



NORDISK GERONTOLOGISK FÖRENING

# GeroNord

Nytt om forskning, utvecklingsarbete och undervisning på  
äldreområdet i Norden

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## Editorial GeroNord 2010

### A new year with new possibilities!

When looking back - to the last ten years - we can notice an increasing activity in gerontology and geriatrics in the Nordic Countries. Regarding research, main areas as dementia, ageing demography and epidemiology, and health services to the elderly has been highly focused. What are the most important achievements by Nordic gerontologists in this decade?

It is of course dangerous to make a list – because there will always be important works and persons missing on such a list. But if we review the winners of the Nordic Gerontological Sohlberg prize and the Andrus Viidik prize in this decade, we find some great work from many areas of gerontology.

Bengt Winblad for his tremendous research on all aspects of Alzheimers disease and Bernhard Jeune for his research in ageing epidemiology – particularly about centenarians, were the prize winners in 2002. In 2004 the prizes were given to Stig Berg, for his studies of cognitive change and ageing, and to Ingalill Rahm Hallberg for her pioneer work in caring sciences particularly for the oldest old and persons with dementia. Knut Engedal, for his research on dementia and development of dementia care in Norway and Harri Suominen for his research in biological ageing and particularly in exercise in ageing, were prize winners in 2006.

Finally, in 2008, the Solberg prize were given to Yngve Gustafson for his research in clinical geriatric medicine about delirium and how to prevent it, and other important care pathways for acute ill elderly and hip fracture patients.

To end this review of the last decade, the 2008 Andrus Viidik prize winner Kaare Christensen has summarized some of his group's work in a paper in *The Lancet* (2009): Ageing populations: the challenges ahead. This is indeed interesting reading – but also a reminder of the challenges we are faced with.

In the Baltic States, especially in Estonia and Lithuania geriatric medicine and gerontology is in rapid development. As an example, Lithuania has two PhDs in this field in 2009, which are referred in this issue of GeroNord.

In the beginning of a new year and a new decade – let us continue the positive development and take the challenges!

New prize-winners will be announced on the 20. Nordic Congress in gerontology in Reykjavik May 31<sup>st</sup> – June 2<sup>nd</sup>. Remember to send in abstracts and register on [www.congress.is/20nkg/](http://www.congress.is/20nkg/).

All the best for all of you for 2010!  
Anette Hylén Ranhoff



## 20 NKG

### **Deadline for abstracts**

The 20 NKG will be held in Reykjavik 30 May – 2 June 2010. The website of the congress is [www.congress.is/20NKG](http://www.congress.is/20NKG). The deadline for abstracts is on 31 January and all abstracts must be sent electronically through the website. All abstracts for lectures that are not invited must be subject to evaluation by the NGF expert group and because of the time constraint it will not be possible to extend the deadline. Notice of acceptance will be E-mailed to the submitting author by 15 March, 2010.

### **Poster awards and grants**

At this conference like on many earlier NKG's there will be awards for the best posters. One award is for the best scientific poster, a second one will be the delegates choice and the third one for the best poster concerning dementia (sponsored by the Norwegian Institute for Aging and Health). Furthermore it should be noticed that young researchers can apply for grants of NOK 4.000 to attend the conference. The application for the grant is the same as the deadline for the abstract, the 31<sup>st</sup> of January. More information is found under the section "Grants" on the website.

### **Pre conference symposia**

Two symposia have been accepted as presymposia. One is a "Pre-Congress Workshop: Mental Health and Quality of Life in Old Age: From Depression and Anxiety to Life-satisfaction" and will be held on the congress site, the Hilton hotel, on Sunday 11-16. The second one is on the same day but at the Geriatric Hospital, Landakot in the western part of the town nearby the city center. This is a one day course: "Age-related decline in postural control, Sensory and fall prevention training to improve balance." Further information will be found on the website.

At the conference there are 17 organized symposia in all categories of gerontology. Generally, a symposia is organized by one or two researchers and consists of lectures from more than one Nordic country. In some of the symposia there will be input from elsewhere and one symposia, on vaccination, is organized by the European Geriatrics Society.

The majority of the content of the congress is however your input by sending in abstracts for oral lectures and posters and by attending the congress itself.

Hope to see you all in Reykjavik in May!

