5-4 Ageism in the Nordic countries and Europe. Data from the European Social Survey
Ivar Lima
Norwegian Social Research
17:00-17:15 O2.2-4 The view of illness of older persons with diabetes mellitus
Dr. Tasana Choowattanapakorn
Chulalongkorn University
Ms. Sapin Sunyawong

17:15-17:30 O2.2-5 Better cooperation- better care deliveryfor the frailest elderly
Marie Bergström
The city of Stockholm, the district of Hägersten-Liljeholmen

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

   Chair: Myra Lewinter

16:15-16:30 O2.3-1 Constructions of age in variety of cultural contexts and the consequences for leading an ageing workforce
Professor Cordula Braedel-Kühner
Kartdöchule International University
Constructions of age in variet Marijo Wallin

16:30-16:45 O2.3-2 “As time goes by”?
Dr. Myra Lewinter
Department of Sociology

16:45-17:00 O2.3-3 Older people on the agenda
Dr. Kirsi Lumme-Sandt
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
Umeå University
PhD Mikael Nygård, PhD Susanne Jungestam

17:15-17:30 O2.3-5 The politicization of age discrimination
PhD university lecturer Mikael Nygård
Åbo Akademi University
PhD, researcher Fredrik Snellman

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

   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 Bent Guttormsen, Professor Grethe S Tøll, Biostatistician/PhD Roy Madsri Nilan, Statistician Andreas Hennissen, Professor Annette Hylén Ranthoff

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 Soini
Services for Elderly city of Helsinki
PhD Seija Mäkinen, Oss Merja Suominen, PhD Nina Savikko, Med. student Marjo Halttunen, MD, PhD Kaisu Pitkäni

16:45-17:00 O2.4-3 Use of vitamins and trace elements among older people in Helsinki - population based survey in 1999 and 2009
RN, PhD Nina Savikko
University of Helsinki
MD, PhD Kaisu Pitkäni, MD, PhD Reijo Tiikä, MD, PhD Timo Strandberg

17:00-17:15 O2.4-4 Dental professionals’ identification of elderly patients at risk for cardiovascular diseases and high plasma glucose
Dr. Göran Friman
Department of Dental Medicine, Karolinska 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 Kindsein Kjeldby
Norwegian University of Science and Technology
MPharm Gunver S Fannes, MSc Solveig Løgarden, Prof Per G Farup

16:15-17:30 Oral Session 2.5 - Inequality and health

   Chair: Charlotte Nilson

16:15-16:30 O2.5-1 Occupational status and education are associated with health in nonagenarians
Linda Enroth
Gerontology Research Center and School of Health Sciences, University of Tampere
Professor Marja Jylli, Professor Antti Hervonen

16:30-16:45 O2.5-2 Social relations and mobility-related fatigue
PhD, assistant prof Charlotte Nilsson
Section of Social Medicine, Department of Public Health, University of Copenhagen
MD, PhD, associate prof. Rikke Lund, Professor, DMSc Kirsten Aukland

16:45-17:00 O2.5-3 Alcohol consumption among men and women.
Dr. Britt Slagsvold
NOVA: Norwegian Social Research
Researcher Ivar Lima

17:00-17:15 O2.5-4 Paying the price? The impact of smoking and obesity during mid-life on health inequalities in later life.
Dr. Stefan Fors
Aging Research Center
Dr Neda Agahi, Dr Benjamin Shaw

17:15-17:30 O2.5-5 Perceived work-related stress in midlife predicts disability in old age
Dr. Jenni Kulmala
Gerontology Research Center, University of Jyväskylä
Dr. Mikaela von Bonnordoff, Dr. Satu Sankkonen, Dr. Monika von Bonnordoff, Prof. Cla-Häkan Nygård, Dr. Matti Kibikas, Dr. Jorma Seittamo, Prof. Juhan Illmann, Prof. Tanja Rantanen

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

   Chair: Knud Ramian

16:15-16:30 O2.6-1 Inner strength of older people in Finland and Sweden
Kerstin Vigland
Umeå University
RN, PhD Elisabeth Jonsson, RN, Professor Bert Lundman, RN, Professor Gunilla Strandberg, RN, PhD Björn Nygren

16:30-16:45 O2.6-2 Older people’s accounts of their mental well-being and resources
Susi Fried
The Age Institute
PhD, Line Manager Siikkalais-Heimanni, MSc, Coordinator Pirjo Jokinen, Logotherapist, Planner Minna Laine

16:45-17:00 O2.6-3 Valuation of Life in old age and the role of intrapersonal factors
Lia Araújo
UNIFAI
Oscar Ribeiro, 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 University of Science and Technology
Researcher Ivar Lima
Tuesday June 12, 2012

08:00-18:00 Registration - Hospitality Desk Open

08:30-10:00 Oral Session 2.1 - Migration

Chair: Anja Leonora Blaakilde

08:30-08:45 O3.1-1 Aging and Health Practices Between Two Cultures
Visiting scholar: Szuzan Yacizi
Akdeniz University
Research assistant: Sinem Genculal Petersen, Postdoc: Anne Leonora Blaakilde

08:45-09:00 O3.1-2 Living in-between and Doing Health
PhD Candidate Beate Lie Sverre
Buskerud University College
PhD, RN Grethe Eiksen, PhD, Kari Nyheim Solbrække

09:00-09:15 O3.1-3 Aging and Health Practices Between Two Cultures
Anne Leonora Blaakilde
Center for Healthy Ageing, University of Copenhagen
Visiting Scholar, Dr. Susan Yacizi, Research Assistant, MA: Sinem Genculal Petersen, Postdoc, PhD: Anne Leonora Blaakilde

09:15-09:30 O3.1-4 Aging in South Australia: Continuity and change in the caring practices of ageing Italian migrants in South Australia.
Dr. Daniela Cosmini-Rose
Dept. of Language Studies, Flinders University

09:45-10:00 O3.1-5 The invisibility leaders:
Dr. Aiva Kaplan
Netanya Academic College
Dr. Rachel Sharabi

08:30-10:00 Symposium Session 2.1 - Policy, research and practice in the care of elderly people with complex health problems and severe needs. Experiences in the Nordic countries

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 Sigurveig H. Sigurbardottir
University of Iceland

S2.1-3 Policy, practice and research in Denmark on care for older people with complex problems
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 Romanen
Gjøvik University College

08:30-10:00 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

Chair: Torhild Holthe

S2.2-1 The importance of Nordic collaboration in the area of dementia and welfare technology
Occupational Therapist and Project Coordinator Ingele Männson
The Swedish Institute of Assistive Technology

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
BScE. Henrik Svenson
Danish Centre for Assistive Technology

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
Danish Centre for Assistive Technology
08:30-10:00  Symposium Session 2.3 - Ageing in small rural communities: Dilemmas for western countries  Room 2

Chair: Jeni Warburton
S2.3-1 Marginalized or Aging-Well? Discourses on rural aging in Canada
Professor Norah Keating
Department of Human Ecology, University of Alberta
S2.3-2 Single older men in rural Sweden: Norms of masculinity
Dr Magnus Nilsson
Karlstad University
S2.3-3 Multiple disadvantage and social cohesion: a challenge for rural elders?
Professor Vanessa Burholt
Centre for Innovative Ageing, Swansea University
S2.3-4 Rapidly growing grey: local governance responses to social participation for ageing rural populations
Dr Rachel Winterton
John Richards Initiative, La Trobe University
S2.3-5 Construction of ageing in the Faeroe Island
PhD Student Ana Roin
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 Saarenheimo
The Central union for the welfare of the aged
S2.4-2 Nursing home residents’ relationship with nature - past and present
MPH, PhD Eva Algreen-Petersen
Municipality of Copenhagen
S2.4-3 Life Histories in Theory and Practice
Dr. philis Kirsten Thorsen
Buskerud University College
S2.4-4 36,500+ days - everyday life of centenarians
PhD Christine E. Swane
EGV Foundation

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

Chair: Tine Rostgaard
S2.5-1 Measuring outcomes and improving quality in English care homes
Professor Ann Netten
University of Kent at Canterbury
Research Officer Ann-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
University of Economics and Business
Professor Ulrike Schneider
S2.5-3 Measuring outcomes in home care: Experiences from Finland
MSc Marja Pulliamen
Diasgraxia University of Applied Sciences
DrPolSc. Aja Kettunen, Research Professor Iamo Linnosmaa
S2.5-4 Measuring outcomes of home care - Experiences from Denmark
Professor Tine Rostgaard
Aalborg Universitet

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

Chair: Anette Hylen Ranhoff
S2.6-1 Frailty and Sarcopenia
Professor MD Timo Strandberg
Universities of Helsinki and Oulu
S2.6-2 Sarcopenia in hip fracture patients
MD Ole Martin Steihaug
Haraldshals hospital
Professor MD Anette Hylen Ranhoff
S2.6-3 The role of sex hormones in the development and treatment of sarcopenia
Professor Sarianna Sipilä
University of Jyväskylä
Researcher Eija Pöllänen, Adjunct Professor Vuokko Kovanen
S2.6-4 Renal function after a 12-week resistance exercise program with protein supplementation in community dwelling older adults.
MD PhD Alfons Ramel
University of Iceland
A Arnars, OG Geirsdottir, PV Jonsson, I Thorodottir
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 Nixon
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 Brun Wylle, Prof Espen Moelden, Prof Knut Engedal
10:30-11:30 Oral Session 4.2 - Professional care workers

Room 9/11

Chair: Hanne Marlene Dahl

10:30-10:50 O4.2-1 Nurses’ self-assessed competence in gerontological nursing
Dr. Pål Tiikkanen
JAMK University of Applied Sciences
Dr. San Teeri, Ms. Sirkka-Lisa Kattunen

10:50-11:10 O4.2-2 Physical pain in formal caregivers of dependent older people
Dr. Margarita Pinto
Escola Superior de Saúde da Universidade de Aveiro
Prof. Dr. Daniela Figueiredo, 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
DSDC, Bangor University
Professor Anna-Karin Wergeland, Associate Professor Katrina Orrung-Wallin

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

Room 1

Chair: Peter Øberg

10:30-10:50 O4.3-1 Slow codes - do we have a problem
Trygve Johannes Søave Red
Diakonhjemmet Hospital
Prof. Susan Balardin

10:50-11:10 O4.3-2 Pain management in dying hospitalized patients: A comparison of the young old and the oldest old patients
RN, PhD Student Simen A. Steindal
Diakonhjemmet University College, Institute of Nursing and Health
RN, PhD, Associate Professor Inger Schou Bredal, MD, PhD, Professor Anette Hylen Ranhoff, RN, PhD, Professor Liv Wergeland Sæbye, RN, PhD, Professor Arners Lerdal

11:10-11:30 O4.3-3 Existential issues in palliative care, Experiences of assistant nurses
Dr. Elizabeth Åhsberg
National Board of Health and Welfare
PhD, Associate professor Maria Carlsson

10:30-11:30 Oral Session 4.4 - Informal care giving I

Room 2

Chair: Gerði Sundström

10:30-10:50 O4.4-1 Up against a challenge of providing pre-discharge resources for family carers of older patients: The process of developing a user-friendly eUP website
Lisa Low
The Chinese University of Hong Kong
Man-hm Wong, Chiu-fung Ling, King-ming 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 Søgård, Reskin Ingebritsen

11:10-11:30 O4.4-3 Does Policy reflect Reality: Australian attitudes to the provision of formal and informal care
Dr. Susanne Hodgkin
La Trobe University

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

Room 3/4

Chair: Hanne Pedersen

10:30-10:50 O4.5-1 Depressive symptoms among older people: A 15-year follow-up
Sini Eloranta
The Age Institute, HelsinkiFinland
PHD, Adjunct Professor Seija Anne, PhD Siri Eloranta, PhD Suvi Ruotsa, MSc, Statistician Hannu Isahuo, M.D., Professor Matti Viitanen, 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 Erika Nord

11:10-11:30 O4.5-3 The association of mid-life physical activity with late-life depressive symptoms
Dr. Milun Gudjonsson
Landspitali University Hospital, Gerontological Research Institute
PhD Jane Surymski, MD Thorluk Sigurdsson, MD Björn Ernanson, MD Jan Snedel, MD Sigurjón Björnsson, PhD Thor Aspelund, MHR Melissa Garcia, MD Vilmurdfiudnut Gudnason, MD Tamara B. Harris, MD Lenore J. Laufer, MD Palmi V. Jonasson

10:30-11:30 Oral Session 4.6 - Physical exercise I

Room 12

Chair: Minna Mänty

10:30-10:50 O4.6-1 Nordic Walking for Geriatric Rehabilitation: A Randomized Pilot Trial
MSc Sabrina Figueiredo
McGill University
PHD Lois Finch, BSc (PT), Jill Mings, PhD Sara Ahmed, MD Aien Huang, PhD Nancy Mayo

10:50-11:10 O4.6-2 Gait speed has a closer association with physical function when adding a cognitive task
Physiotherapist, PhD Student Bård Bogen
University of Bergen
Geriatrician, dr med Anette Hylen Ranhoff, Physiotherapist, PhD Rolf Moe-Nilsen

11:10-11:30 O4.6-3 The association between older adults’ personal goals and physical activity
Milla Saajanhko
Gerontology Research Center, Department of Health Sciences, University of Jyväskylä
PhD Anne Vågner, PhD Sanna Read, PhD Mery Rantakokko, MSc Li-Tang Tao, MD, PhD Jaakko Kaprio, MD, PhD Marja Jylhä, PhD Taina Rantanen

10:30-11:30 Oral Session 4.7 - Rehabilitation

Room 13

Chair: Jette Thuesen

10:30-10:45 O4.7-1 Identity Work in Geriatric Rehabilitation
Jette Thuesen
Roskilde Universitet, Center for Sundhedsfremmeforskning

10:45-11:00 O4.7-2 Training the frail body: An exercise of hope
Louise Schef Thomsen
Dep. for Ethnology & Center for Healthy Aging, University of Copenhagen

11:00-11:15 O4.7-3 Older Women’s descriptions of how they activate themselves in their everyday living and what will promote their activity abilities.

PhD candidate Sara Cederbom
Mälardalens university
Lektor Petta von Heidenk Wågert, Professor Anne Söderlund, Associate Professor Maja Söderbäck
11:15-11:30
O4.7.4 Examples of everyday rehabilitation – from a theoretical perspective
Annsofie Mahrs-Traff
Linköpings University, National Institute for the Study of Ageing and Later Life

11:45-12:05 Oral Session 5.1 - Dementia care I
Plenum B10

Chair: Elizabeth Rosted

11:45-12:00 OS5.1-1 Cognitive development in adult children of Alzheimer’s patients. A neuropsychological reassessment: A seven-year follow up
Magnus Johansson
Lund University Hospital
Neuropsychologist Sven Falch, MD Jón Snædal, MD Palmi Jónsson, MD Sigurbjörn Björnsson, Director at deCODE genetics Porlákúr Jónsson

12:00-12:15 OS5.1-2 People with dementia and the National Gallery of Australia
Dr. Michael Bird
OSDc, Bangor University
Annaliese Blair, Dr. Sarah MacPherson, Dr. Katrina Anderson

12:15-12:30 OS5.1-3 The importation of sensory garden and therapeutic horticulture in dementia care: A scoping review
Dr. Marianne Thorsen Gonzalez
University of Oslo, Institute of Health and Society
Dr. Kjersti Vik

12:30-12:45 OS5.1-4 Physical activity for people with dementia
Anders Møller Jensen
VIDUA / VIA University College

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

Chair: Tine Rostgaard

11:45-12:00 OS5.2-1 The exhausting dilemmas faced by home care service providers when enhancing participation among older adults receiving home care.
Dr. Kjersti Vik
Sør-Trøndelag University College
Professor Anne Henriksen Edv

12:00-12:15 OS5.2-2 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 Rahmström

12:15-12:30 OS5.2-3 Taking home care services into everyday life
PHD Student, Social Educator Aud-Elsa Hvitza
Ser Trondheim University College
Dr. Occupational Therapist Kjersti Vik

12:30-12:45 OS5.2-4 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 Jakobsso, Professor Ingibritt Rühm Halberg

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

Chair: Britt Slagvold

11:45-12:05 OS5.3-1 The Development of an ICT-based Transgenerational Learning Environment in Higher Health Care Education
Krienvid Lethner
Gavnhia University of Applied Sciences

12:05-12:25 OS5.3-2 Four levels of complexity in reasoning among adults
Dr. Sofia Kjellström
Institute of Gerontology, School of Health Science, Jönköping University
PhD Sara Nova Ross

12:25-12:45 OS5.3-3 Intergenerational Interaction and Learning
Professor Antonio Fonseca
Universidade Católica Portuguesa

11:45-12:45 OS5.4 - Informal caregiving II
Room 2

Chair: Ann Eli Sanimäki

11:45-12:00 OS5.4-1 Co-residential parental care-giving
Dr. Anu Leinonen
Jyväskylä University

12:00-12:15 OS5.4-2 Caregiving situation and quality of life of older family carers: A comparative study in Finland and Estonia
Lic.Soc.Sc Åsa Rosengren
Arcada, University of Applied Sciences
M.Soc.Sc, PhD student Krista Tammi

12:15-12:30 OS5.4-3 The role of social networks on elderly caregivers’ wellbeing: a European cross-country approach
Daniela Craveiro
OSIL, Centro de Investigación em Ciências Sociais
Alice Delvès Matos, Roberto Martinez-Pescio, Maria Schouten, Sara Silva, Rita Borges

12:30-12:45 OS5.4-4 Living with Chronic Obstructive Pulmonary Disease in later life: dilemmas of family carers
Dr. Raquel Gabriel
Escola Superior de Saúde da Universidade de Aveiro
Dr. Daniele Figueiredo, Dr. Aída Marques, Dr. Cristina Jácome

11:45-12:45 Oral Session 5.5 - Preventive home visits
Room 3/4

Chair: Kirsten Avlund

11:45-12:00 OS5.5-1 Health-Promoting Interventions for Persons Aged 80 and Older are Successful in the Short Term
Susanne Gustafsson
Sahlgrenska akademien, University of Gothenburg
PHD, MD Katarina Wilhelmsson, MD Kaja Eklund, Alprof, PhD Gunilla Hedstrom, PhD Lena Ziden, PhD Greta Häggblom Kronström, MS Betina Hågård, PhD Frode Sindre, Prof, PhD, Elisabeth Rothenberg, MD, PhD, Prof. Sten Landahl, PhD Synneve Dahlin-kanoff

12:00-12:15 OS5.5-2 Are acceptance rates of a national preventive home visit programme for older people socially imbalanced?
Dr. Yukari Yamada
University of Copenhagen
Anneth Ekman, Charlotte Nilsson, Mikkel Vass, Kirsten Avlund

12:15-12:30 OS5.5-3 Preventive home visits for non-western elderly citizens in Denmark
PHD and Occupational Therapist Mette Andersen
University College Zealand
BA in Occupational Therapy Lise Krogh Borde, BA in Occupational Therapy Ditte Brinky
11:45-12:45 Oral Session 5.6 - Physical exercise II Room 12
Chair: Nina Beyer

11:45-12:00 OS 5.6.1 Effects of Nintendo Wii training on mechanical leg muscle function and postural balance in older adults: a randomized placebo-controlled trial
Martin Gronbach Jørgensen
Department of Geriatrics, Aalborg Hospital
Uffe Larsen, Cansten Hendriksen, Ole Nielsen, Per Aagaard

12:00-12:15 OS 5.6.2 What factors influence physical activity of older women in retirement communities?
Gudfinna Björnsdóttir
Hrafnista

12:15-12:30 OS 5.6.3 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 Olof Gensdottir, MSc Atl Armason, Dr Kristin Brim, Dr Alfons Ramel, Dr Palme Jonsson, Prof Inga Thorsdottir

12:30-12:45 OS 5.6.4 Exercise and physical fitness post stroke
Dr. Associate professor Birgitta Langhammer
Oslo University College
Professor Birgitta Lindmark

11:45-12:45 Oral Session 5.7 - Hip fracture II Room 13
Chair: Karen Andersen-Ranberg

11:45-12:00 OS 5.7.1 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 Salpakoski, PhD Ari Heimonen, PhD Taina Kiviranta, MD, PhD Maun Kallinen, PhD Eija Portegys, PhD Mikaela von Bonsdorff, PhD Sanna Shvronen, PhD Sarianna Sipila

12:00-12:15 OS 5.7.2 Increased hip fracture risk in older persons using antidepressants
Dr. Marit Stordal Bakken
University of Bergen
MSc PhD Anders Engeland, MD PhD Lars B. Engesæter, MD PhD Anette Hylén Ranhoff, MD PhD Steinar Hunskaas, MD PhD Sabine Rufs

12:15-12:30 OS 5.7.3 Activity-specific balance confidence as a proxy for mobility and balance in older people with a fall-related hip fracture
Dr. Eija Portegys
Gerontology Research Center and Department of Health Sciences, University of Jyväskylä
MSc Johanna Edgren, MSc Anu Salpakoski, MD PhD Maun Kallinen, PhD Taina Kiviranta, MD PhD Marielu Aken, MD PhD Bika Kvanta, PhD Sanna Shvronen, PhD Sarianna Sipila
14:45-15:00  O6.5-3  The importance of children in old age
Professor Marianne Schröll
Center of Preventive Medicine, Glistening University Hospital

14:45-15:00  O6.5-4  Leptin as a predictor of mortality in nonagenarians
Inna Uiska
University of Tampere, Finland
PHD Kristina Tsaun, PHD, MD Tero Lehtimäki, PHD, MD Antti Hervonen, PHD, MD Marja Jylhä

14:00-15:00  Oral Session 6.3 - Home, housing & environment  Room 1
Chair: Ingemar Kåreholt

14:00-14:15  O6.3-1  Retirement Villages: Residents and Non-Residents Perceptions of Environmental Control
James Finn
University of Sydney

14:15-14:30  O6.3-2  Housing and moving decisions of older people in Finland
Dr. Outi Jolanki
National Institute for Health and Welfare, Finland

14:30-14:45  O6.3-3  The association between self-reported environmental barriers and habitual walking activity among older people
Li-Tang Tsai
University of Jyväskylä
PhD Milla Saajanaho, MSc Johanna Eronen, PhD Eija Portegijs, PhD Anne Viijnien, PhD Taina Rantanen

14:45-15:00  O6.3-4  Housing and moving decisions of older people in Nordic nursing home settings – a randomized, controlled trial
Jette Lynnerup
Aging Research Center, University of Copenhagen

15:00-16:15  Coffee break in the exhibition area - Poster Session II

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

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

14:15-14:30  O6.6-2  Associations of anemia and physical function in Georgia Centenarians
Dr. Dorothy Hausman
University of Georgia

14:30-14:45  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 Baptista
Gerontology Center, University Hospital of Montpellier, France

14:45-15:00  O6.6-4  Cumulative of disparity in physical activity in old age
MSc Johanna Eronen
University of Jyväskylä
PhD Mikaela von Bonsdorff, PhD Men Rantakokko, Professor Taina Rantanen

15:00-16:15  Coffee break in the exhibition area - Poster Session II

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

14:00-14:15  O6.7-1  Never too late to learn
Dr. Svetlana Aslanyan
Chair: Mette Andresen

14:15-14:30  O6.7-2  Does social capital enhance political participation of older adults?
Dr. Svetlana Aslanyan
Chair: Mette Andresen

14:30-14:45  O6.7-3  The impact of new intimate relationships in later life on social and filial relationships
Professor Marianne Schroll
Center of Preventive Medicine, Glistening University Hospital

14:45-15:00  O6.7-4  Does social capital enhance political participation of older adults?
Dr. Svetlana Aslanyan
Chair: Mette Andresen

15:15-16:15  Coffee break in the exhibition area - Poster Session II
16:00-17:30 | Oral Session 7.1 - Social life | Room 13

Chair: Anna Siverskog

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

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

16:30-16:45 | OT.1.3 Old, inactive and happy: can a socially unproductive ageing be a successful one? Exploring the protective effect of fulfilling marital relationships in inactive 50 plus. | Rita Borges Neves
Centre of Research for Social Sciences, University of Minho
Prof. Alice Delreux Mata, Fátima Barbosa, prof José Machado, Victor Terça Rodrigues, Daniela Craveiro

16:45-17:00 | OT.1.4 How do different dimensions of social relations fulfill social needs in older people? | Katja Pyynönen
Gerontology Research Center and Department of Health Sciences, University of Jyväskylä
Timo Törmäkangas, Tanja Kantanen, Taina-Mari Lyysa

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

16:00-17:30 | Symposium Session 3.1 - Dementia diagnostics in memory clinics in the Nordic and Baltic countries | Room B10

Chair: Anette Hylen Ranhoff

S3.1.1 Enhancing dementia research by harmonizing the dementia work-up in the Nordic countries | Coordinator NID Anne Rita Ölsöngården
Karolinska University Hospital

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

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

S3.1.4 Memory Assessment in the Baltic States | Jurate Macijauskiene
Lithuanian University of Health Sciences
K Sais

S3.1.5 Depression in patients referred to memory clinics | Dr Anne-Brita Knapskoga
Oslo universitetssykehus
Knut Ørgeido

16:00-17:30 | Symposium Session 3.2 - Critical perspectives in need assessment practice(s) | Room 1

Chair: Helgi Kolb

S3.2.1 Local guidelines for need assessment for elder care in Sweden: a matter of equality in welfare provision | Postdoctoral Research Fellow David Feltenius
Umeå University

S3.2.2 Home care allocation in Norway. Negotiation and distribution of responsibilities | Research Fellow PhD Student Helene Aksey
NOGRA -Norwegian Social Research
Research Director Mia Vibe

S3.2.3 Requests and outcomes in care management, processing older persons as clients in elderly care. | PhD Assistant Professor Anna Olaison
Linköping University

S3.2.4 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 Sköndals University College
PhD Assistant Professor Anna Olaison, Professor Sandra Torres

16:00-17:30 | Symposium Session 3.3 - Evaluation of orthogeriatric services in Nordic and Baltic countries | Room 1

S3.3.1 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 Wianne
University of Oslo
MD, PhD student Bjørn Erik Neerland, Professor MD, PhD Knut Engdahl, MD, PhD Fredre Fihagen, MD, PhD Vibeke Jølve, MD, PhD Ingvild Salvest, PhD student Anne Torbergen, Professor Eva Skolvind, Professor MD, PhD Johan Rader, MD, PhD Simon Conroy, Professor MD, PhD Torger Bruun Wylle

S3.3.2 Implementation of geriatric care in fracture patients | Dr Helgi Kolb
Gart University Hospital

S3.3.3 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 Anette Hylen Ranhoff
Diakonhjemmet hospital
Nurse Mette Martinsen, Ludvig F. Solheim

S3.3.4 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, Ludvig F. Solheim

S3.3.5 Implementation of 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 Saltvedt
St. Olav University Hospital of Trondheim
Anders Prestmo, Pernille Thingstad, Kristin Taraldsen, Lars Gunnar Johnsen, Jonn L. Helbostad, Ingvild Salvest

16:00-17:30 | Symposium Session 3.4 - Family carers in the welfare state | Room 2

Chair: Helgi Kolb

S3.4.1 Assistive technology makes chance for family carers | Occupational Therapist Ingela Månsson
The Swedish Institute of Assistive Technology

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

S3.4-4 Family care and grandmotherhood in the welfare state
MA, PhD Anne Leonora Blaakilde
University of Copenhagen

S3.4-5 Older Caregivers receiving and providing help.
Associate Professor Sigurvéig H. Sigurðardóttir
University of Iceland
Senior Lecturer Marie Ernsth Bravell, Associate Professor Sigurvéig H. Sigurðardóttir, 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 Mats Parker, Professor Johan Fastbom, PhD Mats Thorslund, Associate Professor Kristina J ohnell

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
Marti G. Parker, Linda Hols-Salén, PhD Mats Thorslund

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

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

S3.6-4 Fatigue and cardiovascular health: A study on aging Danish twins
MSPh Anette Elkmann
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 Øder, DMSc Kirsten Avlund

19:00 Conference Dinner in Odd Fellow Palæ

Wednesday June 13, 2012

08:00-13:00 Registration - Hospitality Desk Open

09:00-10:30 States of the Art Lecture Plenum 8/10
Chair: Nina Beyer
SAS-1 Dilemmas in behaviour and physical activity in a gender perspective
Professor Roger A. Fielding
Friedman School of Nutrition Science and PolicyTufts University School of Medicine

SAS-1 Social inequality in ageing
PhD Mats Thorslund
Karolinska Institutet

09:00-10:30 States of the Art Lecture Plenum 9/11
Chair: Eigil Boll Hansen/Tove Lindhardt
SAS-1 Trends in ageing and challenges for the provision of care for older people
Associate Professor Virpi Timonen
Trinity College Dublin

SAS-1 Dilemmas in family care: Learning from the past, looking to the future
Professor Mike Nolan
University of Sheffield

10:30-11:00 Coffee break in the exhibition area

11:00-12:30 Plenary lectures Plenum 8/10
Chair: Christine Swane
Sohlberg Nordic Price Lecture
Andreas Vidal Lecture

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

Professor Kaare Christensen  
The Danish Aging Research 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 postponement of physical and cognitive disability. The development is complex due to the “Male-Female Health-Survival Paradox”, that is, the fact that females have higher physical disability levels but better survival than men at all ages, making the sex-difference in healthy life span much smaller than the sex-difference in life span. The planning of and policy development for the future care of the oldest-old will be highly dependent on whether one or both genders are experiencing the “Failure of Success” or the “Success of Success” as they reach the highest ages. This scientific knowledge is of fundamental importance for the sustainability of modern societies.

