

Nordic Gerontological Federation

GeroNord

News on research, developmental work and education within the
ageing area in the Nordic Countries

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In this newsletter:

- Words from the President
- 28NKG in Jyväskylä, Finland, 2027
- Board meeting in the Nordic Gerontological Federation
- PhD fellowship in Denmark
- Recent doctoral dissertations
- Other news from the Nordic countries
- The Executive committee and NGF representatives



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Words from the President

Dear colleagues,

Loneliness and social isolation have received a lot of attention in ageing research over the past decades. As holidays like Christmas approach, media interest often increases as well, with loneliness and social isolation highlighted as major societal issues—especially among older adults in the Nordic countries.

While the topic often dominates headlines during holiday seasons, it's important to remember that experiences of loneliness vary greatly among individuals. For some, being alone feels deeply distressing, whereas others find solitude comforting—even during Christmas. At the same time, loneliness isn't limited to social isolation; for some, the feeling can arise even when surrounded by close relatives and friends.

Single household is common in the Nordic countries, despite this research has shown that older adults in these countries tend to be less bothered by loneliness than older people in Eastern or Southern Europe. This often comes as a surprise to both the public and the media. In Sweden, around 10 percent of people aged 77 and older say they often or almost always feel bothered by loneliness—so it never hurts to reach out.

As we celebrate the holidays, let's remember that small gestures reaching out to a neighbour, calling a friend, an old aunt, or inviting someone to join us can make a big difference. Do not underestimate the power of contacting somebody to see that everything is all right. Reducing loneliness is about policy and programs but sometimes it can start with human connection. Related to this, I can highly recommend a recent webinar organised by the Nordic Welfare Center, together with Dalarna University and Karolinska Institutet. The webinar presented new research from the Nordic region as well as examples from practice on how to reduce loneliness among older adults. You can read about the webinar in this newsletter.

I wish you all a nice break during the holidays to come and a happy new year!

Warm regards,



Carin Lennartsson
President of the Nordic Gerontological Federation



You are invited to the 28th Nordic Congress of Gerontology in Jyväskylä, Finland, June 16-18, 2027

On behalf of the Faculty of Sport and Health Sciences and Gerontology Research Center at the University of Jyväskylä, Societas Gerontologica Fennica, the Finnish Geriatricians Society, the Finnish Society for Growth and Ageing Research, and the Nordic Gerontological Federation, we invite you to join the 28th Nordic Congress of Gerontology (NKG) to share your thoughts and latest research findings on ageing.

The theme of the conference is **"Ageing in the Current Light"**. We welcome multidisciplinary contributions reflecting the pillars of the NGF's scientific orientations: behavioural and social sciences; biological, health and medical sciences; humanities; social research, policy, and practice. There will also be an enjoyable social programme.

The congress will take place at the University of Jyväskylä, located in the heart of the city. Our beautiful and sustainable campus is a key element of the University's appeal. It offers a unique blend of cultural heritage and natural beauty, reflecting over a century of Finnish architectural history. The campus is internationally renowned for its numerous buildings designed by Alvar Aalto.

We look forward to welcoming you to Jyväskylä in 2027!

[Read more about the 28NKG](#)

From the Organising Committee:

Mikaela von Bonsdorff | Congress President

Katja Kokko | Secretary General

Johanna Eronen | Congress Coordinator

Linda Enroth | The Finnish Society for Growth and Ageing Research

Jouko Laurila | Finnish Geriatricians

Esa Jämsen | Societas Gerontologica Fennica



Board meeting in the Nordic Gerontological Federation

On December 9, 2025, the NGF board meeting brought together representatives from the gerontological and geriatric member societies across the Nordic region.

The meeting began with an update on current activities in the member societies.

Finland

The Finnish Geriatric Society reported on successful training events and an upcoming national conference. A trend of younger professionals preferring online resources over society membership was noted, and concerns about healthcare budget cuts affecting elderly care highlighted.

The Finnish Gerontological Society is preparing for their annual seminar, with sessions on the politics of aging and citizen science in aging research.

Finnish Society for Growth and Ageing Research has held an annual seminar themed "Good News of Ageing," and their journal was among the nominated journals for Science Journal of the Year in Finland. Currently the society is involved in digitalizing older articles and organizing the Finnish Gerontologic Congress.

Sweden

The Swedish Gerontological Association is planning a joint seminar with two other networks working with ageing in October, including a lecture from the prize winner in Gerontology 2024.