Jon Snaedal, president of the 20 NKG



### **20. NKG Poster Prize (NOK 3.000)**

The congress offers prizes for the best poster in the following categories:

- Best scientific poster
- Delegate's choice
- Best poster concerning dementia

The prizes will be awarded by a jury consisting of members from the NGF professional board.

## **Research Projects**

### **Database for personer som utredes ved hukommelsesklinikker ved sykehus i Helse Sør-Øst og Helse Vest (Norge)**

For å øke kunnskaper om diagnostikk, utvikling og behandling av demens tok Nasjonalt kompetansesenter for aldring og helse (NKAH) sammen med Alderspsykiatriske fag- og forskningsnettverk TeVe i 2007 initiativ til å opprette et register over alle pasienter som utredes på hukommelsesklinikkene i helseregionen. Hukommelsesklinikker i Helse Sør-Øst, og senere i Helse Vest ble i 2008/2009 invitert til å være med .

Hovedformålene er fortløpende kvalitetssikring og videreutvikle av utredningsverktøy for bruk i de hukommelsesklinikkene som deltar i prosjektet for å sikre at metodene som brukes til enhver tid er up-to-date og kostnadseffektive. Eksempel på diagnoseverktøy er intervjuguider for pasient og pårørende, kognitive tester, nevropsykologisk testing, CT/MR, hjerne-SPECT, EEG og spinalpunksjon for måling av biologiske demensmarkører.

Dataene som samles inn skal anvendes til nåværende og fremtidig forskning for å vinne ny kunnskap om diagnostikk og behandling av demens inkludert psykososiale tiltak rettet både mot pasient og pårørende. Et økende antall pasienter henvises per i dag til hukommelsesklinikkene grunnet subjektive hukommelsesplager og fyller ikke kriteriene for hverken demens ellers mild kognitiv svikt (MCI). Ved å følge disse pasientene over tid, får vi en unik mulighet til retrospektivt å identifisere risikofaktorer for utvikling av demens. Dette kan danne grunnlag for hypoteser som kan testes ut i prospektive studier og gi oss mulighet til å studere hvordan demens utvikler seg fra de tidligste prekliniske stadiene. Videre håper vi å kunne identifisere risikofaktorer for utvikling av atferdsendringer og psykologiske symptomer ved demens (APSD) og hvis mulig sette inn forebyggende tiltak og utvikle effektive behandlingsstrategier.

Materialet består av pasienter og deres pårørende som kommer til en standardundersøkelse ved hukommelsesklinikker. Kun pasienter med samtykkekompetanse blir inkludert. Opplysninger som samles inne i forbindelse med demensutredningen registreres i databasen. Til dette formål er det utarbeidet en manual som benyttes ved alle deltagende sentra og som scannes fortløpende.

For å kunne følge pasientens sykdomsutvikling ber vi pasienten om samtykke til å hente ut data vedrørende hukommelsesfunksjon og psykiske helse som journalføres i forbindelse med kommende undersøkelser. Pasientene som deltar i studien samtykker også i at dataene kan også kobles til offisielle registre som folkeregisteret, reseptregisteret og dødsårsakregisteret.

**Ingun Ulstein, prosjektleder.**

## Promising start for the new research and development center GeroCenter

Era Pertti<sup>1,2</sup>, Director, Professor of rehabilitation in gerontology

Leinonen Raija<sup>1</sup>, Senior researcher

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The GeroCenter Foundation for Research and Development was established in year 2005 as a new type of collaborative work and co-operation between local (Central Finland) and national level partners. One of the main targets in starting and activating this co-work was to facilitate the translation of new research findings into practice in the fields of prevention, care, rehabilitation and occupational training. The stake holders of the foundation include institutions and organizations both from the research and educational fields (University of Jyväskylä, Jyväskylä University for Applied Sciences, Finnish Society for Growth and Ageing Research, Kuntokallio Foundation, Jyväskylä Vocational Institute), health care and rehabilitation sector (The Central Finland Health Care District, Rehabilitation Foundation, Medical Rehabilitation Centre Peurunka, Center for Care and Rehabilitation for War Veterans, The Association of Entrepreneurs in the Field of Social and Health Care), municipalities (City of Jyväskylä, Muurame Municipality) and voluntary organizations from the third sector (Jyväskylä Care Service Society, Jyväskylä District Dementia Society, Jyväskylä District Society for Family Care). This new type of collaboration between partners from different backgrounds but common interests in the field of promotion of health, functional independence and well-being in older people has appeared to be a very fruitful and inspiring environment for the work.