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

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

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

Professor Peter Schwarz
Glostrup hospital

It is considered a major public health burden due to the large volume of patients who incur fractures as bone fractures not only represent a significant economic burden to society but also a social burden for the individual. A major problem in the prevention of osteoporosis is that osteoporosis rarely causes symptoms until the first significant fracture. Expense and time consuming examinations may clarify whether an otherwise healthy person has osteoporosis and hence are at increased risk of fractures in full. A DXA scanning and blood tests will show disease conditions associated with osteoporosis. However, controversy exists regarding DXA i.e. who, when and the use of bilateral hip scanning? The mean age at diagnosis of osteoporosis is in the late sixties, and fracture risk and need for fracture prevention rises sharply with increasing age. However, what is the evidence that supports the use of anti-resorptive osteoporosis treatments in the old? Frailty fractures in men constitute a major worldwide public health problem with a 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 efficacy of osteoporosis treatment in men? The effects of increasing age, dosage and duration of treatment might influence treatment effect. PT 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.

SA3 Dilemmas in behaviour and physical activity in a gender perspective

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

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 goal of this presentation will be to identify the components of the disablement pathway that are associated with inactivity and to review the current literature on the utility of exercise and physical activity, both aerobic and anaerobic, as an possible intervention for preventing or reversing frailty. In addition, I will discuss critical issues related to adherence to physical activity and discuss potential barriers to adherence. I will also briefly address areas of further research in this area.

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

Associate Professor Virpi Timonen
 Trinity College Dublin

Populations across the world are growing older, and growth is fastest among the oldest old, the group that is also most likely to need care. Women form the majority in the older groups, and their share increases in line with age. The number of older people living alone has increased considerably, although there is a lot of variation in this respect between countries, with the Nordic countries having particularly high proportions of older people in single-person households. These are well-known, persistent and on-going demographic trends that all societies are dealing with and preparing for. The diversity in responses to the shared challenge of care provision is striking; while some commonalities in countries responses can be identified, the differences in responses overshadow shared patterns. Policymakers and societies have therefore made very different choices in response to a common task, providing care to growing numbers of older people with support needs. In addition to demographic change, family changes are exerting a powerful impact on what the feasible modes of care. While the share of older adults who are unmarried (more married or widowed, or 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 carers 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 growing 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 carers). Divorce and re-partnering among both ageing parents and adult children also has implications for availability of care, with divorced fathers at a disadvantage when it comes to contact with adult children and availability of care and support from them. The extension in disability-free life expectancy (of which there is evidence in some countries, but by no means universally) does in principle 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. Further more, some 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 vocal 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 needs’, 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 differenti ate between them? Do resource constraints force care workers to differentiate between them, to the detriment of quality of care and quality of life? These are central questions which 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 policy-makers that no major additional investments can be made into care, much further thought needs to go towards defining the grounds on which care is fully or partially paid for. Huge investments are being made into remote/electronic care delivery and monitoring systems, yet little empirical evidence and theorising exists on the extent to which can they replace care provided by people. Challenges in the area of care provision are therefore myriad, and call for rebalanced efforts on the part of the gerontological research community, ideally within an inter-disciplinary context where social, economic, health and systemic factors are taken into account.

SA5 Social inequality in ageing

Professor Mats Thorlund
Karolinska Institutet

Much of the health diversity found among elderly people can be described in relation to social inequalities. As well as having higher mortality rates, individuals from 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 included experiences in utero and childhood likely contribute to health inequalities in later life. In my presentation I will discuss how choice of SEP indicators affects research results. Indicators to be discussed include indicators household SEP, education, income, childhood SEP, and the ability to raise a sum of money in a short time. Exploring the influence of different SEP
indicators among old people offers the opportunity to better identify mechanisms and to understand the relative importance of cumulative effects vs. effects that occur at one point in time (e.g. prenatal and childhood conditions). Other topics that will be covered include which indicators of health are more correlated with SEP than others and whether socioeconomic inequalities in health increase with age and over time.

SA6 Dilemmas in family care

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

Professor Mike Nolan
University of Sheffield

This paper will provide a conspectus of research, policy and practice in the field of family care over the last 25 years. It will trace major trends and chart advances in our understanding of the experiences of family carers and the person they support, considering how formal service systems can best work in partnership with family carers and older people. It will highlight limitations in current conceptualisations of family care and service responses to their needs and identify future directions for research and practice with a particular emphasis on relational models.
S1.1 Reforming old age care across Europe: Comparing processes and strategies

Chair: Viola Bureu and Tine Rostgaard

S1.1-1 11-06-2012, 13:45-15:15; Plenum B10

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, Livnehomm, and provides an empirical overview of drivers of changes and responses in the organisation, provision, regulation and quality of home care, 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 B10

Developments of home care policies in Ireland

Associate professor/CWIR/VI Timonen Trinity College Dublin

Home care policy in Ireland has been in transition throughout the past two decades. Public policy in Ireland is ambitious and the future policy goals have focused on expanding health care services. The focus of home care has been more widely available in the transition from a framework to government access to services and to regulate care providers. Official policy documents, statistics and policy critiques published between 2000 and 2010 were analysed in order to understand this inconsistency between expansion of home care services and failure to develop policies to govern access to and quality of services. The key factors that motivated home care expansion in the Irish case were: (1) problems in the acute hospital sector and the perception of home care as a political solution to this; (2) significant GDP growth (until 2007) which provided politicians with the means to fund expanded home care services (political credit claiming). The key factors that inhibited the development of a policy framework to govern home care services were: (1) weak governance structures in health services and decision-making at national level based on political bodies; (2) Ireland’s adherence to the liberal welfare state model and concern about uncontrollable costs in the face of population ageing; (3) until 2010, paucity of attention to home care issues in the Irish media; and (4) weak provider interest representation. The recent budgetary cuts in Ireland will 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 entitlements rules.

S1.1-3 11-06-2012, 13:45-15:15; Plenum B10

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

Professor Costanza Ranci
Polytechnic of Milan
Co-author: Associate Professor Emmanuele Pavolini
University of Abertaser

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 detailed 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? 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 changes, 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 the Central Eastern European family, the case of Rumania has been considered.

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

Chair: Astrid Berglind and Birgitta Langhammer

S1.2-1 11-06-2012, 13:45-15:15; Plenum B10

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 of studies, achieved internal, adverse events and effects of physical exercise as a single intervention on physical function, cognitive function, 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. Combining functional and health-related quality of life benefits is an effective tool, and there is some evidence that this type of exercise improves walking performance and reduces the decline in activities of daily living in older people with Alzheimer’s disease. The paper presents the results of a new study comparing the effects of three types of physical exercise on physical function and quality of life among people with dementia in residential care facilities. 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?

The analysis draws on in-depth case studies of two reforms that are the common and peculiar factors to explain such changes in the countries considered?

S1.2-2 11-06-2012, 13:45-15:15; Plenum B10

Reforming old age care in Denmark – understanding policy processes

Dr Vilma Bureu
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’s model 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 result in 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 relate 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 are the common and peculiar factors to explain such changes in the countries considered?

S1.2-3 11-06-2012, 13:45-15:15; Plenum B10

European care policies in the last three decades - understanding policy processes

Professor Emmanuele Pavolini
University of Abertaser
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 Time Up and Go (TUG) and 6 m walking speed, balance measured by Berg balance scale and strength measured by chair stand increased from 8 to 18, 6 to 11 respectively. No adverse effects were reported.

Results: The number of available walking tests has increased dramatically over the past decades. There are few studies giving information about changes in health-related quality of life and physical function in patients attending a day hospital and continuing exercise at home.

Methods: The exercise program consisted of counseling, balance- and progressive resistance training and support from the physical therapist at GDH and home for the Intervention group (IT) (n=57). After 3 months 77 participants were included in the final analysis with 39 in the Intervention group (IT) and 38 in the Control group (CT) (n=55). At 3 months 77 participants were tested.

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

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

The best repair of fragility fractures - a few aspects

Professor, overlæge, Dr.med. Jes Bruun Lauritzen
Bispebjerg Hospital, University of Copenhagen
Co-authors: Polyeme chemist, cand scient Sune Lund Sparing
Bispebjerg Hospital, University of Copenhagen
Consultant, PhD, Clinical Biochemistry Henrik Jørgensen
Bispebjerg Hospital, University of Copenhagen
Research nurse Troels Riss
Bispebjerg Hospital, University of Copenhagen
Head of orthopaedic department Benn Duus
Bispebjerg Hospital, University of Copenhagen

Hip fractures occur in patients with an annual rate of 14.000 per year and surgery for osteoarthrosis is performed in 7.500 patients of which some may suffer sequel to a former hip fracture. Immediate mobilization subsequent to surgery for hip fractures is essential for an acceptable outcome even though some substantial technical barriers still exist such as aseptic femoral head necrosis, cutting out, dislocation og fracture, dislocation of hemiarthro- plasty, pseudarthrosis. The hip protector was invented and introduced as hard shells sewn into undergarment and aimed at elderly with propensity to fall. A randomised study in nursing home showed a reduction in hip fracture rate by 54% (Lancot 1993, Lauritzen et al.). Its use is globally introduced in 1997 by SAHVATEX A/S. The intrarticular hip joint spacer was patented and later developed by Cartificial A/S. Reinforced cross-linked SAHVATEX A/S. The intraarticular hip joint spacer was patented and later developed by Cartificial A/S. Reinforced cross-linked

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

Results: 1903 patients (76% females), included 407 (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 serious and should be actively prevented.

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

Results: The mean age was 82 years, 73.2% were women, and 57/142 (40.1%) had chronic cognitive impairment (IQCODE> 3.46) - 71/142 patients (50%) were delirious at admission or within 3 days, and 57/142 (40.1%) had chronic cognitive impairment (IQCODE> 3.46) - 71/142 patients (50%) were delirious at admission or within 3 days. The findings are consistent with previous studies.

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

54 NKG 2012
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

Co-authors: Jennifer Liddie
Bernadette Bartlam
Miriam Bernard
Julia Sim

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 (LARC), conducted in a community in England, to explore age-friendliness in a more comprehensive way. LARC involved two waves of a questionnaire survey with residents (n=122 at Wave 1, n=56 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.

Activity as disciplining and gifting - The ‘in common’ of communities of active aging

Aske Juul Lassen
University of Copenhagen

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

Feelings of Safety in Old Age: Evidence from the City of Brussels

Professor Dr. Liesbeth De Donder
Vrije Universiteit Brussel

Co-authors: Nico De Witte
Sarah Dury
PhD researcher Tine Buffel
An-Sofie Smetscoren
Dominique Verté

This paper aims to explore the environmental determinants of feelings of safety among older people in an urban context. While most research focuses on the relationship between feel- ings of unsafety and crime experiences or risk of victimisation, this study takes account of broader contextual factors that may influence feelings of safety, including aspects of age-friendly environments. Data for the paper are derived from the Belgian Ageing Studies, a project that uses structured questionnaires to collect information about various aspects of quality of life among older adults at the level of municipalities. Using data from over 47.000 older adults, the study compares the city of Brussels with other communities beyond Brussels. Data analysis revealed that older people living in Brussels feel considerably less safe than those living in other locations. In exploring the determinants of feelings of safety, we examined which com- ponents of daily life enhance a feeling of safety; how the age- friendliness of the neighbourhood can increase or can decrease feelings of safety; and which of those factors are most important in understanding feelings of unsafety among older people liv- ing in Brussels. The argument will be developed that a broader ‘age-friendly’ perspective - beyond crime and victimisation - contributes to a deeper understanding of feelings of unsafety. The paper concludes with a number of policy recommendations and strategies to tackle feelings of unsafety among older people living in urban environments.
Finally a new definition is proposed. 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.

Ageism in the Nordic countries and Europe. Data from the European Social Survey

Chair: Per Erik Solem

Mr Ivar Lima
Norwegian Social Research

Abstract is not presented

Age discrimination in Norwegian working life.

Professor Per Erik Solem
Norwegian Social Research

Objectives: The paper explores the prevalence of age discrimination, the behavioural dimension of ageism, in working life; by job recruitment, at the workplace and by exit from working life.

Methods and theories: The analyses are based on the general concept of ageism (Versen et al., 2009), and dimensions on ageism in working life (Furunes et al. 2008). Data are from the Norwegian for employed persons (N=1000 each year) and one for managers (N=750). Since age discrimination in working life is prohibited by law, it is not straightforward to establish the prevalence of age discrimination in working life.

Results: By recruitment Norwegian managers tends to hesitate to call in applicants above an average age of 57.8 years for interview, 61.7 years in public sector and 56.9 year in the private sector. About one of five managers and one of four workers say that they at least occasionally have experienced that older workers are passed over for appointments and internal recruitments. 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 pensionable age in the company pension system are lower. Less than 30 per cent of workers are in favour of such legal age discrimination, while the majority of politicians, employers’ organisations and labour unions approve it.

Conclusion: Managers in the public sector seem to be more interested in older workers and tends to discriminate less than in the private sector. Probably, the public sector is less attractive for younger workers and public managers may to a smaller extent afford to discriminate older workers. Older workers seem more attractive in the public sector, particularly in the municipalities.
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 examines how it is possible to exclusively 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’ perspectives on culture-appropriateness? The presentation aims namely to problematize the way in which ethnicity and culture seem to be understood in the public debate and the implications that these understandings may have for gerontological practice.

Transnational relationships in old age

PhD Candidate Sanj J. Heikkinen
University of Turku
Co-author:
Researcher Krisi 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 understandings of social inequality in old age take for granted. Through a focus on different types of older migrants this presentation aims also to nuance our understanding of how the social position known as migrantship affect people’s risks for inequality in old age. The point of departure is therefore that there are specific risks for social exclusion associated with the migratory life-course even if mechanisms of social exclusion are bound to work differently depending on the when, why and where surrounding the migratory life-course. The manner in which social exclusion is experienced by older migrants will depend, however, not only on the type of migration they have engaged in (e.g. international labor migrants, family reunification migrants, amnesty-seeking migrants and refugee) but also on the social positions (class, ethnicity and gender to name a few) from which they depart. By pointing toward the differences in conceptualizations of social exclusion that are characteristic of both, gerontological research and research in migration/ethnicity-related issues, this presentation will explore different solutions to the problem of social exclusion as well as different conceptualizations of what social integration is.

Social capital 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)
Co-author:
PhD Mikael Nyqård
Åbo Akademi University

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

Methods: Data were retrieved from a cross-sectional postal questionnaire survey conducted in 2010. The study included in total 6388 people aged 65-, 70-, 75- and 80-years living in the Bothnia region of Finland and Sweden. The association between social capital and self-rated health were tested by multilevel logistic regression analyses. Four models were fitted in order to assess the impact of two individual-level social capital variables as well as two aggregated social capital variables at the municipal-level. Social capital was measured by two survey items: interpersonal trust and social participation.

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

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

PHD, Senior lecturer Malin Eriksson
Umeå University
Co-authors:
PHD, Associate professor Navi Ng
Umeå University
PHD, Professor Lars Weinhal
Umeå University
PHD, Professor Maria Emmelin
Lund University

Objectives: Research on social capital and health has fuelled the debate on whether there is a place effect on health. A central question is if health inequality between places is due to differences in the composition of people living in these places (compositional effect) or differences in the local environments (contextual effects). Recent studies indicate that contextual effects on health may vary for different population sub-groups and measuring "average" contextual effects on health might therefore be inappropriate. This study aimed to investigate the associations between collective social capital and self-rated health for men and women, to understand if health effects of collective social capital are gendered.

Methods: Cross-sectional data from a social capital survey in the municipality of Umeå in Northern Sweden was used. The study included in total 6788 people aged 18-84 years. Sex-stratified multivariable linear regression analysis was used to calculate odds ratio for good-health for individuals living in neighbourhoods with different levels of social capital. In a later stage, we further stratified the analyses for age. Two measures of collective social capital were used: one conventional measure (aggregated measures of trust, participation and voting) and one specific place-related (neighbourhood) measure.

Results: The results show a positive association between collective social capital and self-rated health for women, but not for men. When controlling for various individual characteristics, the relationship between women’s health and collective social capital remained statistically significant when using the neighbourhood-related measure, but not when using the conventional measure. Preliminary analyses of the age-stratified analyses suggest that the positive health effects of collective social capital may be higher for women in the oldest age group (65-84) compared to women in the younger age groups.

Conclusions: The health effects of collective social capital might be gendered in favour for women. However, a more equal involvement of men and women in the domestic sphere would potentially benefit men in this matter. A neighbourhood-related measure may provide a clearer picture of the health effects of collective social capital, at least for women.

*These results refer to Eriksson et al. (2011), published in Social Science & Medicine, 72:264-273. Additional age-stratified analyses were performed in advance for this presentation.

How does the relationship between social capital and health change with age?

PHD Candidate Julie Norstrand
Boston College
Co-authors:
PHD Candidate Keith Ts-Kit Chan
Harvard

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 relationships among 5 social capital indicators (trust, neighbors help, sense of belonging, participation in groups, social network) and 3 health outcomes (self-rated health, activities of daily living (ADL), instrumental activities of daily living (IADL), and depressive symptoms). Standard socio-economic indicators were accounted for as covariates in the analyses.

Results: Different indicators of social capital indicators (except social network) 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 relation 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.

Aspects of Social Capital and the Impact on Mortality 8 Years After Among Older Adults

PHD Student Tine Poulsen
University of Copenhagen
Co-authors:
PHD Ulia Christensen
PHD Vikinge Samaa
PHD Rikke Lund

Objectives: Social capital has been measured in many ways, and this also goes for studies on older adults. Different kinds of contextual or compositional measurements have been used. Previous studies are characterized by using broad age groups (from young to old people) in the same study. Further, the studies do not reflect common definitions of social capital and often they only measure few aspects of social capital or they combine different aspects of social capital into one score. The purpose of this paper is to propose theoretical measures of three aspects of social capital to be used in older populations, and to analyse the impact of these three measures of social capital on all-cause mortality at 8 years follow-up among older people aged 75 and 80.

Methods: Data are from a Danish prospective cohort study on preventive home visits among 4,034 old people 75+ in 34 municipalities in Denmark with 8 years follow-up. The measurements of aspects of social capital at community level are based on theory of bonding, bridging, and linking social capital. Cox regression analyses have been used to study the associations between the three aspects of social capital and all-cause mortality.

Results: It has been possible to analyse variations in the three measurements of social capital in the 34 municipalities, and to characterise different municipalities according to high versus low social capital. We found significant associations between mortality and both bridging (HR=1.24) and linking (HR=1.21) social capital in the 80-year-old cohort, but controlling for relevant confounders attenuated the associations.

Conclusion: The study contribute to the literature of social capital and older peoples’ health with measures that focus on older peoples community and which had a distinction between bonding, bridging, and linking.

Providing eldercare to people with complex health problems and severe needs - highlights from an ongoing national evaluation study in Sweden

S2.1-1 12-06-2012, 08:30-10:00, Plenum 8/10

Senior Researcher Lennarth Johansson
Aging Research Center
Co-author: Professor Mats Thorslund

Background: Care of elderly people in Sweden has undergone substantial changes in recent decades. A major shift has been the de-institutionalization and decentralisation of the responsibility for eldercare. Driven by the ageing in place policy and cost containment measures, substantial cuts have been made in institutional care and these cuts have not been compensated for by a corresponding increase in the provision of home based care. This development has led to elderly people with complex health problems and severe needs being forced to seek acute hospital care, often as a result of a breakdown in home care provision.

Objectives: In 2010, the national government granted financial incentives to projects aimed at improving home based care for elderly people with complex health problems and severe needs. The objective was to try to stimulate new, innovative eldercare models to alleviate the problems involved with providing coordinated round the clock services and care to very frail older people living at home. A total of 19 local development projects all over Sweden received government grants. In 2011, the Aging Research Center (ARC) was commissioned by the government to carry out a scientific evaluation of these projects over a three year period (2011 - 2014).

Methods: Under the first phase of the evaluation a descriptive base study was conducted during which all local project sites were visited and reviewed. Project plans, local data and local evaluation plans were collected and analyzed.

Results: The evaluation work is now under way and initial findings include the following observations: none of the projects have included the institutional care setting; Primary Health Care is notable by its absence; and the majority of the projects are focused on different kinds of Case Management models and multiprofessional teams.

Conclusions: Only a minority of the projects can provide the data necessary for a scientific evaluation. This is mainly due to....
The care of frail older people in Iceland

S2.1-2 12-06-2012, 08:30-10:00, Plenum B1/0

The care of frail older people in Iceland

Associate professor Sigurgeir H. Sigurdardóttir
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 aging in place ideology has met many obstacles. Due to more stringent assessment regulations for admission to Nursing Homes the waiting lists have become shorter the recent years but it is debated if too frail older people are staying at home, without adequate formal services. The state has been responsible for the expenses of institutional care and the Home Health Care, but the municipalities have provided and paid for Home Help and other community services. The plan is that municipalities take over all the services for older people. This expanding coordination of domestic services for older people is expected to result in better quality of services and to increase the possibility for them to live longer in their own homes. In the presentation the future challenge in care of frail older people in Iceland will be discussed.

S2.1-3 12-06-2012, 08:30:10:00, Plenum B1/0

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

Professor Eigil Boll Hansen
A45, Danish Institute of Governmental Research

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

S2.1-4 12-06-2012, 08:30:10:00, Plenum B1/0

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

MD, PhD Matti Makelä
National Institute for Health and Welfare

Co-authors: MD; PhD Hannu Feine-Sövern;
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 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 intensity 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 participators of the Finnish RAI benchmarking network, covering about 30% of the Finnish LTC and HC clients. There are large differences in local policies on the provision of HC services to frail and very frail persons, leading to variations in the distribution of frailty among HC clients. Also, in most communities, the setting of care for frail and very frail persons is not systematically determined by frailty levels, and the frailty distributions among clients in various settings of HC and LTC indicate room for policy alternatives.

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

Chair: Torhild Holthe

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

S2.2-1 12-06-2012, 08:30:10:00, Plenum B1/1

The importance of Nordic collaboration in the area of dementia and welfare technology

Oncological Therapist, Project Coordinator Ingela Månsson
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 all 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 participi-
ated in the project described successful 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 another person.

Still, one of the biggest and overall dilemma in all the Nordic countries is that persons with dementia and their families seldom get access to proper “welfare technology”. And, if they get it, they usually get it too late. Therefore, it is important that the Nordic countries continue to collaborate, and imperative issues are dissemination of knowledge and networking, as well as procedures for providing AT to persons with dementia.

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Successful use and provision of Assistive Technology (AT) for persons with dementia: Results from a Nordic research project

Ocational 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, and implementation and use of AT that may support people with dementia.

The objectives were to investigate use of AT in the area of dementia, and specifically look for successful experiences with AT that 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 independence, 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.

The conclusion is that extensive information about AT to support cognitive functions is needed. Also methods for identifying needs and systematic processes for provision of AT are required. On background of these results, a guideline for provision of AT has been developed in the field of dementia.

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

BS, 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, nursing 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 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

Ocational Therapist MSc Torhild Holthe
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 uses and benefit from AT to support everyday living. This paper focuses some dilemmas and challenges identified during the 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 potential to support the family carer, by reducing repeated questions, facilitating locating lost objects and supporting safety and security in the home. However, use of AT on a regular basis required engagement and commitment from the family carers.

More research and more empirical data are necessary for learning more about use, benefit and significance of AT to persons with dementia and their carers.

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

Ocational Therapist MSc Lilly Jensen
Danish Centre for Assistive Technology

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

The methods to do this is through results from research and from practic 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.
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 subordinate as well as social and political exclusion. Szalai (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 (disengaged, alienated, consumerist) culture, immigration or ethnic diversity. The recent riots (summer 2011) in the cities of London, Birmingham, Liverpool, Manchester and Bristol were used by the media to illustrate these fault-lines in society. However, in this paper Professor Burholt demonstrates that the link between multiple disadvantage and social cohesion extends beyond these populations and is also observed in relatively ethnically homogeneous rural areas of England and Wales and experienced by older people. Furthermore, she demonstrates that in rural areas this relationship can be mediated by elements of social capital: local concerns, institutional trust, civic participation and social belonging. As many of the factors that impact on social cohesion are amenable to intervention, these findings provide challenges for policy makers and 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.
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 in a nursing home context. What the interviewees had in common were ideas of how to make the outdoor facilities attractive. Accepting that their abilities to e.g. working in the garden had changed, they still wanted to contribute with ideas and experiences.

**Methods:**
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 in a nursing home context. What the interviewees had in common were ideas of how to make the outdoor facilities attractive. Accepting that their abilities to e.g. working in the garden had changed, they still wanted to contribute with ideas and experiences.

Dr. philos Kirsten Thøsen
Bucerius Law School

Life histories are our way of attaching meaning to the structure and processes of everyday life. They are becoming more and more important in research. The interviews with the centenarians show that, despite various facts. The purpose of this study 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 incapacitated, 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 interviewation touches upon ways of attaching meaning to the structure and processes of everyday life, according to interests earlier in 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 Beatle-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 (KQDOL) across eight domains and innovative approaches have been developed to establish the impact of service interventions in the absence of costly and demanding research designs. The toolkit includes a manual and an 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 Urrike Schneider

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

**S2.5-3 12-06-2012, 08:30-10:00, Room 12**

**Measuring outcomes in home care: Experiences from Finland**

MSc Marijo Pulliainen
Diaconia University of Applied Sciences

Co-authors:
Dr Pal. Sc. Aija Kettunen
Diaconia University of Applied Sciences
Research Professor Irma Linna
National Institute for Health and Welfare (THL)

Municipalities are responsible for organizing social and health care services in Finland. In the world of shrinking tax revenues, municipalities and are forced to think about the most efficient ways of allocating limited resources. The general objective of this project is to develop and cost outcomes for social care services. We are collaborating with two municipalities in eastern Finland and one municipality in southern Finland. In this presentation we will concentrate on the home care and home care outcomes among elderly social care clients. To measure social care outcomes we have used a method that is based on the Finnish translation of the English ASCOT tool. Self-completion questionnaire (OCTA) and care home interview schedule (C4HT) were translated into Finnish using the forward-backward translation techniques enhancing the quality of the translation. Self-completion questionnaire was tested with 20 home care users, their relatives and nurses in January 2011, and the survey was conducted for 200 home care users in eastern Finland in April 2011. Care home interview schedule will be applied to 50 clients using vouchers and 50 clients using services organized by a municipality in order to examine if the two ways of organizing sheltered housing produce different outcomes. In our presentation we will introduce the first results of the home care survey and the home care interview, and also discuss our experiences about the translation process as well as about applicability and usability of the ASCOT tool in the Finnish context.
The role of sex hormones in the development and treatment of sarcopenia

Professor Sariana Sipilä
University of Jyväskylä
Co-authors: Researcher Eija Valliainen
Adjunct Professor Vuokko Kovainen

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 year 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<0.002 and p<0.000, respectively). To explore the mechanisms by which HRT effect 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, 6 % greater cross-sectional 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/proteins among 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.