Iceland

Icelandic Gerontological Society is focused on public informational meetings for older adults and caregivers, including topics such as internet safety. These outreach activities have increased visibility and engagement with the broader population.

The Icelandic Geriatric Society recently hosted the highly [successful EuGMS conference in September in Reykjavik](#). The society is now working on future educational pathways for geriatric medicine, including specialist training and curriculum development.

Norway

The Norwegian Gerontological Society is preparing for the next Nordic congress in Oslo (2029) in collaboration with the Norwegian Geriatrics Association. Challenges for the society in general include engaging new members. They are focusing on offering relevant seminars.

In the Norwegian Geriatrics Association a new generation has entered the board. Kristin Mork Hamre is the new NGF representative after Nils Holand.

Denmark

The Danish Geriatric Society is experiencing growth, with more young doctors training in geriatrics than cardiology. There is strong engagement among young geriatricians, but a need to strengthen ties with gerontology.

Danish Gerontological Society is undertaking strategic efforts include a survey to understand member needs, planning of a national conference, and launching a Nordic collaborative education initiative September 2026 (NordMag).

Update on the 28NKG in Jyväskylä, Finland

A significant portion of the meeting focused on preparations for the upcoming 28NKG 2027 in Jyväskylä, Finland. The president of the congress, Mikaela von Bonsdorff, provided a detailed overview of the planning process, including delegates, keynote speakers, the abstract evaluation process as well as sponsorship and communications.

The board expressed appreciation for the progress made and encouraged continued collaboration between the congress organizing committee and the NGF executive committee.

The meeting concluded with a brief discussion of joint activities and a website update. The next board meeting is expected to take place in June 2026.

[Read more about the NGF board and committees](#)

Deadline for applications: 25 January 2026

PhD fellowship: SustainCare — building sustainable care systems for older people in the Nordic–Baltic region

The Department of Social Sciences and Business (ISE), Roskilde University, invites applications for a position as PhD fellow linked to the international research project SustainCare.

The PhD fellow will contribute to the aims of the NORDFORSK funded SustainCare project, which seeks to develop knowledge and solutions for more sustainable, equitable and community-based long-term care (LTC) for older people across Denmark, Finland, Sweden and Lithuania. SustainCare is theoretically and empirically concerned with how formal and informal care systems intersect, how inequalities in care access and outcomes emerge, and how new forms of collective support in the shape of Community Circles/Fællesskabscirkler might reshape the politics and practices of care for older people.

The PhD project will contribute to the SustainCare project formulating an independent research project that contribute to the investigation of the dynamics of older people's care needs, and care provision and policies. It is expected that the project draws on, to the extent possible, the SustainCare framework, while working in close collaboration with the project team, sharing research protocols and analysis.

The position is open from June 1st, 2026, or as soon as possible thereafter. The position as PhD is limited to a period of 3 years.

[Read more and apply](#)

The Ageing Research Center in Sweden celebrates 25 years

This year the Aging Research Center (ARC), a collaboration between Karolinska Institutet and Stockholm University in Sweden, celebrated 25 years.

On December 1, ARC celebrated this achievement with an inspiring seminar that brought together over 100 participants. Guests enjoyed engaging presentations highlighting ARC's rich history, groundbreaking achievements, and exciting visions for the future. The festivities concluded with a joyful dinner, where current and former colleagues gathered to share memories, laughter, and a wonderful meal in a warm and festive atmosphere.

[Read more](#)

[Learn about the history of ARC](#)

Over the past 25 years, ARC has proudly seen 102 doctoral dissertations successfully completed. The most recent addition to this impressive series came late this year, when Erika Augustsson defended her thesis, "[Anchored or Adrift? Social Connection, Health, and Loneliness in Later Life](#)"



The Danish minister Mette Kierkgaard: "We have to make age-friendly societies a public movement"

On 25–26 November 2025, the conference Ageing is Living: Building Age-Friendly Communities in the Nordic-Baltic Region brought together experts from research and practice from approximately ten countries in Copenhagen.

The conference, organized by the Nordic Welfare Centre in collaboration with the WHO Regional Office for Europe and the Centre for an Age-Friendly Norway, shared insights and best practices for developing and supporting age-friendly communities in the Nordic-Baltic

region. Attendance had tripled since the last conference two years ago, highlighting the growing interest in the topic.