The economic basis of GeroCenter lays for the most part on external funding obtained for each project. The most important sources for such funding have been Kela – The Social Insurance Institution of Finland, The Finnish Ministry of Social Affairs and Health, Finland's Slot Machine Association (RAY) and Finnish Association of People with Physical Disabilities (FPD). The Central Finland Health Care District and University of Jyväskylä take care of a part of the basic resources and e.g. the costs for the chair of the professor of rehabilitation in gerontology are covered together by them.

At the moment, the largest on-going projects are intervention studies "Prevention of mental health problems in older people", "Rehabilitation in older persons with sub-acute stroke" and "Voluntary work, outdoor recreation, and well-being of older people". The results of the project "Cerebral palsy and aging" have been the starting point for new guidelines and recommendations both for people having this condition and professionals taking care of the treatment and rehabilitation.

Dissemination of information based on new research findings is one of the main tasks of GeroCenter. Arranging national seminars is an essential part of this activity, and until now seminars on prevention of disability, health promotion, fall prevention, and resources in old age and gerontological rehabilitation have been arranged. The next seminar will be in March 2010 and it will focus on the provision of high-quality services to support the well-being of older people.

The former director of GeroCenter, Dr. Mauri Kallinen has decided to concentrate more on clinical work in the Central Hospital of Central Finland but naturally continues also as a researcher in many projects of GeroCenter. Dr. Pertti Era has started as the new director and also as the professor of rehabilitation in gerontology on January 1st, 2010.

### Kongresser

- EFGCP Annual conference arrangeres i Brussel, Belgia 26.-27. januar 2010.
- 20 NKG arranges i Reykjavik, Island 31.mai—2. juni 2010. Frist for innsendels av abstract er 31. januar 2010.
- 6th congress of the EUGMS arrangeres i Dublin, Irland 29. sept—1. okt 2010
- IAGG VII European International congress arrangeres i Bologna, Italia 14.—17. april 2011.

For mer informasjon se <http://www.ngf-geronord.se/>.

## PhD dissertation abstracts

ODETA KUCIKIENE  
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### MOST COMMON HEALTH DISORDERS OF THE ELDERLY IN-PATIENTS 2009

**Scientific supervisor:** Prof. Dr. Habil. Vita Lesauskaitė

**Consultant:** Assoc. Prof. Dr. Jūratė Macijauskienė



The aging process of society is becoming more relevant due to the increasing lifespan and the growing number of the elderly. Despite the problems of development of the geriatric care in the past, our country faces the inevitable changes of the aging population regarding health care and social services. The rapid aging of the Lithuanian population is confirmed: the demographic data of 2008 stressed that population aged 75 years and over is increasing, and the number of people aged 60 and over will have grown to 27.3 % by the year 2030.

When searching more detailed analysis for the causes of health care of the elderly, we chose widely used the standardized InterRAI-AC questionnaire for the study in order to demonstrate its informativity and utility.

**The aim of the study** – to evaluate the value of the standardized comprehensive geriatric study and determine medical and psychosocial problems of the elderly inpatients.

**Material and methods of the study.** Study subjects were composed 151 patients who were undergoing treatment in the department of internal diseases of Kaunas 2nd hospital from February to November in 2007.

Before starting the study the InterRAI-AC questionnaire (INTERRAI, 2007; Jonsson et al., 2006; Harriet Finne-Soveri et al., 2008; Carpenter, 2001, 2006; Gray et al., 2008; Samuelsson et al., 2005) was adapted for the use of our country's emergency health care institutions. During study medical and psychosocial problems of inpatients were assessed and identity of InterRAI-AC and usual case history was evaluated.