S2.6-4 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 Grétardottir
PV Jónsson
I Thordardottir

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.

S2.6-3 12-06-2012, 08:30-10:00, Room 13

The role of sex hormones in the development and treatment of sarcopenia

S2.6-2 12-06-2012, 08:30-10:00, Room 13

Sarcopenia in hip fracture patients

MD Ole Martin Steilauh
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, indepen-
Methods: Subjects (N=237, 73.7±7.5 years, 58.2% female) participated in a 12-week resistance exercise program (3 times/week; 3 sets, 6-8 repetitions at 75-80% of the 1 repetition maximum), designed to increase strength and muscle mass of major muscle groups. Participants were randomly assigned to one of three different dietary supplements consumed after each training session. The dietary supplements were 1) whey protein drink (20 g whey protein + 20 g carbohydrates), 2) a milk protein drink (20 g milk protein + 20 g carbohydrates) or 3) a carbohydrate drink (40 g carbohydrate). Renal function was assessed as glomerular filtration rate (GFR) based on creatinine and Cockcroft-Gault formula adjusted for body surface area. Results: At baseline mean protein intake was 0.95 g/kg body weight and 23.5% of the participants were with GFR below 60 ml/min. After 12 weeks of intervention we observed an increase in carbohydrate intake (+ 12.2 g/kg BW, P=0.004), but not in other energy giving nutrients, as well as in GFR (+ 4.3 ml/min, P<0.001). The change in GFR was similar in men and women, participants with GFR below or above 60 ml/min and in the three supplement groups. Protein intake (g/kg) was not associated with GFR (neither baseline nor endpoint).

Conclusion: Our data indicate that the combination of resistance exercise and protein supplements for 12 weeks is not detrimental to renal function measured as GFR in community dwelling older adults with a basic protein intake above the dietary recommendations.

S2.6-5 12-06-2012, 08:30-10:00, Room 13
How far is it possible to counteract sarcopenia?

MD Marius Myntad
Diakonhjemmet sykehus
Co-author: Professor MD Anette Hylen Ranhoff
Kavli Research Center for Ageing and Dementia

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

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

The questionnaire includes questions about health and lifestyle used by the national and regional health surveys in Norway (the CONOR questionnaire). 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 5:10:01, 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 Hylen Ranhoff

S3.1-1 12-06-2012, 16:00-17:30, Plenum 8/10
Enhancing dementia research by harmonizing the dementia work-up in the Nordic countries

Coordinator NIDD Anne Rita Oksengård
Karolinska University Hospital

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

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

Results: Based 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 with too small a potential individually for the pharmaceutical industry to consider. But a closer Nordic collaboration is very tempting. The recent proposed research criteria on Alzheimer’s disease (Dubois et al. 2010) put great emphasis on biological markers. The proposed markers are volumetry on MRI or CT of the brain, liquor analysis of amyloid beta and tau and PET scans. EEG is not stated as a reliable marker for Alzheimer’s disease (AD) in those 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 manager EEG by the use of computers created again an interest in this method. In a meta-analysis of 46 articles published 1980-2008 (Jelic and Kowalski 2009) the conclusion part of the routine clinical dementia work-up. Previously the most important was to exclude secondary causes of cognitive impairment but this has changed last years. Today the new diagnostic criteria for Alzheimer’s disease require a morphological MRI scan since evidence for medial temporal lobe atrophy is one of the necessary requirements for the disease. Methods to estimate or calculate the size of relevant brain structures have been developed lately.

The goal is to have reliable fast calculation algorithms implemented in the routine scanning procedures. Another important issue is to judge the extent of changes in the white matter. The diagnose 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 aged from 66 to 85+.

S3.1-3 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 those 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...
however was that the evidence of diagnostic utility of resting EEG in dementia and MCI is still not sufficient to establish this investigation in initial assessment battery of a patient with cognitive impairment.

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

Although health and social care services for patients with dementia are available in Estonia and Lithuania, geographical 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.

Depression in patients referred to memory clinics

Dr Anne-Brita Knapskoga
Oulu University of Technology

Co-author:
K. Saks
Tartu University

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 scale scores are used to define depression, and diagnoses are seldom made. Although depression in dementia is common, it is often not diagnosed and treated. The symptoms of depression in those with and without dementia are mostly the same, but not always pronounced as in those without dementia. Some symptoms overlap with dementia.

A psychiatric assessment of the 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.
S3.2-3 12-06-2012, 16:00-17:30, Plenum 9/11

Home care allocation in Norway. Negotiation and distribution of responsibilities

Research Fellow/PhD Student Helene Aksnes
NOVA – Norwegian Social Research
Co-author: Research Director Mia Vabø

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

Aim: 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 are 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 epiglottic culture of home care continue to mediate day-to-day 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

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

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

PhDAssistant 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’ needs. In the cases that are more complex, it is more obvious that requests are negotiated away, added or renegotiated and repackaged to fit within the framework of a publicly defined problem relative to the municipality’s supply of social services.

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

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

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

PhD Emilia Forsell
Ersta Sköndal University College
Co-authors: PhD Assistant Professor Anna Olaison
Linköping University
Professor Sandra Torres
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 needs assessors. The research questions emanate from theories of institutional categorization and power differentials 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. Swedish citizens are not read as skilled interpreters in their case. Furthermore need assessors voiced being torn between the social legislation definition of “reasonable standard of living” and what they regarded as older immigrants’ culture-specific needs.

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

S3.2 Evaluation of orthogeriatric services in Nordic and Baltic countries

Chair: Hilge Kolk

S3.3 Evaluation of orthogeriatric services including the Delirium-Check-list in patients suffering hip-fractures.

Professor Yingye Gustafsson
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.
Implementation of geriatric care in fracture patients

Dr Helgi Kolli
Tartu University Hospital

Estonia is a country with aging population: 19% of inhabitants are estimated to be over 65 years of age by 2012. The number of geriatric patients admitted to hospitals with fractures is increasing. The geriatric care program in the department of Traumatology at Tartu University Hospital is being designed and implemented to improve the care of the elderly fracture patients. The second goal of the program is to optimize the utilization of medical and social care resources.

The aim of the study: to assess patient characteristics and management of hip fractures at Tartu University Hospital during 2010-2011 as background information for the development of geriatric services.

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

Results: In 2 years 607 (195M/412F) patients with hip fracture were hospitalised, 287 in 2010 and 310 in 2011. 94% of patients were over 65years of age (568) including 452 over 75. Patients younger than 65 years (39) had similar concomitant medical and social problems to the older age groups, there was male prevalence in younger age group. Anthrhotrophic treatment with low molecular weight heparin was assigned to 97% of patients with hip fracture in the hospital. Hospital guidelines were used for postoperative pain management. Osteoporosis (OP) was diagnosed in a few cases, however most patients with hip fracture were not screened for OP. Three quarters of patients (461;76%) were referred to local hospitals or nursing care facilities, only 37 patients were consulted patients case by case.

Conclusion: The management of geriatric fractures in Estonia remains challenging.

Can better treatment and prophylaxis of delirium in the early phase of a hip fracture improve long-term cognitive outcome? Randomised, controlled trial

MD, PhD student Leiv Otto Watne University of Oslo
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Professor MD, PhD Johan Randen Oslo University Hospital
MD, Simon Carney 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 and/or improve the treatment of delirium and thereby improve long-term cognitive outcome.

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

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

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

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

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

Professor MD Anette Hylen Ranhofk Dialkomponent hospital
Co-authors: Nurse Mette Martinussen Ludwig G 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 need 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), more had American Society of Anaesthesiologists (ASA) score >3 (72% vs 50%, p<0.001) and a higher number of chronic medical conditions (mean 2.2 vs 1.6, p<0.001). Among community-dwelling patients, those who had fallen indoors were older (mean age 85 vs 82 years), p<0.001. More were female (79 vs 67 %, p<0.001), had ASA score >3 (55% vs 37%, p<0.001), more 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.

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

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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Ingrid Salstedt St. Olav University Hospital of Tromsø

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 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 86±8 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 3.3.
S3.4 Family carers in the welfare state

Chair: Tove Lindhardt

S3.4-1 12-06-2012, 16:00-17:30, Room 2

Assistive technology makes chance for family carers

Orcational Therapist Ingela Måson

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 four out of five 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 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-centers, 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.

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, Linnæus University

Co-author:
RN, MSc, Eva Gustafson

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 is interest for adult children who may play a deciding role in the decision making process and who subsequently attempt to support both parents in various ways (Sandberg et al 2001, Davies 2004).

This subject forms one of the prioritised areas of the Swedish National Family Care Competence Centre (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 theme 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.

Support of carers of older people entering into and living in nursing home

S3.4-2 12-06-2012, 16:00-17:30; Room 2

S3.4-3 12-06-2012, 16:00-17:30, Room 2

Who is supposed to do the carework? This study encircles the welfare state with increasing emphasis on market economy structure. In late modernity, however, everybody is expected to contribute at the paid labor market, and the necessary tasks of 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 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 female unpaid work, prioritized female carework as a societal value free of charge.

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 priced in a society with increasing emphasis on market economy structure. Who is supposed to do the carework? This study encircles the welfare state with increasing emphasis on market economy structure.

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Results: The number of oldest old grew tremendously over the past few decades. However, recent studies have disclosed that the pace of increase strongly varies among countries. The present study aims to specify the level of mortality selection among the nonagenarians and centenarians living currently in five low mortality countries: Denmark, France, Japan, Switzerland, and Sweden, part of the 5-Country Oldest Old Project (5-COOP). All data come from the Human Mortality Database, except for the number of centenarians living in Japan. We disclosed three levels of mortality selection, a milder level in Japan, a stronger level in Denmark and Sweden and an intermediary level in France and Switzerland. These divergences offer an opportunity to study the existence of a trade-off between the level of mortality selection and the functional health status of the oldest old survivors which will be seized by the 5-COOP project.

Objectives of the study: The aim of the study is to describe older informal caregivers, their need of help and how they provide help.

Methods: The study was conducted in five countries, and the caregivers were recruited through the formal care providers and other informal caregivers.

Results: Approximately one fifth (21%) of the total sample of respondents were more engaged in informal caregiving than those living alone. The most common caregivers were family members (n = 1,637), followed by friends (n = 1,270), and then other relatives (n = 485). The most common types of help provided were emotional support, practical help with household activities, and help with personal care. The most frequent help given was emotional support, followed by practical help with household activities, and then help with personal care.

Conclusion: This study provides information about older informal caregivers and their experiences of helping others. It highlights the importance of recognizing the role of informal caregivers in providing care.
3.6 Fatigue in older adults
Chair: Kirsten Avlund

S3.6-1 12-06-2012, 16:00-17:30, Room 12

Trends in fatigue 1992-2002-2010/11 among the oldest old in Sweden
PhD Carin Lennartsen
Aging Research Center
Co-authors: Marti G. Parker
Linda Hids-Såln
Professor Mats Thörnblad

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. Analysis of the Swedish panel study of the oldest old (SWELD) 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 SWELD 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.

S3.6-2 12-06-2012, 16:00-17:30, Room 12

Tiredness in old age: Associated factors and predictors in seven years
MSc M Nevalainen
Co-authors: PhD A-K Kostiä
PhD Marija Jažyna

The aim of the study was to investigate factors associated with self-reported tiredness in a sample of home-dwelling individuals aged 70 or older, as well as factors associated with the onset of tiredness during a 7 year follow-up period. The data are from the multidisciplinary prospective Tampere Longitudinal Study on Aging (TAMLISA) which started in 1979. Waves from 1999 and 2006 were used in this study. In 1999, 398 respondents out of the total of 429 (93 %) and in 2006 252 out of the total of 275 respondents (92 %) were interviewed. After personal interviews in 1999 and via telephone at follow-up. The respondents were asked whether they had felt tiredness during the last two weeks, categorized as tiredness often or rarely, in almost continuously and no tiredness (no, or occasionally). The covariates included gender, age, education, self-rated health, number of diseases, functional ability and depressiveness.

The prevalence of tiredness was 23.1% with highest prevalence among the oldest age group. Feelings of tiredness increased among 15 % of the participants. Self-rated health and functional ability increased the likelihood of tiredness as did feelings of depressiveness. Age was associated with tiredness independently but not in an adjusted model. Number of diseases was associated with the increase of tiredness over a seven year follow-up period. Tiredness alone was a significant independent predictor of mortality when age and gender were adjusted for, but not in the fully adjusted model.

The study confirmed the connection of tiredness with self-rated health, functional ability, diseases and depressiveness. Rather than age as such, age-related changes in health and functioning seem to be connected with subjective feeling of tiredness.

S3.6-3 12-06-2012, 16:00-17:30, Room 12

Fatigability in basic indoor mobility in nonagenarians
PhD Minna Mänty
Kabenhavns Universitet
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University of Copenhagen
MSc Mikael Thinggaard
Danish Aging Research Centre, Universities of Odense, Aarhus, and Copenhagen
MD, PhD, DMSc Kaare Christensen
University of Southern Denmark
DMSc Kirsten Auklund
Copenhagen University

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

Methods: The study is based on baseline data of The Danish 1905 cohort study in 52-93 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 (32% vs. 23%, p<0.001). Cardiovascular diseases, musculoskeletal pain in lower body, medications, walking speed and depressive symptoms were independently associated with fatigability.

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

S3.6-4 12-06-2012, 16:00-17:30, Room 12

Fatigue and cardiovascular health: A study on aging Danish twins
Mscph Anette Elkmann
University of Copenhagen
Co-authors: Post Doc Minna Mänty
Kabenhavns Universitet
PhD Inge Petersen
MD, PhD, DMSc Kaare Christensen
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DMSc Kirsten Auklund
Copenhagen University

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 1696 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: 10-25) or death with IHD as primary cause. A poor cardiovascular health profile was assigned to individuals who at questionnaire follow-up was loss to follow-up, had been hospitalized due to IHD, had self reported IHD related diagnoses or had developed mobility disability. Fatigued individuals had a significantly larger risk of being hospitalized due to IHD during the 10-16 years of follow-up (HR=1.47 (CI95%: 1.10-2.00)) and of having a poor cardiovascular health profile at 2-4 years of follow-up (IHD=1.55 (CI95%: 1.11-2.16), 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.

S3.6-5 12-06-2012, 16:00-17:30, Room 12

Telomere length - a molecular biomarker for fatigue.

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University of Southern Denmark
Co-authors: Cand. scient. Mikael Thinggaard
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Copenhagen University

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=0.023), showing an increase of 0.038 kb/fatigue score unit, i.e. LTL was longer in individuals that were less fatigued. Aging related diseases and mental health did not explain the association, while lifestyle factors slightly influenced the association.

Our results support an association between LTL and fatigue, suggesting cellular wear-and-tear as an underlying factor to fatigue.
Oral Abstracts
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, practice and sustain PCC in acute care settings. The aim of this study was therefore to further explore barriers for PCC of older patients with cognitive impairment in acute care.

Methods: A total of 110 hours of ethnographic style observations were completed at a cardiology 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.

Metabolic syndrome and associated factors among South Korean Older adults

Analysis of KHNAMES 2007

Author: Professor Seungyoun 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.

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

Method: Dataset was obtained from the K-HNAMES 2007; a cross-sectional health survey of a nationally representative sample of non-institutionalized KOREAN adults. The prevalence of the METs, as defined by NCEP ATP III, was determined, and factors associated with predisposition 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.

Conclusions: METs is present in more than 34% of older South Koreans. Whereas current smoking and higher BMI were identified as independent modifiable risk factor of METs in men, other factors such as economic activity and functional limitation were also identified as risk factor of METs in women. Therefore, not only lifestyle modification but also modification of economic activity and functional limitation are required to prevent metabolic syndrome in older population.

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: All journals from patients who were hospitalized at the geriatric department at Gentofte Hospital, Denmark, in the period from the 1st of January to the 1st of May 2011, were retrospectively screened. Of 156 patients screened for eligibility, 49 underwent orthostatic BP measurement and were assessed for eligibility. BP and pulse rate were measured at baseline after rest in the supine position, and at 1, 2, 3, 5 and 10 min in the standing position.

Results: Of 49 patients assessed for eligibility, 45 patients were included in the study. 4 patients were ineligible due to deviations from the standard test procedure (9±3) or significant low back pain (n=1). During test, 10 patients without OH terminated the test after 10 (n=1), 30(n=3) or 50(n=4) min due to fatigue. 24 (33.3%) vs. 2 (4.4%) patients experienced OH fulfilling the definition before, respectively after, the first 3 min of the test. 7 of 24 patients who had OH within the first 3 min terminated the test before 10 min due to symptoms caused by OH.

Conclusion: Of 45 patients experienced OH after the first 3 min. One of these patients showed a trend towards OH during the first 3 min, but the measurement was not significant until 5 min after standing up. The other patient experienced a clinically insignificant decrease in diastolic BP after 10 min. Hence, in geriatric inpatients screened for OH, we recommend BP measurement within 3 min and suggest continuing measurements in patients who present insignificant but declining BP during the first 3 min.

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: Kari Midtbø Kristiansen, Marianne Dahl, Anette Hylén Ruus, Thomas Svendsen, Bernhard Lorentzen, Ludwig Fjeld Søehn

Objectives: Hospital services to elderly patients take 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 the study. A higher percentage of women was admitted to the OGU 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 focus on 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
Department of Health Sciences, University of Jyväskylä
Co-authors: PhD Merja Rantakokko, MSc Irma Äyräväinen, MSc Hannes Kallai, Ms Sini Honkalu, MSc Johanna Iinonen, Tiina-Mari Lyra, PhD Marja Vaarama

The emphasis on home care has increased the number of home-confined and isolated frail people in the communities. The volunteers could provide recreation for such people. No earlier studies have examined the effects of voluntary work on the people served. We examined the effects of out-of-home individualized recreational activity intervention on quality of life (QoL) among community living older people, who have difficulty accessing the outdoors independently. Volunteering, Access to Outdoor Activities and Wellbeing in Older people (VOW) project (ISRCTN56847832) was a randomized single blinded controlled trial (RCT) conducted in Jyväskylä, Finland, in 2008-2011. The inclusion criteria were: agree to participate in a RCT, age 65 or higher, severe mobility limitation, willing to increase outdoor activity and able to communicate normally. 125 people aged 67-92 years were interviewed at home and randomized into intervention or waiting list control group. The primary outcome is QoL measured with WHOQOL-BREF which includes the overall QoL (2 items), 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 activities of daily living.

Objective: The aim of the study was to examine how social and health care helpers 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.

Author: Dr. Leena Eskelinen
AKF
Co-authors: Eigil Bøll Hansen, Hanne Marlene Dahl

Objective: The 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.

Methods: 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.

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Co-authors: PhD Merja Rantakokko, MSc Irma Äyräväinen, MSc Hannes Kallai, Ms Sini Honkalu, MSc Johanna Iinonen, Tiina-Mari Lyra, PhD Marja Vaarama

The emphasis on home care has increased the number of home-confined and isolated frail people in the communities. The volunteers could provide recreation for such people. No earlier studies have examined the effects of voluntary work on the people served. We examined the effects of out-of-home individualized recreational activity intervention on quality of life (QoL) among community living older people, who have difficulty accessing the outdoors independently. Volunteering, Access to Outdoor Activities and Wellbeing in Older people (VOW) project (ISRCTN56847832) was a randomized single blinded controlled trial (RCT) conducted in Jyväskylä, Finland, in 2008-2011. The inclusion criteria were: agree to participate in a RCT, age 65 or higher, severe mobility limitation, willing to increase outdoor activity and able to communicate normally. 125 people aged 67-92 years were interviewed at home and randomized into intervention or waiting list control group. The primary outcome is QoL measured with WHOQOL-BREF which includes the overall QoL (2 items), 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 activities of daily living.

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AKF
Co-authors: Eigil Bøll Hansen, Hanne Marlene Dahl

Objective: The 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.

Methods: 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.

Author: Kiri Kuusinen-Ianes
The Centre of expertise onn social work, Verso

Abstract: Demographic, socio-economic, and political trends throughout the developed world have made elderly care an issue of utmost policy importance. In Finland recent elderly care policies emphasize active citizenship (Anttonen et al 2011). Active citizenship consists mainly of choises, participation and responsibilities. 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 elderly 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.

The materialized connection of objects to other generations for elderly people living at home who are reducing their material room in old age

Author: Dr. Anna Larsson
Linköping University

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

Objectives: 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 underpinned by theories and research that recommend activities in general and outdoor activities in particular as supplementary treatment in preventing and rehabilitation of mental disorders. In Norway all the region health authorities offer funding opportunities for projects that involve students, lecturers in colleges and universities and supervising clinical in clinical studies. Often these projects also involve projects that 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.

Intergenerational relations materialized - The significance of older peoples' private possessions in residential care

Author: Dr. Catharina Nord
Linköping University

This presentation conveys results from an ongoing study of the significance of the private possessions that older people bring to their last home in residential care. The focus is on intergenerational relations embedded in the older person’s private assets and how these possessions represent the next of kin. The research is a qualitative study, with individual, semi-structured interviews as the main data collection method. Also, photographs was a way 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 intertwined in 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 most valuable of an older individual’s possessions, perhaps not so much in economic value, but rather emotionally, practically and as a representation of the individual’s identity and life in which other individuals play and have played an important role. The results show who these significant others are and what types of artefacts represent older people’s relations with them. Furthermore, the results show how relations/artefacts are connected to the older person’s life-stories as well as their present day support and social life. The study concludes that family members from the past and present constitute the most important relations to an older individual in the very late phase of life in residential care. Most of the few assets that are brought to the last home are linked to them in a number of ways.
**Quality registry in The Viken Research Network for Geriatric Psychiatry**

Author: MSc Kari Midbøe Kristiansen
Diakonhjemmet Hospital

Co-authors: MD/Head of dep. Bernhard Lorentzen, MSc/Head of dep. Boild MPerson, Head of dep. Terje Rast, Psych. Helene Skanes, Professor Knut Engedal, MD Inger-Marie Tjernøe, Head of unit Trude Tegne

**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 (VirGeP) has initiated a joint quality registry (QualGeP) for patients in five departments of geriatric psychiatry. In the Oslo region, each hospital alone is too small to develop their own research unit within this specific field, and the number of patients in each diagnostic category is too limited to secure robust and reproducible findings.

A collaboration between several hospitals, however, could contribute to valid and reliable research and documentation. QualGeP contains standard information about our patients provided in an ordinary clinical setting: demographic data; previous and present standard information about our patients provided in an ordinary clinical setting.

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

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

Author: Dr. Jon Snaedal
Geriatric Department, Landspitali University Hospital
Co-authors: PhD Kristi Hannesdottir, Prof Thorarin Gislason, PhD Arnim Asvindsson, AtlI Jofossen

Background: The vulnerability of the brain to hypoxic conditions is well recognized. Sleep apnea (SA) is a sleep disordered breathing disorder characterized by fragmented sleep and abnormal pauses in breathing or shallow breathing accompanied by substantial drops in arterial oxygen saturation. The cardiovascular sequel is well documented and studies suggest that the cognitive and neuropsychiatric 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 over night sleep apnea study (Embla®) including pulse oximetry and assessment of movements, oxygen flow and breathing patterns. Blood pressure, BMI as well as neck and waist circumstance 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 assessments were evaluable. The results revealed a high frequency of SA in this study sample. Eight out of 10 MCI patients and 13 out of 14 mild dementia patients had SA. Out of the total 24 analyzed cases, males had a mean apnoea/hypopnea index of 15.46 ± 9.33 while females had a mean apnoea/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 Karlsholt

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 SWELDO, 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 discretion 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 < 0.01) were more likely to engage in leisure activity overall and specifically in political and mentally stimulating activity (p < 0.05), but not in physical, cultural, or organizational activity (p > 0.05). 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 < 0.001). 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 < 0.001).

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
Lund University Hospital, Gerontological Research Institute
Co-authors: MD Sigurdsson Bjornsson, MD Bjorn Einsson, MD Jon Snaedal, PhD Jane Sacczyński, PhD Thor Aspelund, MD Vilmundur Gudnason, MD Tamara B. Harris, PhD Lena J. Launer, MD Palni V. Jonsson

Objective: To examine the long term joint effect of midlife PA and BMI on late-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 1901–1935) of men and women participated in the Age, 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), (PNAP, 34%) 2) No PA/normal BMI (18.5 ≤ BMI < 24.9), (PNAP, 34%), 3) PA/overweight or obese BMI (PAO, 15%), and 4) PA/normal BMI (PAO, 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 PNAP group (reference), PAO and PNAP groups had significantly faster SP (PAO, beta = 0.19; PAN, beta = 0.25, p < 0.001), higher MEM (PAO, beta = 0.14; PAN, beta = 0.20, p < 0.05) and EF (PAO, 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 PNAP group.

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

O1.6 Psycho-social well-being I

Chair: Boo Johansson
11-06-2012, 11:30-12.30, Room 12

O1.6-1 11:30-11:45

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

Author: Marijke Veenstra
NOVA
Co-authors: Svein Olav Daatland, Asti 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 well-being 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 well-being.

Results: On average, respondents indicated that they felt 7.2 years younger than their actual age at T1 and 6.7 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 well-being five years later. Feeling younger than one’s actual age is associated with less depression five years later. Conversely, good mental well-being 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.
ORAL 1.6-3 12:00-12:15

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

Author: Professor Andrey Soloviev
Northern State Medical University

Co-authors: Dr. Irina Novikova, Victor Mestechko

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 (14%). 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 Europe, 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, ashen face, 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.

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 chronic 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.

ORAL 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 Ishioka, Dr. Madoka Ogawa, Dr. Kei Kamido, Dr. Katsunori Ikbe, Yukie Masu, Dr. Mihoko Takayama, Dr. Yasunori Arai, 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 (Bailey’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

O1.7-1 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 management 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.

O1.7-2 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 UL 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 Tandum 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-off scores for DFRI and TUG suggested in this study as a part of a comprehensive fall-risk assessment tool should be investigated in future studies.

O1.7.3 12:00-12:15
Fear of falling and coexisting sensory difficulties as predictors of mobility decline in older women
Author: Anne Viljanen
University of Jyväskylä, Department of Health Sciences, Gerontology Research Center
Co-authors: PhD Jenni Kuímala, PhD Merja Rantakokko, MD, PhD Mattiku Koskenvuo, MD, PhD Jaakko Kaprio, PhD Taina Rantanen

Objectives: The purpose of the present study was to examine whether fear of falling (FOF) and sensory difficulties, either alone or together, are associated with walking difficulties in older women.

Methods: Data on self-reported FOF, difficulties in hearing, vision, balance, and walking 2km were gathered with a structured questionnaire among 434 community-dwelling women aged 63-76 years at baseline and after a three-year follow-up. Logistic regression models were used for analyses.

Results: Every third (n= 138, 32%) participant reported difficulties in walking 2km at baseline. At baseline women with FOF had two-fold age-adjusted odds (OR 2.1, 95%CI 1.4-3.3) for walking 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 1.3-3.9), 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.