At the conference, discussions focused on how communities in the Nordic-Baltic region can become more inclusive for older adults as populations age worldwide – and why young people must also be engaged. The Danish Minister of Senior Citizens, Mette Kiergaard, envisions age-friendly communities as a movement where politicians, architects, health care professionals and civil society work together.

[Read an article about the conference](#)

[Read an article about municipalities from the Nordic-Baltic region at the conference](#)



Recordings: Webinar on Loneliness among older adults in the Nordic region

Photo: Nordic Welfare Centre

A webinar organised together with Dalarna University and Karolinska Institutet, presented new research from the Nordic region as well as examples from practice on how to reduce loneliness among older adults.

Loneliness is increasingly recognised as a public health issue that affects both physical and mental health. It is also a priority for the Nordic Council of Ministers that no one should struggle with involuntary loneliness. The webinar, Loneliness among older adults – research and implications for practice in the Nordic region, explored how loneliness affects mental health, how older adults describe their experiences with loneliness, and how interventions can be designed to address different types of loneliness.

[Learn more and watch the recording of the webinar on loneliness](#)

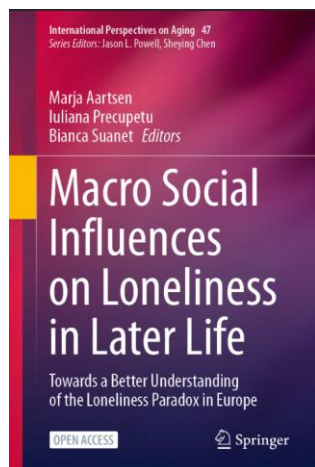
Recordings: Eldres helse og funksjon – kunnskapsgrunnlag for fremtiden

A recent online seminar brought together researchers who have participated in the research project Functional Health in Older Adults in Norway to highlight the status, trends and challenges related to older adults' health and functional ability.

Do we have a healthier older population? How do people over the age of 70 use home care services? Do they get the help they need from neighbours and friends? And what about trends in loneliness and depression?

These are questions that researchers from the Norwegian Institute of Public Health and NTNU (HUNT), UiT (the Tromsø Study), and the Norwegian Centre for Ageing and Health have examined in the project Functional Healthy Years among Older People in Norway, with support from the Norwegian Directorate of Health. With an ageing population, it is crucial to understand both the current situation and future needs.

[Learn more and watch the recording of the seminar](#)



New book: Macro Social Influences on Loneliness in Later Life. Towards a Better Understanding of the Loneliness Paradox in Europe

Published by Springer Publishers. Editors: Marja Aartsen, Luliana Precupetu and Bianca Suanet.

The book is a counterpart to the dominant micro-level approach to loneliness. Often, we only talk about individual risk factors, such as loss of loved ones, reduced functional ability or little social contact, and while this is important, it doesn't explain everything. The immediate social environment and the society surrounding the individual also play a role. Our lives do not take place in a vacuum but are connected to other people's lives and to what is happening in society. Attention to these meso- and macro-level influences have been very limited. This

book brings together European research on what are called meso- and macro-social conditions.

[The book is printed in open Access and can be downloaded for free here](#)

Funding for Nordic project from the Norwegian Research Council

Eight projects out of 92 applications have received funding from the call: [Research and Innovation to Strengthen the Sustainability of Municipal Health and Care Services](#)

The Norwegian Research Council has allocated funding to the project SELFDRIVE: Driving sustainable health and social care reform through empowered self-managed work teams.

Project manager: Trond Blicksvaer, Research Professor in Social Work NO, Expert group: Professor Morten Balle Hansen, DK, Professor Timo Sinervo, FI, Professor Maria Wolmesjö, SWE.

[Read more about funded projects under the call](#)

Recent PhD dissertations



Psychological development from middle adulthood to the beginning of late adulthood: Generativity and mental well-being and their associations with health and retirement preferences

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Background and objectives: Psychological development in middle and late adulthood is still relatively under-researched. When studied, the emphasis has often been on crises and losses, even though psychological development throughout life involves both growth and decline. Middle adulthood and the beginning of late adulthood may include changes or anticipation of

changes in various life domains, such as work, social relationships, or health. These changes can pose challenges but may also promote individual well-being.

The purpose of this doctoral dissertation was to examine the development of generativity, that is, the concern to care for, support and guide the next generation, and mental well-being from middle adulthood to the beginning of late adulthood, as well as the associations between generativity, mental well-being, and subjective health. In addition, the study explored the links between generativity, mental well-being, and retirement preferences at the beginning of late adulthood.