**Results and conclusions.** Study subjects were 151 patients (89 women, the mean age  $79.2 \pm 0.9$  and 62 men, the mean age  $77.1 \pm 0.9$ ), who were treated in acute period of disease in the department of Internal diseases of 2nd hospital in Kaunas over the February–November period in 2007. The largest group was composed of the patients aged 75–84 years - 72 (47.7 %), the second group comprised 49 (32.1 %) patients aged 65–74 years, and the third group - 30 patients (19.9 %) aged 85 years and older. Study revealed:

1. Most common health problems of the hospitalized elderly are the following: symptoms of depression (80 %), polyopathy (75 %), memory (69 %) and balance disorders (56 %), changes of sensory organs (hearing – 60 % and vision – 51 %), disorders of locomotion (54 %), disorders of perception (47 %), and the functional dependence of lower or higher degree.
2. The older age of the studied subjects, gender and the potential risk factors had a negative influence on physical and mental health of the elderly:
  - 2.1. The following disorders of physical health of the elderly increased with the older age: vision ( $p=0.003$ ), balance ( $p=0.02$ ), fatigue ( $p<0.03$ ), bladder incontinence ( $p<0.001$ ); functional (activities of daily living ( $p<0.001$ ), sections of instrumental activities ( $p<0.05$ ), locomotion ( $p<0.01$ ); cognitive functions (perception ( $p=0.01$ ), communication ( $p<0.05$ ), memory ( $p=0.001$ ). Women more frequently reported weight loss ( $p=0.008$ ) and complained of pain ( $p<0.05$ ). They also more frequently needed assistance in activities of daily living ( $p=0.001$ ) and in instrumental activities of daily living with age if compared to men ( $p<0.001$ ).
  - 2.2. Patients with *memory disorders*, more frequently had falls, were dependent in activities of daily living, had bedsores, symptoms of depression and delirium, bladder and bowel incontinence, and double incontinence ( $p<0.05$ ). Patients with insufficient intake of diet, having bowel incontinence, disorders of memory or being confined to bed more frequently had *bedsores* ( $p<0.05$ ). Patients with disorders of memory or locomotion, the signs of delirium or were functionally dependent more frequently reported *bladder, bowel and double incontinence* ( $p<0.05$ ). Patients, who were bladder incontinent and pointed out disorders of locomotion, memory, balance, vision, and having several pathologies, more frequently had falls ( $p<0.05$ ).
3. Treatment of acute health deterioration in in-patient clinic had the positive influence on patient's health condition: dramatic disorders of mental health (symptoms of delirium, disorders of perception, thinking, memory) reduced (or disappeared). Disorders of communication (self-expression and ability to understand others), problem of bladder incontinence, daily functional dependence did not change. Instrumental activities of daily living deteriorated for discharge period if compared to patient's abilities prior to hospitalization and abilities, which were foreseen by the researcher ( $p<0.001$ ). Administration of psychotropic medications increased while administration of antibiotics reduced at discharge from hospital ( $p<0.002$ ,  $p<0.03$ ).
4. Mortality of the elderly 8-folds was higher among the patients with bedsores (OR=12), and/or symptoms of delirium (OR=10.6), and/or insufficient intake of diet (OR=4.2).
5. The identity of instruments used in the study (the InterRAI-AC questionnaire and usual case history completed in the hospital) was less than average ( $\kappa<0.4$ ), when determining symptoms were depression, pain, falls, bedsores, disorders of balance and memory, and bowel and bladder incontinence. When determining health disorders of the elderly, sensitivity of usual case history was low and varied in interval 0.02–0.43 (apart from findings of bedsores–0.79).

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**Abstract of a Doctoral Dissertation**  
**PERIOPERATIVE PERIOD OF ELDERLY PATIENTS:**  
**PECULIARITIES AND THEIR IMPACT ON TREATMENT**  
**OUTCOMES**  
**2009**

**Scientific supervisor:** Prof. Dr. Habil. Vita Lesauskaite  
**Consultant:** Assoc. Prof. Dr. Jurate Macijauskiene



Certain underlying diseases and conditions which are most typical for elderly and which might have an impact on surgical process and postoperative period (such as ischemic heart or brain disease, chronic pulmonary disease, malnutrition, dementia or depression), might be overlooked if examination is conducted superficially. Therefore, comprehensive geriatric preoperative assessment in the elderly may allow certain modifications in clinical work, such as recommendations for planned surgery or surgery at smaller scope, risk reducing preoperative treatment, planning of postoperative care; all these can facilitate surgical preparations for surgeon and anesthesiologist.