O1.7.4 12:15-12:30
Title: Fall-related information seeking behavior among elderly internet-users
Author: Marjan Askari
AAMC
Co-authors: S Eslami, S Metelock, S de Rooy, A Abu-Hanna

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

Methods: A survey was distributed among members of an association of elderly Internet users. Solicited were demographic; information seeking behavior; cause, consequence and prevention of falls. The questions were either dichotomous or designed on a 1 to 4 Likert-scale. Results of fallers and non-fallers were compared using statistical test. Results Ninety-seven persons completed our survey. The average age was 72 years. 84% respondents reported internet use for finding health-related information, and 32% reported they sustained a fall in the last 12 months. 65% fallers and 64% non-fallers (2031 vs 42/6, p=0.84) were willing to search fall-related information on internet. 28% fallers vs. 15% non-fallers have actually sought fall information (p=0.03). 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. 2.9 (p=0.01). This was for interest in having specific information for medications, conditions that increase the risk of falling, fall anxiety and self management respectively 3.1 vs. 3.0 (p=0.72), 3.3 vs. 3.2 (p=0.37), 2.7 vs. 2.3 (p=0.14), 3.1 vs. 2.9 (p=0.47). Conclusion: About 2 out of 3 elderly internet users are interested in fall-related information. Fallers are especially more keen on receiving information on fall consequences and prevention than the non-fallers. There was no difference between the groups in receiving specific information. These findings can help the design of more effective fall-related media for the elderly.

O2.1 Geriatric patients II
Chair: Olafur Samuelsson
11-06-2012, 16:15-17:30, Plenum B10
O2.1-1 16:15-16:30
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 Klein
Clinical Research Centre, Copenhagen University Hospital, Hvidovre Hospital
Co-authors: ResearchPhytotherapist Mette Merete Pedersen, M.D
PhD Ove Andersen, Card Scent Rh. D Janne Petersen

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

Methods: Registry study on 3883 Danish citizens older than 65 years of age with an acutely medical admission to the emergency department of Copenhagen University Hospital, Hvidovre in the period of 01/01 – 31/12 2010. Patients with malignance 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 5.5 days. Within 48 hours from admission 54% were discharged. Among patients with co-morbidity the 30 days readmission frequency were 12 % for LOS #48h; 44 hours and 16% if LOS > 48 hours. For patients with one or more co-morbidities the 30 days readmission frequency were 16 % for LOS #48h; 44 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.Sci. Ingrid Poulsen; Associate professor, Dr. MSc. Carsten Hendriksen; Professor, Dr. PH. Lis Wagner

**Background:** Geriatric patients recently discharged from hospital are at risk of unplanned readmission 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:** Vis 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 3-6 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 in the period 16th of February 2009 to 31st of January 2011, declination (had an ISAR 1 score of 2-6 points) and discharged home patients > 70 at increased risk of readmission and functional decline.

**Findings:** The fast track 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. 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. The method of assessment used in the fast track is MEETS (Medical Emergency Triage and Treatment System). The inclusion criteria is over 80 years of age, green triage according to MEETS 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.

**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 independence” 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 independence and their wish to receive enough care and support to attain security in their post-discharge everyday life.
2.2 Social and health care

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

Author: Ulla Skjødt
University College Seeland

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

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

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

Author: Presenter, Ulla Skjødt. M. Ethics and organisation, Diploma in nursing, Diploma in management, RN Supervisor: Britta Hordam, Ph.D., Merete Bender Bjerrum, Ph.D.

O2.2-2 16:39-16:45

Support to elderly care nurses – developing a knowledge centre

Author: Dr. Lena Olai
Dalarna University

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

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

Results: As of date, the work has contributed to a production of documents in nursing care related areas such as patient security, implementing guidelines, routines for delegating health care duties to unqualified staff, mentor-program for newly employed registered nurses, and networks for nurses. The production of documents produced by the KC is available on a Swedish web-site www.du.se/ktorun/stationpliant.htm. 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.

O2.2-2 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 Mártha Sund-Levander
Hoeegland Hospital
Co-authors: MD, PhD Anna Milberg, RNT, PhD Pa 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.

Swedish nursing assistants (NA) provide most of the daily care and can observe subtle changes that may be early signs of infection. Outcome of good care is depending on the clinical decision making process and communication between professions. A possible contribution of NA’s observations, or their part in the clinical decision making process has not been earlier studied.

Purpose: To explore early nonspecific signs and symptoms of infection in NHR and the decision making process, as described by NA. Method: Focus groups with 21 female NAs. The interviews were analyzed with qualitative content analysis for manifest and latent content, with no preconceived categories. Findings: NAs described nonspecific signs and symptoms of infection as two exclusive categories. It is not as usual explained general signs and symptoms, i.e. discomfort, unrestrained behavior, aggressiveness, restlessness, confusion, tiredness, feeblemess, decreased eating. Seems to be ill related to signs and symptoms of established infection in terms of fever and pain or more specifically to specific infections. Confusion, aggressiveness, feeblemess and decreased eating were significantly more frequent when an infection was suspected. The NA wished for partnership in the decision process with the nurses and the doctors. Their decision making process and choice of action was influenced by personal experiences and preconceptions, external support system, clinical experience, information search, reasons for choice of action and feedback from the nurse and physician.

Conclusion: NA have a keen observational ability to detect early signs that might help to confirm suspected infections in NHR early. Nurse’s and physician’s response to the NA’s observations had great impact on their further actions.

O2.2-4 17:00-17:15

The view of illness of older persons with diabetes mellitus

Author: Dr. Tassana Ooowattanapakorn
Chulalongkorn University
Co-author: Sapin Surjaavong

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 (71%). 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 monosaccharide sugars, excess eating, caused by genetics
2) Perceived disease: no care but not serious, dry and wet diabetes, reduced energy, causes severe complications
3) Effects of 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 indicated that although most participants had high score knowledge about diabetes, the questionnaire measurement may not measure the real understandings they have. Qualitative data showed they had some associated insights of diabetes with those of the health professionals while others had different perceptions. It is not surprising that they expressed different views of the illness from those of the health professionals. The health profession recommends being more diligent for educating and promoting diabetic elders on self care behavior. Diabetes people were also found to require more awareness of the current medical beliefs behind diabetes mellitus and a better understanding of the individuals’ affliction with this disease.

Key words: diabetes mellitus, illness, older persons

O2.2-5 17:15-17:30

Better cooperation – better care delivery for the frailest elderly

Better cooperation-Better life!

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

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

Purpose:

- To improve cooperation between healthcare and social care givers who are involved in delivering care
- To deliver sustainable measures that improve the delivery of care in terms of improved quality and cost efficiency
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The project has focused on engaging employees from workplaces in the involved organizations to design special and strengthened routines using Lean methodology.

Follow up and evaluation process:
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 increase understanding of the leaders’ perception of ageing in different cultural contexts.

The leadership concept, our study is based on, is the concept of individualized, age-related leadership (Braedel-Kühner, 2005; Braedel-Kühner & van Elst, 2011, Imanfari, 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; Roscigno 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 a principal component analysis and by inductive and deductive 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:**

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.
set in motion by the EU anti-age-discriminatory directive (2000/78/EC). Among other things, this directive required EU member states to enact age discrimination legislation. Society, however, encompasses different discourses – or forms – of age discrimination, i.e. different ways of defining age discrimination as well as different views on what should be done in order to curb such tendencies. The aim of this paper is to analyse how age discrimination was constructed on a political arena by scrutinising how the governments as well as MPs in Finland and Sweden, respectively, ‘talked’ about this particular issue during the legislative process. How was the extent and essence of the problem constructed discursively during this process, what groups were pointed out as particularly affected by age discrimination, and, what claims were made in order to rectify the problem? We argue that although age, among other things, encompass different discourses – or forms – of age discrimination, i.e. different ways of defining age discrimination, the problem constructed discursively during this process, what set in motion by the EU anti-age-discriminatory directive (2000/78/EC). Among other things, this directive required EU member states to enact age discrimination legislation. Society, however, encompasses different discourses – or forms – of age discrimination, i.e. different ways of defining age discrimination as well as different views on what should be done in order to curb such tendencies. The aim of this paper is to analyse how age discrimination was constructed on a political arena by scrutinising how the governments as well as MPs in Finland and Sweden, respectively, ‘talked’ about this particular issue during the legislative process. How was the extent and essence of the problem constructed discursively during this process, what groups were pointed out as particularly affected by age discrimination, and, what claims were made in order to rectify the problem? We argue that although age, among other things, encompass different discourses – or forms – of age discrimination, i.e. different ways of defining age discrimination, the problem constructed discursively during this process, what

O2.4 Nutrition and vitamin status

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

O2.4-1 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 Guttormsen, Professor Grethe S Tel, BiostatisticianPhD Roy Mølind, Milisen, Statistician Andrea Henriksen, Professor Anette Haan Rainic

Background and Aims: Disease-related malnutrition is common in hospitalised patients and is associated with adverse outcomes. To improve nutritional care and practice at Haukeland University Hospital, Bergen, Norway, a nutritional strategy was developed and a campaign entitled “Good nutritional practice” was introduced. Screening for nutritional risk was introduced to identify patients in need of improved nutritional care.

The aim of this study was to investigate, by one-year follow-up, risk factors and consequences for patients at nutritional risk according to Nutritional Risk Screening 2002 (NRS2002).

Methods: During eight repeated point prevalence surveys in 2008 and 2009, a total of 3280 adult somatic inpatients were screened by NRS2002. Patient characteristics and data on one-year mortality were obtained from the patient-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. 24.9, p=0.001) and more co morbidity (24.8% vs. 12.3% with eight diagnoses or more, p=0.001).

Compared to patients not at nutritional risk (not at risk), the patients at risk had increased mortality (OM =4.65 (3.87-5.5), even after adjusting for age, sex and illness score (OM=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 60-65 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 one-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 Maunonen, DS Menja Suominen, PhD Nina Savikko, Med. student Marjo Halttunen, MD, PhD Kasu Pitkalä

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, 3417 (87%) SH residents were assessed, whereas in 2011, 1586 NH residents (86%) and 1932 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: 70.6% vs. 65.4%, 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: 91.9% vs. 87.0%, 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 Pitkalä, MD, PhD Reijo Tiiski, 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=2382 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 they used. The proportion using vitamin D supplementation increased from 13% (144/1150) in 1999 to 59% (378/642) in 2009 (p<0.001). 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<0.001). The use of all other vitamins had decreased. The reduction was most evidently seen in the use of multivitamins (45% vs. 25%). The use of vitamin A and E was nearly nonexis-
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 according 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 Wahé, Professor Gunnar Nilsson, PhD Margareta Hultin

Objectives: To identify elderly patients (≥88/805; 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

set in motion by the EU anti-age-discriminatory directive (2000/78/EC). Among other things, this directive required EU member states to enact age discrimination legislation. Society, however, encompasses different discourses – or forms – of age discrimination, i.e. different ways of defining age discrimination as well as different views on what should be done in order to curb such tendencies. The aim of this paper is to analyse how age discrimination was constructed on a political arena by scrutinising how the governments as well as MPs in Finland and Sweden, respectively, ‘talked’ about this particular issue during the legislative process. How was the extent and essence of the problem constructed discursively during this process, what groups were pointed out as particularly affected by age discrimination, and, what claims were made in order to rectify the problem? We argue that although age, among other things, encompass different discourses – or forms – of age discrimination, i.e. different ways of defining age discrimination, the problem constructed discursively during this process, what
had B6 deficiency. B6 deficiency was associated with alanine aminotransferase (ALT) below reference value (p=0.02), low s-albumin (p=0.03) and inactivity (steps per day) (p=0.03). p-PLP is correlated to MNA score (rho=0.27, p=0.05). B6 deficiency was not associated with any somatic and psychiatric disorder, and not observed in subjects given vitamin supplements. Conclusion: B6 deficiency was present in half of the residents and associated with inactivity and malnutrition, which together with low values for ALT and s-albumin are reminders for vitamin B6 deficiency. Although no association was seen between B6 deficiency and somatic and psychiatric diseases, vitamin supplement should be recommended for frail elderly in nursing homes.

O2.4-5: 17:15-17:30

Vitamin B6 deficiency and diseases in elderly – a study in nursing homes

Author: MD Ida Kjeldby
Norwegian University of Science and Technology
Co-authors: Ida K Kjeldby, BMPharm Gunvor S Fannes, MSc Solveig Ligarden, 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, all use of drugs, and psychiatric and somatic diseases were recorded. A blood sample including B6 (p-PLP) was collected, and p-PLP values < 20 nmol/l indicates B6 deficiency in elderly. 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 (3.6); malnutrition and risk of malnutrition were present in 12% and 62% respectively. Dietary intake of B6 (mg/day) in men and women were 1.60 (0.30) and 1.18 (0.31) (recommended 1.6 and 1.2 respectively), and 14 (23%) of the participants used B6 supplements in addition. p-PLP was 34.4 (33.0), 30 subjects (49%)

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

Alcohol consumption among men and women. The impact of education, values and urbanization

Author: Dr. Brit Stagsvold
NOVA- Norwegian Social Research
Co-author: Researcher Jar Lima

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

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

Results: Frequent alcohol consumption is almost twice as high among self-reported mobility-related fatigue, which is an important predictor of mobility limitations and disability. 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 mobility activities after 3- and 4-years in a cohort of elderly participants and 2) changes in fatigue between 3- and 4-year follow-up.

Methods: 2004-2008-year-old men and women, enrolled in the Danish Intervention Study on Preventive Home Visits, constituted the study population. Data were collected by mailed questionnaire in 1998/1999, 2001-2002 and 2003. Logistic regression and multinomial logistic regression analyses were performed. Analyses were stratified by gender and adjusted for age, financial assets, and feeling down or aggressive without a specific reason.

Results: Compared to men with high social participation, men with low social participation had significantly increased odds of onset of mobility-related fatigue after 3- and 4-years (OR[95% CI]: 2.67 (1.37-5.15) respectively, and significantly increased odds of developing fatigue or sustained fatigue between 3- and 4-year follow-up. Compared to women who were satisfied with their social relations, women who were unsatisfied with their social relations had significantly increased odds of onset of mobility-related fatigue after 3- and 4-years (OR: 1.51 [1.09-2.08]), and also significantly increased odds of developing fatigue or sustained fatigue between 3- and 4-year follow-up. Conclusion: Some aspects of weak social relations appear to increase the risk of mobility-related fatigue among older adults, but might vary according to gender. 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. The main results were threefold: i) both smoking and obesity during mid-life 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 12%) of the 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
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Co-authors: Dr. Miikaela von Bonsdorff, Dr. San Stenholm, Dr. Monika von Bonsdorff, Prof. Clas-Håkan Nygård, Dr. Matti Klockars, Dr. Jorma Seitsamo, Prof. Juhani Ilmarinen, 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 2,944 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 decrease in cognition; sleep 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.
people meet the threat of illness and decline” (Lawton et al., 1998: 23). In order to analyze the differences of VIOL in young-old, old-old and very-old people and identify the factors that explain its variance, a study with a sample of 207 communi- ty-dwelling participants aged between 60 and 96 years (mean age 77.2, SD 7.5) was conducted. Data collection included a multidimensional protocol comprising validated and recognized instruments as the Positive Valuation of Life Scale (Lawton, 1998), the Meaning of Life Questionnaire (Steiger et al., 2006), the Geriatric Depression Scale (Yesavage, 1982), the NEO-FFI (Costa & McCrae, 1989) and the DARS (Fitterbaum & 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 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., 1998; 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 VIOL 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.

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N=7,108 \text{ and panel data (2002 and 2007, } N=2,300). \text{ 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. Preliminary results: Frequent use of alcohol, is associated with empty nest households. Widowed women drink less frequent. Frequent use of alcohol, drinking alcohol at least twice a week or more, increased from 27.7 percent at wave 1 to 31.6 percent at wave 2. Frequent drinking of at least 3 alcohol units increased from 11.8 to 13.3 percent. However, five year change in frequent use of alcohol is age related, as increase is strongest among respondents aged 40 to 69. Longitudinal analyses indicate that the association of life course transitions with change in alcohol consumption is not statistically significant. Conclusion: The increasing alcohol consumption among respondents aged 40-69 deserves a closer attention. The cross-sectional data show a higher consumption among persons that have an empty nest household, and a less frequent consumption among widowed women. Retirement is not associated with increased alcohol consumption, neither in the panel data nor in the cross-sectional data.}
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O2.6-4 17:00-17:15
Life Course Transitions and Changes in Alcohol Consumption in the Second Half of Life

Author: Ivor Lima
Norwegian Social Research
Co-author: Senior researcher Britt Slagsvold

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 consump- tion 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, 2002 and 2007, 2002). 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.

Preliminary results: Frequent use of alcohol, is associated with empty nest households. Widowed women drink less frequent. Frequent use of alcohol, drinking alcohol at least twice a week or more, increased from 27.7 percent at wave 1 to 31.6 percent at wave 2. Frequent drinking of at least 3 alcohol units increased from 11.8 to 13.3 percent. However, five year change in frequent use of alcohol is age related, as increase is strongest among respondents aged 40 to 69. Longitudinal analyses indicate that the association of life course transitions with change in alcohol consumption is not statistically significant.

Conclusion: The increasing alcohol consumption among respondents aged 40-69 deserves a closer attention. The cross-sectional data show a higher consumption among persons that have an empty nest household, and a less frequent consumption among widowed women. Retirement is not associated with increased alcohol consumption, neither in the panel data nor in the cross-sectional data.

O2.7 Hip fracture I
Chair: Timo Strandberg
11-06-2012, 16:15-17:30, Room 13

O2.7-1 16:15-16:30
Will comprehensive geriatric work-up during the index stay improve mobility at 4 months in hip fracture patients?
The Tromsø Hip Fracture Trial.

Author: Professor Olav Stteveld
Norwegian University of Science and Technology
Co-authors: Anders Prestemo, Permilie Thingstad, Knut Taraldsen, Lars Gunnar Johnsen, Jorunn L. Helbostad, Ingvild Salueld

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 advan- tage 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 comprehen- sive 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 17-20) and median IADL score of 45 (interquartile range 28-57). The mean SPPB score at 4 months was 5.11 points (SD 3, 04) (range0-12).

Conclusion: 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 Copenhagen

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 performed 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 received both and 2 were either interviewed by telephone 2 and 10 weeks (group1) or 1, 3 and 7 weeks (group 2) after surgery by a nurse specialist. Patients were given counselling within eight main dimensions with reference to their postoperative situation based on specific developed counselling and clinical guidelines to patients after hip replacement.

Results: All patients experienced improved 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 Kistendal

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 (5 men and 26 women) with a hip fracture, at a mean (SD) age of 77.9 (9) years who followed a standardised 6-weeks rehabili-
tion 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 the non-fractured was reduced from 60% at baseline to 83% after 6 weeks. 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 bilateral leg press training increased with 52% and 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 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 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 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 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 201-323m for 6MWT (all, P<0.001), after six weeks training.

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 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-fracture period, three days prior to the incidence, was collected retrospectively using the Resident Assessment Instrument for Acute Care (InterRAI-AC) and SF12 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 prefractured values lower than the mean score MCS (43.8 SD 6.42) had more often discouraged mood than patients with higher mean score. The twelve month follow-up mean MCS did not changed compared to prefractured and three month assessment (p=0.08, p=0.279 respectively). Patients with less than the mean score PCS (42.8 SD 11.33) prior to the admission had more frequently cognitive and combined sensory impairment, ADL and IADL less compared to patients with higher mean score. The mean value on PCS at three months [36.9 (SD10.4), p=0.011] showed a lower value than the initial assessment. At twelve month mean PCS showed a poorer value [39.5 (SD10.2) p=0.001], than prefractured. Eighteen percent had high quality of life (PCS>49.7) 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

O3.1 Migration
Chair: Anne Leonora Blakalide
12-06-2012, 08:30-10:00, Room 1

O3.1-1 08:30-08:45
Aging and Health Practices Between Two Cultures
Author: Visiting scholar Suzan Yazici
Akdeniz University
Co-authors: Research assistant Signe Gronwall Petersen, postdoc Anne Leonora Blakalide

Background: 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 influenced by circular migration processes, cross-border health-care, and what kinds of specific problems they 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 as returning migrants to Turkey. They are “in-between” two cultures and consider remigration, but having children in Denmark make them hesitate.

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

O3.1-2 08:45-09:00
Living In-between and Doing Health
Elderly Pakistani Women in Norway
Author: PhD Candidate Beate Le Sverre
Buskerud University College
Co-authors: PhD, RN Grethe Eielsen, PhD Dani Nymem Solbakke

Objectives: This qualitative study investigates the stories of socialization of elderly Pakistani women living in Norway to understand their specific challenges and how they deal with them. Migration studies indicate that elderly migrant women are passive, ill victims caught in a marginalized position due to age, ethnicity and gender, and thus have little or no access to opposition and agency. To broaden the picture it is necessary to develop an innovative approach to understand what is implicated in the process of migration. The importance of considering life conditions that surrounds potential health promotion behaviors of immigrants is stressed by several researchers. However, up to now limited research guided by this perspective has been done in Norway. Therefore, this study explored how elderly Pakistani women in Norway promote their health and well being through some distinct social interactions. The intention is to bring awareness to how, even by so-called disadvantaged social groups, may take place. These practices are important to take into consideration when developing health-promoting policies for elderly immigrants.

Design: An ethnographic study of 15 Pakistani women, aged 53-75, was carried out in a multi-sited fieldwork in Oslo using participant observation and ethnographic interviews. The concepts of health, ethnicity, gender and age are viewed relationally and as dynamically constructed in social interactions. The analytical approach was inspired by the constructivist theoretical framework of narrative ethnography.

Results: The elderly Pakistani women in Norway construct stories of living in-between cultures and experiences of acculturative stress caused by being elderly, immigrants and women. However, this analysis also suggests that through distinct social relationship, primarily in the context of a voluntary organization, elderly Pakistani women do health and they appear as active agents in relation to their health and lives.

Conclusions: The healing practices taking place among elderly Pakistani women may counteract the negative health outcomes associated with age, migration and gender. Implications for immigrant health-promoting policy in Norway; increase the establishment and allocate funds to sustain voluntary organizations run by and for immigrants.
Aging and Health Practices Between Two Cultures
Elderly Turkish Migrants in Denmark

Author: Postdoc, Ph.d. Anne Leonora Blaakilde
Center for Healthy Ageing, University of Copenhagen
Co-authors: Visiting Scholar, Dr. Suzan Yatuci, Research Assistant, MA Signe Granvål 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 others 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 influenced by circular migration processes, cross-border health care, and what kinds of specific problems they 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 as returning migrants to Turkey. They are “in-between” two cultures and consider remigration, but having children in Denmark make them hesitate.

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

Ageing 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 migrant 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 how 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.

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

Author: Ása Róin
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.

The invisibility leaders: Elderly ethiopian priests in israel

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

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.
4.1 Medication
Chair: Carsten Hendriksen
date: 2012-06-12, 10:30-11:30
Plenum 8/10

4.1-1 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 Vass, Professor Metten Andes

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 330,663, 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. Yet, it has been questioned whether the beneficial CVD risk reducing effect among older people outweighs the adverse effects e.g. muscle problems.

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

Methods: We followed all Danish adults during 1996-2009 in the nationwide individual-level registries with respect to demographic information, dispensed prescription drugs and in-hospital information. The indication for statin prescribing was continuously assigned by means of register-markers for a range of CVD conditions and diabetes (here termed asymptomatic individuals) at high risk of CVD. 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 relating 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.

4.1-2 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 relating 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.

4.1-3 11:00-11:15

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

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

By many credible measures, prescription drug use has been on the rise in the United States as well as the globe over the last decade. More prescriptions are being written; more individuals, and especially seniors (adults aged 65%), are on maintenance medication 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.

4.1-4 11:15-11:30

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

Author: Hege Kersten
OSU University Hospital, Department of Geriatric medicine
Co-authors: Prof Torger Bruun Wyller, Prof Espen Molds, 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 scale (ADS) score >5.8.8 or > 5.8.3, 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 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: 67 patients were included. The median ADS score was reduced by 2 units (95% CI: 0.97, 2.05, p=0.04), and there were 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. Jan Teen, Sirkka-Lisa Kortunen

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 Digiun 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 describing more specific the content of each competence. The respondents assessed their level of competence on a scale “The statement describes me” 6 = very good, 5= good, 4= quite good, 3= to some extent, 2= only slightly, 1= not at all.

Results: Nurses regarded their level of global competence in gerontological nursing as good at the beginning (mean 4.72) and at the end of programme (m 5.54). Both at baseline and at the end the nurses self-assessed their level of competence highest in ethics (mean 5.20, 5.36). The lowest self-assessed competence at baseline was health promotion (m 4.35) and at the end gerontogical nursing as good at the beginning (mean 4.72) and at the end gerontogical nursing as good (m 5.34). Competencies in gerontotechnology, nutrition and research usage were assessed as satisfactory. The highest progress was perceived in health promotion competence.

Conclusion: By reinforcing and updating the nurses’ gerontological expertise we can prove the quality of elderly care. The results can be utilized in the further planning of the programme.
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: RN, PhD, Associate Professor Inger Schou Bredal, MD, PhD, Professor Anette Hylén Ranhoff, RN, PhD, Professor Liv Wergeland Sætre, RN, PhD, Professor Arnars Larsdal

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 providers’ 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 analogues 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 the symptom pain, intensity of pain breakthrough pain, pain control and type of administered analgesics. Notwithstanding these differences, 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 between the two age groups. Pain is often underestimated and undertreated in older patients. Pain is a highly frequent symptom in the oldest old and the young old patients. The sessions were structured as focus group interviews, 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.

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

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 been given to less educated staff, like assistant nurses, who are those who often spend most time with patients. Objectives: to investigate nursing assistant’s experiences of existential issues in palliative care.

Methods: Six female and one male nurse assistants participated in three group sessions (2.5 hours per session). The participants had a rather long work experience as nursing assistants (n=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 considering practical care and one considering existential issues. The stories about practical care were interpreted in themes as (a) organisational barriers, (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.

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 locations.

Objective: 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 user-centred 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 persons 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.

Author: Thomas Hansen
NVG/A - Norwegian Social Research
Co-authors: Britt Slagsvold, Redun Ingebergren

The need for informal care rises it is important to know how caregiving affects well-being, to whom, and under which conditions. The literature so far has been limited by their scope of dependent variables and there has been little discrimination between groups of caregivers. This paper explores the effects of providing personal care to parents along a wide range of measures of well-being (life satisfaction, self-esteem, mastery, positive and negative affect, depression, and loneliness). We use cross-sectional data from the Norwegian Life Course, Aging and Generation (LODG) study (N=15,000, age 18-79), and two-wave panel data from the Norwegian study on life course, aging and generation (NorLAG) (N=3,000, age 40-79). Among men, providing help with personal care to a parent has no effect on any indicator of well-being. Among women, the effect depends on the resident status of the care recipient. Providing such help to a non-co-resident parent, has no emotional effect among women, except a small positive effect on sense of control. Therefore, there are psychological rewards associated with caregiving, a fact that tends to be ignored in theoretical and empirical work on caregiving. Providing such help to a live-in parent, however, relates among women to lower well-being (as measured by life satisfaction, negative affect, depression, and loneliness). There are few variations in these effects by age. Education, however, makes a significant impact. There are markedly more adverse effects of caregiving among low-educated than high-educated women. Education thus seems to buffer against the adverse consequences of caregiving. The panel analysis shows that caring for a non-co-resident parent is weakly associated with decreasing life satisfaction and increasing depression and sense of control over a few-year interval. The main conclusion is that providing personal care to a non-co-resident parent has few and weak effects on well-being. Caring for a live-in parent, however, has more detrimental consequences for well-being.
Depressive symptoms among older people: a 15-year follow-up

Author: PhD Sini Eloranta
The Age Institute, Helsinki/Finland
Co-authors: PhD, Adjunct Professor Seija Arve, PhD Savi Roivo, MSG, Statistician Hannu Isoaho, M.D., Professor Matti Virtanen, 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 which included a specific module on attitudes and expectations concerning elderly care. Findings: Despite an increase in the prevalence of depressive symptoms, there was no change in the level of depression in 2006. All examinations included an identical study protocol; the participants’ self-reported health status and depressive symptoms were assessed. Conclusions: Our findings reveal an increased 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.
Nordic Walking for Geriatric Rehabilitation: A Randomized Pilot Trial

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

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

Method: Single blind, site-stratified, randomized, pilot trial designed to estimate the amount of change with Nordic Walking and Overground Walking in 51 participants with mean age 75.8 years (SD 3.5) participated. They walked at 1.16 m/s (SD 0.20) during unconstrained gait, and at 0.85 m/s (SD 0.35) 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.