Methods: The dissertation is based on data from the Jyväskylä Longitudinal Study of Personality and Social Development (JYLS), a longitudinal study initiated in 1968. The original sample (n = 369) consisted of 12 randomly selected second-grade school classes from a medium-sized town in Central Finland. Since then, the same individuals have been followed during six major data collection waves at ages 14 (1974), 27 (1986), 36 (1995), 42 (2001), 50 (2009), and 61 (2020–2021). This study utilized data collected at ages 36 (n = 311), 42 (n = 279), 50 (n = 265), and 61 (n = 206). The data were gathered through mailed life situation questionnaires and self-report inventories completed during the psychological interviews and health examinations. These instruments assessed participants' generativity, mental well-being, subjective health, and retirement preferences.

Results: The results showed that generativity declined on average between ages 42 and 61. However, there were individual differences in the direction and magnitude of change, which depended on the initial level of generativity and previous changes. The higher a person's generativity at age 42 or the more it increased between ages 42 and 50, the more it tended to decrease later. In addition, high rank-order stability was observed in multidimensional mental well-being (including emotional, psychological and social well-being, as well as low depressive feelings) from ages 42 to 61.

The longitudinal and reciprocal results showed that higher social wellbeing at age 42 was associated with higher generativity at age 50. In addition, earlier emotional well-being was linked to later subjective health, and vice versa, between ages 36 and 61. Fewer symptoms at ages 36 and 50 predicted higher life satisfaction at ages 42 and 61. A more positive mood and less negative mood at ages 42 and 50 were associated with fewer symptoms at ages 50 and 61. Interestingly, higher negative mood at ages 36 and 50 was linked to better self-rated health at ages 42 and 61.

The study also examined the associations of generativity and mental well-being with preferred retirement age and willingness to continue working after retirement. The findings indicated that individuals who reported higher generativity at ages 42 and 61, as well as higher life satisfaction, psychological, and social well-being at age 61, were more likely to wish to retire at or after the minimum old-age retirement age. In addition, those with higher generativity were more likely to wish to continue working after retirement.

Conclusion: This doctoral dissertation demonstrates that psychological development in middle adulthood and the beginning of late adulthood involves both change and stability. Individual differences in generativity development were explained by its earlier development and prior social well-being. Mental well-being is valuable in itself, but it can also serve as a resource for generativity and better health, highlighting the importance of promoting mental well-being. Better health, in turn, may contribute to better mental well-being. However, it is important to note that these associations are not straightforward but vary depending on the variables and age stages examined. Psychological factors such as generativity and mental well-being may also be relevant for extending working careers. Thus, providing opportunities to express generativity in working life and promoting employee well-being can yield benefits that are important for both individuals and society.

[Read more](#)



Technology Adoption for Active and Healthy Ageing among Current and Future Generations of Older Adults

Jens Offerman
Department of Health Sciences, Lund University, Faculty of Medicine, Sweden

Photo: Lill Eriksson

To promote active and healthy ageing (AHA), it is essential to understand how different generations engage with digital technologies, as these tools are becoming increasingly integral to everyday life. This thesis project explored technology adoption among men and women from three age groups representing different generations (30–39, 50–59 and 70–79 years), focusing on attitudes, usage patterns, and factors that facilitate or hinder engagement with technologies intended to support AHA.

Using a multi-methods approach, four interrelated studies were conducted. The first study, based on a national survey, examined generational attitudes toward a broad spectrum of technologies and their relevance in supporting AHA. Using the same dataset, the second study investigated how socio-demographic factors and attitudes towards digital technology were associated with reported ability to keep up with technological developments. Based on data from a national panel, the third study captured self-reported changes in digital technology use and attitudes during the early phase of the COVID-19 pandemic, providing insights into how period effects might influence digital engagement. The fourth study employed focus group

interviews in an experimental housing environment to explore perceived barriers and facilitators to adopting smart home technologies among current and future older adults.

[Read more](#)

[Read an article about the dissertation on the CASE website](#)



Signing in to society: Reflections on digital skills, support, and inclusion in later life

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Background and objectives: Participation in modern society continues to demand digital skills. At the same time, the population is aging, and older adults are facing a disproportionate risk of being digitally marginalized. While many older adults engage actively with digital technologies, their everyday encounters with digital devices and services are shaped by emotional, social, and structural conditions. Yet older adults continue to be portrayed in public discourse as a homogeneous group, often framed as “incapable digital immigrants”, and as burdens to the digitalizing welfare state. Such simplistic narratives overlook the diversity of later life and the social dynamics that shape digital engagement.