**The aim of the study** was to estimate peculiarities of perioperative period among the elderly and to determine the factors that potentially have an impact on treatment outcomes and to estimate the predictive value of such factors.

**Material and methods of the study.** The study was performed at surgical and urological units of Kaunas 2nd Clinical Hospital from May, 2006 to June, 2007. Patients participating in the study were selected randomly. In total, 156 patients were enrolled in the study, 99 of which made up the study group (aged 65 and older), and 57 – the reference group (aged 45–64).

Research methods used for analysis are the following: questionnaires: Instrumental Activities of Daily Living (IADL), Geriatric Depression Scale (GDS), Mini Mental State Exam (MMSE), American Society of Anesthesiologist (ASA) physical status classification; evaluation of cardiovascular risk factors was according to recommendations of the American Heart Association (AHA); nutritional status was assessed by anthropometric measurements (BMI, mid-arm circumference) and laboratory analyses (serum albumin concentration, absolute number of lymphocytes, hemoglobin concentration); data collection from medical history and referral-to-hospital forms (laboratory analysis, electro-cardiogram, symptoms after anesthesia, postoperative complications, preventive measures of vein thrombosis, nutritional support, treatment duration and outcome) and their evaluation; visitations after the surgery; interviews evaluating postoperative complications and cognitive function. For indication of delirium the Confusion Assessment Method (CAM) instrument was applied. All the above-mentioned data were included in the trial protocol.

**Results and conclusions**

Mean age of middle-aged patients was  $57.9 \pm 5.4$  years, while that of the elderly –  $76.2 \pm 6.3$  years. Mostly patients were admitted to hospital due to cholecystitis, gall-bladder (and other biliary tracts disorders), hernia and urological onco-logical diseases. 78.7 % of middle-aged and 74.7 % of the elderly patients received surgical treatment, while the rest – urological ( $P=0.553$ ). 98.3 % of middle-aged and 90.9 % of the elderly underwent surgery. Our study revealed:

1. Elderly surgical patients are characterized before surgery by worse physical, functional and psychoemotional status as well as higher postoperative complications risk when compared with middle-aged patients.
2. Elderly surgical patients had more expressed postoperative cognitive disorder (delirium and early postoperative cognitive dysfunction), 18.2 % and 1.9 %, respectively, which was associated with depressiveness ( $OR=26.5$ ), impaired functional status ( $OR=10.3$ ), impaired preoperative cognitive function ( $OR=9.0$ ), emergency surgery ( $OR=5.7$ ), postoperative anemia ( $OR=5.7$ ), and III-IV class physical status as of ASA classification ( $OR=3.9$ ).
3. Malnutrition was more common among elderly than middle-aged surgical patients, 53.5 % and 15.8 %, respectively. This condition was associated with impaired functional status ( $OR=6.9$ ), kidney dysfunction ( $OR=6.0$ ), emergency surgery ( $OR=4.4$ ), and impaired preoperative cognitive function ( $OR=2.7$ ). The factors that had the highest predictive value in estimating the malnutrition for elderly surgical patients were kidney dysfunction, impaired preoperative functional status and emergency surgery (predictive value 72.2 %).
4. Incidence of postoperative complications is more common among elderly than middle-aged surgical patients (57.8 % and 26.8 %, respectively). Additionally, the treatment duration was longer among the elderly as well:  $10.1 \pm 9.1$  days compared with  $5.8 \pm 4.5$  days among middle-aged patients. Treatment in the intensive care unit was also more common in the older patients than among the middle-aged ones (32.3 % and 15.8 %, respectively).
5. Increased treatment duration of the elderly was influenced by the following factors: postoperative cognitive disorder ( $OR=12.7$ ), emergency surgery ( $OR=7.5$ ), perioperative complications treatment in ICU ( $OR=6.3$ ), impaired functional status ( $OR=3.8$ ), malnutrition ( $OR=3.3$ ), impaired preoperative cognitive function ( $OR=2.4$ ), and III-IV class physical status as of ASA classification ( $OR=2.4$ ). The factors that had the highest predictive value in estimating the treatment duration for elderly surgical patients were malnutrition and postoperative cognitive disorder (model predictive value 70.5 %).