Conclusions: Nordic Walking is 12% more effective in improving gait speed among elderly than Overground Walking.

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 Ranheff, Physiotherapist, PhD Kofi Moi-Nielsen

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 3.5) participated. They walked at 1.16 m/s (SD 0.20) during unconstrained gait, and at 0.85 m/s (SD 0.35) 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.

The association between older adults’ personal goals and physical activity

Author: Millia Saajanaho
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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 383 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 (80%) had at least one goal related to health and functioning, 48% to social relationships, 45% to physical activity, 39% to leisure activities and 29% to self-development, lifestyle or ideology. 26% of the participants reported exercising quite a lot or a great deal (high level of physical activity) and 74% moderately or less. The analysis showed that high level of physical activity was associated with having at least one physical activity goal (OR 3.47, 95% CI 1.99-6.04). The association remained strong when adjusted for age, education, economic situation, depressive symptoms and mobility limitations. Other personal goals did not correlate with physical activity.

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

Identity Work in Geriatric Rehabilitation

Author: Jette Thuesen
Roskilde Universitet, Center for Sundhedsfredsforfølgning

Medical sociology and anthropology address how illness and disability contains questions of subjectivity and identity and report that an important aspect of rehabilitation comprises questions like “who am I, and who will I be?”. An ongoing PhD-study examines identity work in geriatric rehabilitation processes, drawing on a social constructionist approach. Identity work comprises the ways in which institutions such as geriatric rehabilitation convey certain identities as ways of understanding and categorizing lived experience, and the ways this interpretation takes place in social interaction, as a discursive construction of selves. As a multidisciplinary and multi-sited intervention, geriatric rehabilitation offers a multiplicity of discursive resources for understanding and acting upon illness and functional decline in old age. In other words, geriatric rehabilitation offers a multiplicity of identities for self-construction. This study examines the production and use of identities in institutional talk, empirically focusing on a variety of encounters between professionals and older people, following 9 persons during hospitalization and after discharge to further rehabilitation in the municipality. The data is from institutional, multi-sited ethnographic fieldwork, including participant observation, patient and staff interviews, and gathering patient records and plans of action. The study’s purpose is to document the connection between institutional identities and self construction as an unfolding narrative of the self. The presentation outlines these processes. In a preliminary analysis of two encounters, it is illustrated how institutional identities are promoted and used in institutional talk.
living alone with persistent musculoskeletal pain, describe their ability in activities and what promotes or would promote their ability in activities.

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

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

O4.7-4 11:15-11:30

Examples of everyday rehabilitation – from a theoretical perspective

Author: Anmofie 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 at 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 purports 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.

O5.1 Dementia care I
Chair: Elizabeth Rosted
12-06-2012, 11:45-12:45, Plenum 8/10

O5.1-1 11:45-12:00

Cognitive development in adult children of Alzheimer’s patients. A neuropsychological reassessment: A seven-year follow up

Author: Magnus Johansson
Landspítali University Hospital
Co-authors: Neuropsychologist Smárí Fálsún, MD, Jón Snæbjörnsson, MD, Fálm Jónsson, MD, Sigurður Björnsson, Director at deCODE genetics. Forlókukúr Jónsson

Previous studies on first-degree relatives of Alzheimer’s disease (AD) patients have revealed a higher risk of developing dementia, and that subtle cognitive impairment can be detected before overt clinical signs appear using neuropsychological tests. Findings on children of AD patients are very scarce within the literature. The main aim of this study was to explore the cognitive development of adult children (AC) of AD patients in Icelandic pedigrees selected from an ongoing genetic research study, over a seven-year period. The subjects were 83 AC (age range 46-74) with a family history of AD and a control group (NC) consisting of 30 individuals (age range 48-73) without any known first-degree relative with dementia. Cognitive abilities were assessed on two occasions seven years apart, using neuropsychological tests of orientation, verbal and non-verbal memory, abstract reasoning, language, concentration, mental speed, and visuo-spatial and constructional abilities. Participants with known central or peripheral nervous disorders were excluded from the study.

Primary results revealed no statistical difference between the two groups on any of the neuropsychological tests, over the seven year period. These findings suggest that the onset of subtle cognitive impairments in adult children of AD patients occurs after the age of 60 years, contrary to many previous findings.

O5.1-2 12:00-12:15

People with dementia and the National Gallery of Australia
“You do it for the moment”

Author: Dr. Michael Bird
DIDC, Bangor University
Co-authors: Annalee Blair, Dr. Sarah MacPherson, Dr. Katrina Anderson

Objectives: People with dementia often have limited opportu-
nity to engage in higher level intellectual activities. This project investigated the effect of exposing them to art works at the National Gallery of Australia (NGA).

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

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

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

The importance of sensory garden and therapeutic horticulture in dementia care: A scoping review

Author: Dr. Marianne Thorsen Gonzalez
University of Oslo, Institute of Health and Society
Co-authors: Professor Marit Kirkevåg

Background: Maintaining quality of life is important in dementia care. Sensory gardens and plants are increasingly used, but the effect is uncertain.

Purpose: Examine and describe what is reported in the research literature about use of sensory gardens, therapeutic horticulture and the use of indoor plants for people with dementia.

Methods: Modified scoping review with searches in Amed, Cinahl, Medicine, III Web of Science, Embase, Scopus and SveMed +. Analysis of selected empirical studies.

Results: Fifteen studies were included. Nine examined effects of sensory gardens, five examined horticultural therapy, one use of plants indoors. The findings suggest that this type of environmental management can reduce disruptive behavior, use of psychotropic drugs, serious falls, improve sleep and increase wellbeing and functional level.

Conclusion: Sensory gardens, therapeutic horticulture and other targeted use of plants may have a positive influence on function, behavior and well-being among people with dementia. More research is needed.

Keywords: Dementia, sensory garden, therapeutic horticulture, environmental management, literature review.

5.1:1 12:39-12:45

Physical activity for people with dementia

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

Author: Anders Møller Jensen
UiO/UiA / Via University College

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

Methods and Theories: Physical inactivity is associated with increased disease risk and the ADEX study by The Danish Dementia Research Centre work to investigate whether physical exercise has an effect on the development of Alzheimer’s disease. This project takes hold of the challenges of implementing activities for demented containing increased physical activity.

The goal is to generate knowledge about how staff in practice can support the demented person being physically active. Staff from two municipality daycare daycare centers in Denmark, participated in 4 workshops over a period of ¼ of a year. The content was a combination of presentations on training and dementia, group work and staff presentations of experiences from practice. The staff collected during the project experience - around selected activities in a registration forms. The staff was mid-term interviewed about their experiences with the process, and presented the best activities they discovered at the closing workshop day.

Results: Content of the registrations showed a structure where activities could be divided into 4 broad categories. The interviews and presentations on the last workshop demonstrated that when activities were self-motivated - for example by including a competition or playing/games - that was when the staff saw that demented were most physically active. Planning and the ability to improvise 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.
Taking home care services into everyday life
Older adults’ participation with home care services

Author: PhD student, Social Educator Aud Elisabeth Withe
Sverdrup 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.

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

The results show that many of the Finnish and Estonian family caregivers 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 caregivers in both samples (70% and 75%) are alone in the caregiving situation and note that it 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 caregivers 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 caregiver. In the Estonian sample many family caregivers 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.

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 SUFACARE (2009-2011). The caregiving situation of the older carers was investigated in relation to duration of caring, number of hours support per week provided, caregiving tasks, principal reason for caring, positive and negative aspects of caregiving, carers willingness to continue caring and quality of life.

The results show that many of the Finnish and Estonian family carers in the study have a long career in caregiving and are engaged with caregiving more than seven hours per day (76% and 65%). A high proportion of the caregivers in both samples (70% and 75%) are alone in the caregiving situation and note that it 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 caregivers 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 caregiver. In the Estonian sample many family caregivers 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.
Living with Chronic Obstructive Pulmonary Disease in later life: dilemmas of family carers

Author: Dr. Raquel Gabriel
Co-authors: Dr. Daniela Figueiredo, Dr. Alida Marques, Dr. Cristina Jácime

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

Methods: A qualitative, cross-sectional study was conducted with family carers of patients at advanced grades of COPD (GOLD 3 and 4). Semi-structured interviews were performed with 25 family carers (n=22, 88% female), with a mean age of 62.1±12.0 years old. The majority were spouses (n=16; 64%), caring for more than 4 years (n=2; 93%). All interviews were audio-recorded, transcribed and submitted to thematic analysis by 2 independent judges.

Results: The main impacts reported by the carers were: i) a restriction on social activities (n=18; 72%); ii) an increased interaction with the patient, but less contacts with other family members (n=14; 56%); iii) emotional distress (n=12; 52%) and iv) a decrease in social contacts (n=10; 40%). Their main concerns were related to the worsening of the symptoms (n=23; 92%) and patient having an affective death, related to apathy (n=14; 56%). Participants also considered to receive limited support from health and social services, which they thought to be targeted mostly to patients treatment needs (n=10; 40%).

Conclusions: Caring for a patient with COPD poses several challenges to family carers, who often feel unsupported in their caregiving role. The results highlight the need to develop educative and supportive interventions in order to prevent burden and empower carers in their caregiving role.
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 PVH 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 perceived benefit and need for PHV 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.

O5.6-1 11:45-12:00
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-author: Uffe Lærås, Carsten Hendriksen, Ole Nielsen, Per Auggaard

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 wks. of WII (20 sessions in total) with daily use of Ethylene Vinyl Acetate Copolymer insoles (CON).

Results: Of 212 subjects screened for eligibility, 154 (73%) were ineligible or did not wish to participate; thus, 58 (74.8 ± 5.7 years, 58.2% female) participated in a 12-week resistance exercise program (3 times/week; 3 sets, 6-8 repetitions at 75%-80% of 1-repetition maximum), designed to increase strength and muscle mass of major muscle groups. Body composition, muscular strength, timed up and go, six-minute walk for distance and blood chemical variables were measured at baseline and endpoint.

Results: Participants completing the study (N=208) experienced significant changes in muscle strength or muscle function, which did not differ significantly between healthy (n=198), pre-diabetic (n=20) and T2DM participants (n=17). Changes in serum glucose during the intervention differed by group: only glucose improved significantly in the pre-diabetic group; glucose and triacylglycerol improved significantly in the healthy group, whereas no serum parameter improved significantly in the T2DM group.

Conclusions: A 12-week resistance exercise program improves muscle strength and muscle function to a similar extent in healthy, pre-diabetic and T2DM elderly people. However, according to our data T2DM participants do not experience favourable changes in fasting glucose or HbA1C.
the other hand no study has had a sole focus on this difference in a stroke population. The aim of the study is to follow and register functional improvements of motor function, balance, mobility, walking capacity and activity patterns in two groups with different functional capacities at baseline for a 36 months period.

Methods: Persons with stroke were recruited and divided into two groups related to their functional status at baseline. Outcome measures were the Motor Assessment Scale, Berg Balance Scale, Timed Up and Go, 6-Minute Walk Test and the Barthel Index of Activities of Daily Living. The participants were tested on admission, three, six, twelve and thirty-six months after the onset of stroke. During the acute phase of rehabilitation at the hospital both groups received functional task-oriented training, followed by regular self- or therapist driven training the first year post stroke and varied exercise patterns the following 24 months.

Results: Both groups improved their motor function (p<0.001), activities daily living (p<0.001), activities of daily living and balance, and mobility (p<0.001) till six months for so to stabilize at twelve months and decline at thirty-six months post stroke. Walking capacity (6MWT) improved up till twelve months, for so to slightly deteriorate in both groups at thirty-six months. Change scores indicated a great potential for rehabilitation in the MAS<35 in relation to group MAS>35, although the functional capacity was higher in the latter. The results indicate that the MAS group<35 improved their scores approximately with 46% in MAS, 73% in 6MWT, 8% in BBS and 5% in BI from baseline to three months post stroke. However, stroke patients with MAS group<35 in comparison with Mas group >35 had a major impact on motor function, balance, mobility and activities of daily living in a longitudinal perspective, where persons with MAS group<35 in comparison with Mas group >35 showed a higher improvement rate relatively, thus indicating the importance of maintenance of exercise and training post stroke for all persons with stroke.

Methods

Different functional capacities at baseline for a 36 months period. Functional improvements of motor function, balance, mobility, activities of daily living (p<0.001), activities of daily living and balance, and mobility (p<0.001) till six months for so to stabilize at twelve months and decline at thirty-six months post stroke. Walking capacity (6MWT) improved up till twelve months, for so to slightly deteriorate in both groups at thirty-six months. Change scores indicated a great potential for rehabilitation in the MAS<35 in relation to group MAS>35, although the functional capacity was higher in the latter. The results indicate that the MAS group<35 improved their scores approximately with 46% in MAS, 73% in 6MWT, 8% in BBS and 5% in BI from baseline to three months post stroke.

Conclusion: The functional capacities in acute stroke patients have a major impact on motor function, balance, mobility and activities of daily living in a longitudinal perspective, where persons with MAS group<35 in comparison with Mas group >35 showed a higher improvement rate relatively, thus indicating the importance of maintenance of exercise and training post stroke for all persons with stroke.
6.1 Urinary retention in hip fracture patients

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

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 incidence of urinary retention and complications related to urinary retention in elderly hip fracture patients. METHODS: This was an observational descriptive study. Data was obtained from a quality register where demographic and medical information are registered. Bladderscan were used to measure amount residual urine preoperatively, the first, second and fifth day after surgery. Results: Mean time of indwelling catheter was 23 hours. Prevalence of urinary retention was highest postoperatively. 66(62%) patients had urinary retention preoperatively, 30(28%) patients had urinary retention day one after surgery, 37(34%) the second day and 25(24%) on day 5. Although patients were able to void some had up to 960 ml of residual urine after voiding. Neither age nor number of chronic diseases was associated with urinary retention in this study. Patients with urinary retention on day 5 had a higher prevalence of urinary tract infection, than the patients that 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=0.015). 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 hospitalization.

6.1.1 The Marte Meo method in dementia care

Chair: Marianne Schroll
12-06-2012, 14:00-15:00, Plenum 8/10

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

Author: Marianne Munch
NKS Olaviken alderspsyktrasjek sykehus
Co-author: Linn-Vérdur Lande

Objective: NKS Olaviken participater from 2008 to 2011 with sykehuset Innløsset and the Norwegian Center for Health and Aging in a Dementia Care program initiated 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 filmfootages of daily life interaction with patients as counselling tools. Method: 30 caregivers from four different nursinghomes participated. During the course they learned elements of supportive communication and received counselling on filmfootages of interaction 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 6 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 focusgroup 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 patients 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 bodylanguage 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 dailylife interaction situations.

6.1.2 Suffering and pain in end-stage dementia

Chair: Becher Zoë Aminoff
Dercifiation Division, Sheba Medical Center, Tel Hashomer

Objective: to study possible interrelations between suffering and pain in end-stage dementia (ESD). Subjects: a cohort study of 203 ESD patients with a six-month follow-up period. Methods: Our recently developed Mini Suffering State Examination (MSSE) scale is the first objective clinical tool for evaluation of suffering level in end-stage dementia (Aminoff, 1999). The MSSE scale is available in English, Hebrew, Dutch and Spanish, and covers 10 items (range 0-10). Based on clinical experience, the followings were included in the MSSE: Not calm, screams, pain, decubitus ulcers, malnutrition, eating disorders, invasive action, unstable medical condition, suffering according to medical opinion, and suffering according to family opinion. The MSSE scale was tested using the Cronbach a=0.57, model, which demonstrated its significant reliability (a=0.79). Validity of the MSSE scale was proven by Pearson correlation with Symptom Management in End-of-Life in Dementia (SME-ESD) scale (r=0.574, P<0.0001), and Comfort Assessment in Dying with Dementia (CAD-ESD) scale (r=0.796, P<0.0001). The results of clinical experience with this scale were presented at world and regional congresses in Berlin (1999), Jerusalem (2000), Vancouver (2001), Stockholm (2002), Tokyo (2003), Las Vegas (2004), Rio-de-janeiro (2005), Madrid (2006), Saint-Petersburg (2007), Trondheim (2008), Paris (2009), Honolulu (2010) and in Athens (2011). Results: On the day of admission to the Geriatric Department, 10.5% of ESD patients were free from pains. Patients diagnosed with pains had a higher Mini-Suffering State Examination scale score (7.0 ± 2.4) than those without pain (4.0 ± 2.2), with a significant difference (P<0.001). Conclusions: Pains contribute to higher suffering and the development of Aminoff suffering syndrome in ESD.

6.1.3 Creating relationships a way to understand personcentred dementia care

Chair: Dr. Anne Rita Øksengård
NIVS, Department, Section of Clinical Geriatric/Karolinska Institutet, Karolinska University Hospital

Objective: to 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 equality’ 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.

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

Chair: Marianne Schroll
NVS, Department, Section of Clinical Geriatric/Karolinska Institutet, Karolinska University Hospital

Objective: to 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 equality’ 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.

O6.2 Long term care
Chair: Morten Baile 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 wide-spread cognitive and affective impairments of a small sample of chronic alcoholics (N=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, agent stereotypes and age discrimination against seniors. However, ageism seems to be more tolerated than racism and sexism, although its consequences remain quite nega-

tive. 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 communica-
tion; 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 the service.
O6.3 Home, housing & environment

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 600 community residents (CRs) living in the same postcode as the RVs was conducted to compare seniors accommodation choice. Qualitative interviews with retirees of both groups were conducted prior to the surveys, and they revealed a disconnect between RVRs experiences of independence, privacy, and safety & security and CRs perceptions of independence, privacy, and safety & security in a retirement village (RV) setting. It was hypothesised that this could be a significant reason for seniors not wanting to move into an RV, and subsequently a new measure – perceived environmental control (PEC) was designed and implemented in an attempt to capture this difference empirically. Statistical analysis confirmed the construct, convergent, and divergent validity and reliability of PEC. Further analysis revealed that RVRs actual experiences of PEC were greater than the CRs perceptions of same, and a multiple regression analysis demonstrated that resident type (where seniors’ lived) accounted for the most amount of variance of PEC. Many RVs base their marketing strategies around physical services; however, these results could potentially have major implications for the way RVs are designed and marketed to attract potential new residents into the future, and thus play a central role in solving Australia’s future housing challenges of seniors.

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

Housing and moving decisions of older people in Finland

Author: Dr. Ouli Jolanki
University of Jyväskylä

Earlier studies have shown that the living environment and types of housing are linked to wellbeing, 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 Glacham (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 (Golant 2003). Also, individual chances to enact agency can be enhanced or hindered by various issues such as financial status, functional ability and family relations. The study draws from three qualitative empirical data sets. The respondents were native older Finns, older immigrants, and adult children. The analysis was performed using content analysis and discursive-narrative approach. The study showed that housing pathways offers a useful theoretical framework to discern and discuss the different pathways older people are taking. It’s also revealed that cultural issues and social norms and values play a critical role in housing decisions. The study also showed that life course theory and biography discourse needs to be considered in housing research.

O6.3-3 14:40-15:00

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

Author: Li-Tang Tsai
University of Jyväskylä

Co-authors: PhD Menja Rantakokko, MSC Mia Saajah, MSC Johanna Ennen, PhD Eja Portegijs, PhD Anne Viljanen, PhD Taina Rantanen

We examined the association of self-reported environmental barriers with habitual walking activity among older people. The analyses are based on cross-sectional data of 836 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 crossroads), terrain (hilly terrain and poor street condition), and distances (long distance to services and lack of resting places). Habitual walking activity was assessed by self-reported distance and frequency walked within a week. Very low walking activity was defined as walking no more than 1.5 km/week 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 83 participants fulfilled the criteria for very low walking activity. Those who reported very low walking activity were more often men (p<.001), were not living alone (p<.001), had higher number of chronic diseases (p<.001) and slower walking speed (p=0.004). They also reported distances as environmental barriers to mobility more often than those who were more active in walking (p<.001). Those who reported distance-related environmental barriers were over two times more likely to report very low walking activity even after adjusting for age, gender, depression, socioeconomical status, number of chronic diseases, and walking speed (OR=2.2, 95% CI=[1.71.68]). 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.

O6.4 Nursing home residents

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

O6.4-1 14:00-14:15

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

Author: Dr. Michael Bird
DSDC, Bangor University

Co-authors: Dr. Katrina Anderson, Dr. Sarah Macpherson, Annaleise Blair

Objectives: Despite poor evidence, there has been a rapid increase in use of Snoezelen, or multi-sensory therapy, for BPSD. We evaluated a Snoezelen room in a care home, attempting to control for social interaction with the clinician.

Methods. Staff were trained in Snoezelen techniques and each allocated to a resident with moderate to severe dementia and challenging behaviour. They were to use the Snoezelen room when their resident was upset or withdrawn (PRN sessions) and record pre- and post-distress. To enable observation by evaluators, each staff/resident dyad also had scheduled sessions, equally split between the Snoezelen room and a control condition in the garden. Resident behaviour was observed before, during, and after each session and collapsed into four categories: ‘disturbed/engaged’, ‘neutral’, ‘engaged’, ‘highly engaged’. Results and conclusions.

Over 4 months no nurse used the room on a PRN basis (i.e. to calm/comfort a resident). Though some staff came in on days off to run scheduled sessions, overall there was a rapid decline in attendance. One senior nurse took a phone-call in week one, left the room and never did another session. Accordingly we had to run scheduled sessions, overall there was a rapid decline in attendance. A 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 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 amounted 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 situation. Our study implies that functions can be improved in 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, highlights the significant role that the care personnel play in the process, as their attention and care toward the new resident.

O6.4-3 14:30-14:45

Obesity 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

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 322 residents were randomised to either Intervention or Control group. The intervention lasted for three months and consisted of physical and daily activities, led by physiotherapists and occupational therapists, and was built on their evaluation and on goals expressed by each resident. Testing of muscle strength, mobility, balance function and confidence, ADL, level of physical activity, wellbeing and cognitive function was performed at baseline, directly after the intervention period and after another three months. Results after three months of intervention demonstrate a significant improvement in the Intervention group compared to the Control group regarding ADL, balance function and physical activity level. Also, the intervention group significantly improved their walking speed while the Control group significantly deteriorated in ADL and balance function.

Conclusion: Our study implies that functions can be improved and unnecessary delay is delayed, also in a frail nursing home population, through individually adjusted training programs and activities. As a consequence, residents should be entitled to an evaluation of physical function, by physiotherapists and occupational therapists, leading to adequate, individualized measures, early after admission to a nursing home or to a similar facility.

O6.4-4 14:45-15:00

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

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 322 residents were randomised to either Intervention or Control group. The intervention lasted for three months and consisted of physical and daily activities, led by physiotherapists and occupational therapists, and was built on their evaluation and on goals expressed by each resident. Testing of muscle strength, mobility, balance function and confidence, ADL, level of physical activity, wellbeing and cognitive function was performed at baseline, directly after the intervention period and after another three months. Results after three months of intervention demonstrate a significant improvement in the Intervention group compared to the Control group regarding ADL, balance function and physical activity level. Also, the intervention group significantly improved their walking speed while the Control group significantly deteriorated in ADL and balance function.

Conclusion: Our study implies that functions can be improved and unnecessary delay is delayed, also in a frail nursing home population, through individually adjusted training programs and activities. As a consequence, residents should be entitled to an evaluation of physical function, by physiotherapists and occupational therapists, leading to adequate, individualized measures, early after admission to a nursing home or to a similar facility.

O6.5 Oldest old

Chair: Bernard Jeune

O6.5-1 14:00-14:15

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

Author: Dr. Carin Lennartsson

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 73+ (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 2010/2011. 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.
O6.5-2  14:15-14:30

Predictors of nine-year mortality in nonagenarians: The Vitality 90+ Study

Author: Dr. Kristina Taininen
Gerontology Research Center and School of Health Sciences, University of Tampere
Co-authors: MSc Tina Luukkala, MD, PhD Antti Hervonen, MD, PhD Marja Jylhä

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 about ADL mobility, self-rated health, chronic conditions, occupation, place of living, and phone contacts.

Conclusion: The 1914-population in total Denmark had 2 children, 11% of the women were childless. The BMI 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 inter- viewed aged 95 were childless, the 11 other 95-year-olds had between 1 and 4 children. Three had lost a child. The interviewees dealt with: Thoughts about having children around World War II, fertility and birth (“I would not marry, because I had to, but I wanted to”).

Objectives: The importance of children in old age
Population: Thirteen 95-year-olds were interviewed, according to the following criteria: Alive 2009, participants in the health surveys in 1964, 1974 and 2004 of the 1914-popula-
tion in Glostrup; still living in the Glostrup area; able to go through an intensive interview lasting 2 hours regarding the life course.

Methods: I took myself the interviewees in the participants’ homes regarding actual life situation, course of life, and health – and afterwards the transcription to text.

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

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

O6.5-4  14:45-15:00

Leptin as a predictor of mortality in nonagenarians

Author: Inna Lisko
University of Tampere, Finland
Co-authors: PhD Kristina Taininen, PhD, MD Teho Lehtimäki, PhD, MD Antti Hervonen, MD, PhD Marja Jylhä

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 propor-
tional 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 0.13-1.13) compared to the highest tertile.

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.

O6.6 Physical capacity in later life

Chair: Anette Ekmann
12-06-2012, 14:00-15:00, Room 12

Midlife physical activity is associated with lower extremity function in late life
Age Gene/Environment Susceptibility (AGES) - Reykjavik Study

Author: Dr. Miljan Gudjonsson
Landspítali University Hospital, Gerontological Research Institute
Co-authors: MD Jon Snaedal, MD Sigbjörn Björnsson, MD Björn Einarsson, PhD Jane S. Sacsynski, MPH Melissa Garcia, PhD Thor Aspelund, MS Kristine Sigsgaard retard, MD Vilmundur Guðmundsson, PhD Lena J. Laustad, MD Tamara B. Ham, MD Palm V. Jonsson

Objective: To examine the long-term association between mid-life physical activity (PA) and lower extremity function (LEF) in late life.

Methods and theories: Having both low levels of PA and cognitive function is associated with reduced mobility in old age. Both physical and cognitive function is associated with LEF, but it’s relative contribution is unclear if the effects of midlife PA on LEF are independent of cognition. A large community-based population of 4753 men and women (mean age 76±6 yrs) from the Age Gene/Environment Susceptibility - Reykjavik Study was followed since 1967 as a part of the Reykjavik Study. On the basis of weekly hours of regular PA reported at the mid-life examination, participants were classified as active and not-active. Measures of LEF in late-life included gait speed from 6m walk (meter per second, m/s), Timed Up and Go (TUG, second), and Knee Extension (KE) strength (kg) tests. Cognitive function was extensively evaluated. Linear regression analysis was used to examine the association.

Results: Participants who were active in mid-life had significantly better LEF (faster gait speed, beta=0.05, p =0.004; 0.001; faster TUG time, beta=0.03, p =0.004; 0.001; faster KE strength, beta=0.13, p =0.004; 0.001) in late-life compared with those who were inactive in mid-life after adjusting for socio-demographic and cardiovascular risk factors. After adjustment for cognitive function in late life (speed of processing, memory, and executive function), participants who were active in mid-life still had significantly faster gait speed (beta=0.04, p =0.004; 0.001), faster TUG time (beta=0.04, p =0.004; 0.001) and greater KE strength (beta=0.07, p =0.004; 0.001) in old age compared with those who were inactive in mid-life.

Conclusion: Regular PA reported in mid-life is associated with better performance of LEF in later life and is independent of late life cognition.
6.6

ORAL

Direct Assessment of Functional Status, scores on activities of daily living were divided into three categories: >12 and <13 g/dl; >13 and <14 g/dl; and >14 g/dl, respectively). And included participants with complete data for hemoglobin concentration.

Results: Lower physical function measures were not associated with having anemia. Adjusted models found a significant decrease in grip strength (0.93, 95% CI 0.9 to 1.0, p=0.05) in partially anemic individuals. Anemia among centenarians was associated with lower average grip strength (0.96, 95% CI 0.9 to 1.0, p=0.05) compared to those with normal hemoglobin levels. In the sample of 280 elderly centenarians, an anemia rate of 63.9% was observed, with hemoglobin levels <11 g/dl being considered anemia. An alignment was observed in the proportion of slow walkers (p=0.044 and p=0.006, respectively).