Building on three original research papers, this dissertation explores how older adults navigate digital transformation, acquire digital skills, and actively find ways of signing in, or engaging with, society as digital citizens in Finland. Based on qualitative interviews and thematic analyses, this dissertation examines the barriers and facilitators of digital skill acquisition, delves into the role of informal and non-formal digital support in later life, and investigates how older adults engage with the society as digital citizens, often in ways that challenge simple categorizations. The dissertation highlights older adults’ voices, both those receiving support and those providing it, and elaborates how digital technologies are woven into the ageing process in ways that are sometimes enabling, sometimes constraining.

Methods: The dissertation draws on qualitative data collected between 2018 and 2023 in Central Finland. It includes participant-induced elicitation interviews (n=21) with older adults on informal digital support, warm experts, and everyday technology use, semi-structured interviews (n=12) with older adults enrolled in a pilot course on newly launched digital health

services, and interviews with peer tutors (n=21) participating in non-formal digital skills training for older adults. Across the three studies, thematic analysis was used to examine older adults' subjective experiences, the social dynamics of digital support, and the evolving expectations of digital participation.

Results:

Acquiring digital skills in later life is a non-linear and emotional process shaped by social expectations

Across all studies, learning new digital skills emerges not as a straightforward or linear progression, but as a process intertwined with frustration, insight, confidence-building, and setbacks. Older adults often "jump" between skills, revisit previously learned tasks, or learn selectively based on personal needs, illustrating the non-linearity of digital skills acquisition in later life. In addition, older adults navigate changes in their social roles after retirement, fear of making mistakes, and the feeling that technologies are changing faster than they can keep up.

Warm experts can both enhance and hinder digital inclusion

Informal support from warm experts, i.e. family and friends, plays a critical role in older adults' digital daily lives. Participants appreciate support offered in familiar environments, which feels safe, trusted, and cost-free. However, digital support from warm experts is also marked by over-helping (doing tasks on behalf of the older adult) and under-helping (being unavailable or too hurried), both of which limit opportunities for genuine learning and reinforce dependence rather than autonomy. In addition, emotional costs including shame and fear of burdening family members further shape older adults' support-seeking behavior.

Peer tutoring provides meaningful, reciprocal forms of non-formal digital support. Peer tutors, referring to older adults who support other older adults, emphasize empathy, patience, shared life experience, and the social significance of learning together. Peer-led learning is often experienced as less intimidating than expert-led training as it carries a strong sense of community, belonging and mutual care. However, peer tutors also recognize the limits of their role, noting the emotional work involved and the need for more sustainable support structures.

Digital health services illustrate the complexity of digital citizenship in later life

Older adults' experiences of newly introduced digital health services reveal ambivalence: digital services are seen as convenient and sometimes empowering, yet also confusing, anxiety-provoking, and exclusionary. Participants often describe themselves as obligated to use digital services, not because they find them meaningful, but because societal structures leave no or little alternative. Several internal (trust, confidence, past experiences) and external (service design, societal expectations, support availability) factors jointly shape older adults' opportunities to act as digital citizens. Based on these findings, the dissertation introduces the concept of situational digital citizenship, capturing how older adults sometimes participate actively, motivated by interest, confidence, and a wish to maintain autonomy, but sometimes because circumstances require it, when benefits outweigh burdens, or because opting out feels

impossible. Rather than being either included or excluded, older adults continuously adapt, resist, engage, and withdraw depending on social, emotional, and contextual conditions.

Conclusion: This dissertation challenges binary framings of older adults as digitally included or excluded. Instead, it demonstrates that digital participation in later life is situational process, deeply embedded in the lived realities of ageing. Digital support is not merely technical assistance, but a form of social interaction shaped by reciprocity, care, and power dynamics. While many older adults skillfully navigate digital systems, structural barriers, emotional work, and societal expectations continue to shape their opportunities to enact digital citizenship. To promote digital inclusion, the findings call for 1) sustainable models of digital support that bridge formal, informal, and non-formal networks; 2) design of digital public services that better align with the diverse needs of an ageing population; and 3) recognition of older adults as active learners, contributors, and citizens, rather than passive users or problems to be solved. Together, the three articles offer a nuanced understanding of how older Finns “sign in” to society: not as a homogeneous group, but as individuals who actively negotiate digital transformation in ways that reflect their resources, histories, identities, and aspirations.