**The effect of individually tailored programmes on perceived autonomy  
in physically disabled older nursing home residents**  
Summary of PhD dissertation by Mette Andresen, MSc & PhD



### **Introduction**

There is a general lack of knowledge about physically disabled older people living in nursing homes in Denmark and thus a lack of documentation and evidence for best-practice with regard to this group.

International research has shown that experiencing one-self as autonomous in daily life has a positive influence on physical function and self-rated well-being among physically disabled older people in nursing homes. Research points to the importance of older peoples' experiences of having choices and control despite dependency and need for assistance in executing their decisions.

International studies have elucidated that disabled older people tend to give up preferred activities when they move into a nursing home, and that they do not ask for choice and control in daily activities in the nursing home – they have to be “invited”. Giving up meaningful activities has been found to threaten personal identity and indicates near-future physical decline.

There is no research on how Danish nursing home residents perceive their autonomy in daily life, whereas international studies have revealed that a majority of the older people living in nursing homes do not perceive themselves as autonomous in daily life.

### **Aim**

The overall aim of the present thesis was I) to evaluate the short-term (0-12 weeks) and the long-term (12-24 weeks) effects of engagement in individually tailored programmes based on meaningful activities in physically disabled older nursing home residents on perceived autonomy. Furthermore, II) to evaluate physical function and self-rated well-being and, III) to elucidate and describe participants' wishes for meaningful activities in daily life and the content of individually tailored programmes.

### **Methods**

Between 2005 and 2007, 11 nursing homes widely spread across Sealand, Denmark were included in the study. A total of 86 physically disabled and cognitively intact older people aged 65+ were included of which 66 participated: 20 men and 46 women. Some 50 of the 66 participants participated in the part of the study in which perceptions of autonomy was tested.

Participants were randomised to either an intervention group (n=38) or a control group (n=28).

Both groups were tested three times during 24 weeks – at the start of the study, after 12 and after 24 weeks. The intervention group participated in an individually tailored programme during the first 12 weeks. The individually tailored programmes were based on participants' individual wishes for activities they preferred to conserve, improve - and/or revive.

The control group continued their daily lives as usual. For ethical reasons the control group was offered an individually tailored programme after the study was completed.

At all three test-occasions participants' perception of autonomy, self-rated well-being and physical function in Activities of Daily Living (ADL) and mobility were tested.

Comparisons of the intervention group and the control group were analysed for the periods 0 – 12 weeks and 12 – 24 weeks.

### **Results**

Both the intervention group and the control group reported that they perceived average degree of autonomy at baseline. Positive changes – high (in the control group) or close to high degree (in the control group) - in the perception of autonomy were observed in both groups between 0 and 12 weeks. The control group scored significantly higher. In both groups the perception of autonomy decreased to “average” after 12 weeks but stayed at a higher level compared to baseline.

No short or long-term significant changes were seen in self-rated well-being and physical function.

Participants' wishes for activities were primarily related to Personal ADL activities (P-ADL) and social, creative and mental activities. However, there seems to be a difference between participants' concrete activity wishes and the content of the individually tailored programmes.

### **Conclusion**

The individually tailored programmes did not show significant effect. In both groups the perception of autonomy and self-rated well-being increased between 0 and 12 weeks. The physical function showed only minor changes. At 24 weeks the perception of autonomy decreased but tended to exceed a higher level than at baseline.

### **Perspectives**

Results indicate a potential for enabling the perception of autonomy and self-rated well-being among physically disabled older people in nursing homes. The clinical consequences may suggest a focus on adjusting existing traditions, methods and tools in the nursing home practice.

Future research should involve more intervention studies in order to develop guidelines for “best practice”.

## Multifactorial fall prevention in older community dwelling danes

PhD thesis. Faculty of Health Sciences, University of Copenhagen, 2009  
Ane Bonnerup Vind, MD



Falls are common among older community dwelling people, as one in three falls at least once every year. Falls are associated with injury, like fractures, reduced function, fear of falling, institutionalization and death. Several risk factors for falls have been identified, and more risk factors often co-exist in an older person who falls. The risk of falls increases with increasing numbers of risk factors present in the individual. Multifactorial fall prevention is an assessment, with identification of multiple risk factors for falls and individualized, multifaceted intervention aimed at reducing risk for falls.