Conclusion: In elderly centenarians, anemia is associated with lower grip strength and leg strength, and it is more pronounced in those with lower hemoglobin levels. Anemia may influence grip strength and leg strength to a greater extent in those with low hemoglobin levels, affecting physical function. It is important to consider the impact of anemia on the physical function of elderly centenarians.

6.7

ORAL

Social life and participation

Chair: Mette Andresen

7-1 14:00-14:20

Never too late to learn

Elderly Women’s Club

Author: Dr. Svetlana Aslanyan

Center for the Development of Civil Society

The paper is designed to elaborate relationships between feminist theory and practice. From my perspective, it may be more effective the feminists must closely collaborate with the women advocate and activists of women’s NGO. The best relationship between feminist theory and practice is the case when theoretical findings serve the base for designing practical activities directed to establishment of real gender equality. I am a researcher and leader of women’s NGO, which allows me to put into practice my theoretical findings. The paper consists of three parts: in the first part I intend to make a short overview on the situation of elderly women in Soviet and post-Soviet Armenia based on the research. The research conducted to assess the situation reveals the incredibly vulnerable situation in which elderly women found themselves. They appeared as a minority group, although they were the oldest group in the population. In the second part I will present the project: Elderly Women’s Club, its goal, objectives and results and refer to case studies. The long-term goal of the project is to promote elderly people to be more active in public life and to improve their social state and protect their rights. The short-term goals are: to find their place in changed social and economical environment, to share their life and professional experience with younger generation, to change the attitude of the society.

The objectives of the project are: to help elderly women to stay active persons; so they can find their own place in changed social environment by increasing their active participation in public life; to help them to learn healthy and constructive way to spend their leisure time, to share their life and professional experience with younger generation, to change the attitude of the society to older persons and increase public awareness on elderly issues.

Third part is our conclusion: The older generations are in danger of being left out of the society. It is necessary to evaluate elderly women’s role in society and to facilitate and encourage participation of the elderly in public life. In this regards our project: Elderly Women’s Club, aims to help elderly women to be more active persons; so they can find their own place in changed social environment by increasing their active participation in public life; to help them to learn healthy and constructive way to spend their leisure time, to share their life and professional experience with younger generation, to change the attitude of the society to older persons and increase public awareness on elderly issues.

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Does social capital enhance political participation of older adults? Evidence from Finland and Sweden

Author: PhD, university lecturer Mikael Nygård Åbo Akademi University
Co-authors: PhD, researcher Fredrica Nyqvist

High levels of civic engagement have been seen as prerequisites for an active or successful ageing. Allegedly, politically active seniors stand a better chance of safeguarding their interests in society as well as enjoying well-being. Whether or not older adults engage politically is not merely a question of individual characteristics, such as the level of education, but also on the level of social capital, both individually and contextually. According to Putnam (1995, p. 67) social capital, such as networks and social trust, can be expected to “facilitate coordination and cooperation for mutual benefit”. We can therefore expect communities with higher levels of social capital not only to provide a higher incitement for collective action in general but also to encourage citizens to engage in political action. This relationship, however, is far from straightforward. Social capital may provide the glue that holds communities together, but does it also provide driving forces for engaging in politics? Political engagement of older adults may also represent a variety of sentiments and be determined by different factors. Therefore a closer assessment of the relationship between social capital and political participation is warranted. In this paper we test the association between individual- and contextual-level social capital and political participation of older adults (65+ years) by using unique survey data from Western Finland and Northern Sweden (the GERDA 2010 survey, N = 10 427). We argue that although active engagement in voluntary associations as well as high levels of social trust are positively associated with both voting and none voting activities of older adults, the explanatory logic differs between the two. When it comes to voting, social capital provides both glue and driving forces for action, whereas only the latter is true in the case of nonvoting activities.

The impact of new intimate relationships in later life on social and filial relationships

Author: Dr. Torbjörn Bildtgård Stockholm University
Co-author: Dr Peter Öberg

Lots of prior social gerontological research has focused on filial relations in informal care as well as the impact of widows/husbands 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 stratigraphical 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.

Social life

Chair: Anna Siverskog
12-06-2012, 16:00-17:30, Room 13

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 characterizes the formation of new intimate relationships in later life? Are there any specific, more or less universal, conditions that separate them from relationships in earlier life phases? Qualitative interviews was used with a stratigraphical 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 constitutin a central structuring condition for new intimate relationships in later life. In the results three aspects of time – Available free time, Lived time and Remaining time – which all have a constituting and an important formative power on new late in life relationships are discussed in relation to theories of late modernity and the Third Age and in relation to changing demographical conditions.

Ageing-in-place - older people's housing problems and social contacts

Author: Siri Anderson
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.
satisfactory marital-like relationships moderate ill-being in case of unemployment, retirement and absence of other socially productive activities in older individuals. By analyzing wave 4 of SHARE’s 2011 preliminary data on 50-plus Europeans we will establish the deflection capacity of satisfactory marital-like relationships in vulnerable strata. For that purpose, we will make use of state-of-the-art multivariate statistical analyses. As recently collected raw data is going through the final refining process, results will be available mid-March.

O7.1-4 16:45-17:00

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

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

Co-authors: Timo Törmäkangas, Taina Rantanen, Tiina-Mari Lyyra

Objectives: Earlier studies have shown that various dimensions of social relations may be beneficial in different ways in old age. The aim of the study is to investigate how different dimensions of social relations fulfil 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 analyzes.

Results: Existence of spouse, frequent contacts with children and friends/acquaintances were related to intimacy including feelings of emotional closeness, assurance that others can be counted on in times of stress, and guidance. Contacts with friends/acquaintances and participation in social activities provided a sense of belonging to a group of friends (social integration). Existence of spouse was most important in providing an experience of opportunity for nurturance and reassurance of worth. These needs were related also to contacts with friends/acquaintances and giving help to children’s grandchildren.

Conclusion: Close relationships e.g. with spouse and children may be important in providing both emotional closeness and anticipated social support. On the other hand, giving help may be significant in fulfilling needs of reassurance of worth and opportunity for nurturance. Interaction with friends/acquaintances may be relevant in old age since they are related to various social needs. Thus, promoting social activity which helps to fulfil social needs can maintain and enhance health and well-being in old age.

O7.1-5 17:00-17:15

Life as theatre: older transgender persons’ experiences of ageing and gender identity

Author: Anna Siverskog
Nationella Institutet för forskning om äldre och åldrande

Older LGBTQ (Lesbian, gay, bisexual, transgender and queer) identifying persons have during their lifetime witnessed and experienced many juridical and social changes in attitudes towards sexual and gender identities. There is however a lack of research on this subject in a Nordic context, especially in the case of older trans identities.

This presentation explores age and ageing in relation to transgender identities. It is based on life story interviews with persons identifying as trans aged 65 to 77 years old, made within a dissertation project about older LGBTQ identifying persons. The theoretical frame used consists of social gerontological perspectives and queer theory. Three themes are focused; the relation to gender throughout the life course; the ageing body; and the lack of knowledge on trans issues.

The results illustrate how trans identities and practices have been seen as inaccessible during big parts of life, but that a different context in combination with being in third age can offer new possibilities to be open. There are also experiences of attempts to undergo sex reassignment surgery, but facing the fact that health and the ageing body are making this wish impossible. Some persons express worries for ageing and future need of care where they fear they might be discriminated. There are also experiences of a big lack of knowledge about trans issues. One conclusion is that while it is possible to talk about a “homonormativity”, where the homosexual subject under certain circumstances is seen as more respectable in general discourses, transgender identities have not reached this point if they are not made invisible; something that can be hard to achieve with an ageing body that has not underwent sex reassignment surgery.
OSTERS

11-06-2012, 15:15-16:15,
ROOM 14/15

P1-1

Timed Test of Money Counting (TTMC)

Author: Dr. Giona Abdulla

BHR Hospitals NHS Trust
Co-Authors: Dr Layq 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. If the reported amount is incorrect, the examiner tells the patient to count the money and to count it again. The time measurement continues, the test is interrupted after three errors or after 5 min. In both case a penalty time of 30s is noted.

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

Result: The 23 patients were divided in to three groups based on the duration of the test. The first group include those patients who conducted the test in less than 45 seconds; the second group include 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 have got MMSE above 25. In the second group of patients 2 have MMSE of more than 25, 1 patient have mental score between 20 to 25 and another one with MMSE below 20. The third group include 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 75s, 4 of them have weak grip strength due to previous stroke and 1 penalty given to one patient because of one mistake which means extra 30s 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 Hawaii
Co-Authors: Dr. Noreen Mokuau, Dr. Kathryn Braun, Dr. Lana Kaspu

Introduction: The social and health profiles 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 Hawaii and the continent that are informed by a life course perspective. Research identifies the importance of accurately assessing needs in culturally competent methods.

Methodology: With a focus on kupuna (native elders) in Hawaii, 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 Hosseini Moussavi-Nasab

Orebro University
Co-Authors: Dr. Reza Karm-Nouri, Prof. Lars-Goran 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

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UNIFAI
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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, Rest, Residence and Sociality. 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 Sociality 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 Recourses 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 Sociality (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

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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 in continual contact with other members of the multidisciplinary team within the hospital itself and community services.

Prior to discharge, background information regarding all aspects of the patient’s circumstances and medical history is collected to ensure an individualized plan of care. The team is often met with a complex home situation, which is not always possible to foresee. That obviously affects the action that is taken, to ensure that the patient has the optimal conditions to remain safely 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 secures 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
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Co-Authors: Dr. Amanda Gutierrez, Dr. Kriste Earnheart

Few studies have explored self-injury in the older adult population. It has long been assumed that amongst these behaviors, such as self-mutilation, that the course seems to decline over time. Self-harm behaviors are thought to “burn-out” or significantly attenuate. This transcendence is thought to happen somewhere between adulthood and older adulthood. The purpose of this study is to explore geriatric variants of self-harming behaviors that may include self-prescribed polypharmacy, refusal of needed medical attention, neglect of chronic conditions, or sabotage of medical care. Changes instead of extinction of these behaviors may be largely related to an inability to formulate plans for the future and pursue goal directed behaviors. Dialectical Behavioral Therapy is a well known empirically supported treatment for the 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 bereavement, particularly if past losses have not been processed. Culural and societal expectations can often pathologize a normal response to loss. Current literature and studies reveal a movement away from the outdated model of stages of grief to a more individualistic approach. As late adulthood grief can contribute to depression, anxiety, and physical and mental decline, it makes sense that we treat out elderly clients with an integrative approach. An integrative approach includes emotional, cognitive, physiological, interpersonal, and spiritual. This will be viewed with an emphasis on treatment, intervention, and consultation.

Conclusion: Due to the lack of educated healthcare providers in the integrated treatment of grief in the elderly there is a need for this awareness and knowledge for an individualized approach.

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

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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 fall 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 WHO elderly study Lifestyle Redesign in the USA. The question examined by the study is whether the intervention program can: Significantly reduce accidents and incidents involving falling among the participants, influence variables such as satisfaction with life, confidence in one's own ability and a feeling of involvement. If the intervention can be shown to be cost effective in terms of the use of resources. The intervention - Active lifestyle all your life - is being developed in and for primary care for the cost effective prevention of fall injuries among elderly people using a method that results in continued active life. Aim: The current project is aimed at contributing new knowledge of how a multifac torial 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 experienced The Coordinated Investigation Model of Dementia in the North Denmark Region?

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Co-Authors: 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 general practice by a general practitioner in cooperation with a local dementia nurse in accordance with a specified procedure. Further investigation may thereafter be carried out by specialists in the secondary sector. Especially after The Coordinated Investigation Model was evaluated in 2005 and found useful from a professional point of view, we found it relevant to investigate the experiences by the patients and their close relatives.

Results: The project shows that the patients and their close relatives don’t relate to the model – but rather to the results of the investigation, responsiveness and comfort. The investigation in the secondary sector seems very important to the patients and their relatives, who generally expressed that important decisions and information were handled by the secondary sector. A follow-up interview in the primary sector after investigation, which is mandatory according to the model, was practiced to a very limited extent. The role of the local dementia nurse as a coordinator was widely recommended by the patients and their close relatives, since many have experienced an accessible support and a relevant help.

Recommendations: The primary sector’s role in investigating 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 Shu-Yuan Chao
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Co-Authors: Hao-Mei Chen, Li-Jane Tsai

The study used a quasi-experimental design research method to investigate the effect of learning therapy on the improvement of cognition 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) statistic method to evaluate the effect of learning therapy on the cognition function and symptoms improvement after intervention. The results indicated significant improvement on experimental group elders, both cognition function and neuropsychiatric symptoms, achieving statistic level. The program could be the reference for the elderly care in institution.

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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Co-Authors: Prof. Adol Márques, Prof. Daniela Figueiredo, Dr. Raquel Gabriel

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 impacts patients’ mobility and balance. However, limited information is available on risk of falling in this population. Therefore, the aim of this study was to determine the risk of falling in elderly patients with COPD. A cross-sectional study was carried out with 31 elderly outpatients with COPD in the central region of Portugal. Socio-demographic data were collected via a questionnaire based on the Interna- tional Classification of Functioning, Disability and Health checklist. Spirometry was performed to assess 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±5.18 vs. 10.62±4.50; p=0.020) and presented a significant- ly higher risk of falling (55.61% vs. 15.41%; 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 attitudes in Taiwan, there are many researches using explicit measurements such as self-report scales or age semantic differences scales. The purpose of this study 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 and cost-effectiveness

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Co-Author: Dr. Katrina Anderson, Anne-lette 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 long-stay homes for easy to care for people. A pilot trial from 2005 onwards suggested that they could best operate as medium term assessment-treatment discharge facilities for moderate to severe BPSD. If supported by a specialist outreach team and with increased staff and specialist medical cover. A change process was instituted with significantly increased funding. Our two-year evaluation was to determine whether the change had taken place and to assess the clinical and cost-effectiveness of the five remaining units.

Methods: We used a repeated measures design to assess multiple staff and patient variables using validated instruments, interviews with multiple stakeholders, observations, perusal of medical records. Results: All units had changed though some still had no outreach team and in one, no funds had been spent on it. The evaluation was to take some change. The units were admitting people with more severe behaviour and from a larger geographic spread, but the original pilot-trial site remained superior on these variables. The median length of stay had reduced to 10-12 weeks, with readmission rates between 5 and 20%, and occupancy was a problem for some. These variables were worse for units with no outreach team. One unit had increased admissions five-fold. Psychosocial dementia nursing skills were high across the units, though multi-disciplinary case reviews were dominated by medical practitioners discussing psychotropic medication. On admission all patients were on anti-psychotics but tended to be on slightly less at discharge. Treating patients in the units was more cost-effective than in-patient psychogeriatric facilities and appeared to involve less human costs.

Conclusions: We recommended continuation of the program subject to all units coming up to speed within two years, structural changes to rat group profile of psychosocial interventions in case-discussions, some changes to admission criteria, and more support from NSW Health. The issue of instituting change in entrenched services will be discussed briefly.

The self-effects of management program and ram tai 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 tai 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 tai plong exercise, while the control group received a conventional nursing care. The experimental group instruments were the self-management program and ram tai 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 tai 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 tai 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 significantly 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 JAHJA
DUKE-NUS GMS/National University of Singapore
Co-Author: Dr. Angelique CHAN

The purpose of this study is to identify the role of gender in predicting mortality among older adults in Singapore. We 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 Lezzoni (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 in women (P=0.007). Separate analyses by gender showed that older women who had poor vs good self-rated health and physical dependency requiring care were 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[2.31;15.16, P=0.007).

Further, weekly walking exercise and living in condomi-num/cotemporary flat/house provided accommodation had a significant reduced risk of mortality in women by 26% and 7% following the adjustment, compared to walking exercise of less than once a month (OR=0.26, 95%CI=0.09[0.05;0.21], P<0.01) and living in 1-2 room flats (OR=0.27, 95%CI=0.06[0.10;0.21], P=0.028). Whilst in more educated men compared to the less, benefitted them in reducing 44% risk of mortality (P=0.024).

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.

Swedish and Iranian 75-year-olds – do they differ regarding physical function and physical activity

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Three way benefits: Volunteers improving person centred dementia care in a rural hospital

Author: Catherine Bateman
Southern New South Wales Local Health District

Older patients with cognitive impairment are known to experience fear, anxiety and increased confusion when admitted to hospital. They are more susceptible to falls, functional decline, delirium, prolonged length of stay, premature nursing home placement and death. Staff stress and care burden can be greatly increased in the care of confused hospitalised older patients with lack of time to support the necessary emotional care and safety needs highlighted. In rural areas with high ageing populations and limited or no access to geriatrician and specialist support these issues are even more pronounced. Increasingly the use of volunteers has been promoted as a supportive adjunct to care for patients with dementia or delirium but empirical support is limited. The primary aim of the study was to establish and train a group of volunteers in a person centred care approach to support patients with cognitive impairment in a rural hospital and evaluate outcomes for patients, staff and volunteers.
The volunteer intervention provided one to one emotional support aimed at enhancing the psychological wellbeing for patients with cognitive impairment as well as practical assistance aimed at reducing delirium risk and adverse outcomes. The interaction study used a quasi experimental design. Measures included patient outcome data, staff and volunteer dementia/elderly 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 in the same health examination setting 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.

Results:

Co-Authors: Department of Health

Replication of the program is occurring in other areas. The program in the State Government Dementia Services Planning Framework 2010-2015.

P1-18

A cross-sectional study of fall epidemiology among community-dwelling elderly attending the Elderly Health Centres, Department of Health

Author: Dr. Chi W M HO

Department of Health, Govt of HKSAR

Co-Authors: Dr. Sammy P S Ng, Dr. V M CHAN

Background: Accidental falls pose a significant burden on elders’ health and the health care system. However, the problem is often neglected by elders. As most falls are the result of a complex interaction of risk factors, elders should be advised to have multifactorial fall risk assessment and intervention.

Objective: To collect updated epidemiological data on fall incidents of Elderly Health Centres (EHC) members so as to better plan our fall prevention education programme

DESIGN A cross-sectional study.

SETTING 18 EHCs of Department of Health, Hong Kong.

PARTICIPANTS All elderly aged 65 or above who first attended the EHCs in a week in January 2011 for baseline health assessment.

METHODS

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 standardised 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 avoids, and (iv) how the therapist’s 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 standardised test administrator and as a health care provider. In handling this tension the health care professionals use their relational competence to reach and maintain individualization.

Individualized adjustments are implemented by the test administrator throughout the test situation. This may cause bias in the deliverance of high-quality and user-friendly geriatric care and needs to be explored in future research.

P1-19

Being a Standardized Test Administrator in an Acute Geriatric Setting

Author: Kariann Krohne

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Co-Authors: Prof. Sandra Torres, Prof. Aslild Settegå, Prof. Astrid Bergland

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 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 toward 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 assessment instrument, it is urgently advised to offer trainings in age management for supervisors, to encourage an open debate about aging and work among employees and to adapt the training of future healthcare professionals to the needs of an age-diverse working population. Clearly, policy support will be needed to introduce sustainable change.

P1-21

Active Ageing: Exploring social participation in Belgium

Participation rates, individual profiles of participants and thresholds to participate

Author: Professor Liesbeth De Donder

Vrije Universiteit Brussel

Co-Authors: Sarah Doris, Nico De Witte, An-Sofie Smetzelen, Tine Buffel, Dominique Verté

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 aging 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? 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. 11288 older people were questioned using a standardised questionnaire.

Results: The findings indicate that older people realise several active roles in society. 30.9% older people deliver informal care and 38.4% provides childcare. Almost 17% volunteers and 69.4% older people are member of an association. One out of two older adults participate in cultural activities. Moreover, the results demonstrate that 24.1% of 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, cohesiveness, personally asked) and thresholds (e.g. timing, price, interest) to participate are highlighted.

Conclusion: The discussion provides an overview of potential vulnerable groups in terms of social participation. Moreover, it focuses on the implications of these findings for local policymakers and social organisations and provides impetus to organise and increase active ageing at the local level.

P1-22

Prevalence of abuse against older women: a multi-national study in Europe

Author: Professor Liesbeth De Donder

Vrije Universiteit Brussel

Co-Authors: Minna-Liisa Luoma, José Feireira Alves, Gert Lang, Ilona Tamute, Mira Kovaříková, Ana J Santos, Edith Enzenhofer, Bridget Pernetz, Sílvia Furtado, Tína Savolainen, Dominique Verté

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 aging 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:

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This contribution provides results from the prevalence study of
Disability and introduce preventive measures in time.

was defined as need of personal assistance in at least one of five climbing steps and comfortable walking speed. ADL disability examinations of physical performance were: functional reach, participants were 113 non-disabled community-dwelling women assessed whether three physical performance-based measure modifiable factors underlying onset of ADL disability. We

Physical performance as long-term predictor of onset of ADL disability; A

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 multiivariate 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 (Spearman’s n=0.41-0.51, p<0.05). Multivariate logistic regression analyses revealed that a lower habitual intake of EPA/DHA was significantly associated with poor functional mobility, especially in the men (OR (95%CI) per 1 SD increase of EPA+DHA intake; 0.55 (0.34-0.89) and 0.79 (0.54-1.15), men and women, respectively).

Conclusions: Habitual intake 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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Physical performance as long-term predictor of onset of ADL disability; A

Consumer 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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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 associated with the covariates in relation to ADL disability. At follow-up 28.7% were disabled in ADL. All three performance measurements were significantly associated with the onset of ADL disability at nine years of follow-up, however, only walking speed remained significantly related to onset of ADL disability, when all three performance measurements were included in the same model. In conclusion all the three performance measurements were related to onset of ADL disability, with walking speed having the strongest predictive value. Systematic screening based on walking speed measurements of non-disabled older women might help health professionals to identify those at risk of ADL disability and introduce preventive measures in time.

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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 autonomic functions of the nervous system, which can also be used to develop the panic disorder identification system. The signal detection position was designed on both hands, with the circuit being re-designed and the signal gain being re-defined. In addition, we integrated a visual display and an auditory broadcasting into this system.

Then, we investigate the life style of elderly people to design the new system. The elderly people require some accommodation conditions and compensations in later life to deal with physical degradation, reduced ability, and increased needs. We focused especially on some aspects such as health care, living spaces (such as living room, bed room, bathroom), and social activities. Through the regular design process, including idea development, computer-aided design, mechanical design, mock-up, the prototype of emotional management system was thus fabricated. This newly developed emotional management system can detect the emotion signal when user emotion is unstable, then the system will issue the warning message to remind user, which would further effectively improve the personal health and life quality. In the future, a clinical evaluation with larger testing subjects should be conducted to collect more relative data concerning the effect of this system on the elderly population.

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Aim: To explore and compare Finnish and Estonian nurses’ perceptions of the implementation of patient-centred care (PCC) in the case of older patients and to identify possible similarities and differences in these perceptions.

Background: Gerontological nursing has seen a shift from a provider-driven toward a more patient-centred approach to care. While this approach respects older people preferences, the evidence suggests that challenges exist in implementing the approach in nursing practice.

Methods: The sample consisted of 220 nurses in Finland and 403 nurses in Estonia. We approach PCC from the standpoint of the 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 reported specifying the goals of care and taking into account patients’ own view of their functional ability more often than did the nurses in Finland. Both groups reported asking the views of patients’ family members when assessing, setting goals and evaluating older patient’s care.

Conclusions: The nurses’ in Estonia, more often than the nurses in Finland, seemed to regard older patients as more active agents in the nursing process. In both countries, family members appear to be regarded as active partners in older patients’ care. This is important, as PCC care requires that families are involved in the care of their older members.

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, have a lower level of education, have more physical health issues, experience more psychological distress, and are less likely to be married. Potential older volunteers are more likely to have a lower level of education, to be divorced, and are in better physical health than volunteers.

The study focuses on an R&D project, funded and coordinated by the Social Insurance Institution of Finland (Kela) and involves 60 rehabilitation courses (each including 8 clients, aged 74+), 6 rehabilitation centres and 21 municipalities. The aim of the multidisciplinary gerontological rehabilitation is to maintain and enhance the functioning, independence and meaningful living of older inhabitants in home settings and to enhance their participation in society. The focus of the project is to promote a client-centred approach to rehabilitation in which older clients are supported by a peer client group.

Objectives: Study Part II (The section describes the main group roles the clients adopted in various situations during their rehabilitation process in rehabilitation centres and in municipalities.

Methods: A small research in which the researcher observed selected parts of two courses in each centre during three years (18 courses). Data: 101 observed rehabilitation days & 7 hours) documented in 720 note pages.

Results: Different group processes and roles were observed and formulated. Depending on the client’s life situation, health condition, previous life course and view of self, clients could adopt one of the three different group roles: (1) an outsider: not engaging in group activities or interaction, requiring individual attention from group leader; (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: 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.

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 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.

Conclusion: This study indicates that a standardised intervention in nursing home units is an equally effective treatment to hospital admission for patients with BPSD. Perceived caregiver distress was significantly reduced when they were engaged throughout the whole intervention process and when transferance of knowledge and skills took place. Our data may carry possible health economic implications and further research should therefore be conducted within this field.
Results: The confirmatory factor analysis showed that the previously established eight-factor structure was replicable. The model fit indices (χ2 = 1084.09; df = 322; p < .001; CFI = .85; GFI = .35; AGFI = .92; RMSEA = .04) exceeded the acceptable levels, except for χ2 and CFI. Comorbach's alpha coefficients were moderate (≥.47–.61), except for "Transcendence from dualism" (.43). Positive associations were observed between six of eight 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 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.

P1-33

White matter hyperintensities are not associated with orthostatic hypotension in mild dementia – a cross-sectional study

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Objectives: White matter hyperintensities (WMH) are commonly found in magnetic resonance imaging (MRI) scans of the brains of older people, particularly those with depression or dementia. WMH are modestly associated with classic cardiovascular risk factors. Some studies suggest that orthostatic hypotension (OH) might be important for the development of WMH. We aimed to explore the relationship between OH and WMH in a sample of older people with mild dementia.

Methods: Older patients with mild dementia diagnosed according to standardised criteria, and recruited from secondary care outpatient clinics from 2005 to 2007, underwent a comprehensive clinical assessment with standardised OH measurement, blood tests and MRI scanning. OH was defined as orthostatic hypotension in the sitting position. The cohort consisted of 30 partners from 19 EU Member States. ACOVE 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 caregivers in EU Member States.

ACOVE’s main objectives are the following: 1) To establish a European network of healthcare institutions and to inform and advise policymakers, healthcare professionals, caregivers, and citizens through convergent recommendations; 3) To reduce the risks associated with psychiatric drug use, particularly antipsychotics.

ACOVE 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, ACOVE draws on previous European studies, including EuroCode, and existing networks, including the Joint Programming on Neurodegenerative Diseases (JNPD), European Alzheimer Disease Consortium (EADC), European Dementia Consensus Network (EdCon), Early Detection and Interventions in DLemntia (Intenden), 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 Seniorfriendly Hospital Framework: caring for frail older patients in the Orbis Medical Centre

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Co-Author: Walther Spers, Erik van Rossum

Objectives: Hospitals face an increase in frail older patients vulnerable to loss of function and often experiencing adverse events during hospital stay. 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. Maintaining and improving optimal function, improvement of patient and family satisfaction, facilitating discharge, targeted interventions to prevent complications are main objectives.

Methods: The Senior Friendly Hospital Framework was translated in a so-called S-Frame. The model includes 5 building blocks (CB) of this model are: Construction: physical environment; Communication ( attaches to: Communication, Family, family engagement in care; Continuity of care; Complication prevention. Facilitated by the couple. Although private room for many patients' state of health had an influence on this. Incorporating the private room was frequently used during visits. Some of the spouses found the possibility to create a homelike environment in the room important, both by using furniture, personal objects and photographs. Additionally, the private room was expressed as important in the relationship, which made it possible to continue caring for their partners, as well as a place for maintaining cherished activities significant for the couple. The private room, or access to private space, was important as a continuing factor in the relationship; in order to restate significant routines and habits incorporated by the couple. Although private room for many was highlighted as important, there were also spouses who did not find this significant. They gave the impression they’re partner’s state of health had an influence on this.