[Read more in the JYX publication archive](#)

Multimorbidity and kidney health in old age: methodological considerations and longitudinal associations

Giorgi Beridze, Department of Neurobiology, Care Sciences and Society, Karolinska Institutet.

Introduction: Multimorbidity (the presence of ≥ 2 chronic conditions in one individual) and chronic kidney disease (CKD) are increasingly common in older adults, often occurring together and contributing to poor health outcomes. Both kidney function assessment and the operationalisation of multimorbidity pose important methodological challenges that influence how findings are interpreted and compared. Chronic conditions in older adults tend to cluster into multimorbidity patterns that may share common causes or mechanisms, yet the ways these patterns are measured and described vary widely, limiting comparability across studies. At the same time, assessing kidney function in this population is complicated by age-related physiological changes that affect the production and clearance of creatinine, a key biomarker for its estimation. Beyond these methodological issues, little is known about how specific combinations of chronic conditions relate to kidney outcomes, or how such insights might help identify individuals at higher risk of poor kidney health and shed light on underlying pathophysiological mechanisms.

The aim of this thesis was to explore the intersection of multimorbidity, kidney health and ageing, focusing on how kidney function is measured, how multimorbidity patterns are identified, and how these patterns relate to changes in kidney structure and function over time.

This was addressed through one systematic review and three observational studies from two well-characterised cohorts.

Study I: Systematic review of 16 studies deriving multimorbidity patterns from primary care electronic health record data. Reported multimorbidity prevalence ranged from 14.0% to 93.9%. Mental health and cardiovascular patterns were identified in all studies, frequently alongside conditions from other organ systems, indicating that some patterns are highly replicable across populations. However, marked heterogeneity in analytical decisions related to disease ascertainment and coding, clustering methods, pattern labelling, and stratification limits comparability across studies and hampers evidence synthesis.

Study II: Cohort study of 3,094 adults aged 60 years and older from the Swedish National Study on Aging and Care in Kungsholmen (SNAC-K), comparing the Modification of Diet in Renal Disease (MDRD), Chronic Kidney Disease Epidemiology Collaboration (CKD-EPI), Revised Lund-Malmö (R-LM), Berlin Initiative Study (BIS), and European Kidney Function Consortium (EKFC) creatinine-based eGFR equations. CKD classification agreement ranged from moderate to very high (Cohen's K 0.42-0.91), with MDRD and CKD-EPI generally providing higher GFR estimates than the other three equations. Agreement was poorest between MDRD and BIS, and highest between R-LM and EKFC. BIS showed the best discrimination for 15-year all-cause mortality (Harrell's C = 0.73), although prognostic accuracy declined in those aged over 78 years and with low calf circumference. Discrepancies between equations were not consistent across the spectrum of age, calf circumference, and BMI.

Study III: Cohort study of 3,094 adults from SNAC-K followed for 15 years, examining the number and patterns of chronic conditions in relation to kidney function decline. Multimorbidity was present in 87% of participants. The number of chronic conditions was independently associated with both absolute decline, measured as excess annual eGFR slope (β -0.05, 95% CI: - 0.07; - 0.03), and relative decline, defined as $\geq 25\%$ reduction from baseline (HR 1.23, 95% CI: 1.17; 1.29). Five multimorbidity patterns were identified, with the Unspecific, high burden and Cardiometabolic patterns showing the steepest absolute declines (β -0.15, 95% CI: - 0.26; - 0.05 and β -0.77, 95% CI: - 0.98; - 0.55, respectively) and relative declines (HR 1.45, 95% CI: 1.09; 1.92 and HR 3.45, 95% CI: 2.27; 5.23, respectively) compared with the least burdened pattern. The Cognitive and Sensory pattern was also associated with greater relative decline (HR 1.53, 95% CI: 1.02; 2.31), while the Psychiatric and Respiratory pattern showed no association.

Study IV: Cohort study of 205,449 adults aged 65 years and older undergoing outpatient albuminuria testing, examining eGFR-independent associations between multimorbidity patterns and incident albuminuria (>30 mg/g) and macroalbuminuria (>300 mg/g). Six patterns were identified in ages 65-74 and seven in ≥ 75 years. Patterns included both organ-specific (e.g. Cardiovascular, Eye) and more general patterns (Unspecific, Multisystem). For albuminuria, compared to those without multimorbidity, the highest risk in ages 65-74 was observed for the Cardiovascular pattern (HR 3.09, 95% CI: 2.85; 3.34), while in those ≥ 75 years,

the Vascular pattern had the highest risk (HR 2.41, 95% CI: 2.08; 2.80). The Dementia pattern was not associated with albuminuria risk. High- burden patterns in older adults had elevated albuminuria risk, although this was attenuated after accounting for competing mortality. The 5-year cumulative incidence of albuminuria exceeded 10-14% in the highest-risk patterns, 5-9% higher than in those without multimorbidity.

Conclusions: This thesis synthesises evidence on multimorbidity patterns across primary care populations, showing that certain patterns are replicable and that methodological harmonisation is needed to improve comparability, strengthen evidence synthesis, and facilitate translation into clinical practice. It also shows that creatinine-based eGFR equations are not interchangeable when assessing kidney function in older adults, particularly in those with low muscle mass. They also differ in their predictive capacity for mortality risk, underscoring the importance of equation choice, clinical context, and confirmatory testing. Finally, the quantitative burden and qualitative composition of multimorbidity are important determinants of kidney health, with specific patterns differentially associated with the risk of functional decline and structural damage. Such patterns may serve as practical risk-stratification tools to identify older adults who could benefit from targeted monitoring, timely specialist referral, and earlier initiation of preventive interventions.

[Read more about the dissertation](#)



Modifiable life habits as potential risk factors for pelvic floor disorders in middle-aged women

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Background and objectives: Among women, pelvic floor disorders include common symptoms, such as urinary incontinence, fecal incontinence, constipation and defecation difficulties, and pelvic organ prolapse. The prevalence of pelvic floor disorders increases as women approach their menopausal years. Estrogen deprivation during menopause, natural aging, an individual's reproductive history, and factors increasing intra-abdominal pressure may lead to structural and functional failure in the pelvic floor. In addition, lifestyle choices may have significant effects on the mechanisms of pelvic floor disorders. This doctoral dissertation aimed to investigate modifiable life habits as potential risk factors for pelvic floor disorders in middle-aged women. The modifiable life habits taken into account are physical activity, eating behavior, and body composition.

Methods: The data used in this dissertation were derived from the cross-sectional Estrogenic Regulation of Muscle Apoptosis (ERMA) study (n=1,098) and its follow-up study, called Estrogen, MicroRNAs and the Risk of Metabolic Dysfunction (EsmiRs) (n=494). The women who participated in these studies were aged 47–55 years at baseline. Over half of them had symptoms of pelvic floor disorders. Physical activity, eating behaviors, and demographic and gynecologic factors were self-reported. Body composition was measured using a multifrequency bioelectrical impedance analyzer, dual-energy x-ray absorptiometry, and anthropometry.

Results: Current physical activity is not associated with experiencing the symptoms of stress or urgency urinary incontinence, fecal incontinence, constipation or defecation difficulties, and pelvic organ prolapse when early adulthood leisure-time physical activity and confounding factors (age, BMI, education level, physical workload, menopausal status, parity, and hysterectomy) are taken into account. Engaging in competitive sports during early adulthood increases the risk of urgency urinary incontinence symptoms in middle age. Similarly, engaging in regular physical activity during early adulthood may increase the risk of fecal incontinence symptoms.

The symptoms of stress and urgency urinary incontinence, fecal incontinence, and constipation or defecation difficulties are more common in women with disordered eating styles (overeating, restricted eating, or their combination). A higher consumption frequency of ready-made foods is associated with a higher risk of stress and urgency urinary incontinence symptoms. Similarly, eating fast food more often is associated with a higher risk of stress urinary incontinence symptoms. Overall higher quality diet and consuming fruits more often are associated with a lower risk of stress urinary incontinence symptoms. Consuming porridge more often is associated with a higher risk of symptoms of constipation or defecation difficulties; however, reverse causality may exist in this case, and constipated women may aim to relieve their symptoms by eating more fiber in the form of porridge. Alcohol consumption is inversely associated with the symptoms constipation or defecation difficulties.