Conclusion: The opportunity to continue the relationship after relocation seems important to the spouses, however, this could vary depending on the health condition of the person with dementia.

P1-36

The importance of environmental factors in dementia care units and its influence on marital relationships

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Background: Housing and care for people with dementia is continuously changing. Different types of housing and living arrangements have been developed, and there are major differences in their physical design, size, and location. Even though the housing and the organization of homes and institutional care for people with dementia can vary, the importance of good environments and private space is emphasized. This study focuses on marital relationships in dementia care units. As the illness progresses, transfer to a dementia care unit is often needed. Relocation of a partner to such units will strongly influence the unit’s design can, however, provide positive effects for the spouses’ opportu- nity to continue their relationship. Still, marital relationships in different caring settings have been scarcely focused in research; this is therefore emphasized in this study.

Objective: Explore the importance of environmental factors and its influence on marital relationships in dementia care units.

Method: Qualitative in-depth interviews with spouses above the age of 65 of persons residing directly from home to dementia care units in the southern parts of Norway.

Results: After relocation of the partner, the spouses came visiting on regular basis. They appreciated the private room, and the room was frequently used during visits. Some of the spouses found the possibility to create a homelike environment in the room important, both by using furniture, personal objects and photographs. Additionally, the private room was expressed as an important arena which made it possible to continue caring for their partners, as well as a place for maintaining cherished activities significant for the couple. The private room, or access to private space, was important as a continuing factor in the relationship; in order to restate significant routines and habits incorporated by the couple. Although private room for many was highlighted as important, there were also spouses who did not find this significant. They gave the impression they’re partner’s state of health had an influence on this.

Conclusion: The opportunity to continue the relationship after relocation seems important to the spouses, however, this could vary depending on the health condition of the person with dementia.
Not without my pet! Domestic animals and loneliness among older Swedes

Author: Professor Gerdt Sundstrom
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Co-Author: S. Rollin

Objectives: The questionnaire included questions about physical activity, loneliness, and social activity. In total, 40% of pet owners felt lonely and 10% of non-owners felt lonely. Conclusion: Rates of loneliness depend systematically on household pattern and health as seen in other studies (Sundstrom et al., 2009). 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?

Author: Professor Gerdt Sundstrom
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Co-Author: Dr. Annika Arvidsson

Objectives: We assess how common it is for older persons to lose adult children and how this has shifted over time. Loss of an under-age child, in general, is common in the general population until recently, with on average 18% of mothers in 1935 having lost at least one child. Conclusions: Rates of loneliness depend systematically on household pattern and health as seen in other studies (Sundstrom et al., 2009). Pet ownership has little influence on rates of loneliness when living arrangements and health are taken into account.

Physical activity among elderly with chronic pain

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Objectives: The questionnaire included questions about physical activity, loneliness, and social activity. In total, 40% of pet owners felt lonely and 10% of non-owners felt lonely. Conclusion: Rates of loneliness depend systematically on household pattern and health as seen in other studies (Sundstrom et al., 2009). Pet ownership has little influence on rates of loneliness when living arrangements and health are taken into account.

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. Whatever 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 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 within 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 how 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 individualized 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.
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 centers (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

P1-45

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

Intermediate care in nursing home

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Introduction and objectives: Storevælt nursing home has organized a 19-bed intermediate care unit staffed with a geriatrician and increased nursing staff and physiotherapists.

A heterogeneous group of elderly (70+) community-living patients with acute illness are transferred shortly after hospital admission for further treatment and rehabilitation.

The major indicators for successful treatment are that the patients are able to return to their home after treatment and that the length of stay does not exceed 14 days. In the present study we wanted to compare the two major groups of medical and orthopaedic patients, concerning these indicators.

Methods: A patient registry recording routine medical informations on all consecutive patients was started July 2011. The information was analyzed with SPSS 19 software for Windows.

**Results:** So far, 239 patients (mean age 85 years) have been included. The most common medical diagnoses were infections, heart disorders and COPD. Of the orthopaedic patients 39% had a trauma with no fracture, and 61% had a fracture.

**Admission characteristics:** The orthopaedic patients had a lower Barthel ADL index 60/100, compared to the medical patients 75/100. There were no difference concerning age, sex, living alone, no of diagnosis, home care, multipharmacy, cognitive status depression neurological status and orthostatic BP.

**Outcomes:** 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 orthopaedic 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.
P1-48

Adding value to the daily lives of the vulnerable elderly
When Time is the fundamental substance of life

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Background: At time when those caring for the elderly are asked to do more with less, high 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. The focal point of the research was on the personal values elderly people assign to these situations. The VEGA studies are case studies of situations and studies of attempts to understand what goes on in their minds.

Methods: 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 in improving 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

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Objectives of the study Pain is recognized as a substantial burden in cancer patients. There are numerous studies regarding pain in cancer patients, while the knowledge concerning pain and pain management in the oldest terminally ill cancer patients is deficient. The objective was to investigate health-care workers documentation of frequency of pain characteristics and whether there were differences in documentation of pain characteristics in hospitalized adult cancer patients (38-77 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 89.3% of the total sample. There were no significant differences between the adult and old patients with regard to frequency of pain, intensity of pain, breakthrough pain, new pain and pain control. A proportion of patients from both groups, 11.3% of the adult patients and 9.3% of the old patients, did not receive adequate pain control. Analgesics were administered to 92.3% of the adult patients and 94.1% of the old patients.

Conclusions: Pain was a common symptom in hospitalized dying cancer patients in the last three days of life regardless of age. In contrast to previous studies, this study found no significant differences between adult cancer patients and old cancer patients with regard to pain characteristics. In both age groups there were potential for improvement for better pain control.

P1-50

Psychological well-being and metacognitive efficiency in late adulthood: The impact of cross-cultural factors on the Italian elderly population

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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, Rahali, & Winnoc, 2001). 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 Italian (i.e., province of Cremnola) 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 collectivistic culture — emphasizing the positive social role of the elders — is reflected and thought as helpful and depository 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.

P1-51

Development of Life-management Strategies through Work Experience and Its Effect on Subjective Well-being among the Elderly

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Objective: The selective optimization with compensation (SOC) model relevant to strategies of successful life management was developed by P.B. Baltes and his colleagues. Empirical studies have shown the association between the use of SOC strategies and high subjective well-being. An assumption underlying the SOC model is that the use of SOC is developed by life context over a lifetime. Our study examines the effect of the longest work experience on SOC use and subjective well-being in late life.

Methods: Using data of 1,000 Japanese community-dwelling participants aged 69–72, we conducted path analyses to investigate that work experience by means of life management strategies affects subjective well-being in late life. Life management strategy was evaluated with the Japanese abbreviated version of Freund and Baltes (2002) self-report measure for selective selection, loss-based selection, optimization, and compensation. Three variables served as measures of subjective well-being: positive emotion, negative emotion, and life satisfaction (Diener, Emmons, Larsen, & Griffin, 1985; Mroczek & Kolarz, 1998). Work experience was evaluated using work complexity scores (Kohn and Schooler, 1983). This construct has three dimensions, namely, data, people, and things. Also education was included.

Results: The path analyses showed that work complexities influenced the use of SOC strategies, which, in turn, resulted in positive subjective well-being in late life. Interestingly, a significant difference was observed in the use of SOC strategies and subjective well-being between old age men and women.

Discussion: These results indicated that the use of SOC strategies were based on work experience. Our findings suggest that other factors, such as marital status and family relationship, may be important predictors of subjective well-being among old Japanese women.
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 diagnoses 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.

P1-52
The relationship between self-reported memory compensation behaviors and prospective memory performance in elderly people

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Co-Author: Prof. Yasuyuki Gondo, Yoshihisa Ishika, Ikuyo Kurukawa, Madoka Kawaiuki, Prof. Peter Rendell

Background: Prospective Memory (PM) means the memory for future intentions. PM is important in maintaining healthy and safe independent living(Einstein&Daniel,1996). It is essential for people to prevent from causing PM failures by memory strategies. Dixon, de Frias, & Bäckman (2001) made the Memory Compensation Questionnaire (MCQ). It is unknown whether memory compensation behaviors compensate effectively PM performance. The purpose of the present study is to reveal the relationship between self-reported memory compensation behaviors and prospective memory performance in elderly people.

Method: The experiments were conducted with 151 elderly drivers, ranging in age from 60 to 85 years old (M = 68.06, SD = 5.20). They were required to answer the MCQ and conduct Virtual Week (VW, PC version; Rendell & Craik, 2000) as PM measure. VW is a PC version of a board game on which participants move around with roll of a dice and are required to make choices about daily activities and remember to carry out lifetime activities (PM tasks). First, we measured partial correlation coefficients between MCQ Scales and VW Performances. Second, we measured Results: The results showed that the elderly people who usually used more internal strategy and effort strategy in daily life performed better in irregular time-based tasks which were relatively difficult. On the other hand, the elderly people who usually used more reliance strategy and time strategy in daily life performed worse. Then, separate multiple regression analyses for each strategy were performed. The results showed that personality have influenced on internal strategy and effort strategy, however self reported PM failures and living condition that personality have influenced on internal strategy and effort strategy and prospective memory performance in elderly people.

P1-53
Geriatric Assessment Unit (GAU)
Preliminary results from a Subacure Geriatric Assessment Unit

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Introduction and Objective: In frail elderly people functional

P1-54
Turmoil and confusion
A qualitative study of nurses’ experience with delirium in the face of hospitalized elderly with fracture.

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Background: 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 themed 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 ways of nursing in the specialist healthcare.

Conclusions: 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
Senri Social Welfare Community

Scandinavian countries have earned good reputations as liberal systems when their condition deteriorates. We retrospectively medical care with nursing care unit. Those who choose to move in a participatory approach, mainly in all relevant project stakeholders. The project not only focuses on PID as research objects, it includes different quantitative and qualitative assessments. Five different perspectives of involved parties were triangulated. Five different perspectives of involved parties were identified. With a total of 33 face to face interviews, PID were the largest sampling group. They were asked questions following a partly standardized manual. This inclusive research project not only focuses on PID as research objects, it includes them in a participatory approach, mainly in all relevant project proceedings. The data material was analyzed with the qualitative content analysis, according to Mayring. First results, concerning the individual perspectives of PID, on how to reach and preserve wellbeing in later life will be outlined and discussed in this presentation.
**P1-57**

**Stroke patients' experiences with Wii Sports® during inpatient rehabilitation**

**A qualitative study**

**Author:** Occupational Therapist Dora Celinder

Glostrup Hospital, Fysio- og ergoterapifællesskabet

**Co-Author:** Occupational Therapist, MSc Hanne Peoples

**Introduction:** Every year 12,000 people are hospitalized in Denmark due to stroke. Commercial virtual reality games show potential as beneficial leisure intervention for discharged stroke patients. The aim of this study was to explore Danish hospitalized stroke patients’ experiences with Wii Sports® as a supplement to conventional occupational therapy.

**Materials and methods:** A qualitative triangulation design included semi-structured interviews and field notes. Nine stroke patients hospitalized at a stroke unit participated. Patients diverted in gender (6 male, 3 female), age (51-95 years), stroke type (2 hemorrhagic, 7 ischemic), localisation (6 RCVA, 3 LCVA), and prior knowledge of Wii.

Patients received 19 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 Sports®: 1) variety, 2) engagement, and 3) motivational points.

**Discussion:** Due to stroke impairments, 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.

**Key words:** Stroke, rehabilitation, Nintendo Wii®, leisure, qualitative content analysis.

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**P1-58**

**Outcome of municipal rehabilitation evaluated by Dynamic Gait Index, Short Falls Efficacy Scale-International, 30-s Chair-Stand Test and Timed Up and Go in fall patients**

**Author:** Morten Vilmunen

Department of Occupational Therapy and Physiotherapy and Department of Geriatrics, Aalborg Hospital

**Co-Author:** Ole Bruno Hauchoft Nielsen, Martin Gremhech Iargensen

**Introduction:** It is well documented that the risk of falling increases with advancing age, especially amongst women. Approximately 1 in 3 individuals aged >65 experience a fall within a year, increasing to about 50% amongst adults aged >80. In addition, a history of falls is a strong predictor of future falls, as the relative risk ratio (RR) in the following year is 3.0 (range 1.7-3.9) compared to non-fallen, unless appropriately interventions are performed.

**Objective:** To examine the effectiveness of standard municipal rehabilitation on fall patients evaluated by Dynamic Gait Index (DGI), Short Falls Efficacy Scale-International (Short FES-I), 30-s Chair-Stand Test and Timed Up and Go (TUG).

**Methods:** This study was an observational analysis of 48 fall patients (10 men and 38 women) with a mean age of 76.87 ± 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=20.5) (p < 0.001; n=41), 30-s Chair-Stand Test from 7.44 ± 3.185 to 8.44 ± 3.235 (p = 0.048; n = 39), whereas Short FES-I decreased from 14 (Q1=10.5, Q3=20) to 11 (Q1=9, Q3=13) (p = 0.001; n=2). No statistical difference was observed in TUG (14.1 ± 5) vs 14.7 ± 5 (Q1=11, Q3=19), p = 0.402; n=50.

**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.

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**P1-59**

**How to improve everyday life for vulnerable elderly**

**Author:** Training manager Marianne Elbønd

Social & SundhedsSkolen

**Co-Author:** Senior consultant Knud Raman, Network manager Inge-Use Dyhdtom

**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 workshop 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 improve- ments will be performed and from 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 on 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.

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**P1-60**

**Discrepancy and consistency between staff and institutional policy with regard to the actual condition of care in day care service in Japan**

**Author:** Mami Toyoda

Osaka University

Because of the increasing number of elderly people, the care services supplied by institutes are now becoming more important. However, the turnover rate of nursing homes’ staff tends to be high, and lack of manpower is a chronic problem for facilities that care for the elderly. In order to solve this problem, work environ- ment of staff must be improved. This study focused on the discrepancy and consistency of policy between the procedures that provided by staff and the institutional policy with regard to the treatment of users. This is an important factor that influences motivation and retirement decision of care staff. It care staff working at the same institute (age 21-51years) were interviewed. We asked them about the care provided at the institution, especially about the care what the staff gave themselves and what was institutional policy.

After analysis, the content of the interviews were classified into 3 categories, with 4-standpoints: the problems of users, the actual cares provided by staff, the cooperation with other staff members, and awareness about institutional policy. 4 types of treatment work frames exist, — cooperate with each other (cooperation treatment), the treatment that follow institutional policy (unified treatment), shared treatment strategies among staff (common treatment), and treatment based on the staff’s own decision (unique treatment). Additional analysis indicated that the unified treatment is not always the first priority to be go along by staff. Daily cares are based on the unified treatment, but they also pay attention to the information about users, that is constantly exchanged among staff and learn good treatment strategies from other staff’s behaviors. Moreover this flexible work frame enables them to challenge new way of treatments. In conclusion, treatment strategies other than unified treatment, are important to build up their skills, which is one of the important factors to encourage them to keep working as care staff.
Housing tenure in later life
Differences among older adults in Belgium

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Co-Authors: An-Sofie Smetscorre, 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 demograph ic 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=48,899) living in 138 municipalities and cities in Flanders, Belgium. In order to answer the research questions, frequencies and bivariate analyses are performed. The results indicate that homeowners have a higher income, a better physical health and are more likely to be married or widowed in comparison with older renters. Differences are also found between older people living in private rented housing and those who live in socially rented housing. Renters on the private market appear to be the most vulnerable category: they are more likely to have a lower income, a poorer physical health and they are more likely to be divorced or cohabitant than older people who live in social housing.

The findings revealed the importance of recognizing the various multidimensional inequalities in housing tenure among older adults. Future research could explore additional insights between housing tenure and housing quality in later life.

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

P2-63
SENIORENGAGE Project: Use of Computer and the Internet among Senior and Young Professionals

Author: Dr. Pirjo Tiikkainen
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Co-Authors: Dr. Taina 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.

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 Pikkala, MSc Ilma Äykävänen, 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 (SRCTN0041832). VOW project was a randomized single blinded controlled trial (RCT) conducted in Jyväskylä, Finland, in 2008-2011. The inclusion criteria were: to participate in a RCT, age 65 or higher, severe mobility limitation, willing to increase outdoor activity and able to communicate normally. After screening, a total of 125 people aged 67-82 years were interviewed at home and randomized into intervention or waiting list control group. Each intervention group member was assigned a trained volunteer who assisted the participant in attending recreational out-of-home activities once a week for three months. Depressive symptoms were assessed at baseline and after 3-month intervention using Center for the Epidemiological Studies Depression Scale (CES-D). The baseline characteristics of the intervention and control groups were comparable. In the intervention group the CES-D score remained practically at the same level over the intervention (from 14.9, SD 6.8 to 14.7, SD 7.4), while in the control group the CES-D score increased from 17.3 (SD 10.0) to 18.8 (SD 11.0) (treatment effect p=.209, group difference p=<0.05). 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.
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 antihypertensive and antidiabetic medication (statins) according to the Danish National Prescription Register 1995-2007. 

**Results:** Low childhood SEP was associated with a higher probability of discontinuation of treatment with statins (HR 2.04 (1.00-4.16)). Those with higher IQ were less likely to initiate statin use between 1996 and 2007 (2nd tertile: OR 0.65 (0.52-0.82); 3rd tertile: OR 0.61 (0.48-0.76)). IQ tended to predict lower uptake and lower discontinuation with antihypertensives, but the associations were not significant in multivariate models using a 95% confidence interval. 

**Conclusions:** Low IQ early in life tended to be associated with a higher initiation of CVD preventive medication and low SEP in childhood was associated with initiation of statins, indicating that use of medications may be a proxy for the development of CVD. Low SEP in childhood is also associated with higher risk of discontinuation of the treatment with statins, while low IQ are associated with a higher probability of discontinuation antihypertensives, indicating that other factors than 'need' such as knowledge and economy may be involved in use of a prescribed medications.
Gender differences in caregivers, in terms of coping and number of people taken care of

Author: Dr. Esperanza Navarro Pardo
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Co-Authors: PhD student Andrea Vázquez-Martínez, PhD student Carmen Mont-Tata, PhD student Ramina Diaz-Ortiz-Broksy, PhD student Tessa Pera-Pizar, PhD Noela Flores-Robaina, Professor Cristina Janani-Rio

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 age of 55.24 years, 13 men, mean age of 58.77 years) was selected. Time as caregiver was 4.8 years for men (SD = 1.73) and 4.25 years for women (SD = 1.50) on 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-scales. In terms of gender, women results correlated with self-distraction (r = .20), Denial (r = .23) and self-blame (r = .33). Men results correlated with self-distraction (r = .45), Denial (r = .30), seeking social support (r = .25), using emotional support (r = .34), all cases, p < .05.

Caregivers use more direct coping strategies than detrimental avoidance strategies (alcohol-drug dispossession, 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, cares, caregivers

P2-71
Meaning in Old Age
Knowledges and Tools for Supporting the Mental Well-Being of Older People

Author: Suvi Fried
The Age Institute

Co-Authors: PhD, Line Manager Sirkkala Heinonen, MSc, Coordinator Piaa Jikinen, Planner Minna Lane

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 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

Author: Gerd Sylvi Solleviud
Løvisenberg Diakonale University College

Co-Authors: Associate professor Vilde Eide Egde-Nissen, Associate professor Ria Jakobsen, Professor Venne Sarie

Background: Health services frequently receive negative media publicity, concerning neglect in elderly care. The patients are often described as silent, mindless and the relatives are described as angry and somehow insensitive. When communicating with the patients, the characteristics when it is working well and less well, how informal caregivers with interaction with formal care should work and suggestions for improvement. The transcribed 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 were: for participants contextual situation “An unwanted lifestyle with changes in role”, for participants’ 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.righttimemplacecare.eu

P2-73
Informal caregivers view of collaboration, communication and information to a person with dementia in Sweden

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The Swedish Institute for Health Science, Lund University

Co-Authors: RNT, PhD, FAAN, Professor Ingrid Hallberg, RNT, PhD, Senior Lecturer Ann-Christian Janbör, RNT, PhD, Senior Lecturer Staffan Karlsson

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 working when it is working well and less well, how informal caregivers with interaction with formal care should work and suggestions for improvement. The transcribed 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 were: for participants contextual situation “An unwanted lifestyle with changes in role”, for participants’ 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.righttimemplacecare.eu

P2-74
Acute hospitalization of the old medical patient: changes in muscle strength and functional performance during hospitalization and 30 days after discharge

Author: RPT, MSc Ann Christine Bodilsson
Clinical Research Centre, Copenhagen University Hospital, Hvidovre

Co-Authors: RPT, MSc Mette Vemne Pedersen, MSc, PhD Janne Petersen, RPT, PhD Anita Beyer, MD, PhD Ove Andersen, RN, MSc Louise Lawson Smith, MD, PhD Henrik Kehlet, PhD, MSc Thomas Bandholm

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 physiological 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 handgrip 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 82.7±6.2 years 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=0.044). 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 was 11.4 hours, 4.8 hours and 0.8 hours, 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.
Risk factors for community-based home help services among patients with Alzheimer’s disease

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Objectives: 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. The study was an open, prospective, non-randomized, multicentre study in a routine clinical setting. Patients with AD living at home at the time of inclusion received treatment with donepezil, rivastigmine or galantamine. They were assessed with MMSE, IADL and PSMS at baseline and every 6 months over 3 years. The first 88 patients who had the opportunity to complete the full study were assessed regarding the use of home help services and adult day care. The following factors were investigated: gender, APOE e4, age, living situation (alone vs. with a spouse or a partner), and gender differences in grip strength.

Results: One hundred and thirty-nine patients (14%) received home help services at the start of ChEI treatment (average, 5.7 hours/week). After 3 years, 31% of the remaining 28 patients living at home used a mean of 8.7 h of home help/week. Among the patients with an MMSE score of 10–14, 8% of those living with a spouse used home help services compared with 62% of those living alone. Use of adult day care increased from 3% to 19% during the 3-year study among the patients without home help services; 89% of those using day care were not living alone. Solitary living (p<0.001), older age (p<0.004) and lower ADL help and support are significant factors for the elderly, to remain living at home and being independent of formal care. The support needs of patients with an MMSE score of 10–14, 8% of those living with a spouse used home help services compared with 62% of those living alone. Use of adult day care increased from 3% to 19% during the 3-year study among the patients without home help services; 89% of those using day care were not living alone. Solitary living (p<0.001), older age (p<0.004) and lower ADL help and support are significant factors for the elderly, to remain living at home and being independent of formal care.

Conclusions: 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).

Predictors of grip strength development in older adults

Author: Dr. Ola Stensmå
Institut för Gerontologi, Hålkögsstiftelsen i Jönköping
Co-Authors: Anna Dahl, Nancy Pedersen

Loss of muscle strength in older persons may lead to several negative outcomes such as disability, limited daily living activities, and falls resulting in injuries. Hence, muscle strength is an important public health issue. Grip strength is often used as a marker, 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 (SATS) provides a 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 life-style 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.

Foot care knowledge in elderly individuals in institutional old age care

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Co-Authors: Professor Sigurd Mildal, Professor Carl Johan Östgren, Med. Dr. Patrik Mildal

Background: Due to decreased 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 IPS (In-Person Testing). A total of 423 individuals participated in IPT1 and 138 individuals were examined on six occasions. It was 184 individuals who died during the study.

Results: The mean age at IPT1 was 85 years (M = 84.8, sd = 7.27) and almost two thirds were women (60.1). 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 IPT5 there was a significant reduction of drugs to a mean of six (F = 7.371). Participants also showed significant worsening conditions according to risk assessments with modified Norton Scale (F = 35.43*** and Mini Nutritional Assessment (F = 5.711***) but not in Downtown Fall Risk Index (F = 3.30 ns). Already at IPT1 the participants were frail with risks for pressure ulcers, falls and malnutrition.

Frail or frailier? A longitudinal study of elderly individuals in institutional old age care

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
institutions to vote. A cross-sectional study of 123 institutionalised people with dementia was conducted in the central
with institutionalised people, which affected the patients’ perception of the number of
al.(2009). Severity of dementia was assessed with the Mini-Men-
Tate State Examination. Descriptive statistics and chi-square test
2) were applied. Results: Residents mean age was 82.6(SE=8.3) years old. In the medical records, 16.3% (n=20) of the residents were diagnosed with depression and 51.2% (n=63) 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, p=0.01) was found; however depression with the Cornell scale was not associated with medical diagnosis or antidepressants intake.

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.

P2-81
Depression vs. antidepressants intake in institutionalised people with mild to moderate dementia

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Co-Authors: Professor Dr. Alda Marques, Professor Dr. Daniela Figueiredo, Dr. Margarida Pinto, Professor Dr. Liliana Sousa

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
Effectiveness and costs of intensive exercise intervention on Alzheimer’s patients - A randomized, controlled trial

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Aim: To study the effectiveness of self-management support (SMS) in an objective-oriented goal 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) 80 for normal community care and 2) 80 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, spinal 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 on 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.

P2-87

Returning to own home after intermediate care can be predicted by TUG and P-ADL

Author: Physiotherapist Cathrine Haugland
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Co-Authors: PhD: Odd ErlendVed Langsrud; MD, PhD: Nina Säpyskä-Nordberg, MD: Hel Starck, Elina Kanis, Minna Säpyskä-Nordberg

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.

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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.

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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Co-Authors: MD, PhD: Maria-Lisa Laakkonen, MD; Eeva Hölttä, MD, PhD: Nina Savikko, MD: Reijo Tiikka, OT: Anu Jansson, MD: Kaiu Kiviälä

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) 80 for normal community care and 2) 80 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, spinal 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) 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 on 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.

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 non governmental organisations 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 elderly 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 up and evaluations are included. The process of implementation in the first set of municipalities has started. Through mentoring the deficiencies in exercise activities were recognized and plans for implementing good practices were made. Information and communication were used to reach the target group. Older people with decreased mobility have expressed their interest in exercising.

Professionals and volunteers were involved in the training and the organization of exercise activities was launched. The results of the first follow-up will be available in early 2012.
Life Course and Generations
Research and practice development project 2011–13

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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 discourse analytic methods (2011–13), and a quantitative Webropol questionnaire which is analysed by statistical methods (2012–13). 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.

P2-90

Patients’ perspective on telephone follow-up after ED discharge

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Co-Author: Rn, MSc Elizabeth Rosted

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:

- To describe older peoples’ questions related to their stay in the ED and whether they felt confident with the discharge,
- To examine if the follow-up phone call affected the older peoples’ confidence; ability to carry out prescribed treatment after discharge; and experience with follow-up phone calls,
- 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 2–5 days after discharge. They asked for their wellbeing and offered to answer questions in relation to the ED visit. If they were very confused they were offered further geriatric intervention.

Results: From December 2010 to June 2011, we included 455 older people >70 years discharged from ED after a short stay, 197 men and 258 women. Results showed that 37% had questions concerning their illness, medication or social situation; 23% had questions related to the recent ED stay; 12% felt uneasy with the discharge; and 11% received further geriatric intervention. All of the older peoples expressed their gratitude of receiving a follow-up phone call after discharge.

Conclusion: Follow-up phone calls help to identify older people with unresolved issues in relation to discharge from ED; it gives confidence after discharge; and should be considered a firm offer in the future.

P2-91

2-year mortality in community-living, cognitively intact hip fracture patients according to indoor or outdoor falls

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Co-Author: Bård Bogen, Professor Anette Ranhoff

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 77% 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 (β=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.

P2-92

With or without ESAS?
Older persons concerns regarding extended security alarm systems (ESAS)

Author: Martina Boström
Institute of gerontology

Background: Important goals for society is to create settings to promote safety and independent aging in place and to meet individual’s needs. Since older persons prefer to age in their own homes, extended security alarm systems (ESAS) through monitoring might increase safety and security on one hand and invasion of privacy on the other, which raises moral concerns. The arguments for increased safety and security on one hand and invasion of privacy on the other hand are well debated among researchers, but little still seems to be known about the older persons own perceptions, attitudes or feelings towards ESAS.

Purpose: To identify and describe old persons feelings for freedom and surveillance in relation to ESAS.

Methods: A qualitative, descriptive and inductive study was based on focus group interviews with older persons living in senior housing, selected by snowball sampling, based on three inclusion criteria: (1) age of 65 years or older; (2) living in senior housing; and (3) experience of use or 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 expect 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 certainty leads to safety.

P2-93

Reciprocal struggle in person transfer tasks - Caregivers’ experiences in dementia care

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Objective: Dementia is one of the main conditions to be associated with a severe activity limitation among older people and one of the main reasons older people access special care units. This presentation will be presenting caregivers experiences’ of person transfer situations involving people with dementia.

Method: Qualitative focus group interviews were conducted. Ten caregivers, five in each focus group participated. Data were extracted in phrases and sentences using content analysis.

Result: One theme was condensed: ‘Reciprocal struggle in the person transfer task’. ‘The three sub-themes emerged: ‘Communication strategies’, ‘Environmental factors’, and ‘The goal may be inaccessible’.

Conclusion: Person transfer situations involving people with dementia can fluctuate, therefore the ongoing challenge will be to ensure a dynamic approach based on the person with dementia’s different needs at different times. Behavioral markers hold for identification of antecedents and consequences and measures to be developed must both be socially engaged and developed in domains including social interaction, psychomotor aspects of function and environmental factors. These measures would allow us to link better the antecedents to the consequences of the behavior and by those tailoring interventions to facilitate person transfer situations involving people with dementia.
P2-95

Clinical applicability of EEG in evaluating treatment effects and progression of Alzheimer’s Disease using an EEG index based on cholinergic activity

Author: Dr. Jon Snædal
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Co-Authors: PhD Gíslí Johannesson, PhD Kristín Johnson, Dr. Thórkrll Gudmundsson, Nicolas Bln

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.

Results: A database has been formed with EEG registrations from 226 healthy individuals (NRM), 239 mild AD subjects, 22 individuals with LBD, and 26 individuals with PDD. In each comparison of two distinct groups, a classifier has been constructed by applying statistical pattern recognition (SPR) to a large set of EEG features.

Conclusion: The classification system consists of the following six classifiers: NRM-AD (86%, 86%, 85%), NRM-PDD (95%, 100%, 91%), NRM-LBD (95%, 95%, 96%), AD-PDD (88%, 91%, 86%), AD-LBD (88%, 91%, 85%), and PDD-LBD (86%, 90%, 82%). The numbers in parentheses are accuracy, sensitivity, and specificity, respectively, of the corresponding classifier.

P2-96

Diagnostic accuracy of EEG in differential diagnosis between controls, AD, Lewy body dementia, and Parkinson’s disease dementia

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Background: Alzheimer’s disease (AD) is the most common neurodegenerative disease in the elderly population. Lewy body dementia (LBD) and Parkinson’s disease dementia (PDD) combined are the second most prevalent cause of neurodegenerative dementia. The only available biomarker for LBD/PDD is a dopamine scan but the method cannot differentiate between the different extrapyramidal syndromes. Medications are especially challenging in LBD as these patients are extremely sensitive for neuroleptics, a medication that is used for symptoms prevalent in this disease. It is therefore of importance for the treatment of these patients that they are correctly diagnosed.

Methods: A database has been formed with EEG registrations from 226 healthy individuals (NRM), 239 mild AD subjects, 22 individuals with LBD, and 26 individuals with PDD. In each comparison of two distinct groups, a classifier has been constructed by applying statistical pattern recognition (SPR) to a large set of EEG features.

Results: The classification system consists of the following six classifiers: NRM-AD (86%, 86%, 85%), NRM-PDD (95%, 100%, 91%), NRM-LBD (95%, 95%, 96%), AD-PDD (88%, 91%, 86%), AD-LBD (88%, 91%, 85%), and PDD-LBD (86%, 90%, 82%). The numbers in parentheses are accuracy, sensitivity, and specificity, respectively, of the corresponding classifier.

Conclusion: EEG registrations, analyzed by a contemporary statistical method, statistical pattern recognition, seems to be a promising method for differential diagnosis of the various neurodegenerative disorders causing dementia. This seems specifically to be true for LBD as these groups seem to be distinct from both healthy individuals and Alzheimer’s dementia.

P2-97

Safety at Home – for persons with a dementia disease

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Co-Authors: Professor Lena Borell, Professor Per-Olof Sandman

The aging population in Sweden is growing and as a result the number of people with dementia diseases will increase. The national well-care system is challenged with the task of providing housing and social conditions where the elderly adult with some kind of disability will be safe and secure.

Aim: The aim of this study is to identify and describe safety risks related to persons with dementia living at home, from the perspective of the persons with dementia, their significant other and professional care providers. The aim is also to identify and describe how these safety risks are handled and how the safety risks have impact on their lives.

Methods: Given the nature of the aim, a qualitative approach is used. Twelve persons with a dementia disease and their significant others have been recruited through a convenience sample. The study also includes twelve professional care providers. After obtaining informed consent, data were collected through open-ended interviews for which an interview guide was used. The participants were interviewed individually and the recorded interviews were transcribed. The collected data are analyzed with content analysis. In this study, the focus will be on what is obvious, manifest. Analysis of the data was started during the data collection in order to clarify whether there was any ambiguity in the material implying the need of additional questions. The analysis also gave guidance for when the material was saturated.

Results and conclusion: In the spring of 2012 we expect to present preliminary results and answer these questions:

• Which safety risks, related to living at home for persons with dementia, do persons with dementia, their significant others and professional care providers identify?
• How are the safety risks handled?
• Which impact do safety risks have on their lives?

P2-98

Elderly living in institutions and their visits to acute care - Patterns; needs or habits?

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Background: Every year 1.4 million visits are made to acute care or hospital in Sweden. Elderly make about one third of these visits and many of them are considered to be unnecessary. Little is known about the patterns of hospitalization and visits to acute care among elderly living in institutions.

Objective: The aim of this study is to longitudinally describe patterns of hospitalization and visits to the acute care among elderly living in institutions.

Methods: SHADES is a longitudinal study including 423 elderly (mean age of 84.8 years, ±7.22, 71% females) living in institutions in Sweden. Participants were examined every six months during three years. One-hundred thirty individuals participated in all the six-person testings.

Results: At baseline 16 % of the respondents had visited the acute care at least once and around a fourth had been hospitalized the last six months. The most common reasons for visits to acute care were falls and infections. The reasons for hospitalization were mostly complications after falls (n=2) and circulatory diseases (n=24). About one third (n=48) of those who participated at all six visits the acute care in the hospital at least once during the study and nearly half (n=68) were hospitalized at least once during the study period.

Discussion and Conclusion: Hospitalization and visits to acute care are common among persons living in institutions. The next step is to analyze the longitudinal trajectories of visits to the acute care and hospitalization in this group of elderly living in institutions. For the presentations analysis will also be performed with the aim to examine which factors (e.g. diseases, drugs, function in daily life, social network factors) that relates to visits to the acute care and hospitalization. The results will provide important knowledge that can be used to prevent unnecessary hospitalization in order to provide continuity in the institutional care for the elderly and to save costs.

P2-99

Music as a means in everyday care

Author: Jette Lynnerup Betanahjemmet

This question originated from earlier experiences with music therapy at Betanahjemmet but also a lecture given by Birgitta Anderson, a Swedish music therapist. Anderson pointed out that music can be a means in everyday care especially when dealing with demented elders.

From theorists such as Synnøve Friis, we know that music can counteract loneliness and inactivity, create trust, security and self-respect, develop intellectual functions, and support a higher functional level, mentally as well as physically. With this in mind, the objective was to strengthen the individual resident’s sense of identity through music, taking a point of departure in the individual’s experience with music, resources and disabilities. Thus the musical activities in this project were chosen and adapted to each participant. The target group consisted of 16 residents with medium or severe cognitive disabilities but they were also targeted due to other issues such as apasia and isolation, and all of them being fond of music.

The project employed two music teachers, one who taught a specific instrument for each of the participants who used to play an instrument and the other had individual singing sessions or small groups with the participants who were used to singing. Based on RAI assessments and the teachers’ and participants’ oral statements and evaluation, the project has resulted in participants being more present, but there also seems to be an improvement in their general well-being, as they are happier. One participant even said “that she didn’t have the time to die now”, being so busy rehearsing her instrument. Short-term memory is improved as they can remember the teacher and that
they have an appointment to see one another. The conclusion is that inclusion, sense of community and attention as well as singing or playing music that they know from, when they were younger, makes a huge difference in the everyday life of these participants.

P2-100
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 participation and self-determination/decisional autonomy. Since the IPA based its psychometric properties on persons under the age of 75, further studies found to be needed.

Aim: To examine the psychometric properties of the IPA for people 65 years and older.

Methods: The study was performed in two steps; a validity test on the Swedish version and a test-retest reliability study on a revised version. Inclusion criteria were 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 exceptional autonomy. Therefore, the questionnaire was changed in order to more clearly measure the participants’ self-determination. The revision of the IPA-S resulted in the questionnaire called IPA-O (for older persons), with 22 items about perceived self-determination. The revision of the IPA-S questionnaire was changed in order to more clearly measure the participants’ self-determination. The questionnaire IPA-O (for older persons), with 22 items about perceived self-determination. The questionnaire was revised in order to more clearly measure the participants’ self-determination. The questionnaire IPA-O, which aims to measure the participants’ self-determination, was revised in order to more clearly measure the participants’ self-determination. The questionnaire IPA-O was changed in order to more clearly measure the participants’ self-determination.

Conclusion: In conclusion, the IPA-O can be used for older persons both in client work to ensure older persons right to self-determination and participation in the planning of their care and in rehabilitation as an evaluation tool.

Keywords: IPA, occupational therapy, questionnaire, rehabilita- tion, self-determination, test-retest.

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.
- Focusing on coordinating the patient’s discharge from hospital and following up care planning in the home was successful.
- The benefits of the project: To be able to prioritise from the elderly person’s perspective rather than that of the service providers. An advantage for the service providers was that they were financed by the new joint organisation with the municipality being able to coordinate care services without complicated financial negotiations with the county council.

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: Coordination on clinical practice, promoting research across depart- ments and developing a multidisciplinary master degree study. The collaboration is organized across departments in hospital and hospital/university college all working with older patients. As health care is a collaboration we have differing skills in this field and we aim to meet all a complexity of health-related problems. We are in the collaboration in order to share our expertise and thereby increase the quality of health services to elderly.

Results: Clinical practice has yearly organized seminars about “elderly people and medication” and about “dementia”, has initiated a geriatric outpatient service for assessment of medication and has last year distributed 11 scholarships for skills development and seminars connected to our field. Research has developed a quality registry with a common dataset across departments in the hospital, has yearly arranged internal research seminars by presenting the newest research and has last year distributed scholarships to prepare 2 candidates for PhD. Master degree study started in 2010. 39 students are now attending a part-time master degree study, a study which enhances clinical competence in our field.

Conclusions: The collaboration between departments in the hospital and the University College in our field has enhanced. We have achieved results, but we still see a need for further development of the collaboration through co-operation in research and in clinical practice.

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: To examine the psychometric properties of the IPA for people 65 years and older. The questionnaire Impact on Participation and Autonomy (IPA) was constructed to measure a person’s perceived impact of chronic disability on participation and self-determination/decisional autonomy. Since the IPA based its psychometric properties on persons under the age of 75, further studies found to be needed.

Aim: To examine the psychometric properties of the IPA for people 65 years and older.

Methods: The study was performed in two steps; a validity test on the Swedish version and a test-retest reliability study on a revised version. Inclusion criteria were 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 exceptional autonomy. Therefore, the questionnaire was changed in order to more clearly measure the participants’ self-determination. The revision of the IPA-S resulted in the questionnaire called IPA-O (for older persons), with 22 items about perceived self-determination. Test-retest reliability of the IPA-O in total, 15 of the 22 items showed high test-retest reliability. Only one item had low test-retest reliability.

Conclusions: IPA-O can be used for older persons both in client work to ensure older persons’ right to self-determination and participation in the planning of their care and in rehabilitation as an evaluation tool.

Keywords: IPA, occupational therapy, questionnaire, rehabilita- tion, self-determination, test-retest.
than the general population in this study.

Systematic health check-ups among 75- and 80-year-olds in Järvenpää, Finland and 204

Author: MD Helena Nikkanen-Ilvesmäki

Systematic, multidimensional health check-ups among 75- and 80-year-olds in Järvenpää, Finland and 204

Author: MD Helena Nikkanen-Ilvesmäki

Conclusions: After perpetual exercise old athletes have a significantly better self-rated physical and mental health score than the general population in this study.

P2-105
Systematic, multidimensional preventive health check-ups among 75- and 80-year-olds led to multiple interventions

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Co-Author: MD, PhD Kaisu Pirkkala

Aims: The aim of this developmental project is to screen systematically all 75- and 80-year-old people in Järvenpää, Finland and promote their health and functioning by tailored interventions.

Methods: In 2010, 143/176 (81%) of all 80-year-olds and 96/212 (46%) of all 75-year-olds were performed a comprehensive health assessment by nurses and their primary care doctors in Järvenpää, Finland. All home-dwelling participants were interviewed for demographics, social activities, psychological well-being, symptoms and prescriptions. They were systematically assessed for their vision and hearing, previous falls and fractures, cognition (MMSE, clock drawing test), nutrition (MNA), use of alcohol and tobacco, mood (GDS), physical functioning (Barthel, Lawton), orthostatism, use of vitamin D and oral status.

Results: Most participants were active and had good psychological and physical wellbeing. Of participants, 77% felt themselves healthy or quite healthy, 71% had current hobbies related to physical activity and 44% other social hobbies. However, numerous abnormalities were found in assessments and tests. Altogether 53% of participants were sent to further interventions: 35% were sent to further diagnostic tests, 18% to blood pressure follow-ups, 13% to further cognitive tests, 10% were admitted to specialists, 5% to physiotherapists, 6% to oral check-ups and 8% received physicians’ medical certificates for economical or social advantages.

Conclusions: Systematic health check-ups among 75- and 80-year-olds reveal that although older people feel well, they have potential for preventive interventions.

P2-106
DaneAge Future Study 2010

Author: Michael Teit Nielsen

DaneAge Association (Åldre Sagen)

DaneAge Future Study 2010. DaneAge Association has previously produced the “Future Study”, a survey following age-cohorts, in 1987, 1997 and 2002. In 2010, with the help of Statistics Denmark, a new “Future Study” was initiated, with new cohorts in age groups 50-54, 60-64, 70-74, and 80-84, approximately 1,000 interviewees in each age group. The method is a mix of on-line questionnaire and telephone interviews.

The results are currently being published online at www. etreænæn.dk, spring 2011-spring 2012. DaneAge expects to publish an abbreviated print-version in the spring of 2012, followed by an English-language version.

P2-107
Vitamin D in patients referred to an out-patient geriatric service for memory problems or falls

Author: Elin Engsh

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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) has not been a routine in our fall-assessment and memory clinic. The aim of this quality study is to find the prevalence of vitamin D deficiency in patients referred for assessment of falls and/or memory problems to our out-patient geriatric service.

Methods: A prospective observation study, with the aim to improve practice. All patients referred for fall assessment and/or memory problems are consecutively included. Analysis of vitamin D (25-OH-cholecalciferol) is done together with routine blood analyses. Area of reference to the laboratory is 27-111. Clinical information about age, gender, cause of referral, diagnosis and probable mobility problems are obtained from patient records. Costs of analyses are calculated.

Results: From 1. August to 31. December 67 patients (44 women) were referred. Vitamin D analyses were done from 67 patients and 6 (9%) had levels below the recommended (range 20-36). All the patients with vitamin D deficiency had memory problems (4 diagnosed with dementia), and 3 did also have mobility problems. One patient was age 70-80, 80-90 and two 90+ years old. BMS was ranging from 21-23 and low D did not correlate with low vitamin D.

Conclusion: 9% of the patients had vitamin D deficiency. Half of them had both mobility problems and cognitive impairment.

The patients were included during late summer and autumn when the vitamin D levels are expected to be higher than in winter and spring. The datacollection will therefore continue.

P2-108
The effect on functional balance and fear of falling using The Otago Exercise for the frail elderly. Group-based versus home-based intervention.

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Co-Authors: Physiotherapist Kjersti Moen, Physiotherapist Anne Sofie Rayland, Senior Researcher Jorun L. Helbostad

Introduction: Otago Exercise Programme (OEP) is an homebased strength- and balance- exercise-programme that has demonstrated success to decrease falls and improve functioning in older home-dwelling persons. Recent studies have shown better effect of group-based exercise on functioning in older persons.

The aim of this study was to compare the effect of OEP performed as group or home training in frail older home-dwelling on balance, mobility and fear of falling.

Methods: The study was a single blind RCT, participants (n=125) were older fall-prone persons referred to an outpatient falls clinic. Participants were allocated to OEP delivered as group-based (60) or home-based (48) training, led by physiotherapists. Group training was performed twice a week. Home training followed the OEP protocol including 4 visits. Intervention period was 12 weeks. Participants were assessed with Berg Balance Scale (BBS), Timed Up-and-Go (TUG), 30 second Sit-To-Stand (STS) and 7 Items Falls Efficacy Scale International (FES-I).

Assessments were performed at baseline, end of intervention (3 months) and 3 months after end of intervention (6 months).

Group differences in change were assessed by Analysis of Covariance, controlling for baseline values, and changes for each of the groups by paired sample t-tests.

Results: Ninety-one women (72.8 %) and 34 men (27.2%) participated, mean age was 82.5 (±5.7) years. Mini Mental Status Examination score was 27 (±2.3). Mean score at Barthel ADL index was 17.9 (±2.7). Seventy-four percent had fallen previous year, 37% had a hospital stay due to fall-related injuries. Table shows BBS , TUG and FES-I scores at baseline and follow-up tests. Both groups improved functioning. There were group differences in change in favor of group training for BBS and STS from baseline to 3 months, and for STS and FES-I from baseline to 6 months.

Conclusion: Both interventions improved functioning, most effects persisted 3 months after end of intervention. Balance and functional leg strength improved more for GB. Fear of falling was significantly lower for GB at 6 months follow-up. In frail home-dwelling persons OEP performed in a group is even more effective.

* Illustration see note at the end of Chapter

P2-109
Social-pedagogical treatment of elderly people’s subjective well-being in social care home

Author: Ineta Robina

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The present study is analyzed in socio-political and economic contexts related to active aging and the importance of 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 subjectvie well-being in social care home; 2) to describe the intervention of social pedagogy 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 pedagogy. The theoretical background of research is based on inter-disciplinary understanding of wellbeing as quality indicator if institution integration process (Skiba 2006; Burkart 2005; Rau 1986; Andersen 2011 etc.).62 respondents of the age 65-91 were involved into the research, 10 of them (active participants) were selected for interviewing and video observation. The data processing applying AQUAD-6 programme, the code linkages explore implicit interaction structures between wellbeing and participation meta-codes and explore the implicate interaction structures between participation codes and wellbeing codes. Implicans as evidences for making conclusions will be presented for disscus: 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

Author: Dr. Director, Adj. Prof. Anneli Sarvimäki

The role of family caregiving is becoming more important as more and more older people are living at home. Since the family caregivers themselves tend to be old, their health and well-being is at stake. The purpose of this study was to investigate mental health and well-being of older family caregivers. The study was 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 3000 persons aged 65 or more in southern Finland. 604 persons replied and 144 of them were family caregivers. Over 60% of the family caregivers rated their mental health as good or very good. The difference between them and the other older persons was not big (p=0.02). 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 (87 %) and only 13 % felt lonely rather or very often. The percentage of family caregivers feeling rather or very secure was high (73 %) although significantly lower than among the others of the same age (89 %). The mental health and quality of life in the family caregivers in this study was quite good, but it was even better among those who were not family caregivers. Because of the large dropout the results cannot be generalised, but they indicate that family caregivers do have mental resources that should be recognized and supported.

Recent trends in complex health problems in the oldest old in Sweden 1992-2010/11

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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 different service providers of medical and long-term care (home-help, institutional care) as well as informal caregivers. When assessing elderly care needs and the wellbeing of the oldest, trends of complex health problems seem more useful than simple health items that may follow diverse trends over time. This study identified severe problems in three health domains (health impairment, mobility, cognition/communication) in three nationally representative samples of the Swedish population aged 70+ (1992: n=537; 2002: n=561; 2010: n=841), including institutionalised 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.

Assessment of the physical environment – a way to high quality care

Author: Susanna Nordin

Högskolan Dalarna

Co-Authors: Ass.prof. Hele Wijk, Prof. Kevin Mckee, PhD Marie Elf

It is important to focus on the design quality in nursing home facilities since the residents are frail and vulnerable, often suffering from both functional and cognitive impairment. With increasing levels of frailty they spend most of their time within the home and are depending on the building design quality to a great extent. This paper, describes a part of a project using the Sheffield Care Environment Assessment Matrix (SCEAM; Parker et al., 2004) for evaluating design quality in nursing home facilities. The tool was developed to measure design features of the nursing home environment as built and used and covers different aspects in the environment. The incentive for the study was the Swedish evidence-based guidelines concerning dementia care from 2010. The guidelines emphasize the physical environment as an essential factor for achieving good-quality healthcare and supporting a person-centred care. The recommendation is that dementia residential facilities should have a domestic layout and provide the residents with private rooms or apartments with opportunities for personal belongings. Furthermore, the physical environment should offer a calm sound level and enhance the ability of orientation for residents with different factors such as cognitive problems. Opportunities for outdoor activities are also important for the well-being of residents. Thus, the society faces many challenges in developing high-quality environments since the buildings in many cases do not meet modern standards. In this process, there is a need for tools that evaluate the quality of the environment. SCEAM is an interesting tool covering many of the important aspects of a person-centred care and can therefore be used both for planning new environments and evaluating existing ones. Parker C., Barnes S., McKee K.J., et al. (2004). Quality of life and building design in residential and nursing homes for older people. Ageing and Society, 24, 941-962.

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 Ingemar 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 period time among men and women.

Methods: Nationally representative data from the Swedish Level of Living Survey (LNU) and the Swedish Panel Study of the Oldest Old (SWEOLD) were used. LNU 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. Upholding a very active social 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

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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 do to extended use of IC. Also we intended to discover 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<0.000, 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 more times frequently to a nursing home, and had over twice the mortality.

Conclusion: Guidelines supporting health professionals to remove IC, 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 discharged 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
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As life-expectancy has increased and attitudes towards both non-natal and post-natal relationships have become more flexible, it has opened new possibilities to form intimate relationships at older ages. The standardization 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 Ageing in Lahti Region (n=2815 at baseline). The information is gathered from men and women in three birth cohorts (born 1920-30, 1930-40, 1940-50). 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 popularization of cohabitation in 1980’s in all three age cohorts. Still, new marriages are formed as often as cohabitations as intimate relationships 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 of the study.

P2-117

“Ageing” identity and wellbeing in a crossroad: unemployment in early old age

Author: Rita Borges Neves
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Co-Author: Alice Delrue Matos

In sociocultural societies, working classes are psychosocially an economically dependent paid work (1). Traditionally it assures basic needs and shapes identity. Involuntary job loss can provoke life being as it may result in deprivation, depressive feelings, anxiety, and low self-esteem (2). Given labour market reconfiguration, redundancy may represent premature ending of professional activity for older workers. However, precarious working conditions may lead to a desire of early retirement. From a sociological viewpoint, how can it be understood, the impact of involuntary job loss on middle age men’s wellbeing? What significance is attributed to work and work absence by older less-qualified actives? To approach this overlooked topic, life histories were collected through semi-structured interviews on unemployed blue-collar Portuguese men over 55 years old. Results show that employment is less significant for wellbeing and unemployment is perceived as upising in case of i) reduced familiar and financial engagements; ii) welfare pensions that secure basic needs; iii) work as a alienating, inhibiter of control and self-sufficiency and health damaging; iv) a retiree status is interiorized instead of “unemployed”.

Work is an adulthood mandatory role, a “normal” life-course that is not necessarily beneficial and labour market status is intertwined with different life cycle stages. Some of the ill-being caused by unemployment may be diverted when an “aged” identity is incarnated and this event is incorporated as part of the aging “natural” process.

3. Gallo, W, Bradley, E, Siegel, M

P2-118

Influencing health behaviors of the older person: when grandparents prevent grandparents’ health risks.

Author: Rita Borges Neves
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Co-Author: Alice Delrue Matos

Recent research has stressed the mutuality of the influence process within grandchild-grandparent dyads by highlighting grandchildren as catalysts of some of the elders’ behavioral patterns change. Through an affectual relationship established with their grandparents some elders’ access information that they would not grasp unassisted. The elders show some permeability to grandchildren’s influence, despite some resistance to change core values and beliefs.

Considering this background we set out to explore possible influence on the elders’ health related attitudes and behaviours exerted by their grandchildren. For this purpose a qualitative study involving 15 interviews was conducted in the northern region of Portugal. Several spheres of health related/oriented beliefs and habits such as nutrition, medication, physical activity and social interaction were examined.

Results show that besides functional and emotional support, the adolescents, inform and persuade grandparents to operate changes in areas felt to be vital for wellbeing. They made the seniors aware of the benefits of healthy diets, and the avoidance of hazardous habits such as smoking or heavy drinking.

The implementation of a experimental protocol designed for comprehensive assessments for old adults. Practices and tools for comprehensive assessments for old adults. The Helsinki Birth Cohort Study

First observations on functional capacity assessments in the Helsinki Birth Cohort Study

Author: Mika Simonen
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Co-Authors: Prof. Johann Eriksson, Dr. Petti Pahklainen, Lisa Pentinnen

One of the primary aims of Helsinki Birth Cohort Study (HBCS) is to assess how growth and environmental factors acting during the fetal period and childhood are related to health in adult life. A randomly selected group of participants born 1934-44 have been followed up from 2001 onwards, picked from the original epidemiological cohort (n=4760). The participants are now turning to the third age of life, with their current age ranging from 68 to 78 years.

This presentation describes the setting of functional capacity assessment planned for the HBCS; reports the associations between birth weight and e.g. maximal isometric and isotonic muscle strength (measured using a Good Strength Metitur dynamometer chair, a 30’s chair-stand test and 30’s bicep 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 full in 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 and 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 participant’s hesitation in reaction time testing. This observation suggests that performance in the testing situation should be taken into account when assessing functional capacity.

While the study advances our understanding of the associations between birth conditions and physical functional capacity in the third age, it also provides insights how the functional capacity assessment is organized and achieved as a human endeavor in the testing situation. This approach might yield new ideas for creating practices and tools for comprehensive assessments for old adults.
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
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Co-Author: PhD. Valger Thorvaldsson, PhD Björn Slauag, 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 measures 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 variation in cognitive test performance across three areas: memory, attention, and language. Standardized scores were used to calculate the mean and standard deviation for each test at the first occasion.

Methods: The cognitive battery included three tests: a) Synonyms measuring verbal ability, b) Block Design measuring spatial ability and an indicator of fluid ability, and c) Figure Identification which is a measure of perceptual speed. To allow comparisons across tests and samples, we standardized scores to a distribution with a mean of 50 and SD of 10, using the baseline distribution for each test at the first occasion.

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 8 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.

P2-121
Skill development for nurses in home care - an intervention study

Author: Guro Gade Haanes
Aalborg 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.

Background: Studies suggest that there seems to be limited attention to vision and hearing impairments and lighting conditions in the homes of the elderly. Multimorbidity and age-related changes in the vision and hearing function lead to reduced eyesight and hearing. The impairment increases with age. It is well documented that impairment of vision and hearing can affect people’s quality of life. Elderly with combined visual and hearing impairment are a particularly vulnerable group who need special attention.

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 8 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

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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. Methodologically 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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**Author Index**
H.R.H. Crown Princess Mary of Denmark is the patroness of the 21st Nordic Congress of Gerontology

Photo: Steen Evald