Changes in body composition are not associated with alterations in the symptoms of pelvic floor disorders after four years. Current total fat mass, trunk fat mass, android fat mass, visceral fat area, BMI, and waist circumference are associated with the symptoms of stress urinary incontinence. This result suggests that maintaining optimal body composition may protect from these symptoms. Compared to more sophisticated methods for assessing body composition (e.g., DXA and BIA), BMI and waist circumference seem to be valid and sufficient methods for clinical use and larger epidemiological studies.

Conclusion: Awareness of the impact of modifiable life habits on the functional ability of the pelvic floor may lead to a significant reduction in both the economic and human burdens caused by the disorders in question, as well as to improvements in the overall health of middle-aged women. The dissertation offers many insights that could assist in planning and executing health-care programs for adult female patients. Information about the importance of

modifiable life habits for symptoms of pelvic floor disorders can prove useful when counseling patients in clinics.

[Read the dissertation in the JYX publication archive](#)

Deadline for registration: 15 January 2026

Ageing and Social Change. An international master's programme at Linköping University, Sweden

The global population is getting older. What are the challenges and opportunities that come with this change? How can we create sustainable societies and ensure the wellbeing of an ageing population?

These are the questions at the heart of Linköping University's international master's programme in Ageing and Social Change.

The teachers are also researchers who contribute knowledge on digital rights and gaps, extended working life, lifelong learning, sustainability of pensions, health and care systems, living with dementia, climate change and ageing, ageism and age discrimination, and other areas.

As a student you will also meet practitioners and policy experts and learn how to communicate and use research results for informed policies and societal impact. The course is a two-year programme with a possibility for a one-year track. All teaching is done in English. The programme is delivered online and includes annual face-to-face meetings on campus.

[Go here to learn more and apply for the course](#)

Calendar 2026

- **5 February, Stockholm, Sweden**, Aging Research Centre (ARC), [A forum on ageing research - what have we achieved and where are we headed?](#)
- **12-13 March, Odense, Denmark**, [Længere liv- bedre liv? Muligheder, udfordringer og nye perspektiver på fremtidens ældre liv](#)
- 10. Nationale Konference om Aldring og Samfund
- **5-9 July, Amsterdam, The Netherlands**, [23rd IAGG world congress of gerontology and geriatrics](#). Ageing well in a globalized world.

2027

- **16-18 June, University of Jyväskylä, Finland**, [28th Nordic Congress of Gerontology](#)

**Would you like to announce an upcoming event in the GeroNord calendar?
Please send an email to contact@ngf-geronord.se**

Deadlines for materials to be published in the GeroNord newsletters in 2026 are:

- 15 February
- 15 May
- 15 September
- 15 November.

The intention is to approximately publish the GeroNord newsletter on 1 March, 1 June, 1 October and 1 December 2026.

The Executive committee and NGF representatives

Executive committee

President: Carin Lennartsson, Aging Research Center, Karolinska Institutet, Sweden

1. Vice president: Mikaela von Bonsdorff, Societas Gerontologica Fennica, Finland

2. Vice president: Jette Thuesen, Danish Gerontological Society, Denmark

Secretary General of the 27NKG: Amaia Calderón Larrañaga, Aging Research Center, Karolinska Institutet, Sweden

Representatives from the member organizations

Denmark

Danish Gerontological Society (Dansk Gerontologisk Selskab): Paolo Caserotti

Danish Society for Geriatrics (Dansk Selskab for Geriatri): Pia Nimann Kannegaard

Finland

Societas Gerontologica Fennica: Anu Siren

Finnish Geriatricians (Suomen Geriatriit ry - Finlands Geriatriker rf): Heli Tikkanen

Finnish Society for Growth and Ageing Research (Kasvun ja vanhenemisen tutkijat ry - Föreningen för forskning i uppväxt och åldrande): Katja Kokko

Iceland

The Icelandic Gerontological Society (Öldrunarfrædafélag Íslands): Dr. Berglind Blöndal

The Icelandic Geriatrics Society (Félag Íslenskra Öldrunarlækna): Konstantin Shcherbak

Norway

Norwegian Society for Aging Research (Norsk selskap for aldersforskning): Hanna Vangen

Norwegian Geriatrics Association (Norsk geriatriisk förening): Kristin Mork Hamre

Sweden

Swedish Gerontological Society (Sveriges Gerontologiska Sällskap): Carin Lennartsson

Swedish Geriatrics Society (Svensk Geriatriisk Förening): Peter Nordström

The editorial staff of the GeroNord

Carin Lennartsson, President, and Louise Scheel Thomasen, Secretary

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