In order to assess the effect of multifactorial fall prevention among older community dwelling Danes, a randomized, clinical trial was conducted at Glostrup University Hospital, Geriatric Outpatient Clinic, from September 2005 till February 2008. Other aims of the study were to evaluate the significance of non-participation, and to study risk factors for further falls. Of 1105 eligible patients  $\geq 65$  years, who were hospitalized or treated in the emergency department (ED) after a fall, 392 participated. The participants were randomized 1:1. Those assigned to the control group (N=196) received usual care, as planned on discharge or in the ED. Participants in the intervention group were systematically assessed by a doctor, a nurse and a physical therapist and offered individualized intervention, primarily at the outpatient clinic. The primary outcome, falls, were recorded in falls diaries, with monthly follow up by telephone. All participants were interviewed at 6 and 12 months for secondary outcomes, such as function, balance confidence, health related quality of life and psychological well-being. Further information on all eligible to participate was collected from central registers.

The thesis, based on four papers, reached the following conclusions:

- There was no significant preventive effect of multifactorial fall prevention on total number of falls, risk of having at least one fall, three or more falls or at least one self-reported injurious fall during 12 months of follow up.
- There was no effect of the intervention over time regarding functional level, balance confidence or psychological well-being. On the physical function item of health related quality of life (SF-36), we did see a slight positive effect of the intervention. There was no effect of the intervention on the other items of health related quality of life.
- Non-participants and especially non-responding non-participants differed from participants in aspects of socio-economy and morbidity, as they were poorer and sicker. Non-responding non-participants fared significantly worse during 6 months of follow up. This hampers the external validity of the trial.

## Forskningspris

Leon Jarners forskningspris for 2009 gikk til Maria Barca, psykiater og stipendiat i alderspsykiatri. Barca har forsket på depresjon blant sykehjemsbeboere. Prisen ble delt ut under Demensdagene som ble arrangert i Oslo 1.-2. desember 2009 av Nasjonalt kompetansesenter for aldring og helse. Prisen ble for første gang delt ut i 2000 og er på 50.000 NOK. Prisen tildeles et forsknings- eller utviklingsprosjekt om demenssykdommer, personer med demens eller pårørende, som er utført eller er under arbeid i Norge. Bedømmelseskomiteen bestod av professor Inger Hilde Nordhus, psykologisk fakultet UiB, professor dr.med Olav Sletvold, St. Olavs hospital og professor dr.med Anette Høyen Ranhoff, Kavli forskningscenter for aldring og demens, institutt for indremedisin UiB.



Foto: Demens&Alderspsykiatri



## **PhD dissertation abstracts**

**Jolanki Outi H.**

### **Fate or choice ? – Talking about old age and health**

Tampere School of Public Health, University of Tampere, 2009

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<http://acta.uta.fi>

In this research the aim was to find out meanings given to old age and health by old people themselves. The research questions were concerned with how people defined old age and being old as a social position and the meanings health received in this context. The theoretical framework comes from social constructionism and the discursive perspective. The datasets consisted of biographical interviews with people aged 90 or over and group discussions in which the participants were 70 years or over. The tools of analysis came from discourse and rhetoric analysis.

Both old age and health talk involved moral argumentation. Talk revolved around chances to influence one's own health and life in old age, and on the other hand, around the question of how far old age is a fate that is beyond individual influence. A common concern in individual interviews was to explain and justify one's own health-related choices and actions.

The research findings showed that being old is an ambivalent position. The people in this study balanced between different views and ways of talking. These different ways of talking are named the decline, activity and wisdom discourse.

In the decline discourse, the participants constructed old age as self-evidently a time of poor health and losses, which serve to explain and legitimate ill health, dependence on other people and need for help. The activity discourse was used to construct old age as something the individual can choose and have an influence on. It was used to construct oneself as active, healthy, a needed member of society and independent. Within the activity discourse, health was constructed as something that is malleable by means of one's own actions and as a matter of individual responsibility. On the other hand, the participants qualified the idea of responsibility by mentioning various factors that are beyond the individual's influence. Talk about old age as wisdom was the "weakest" discourse in this data, possibly indicating that that there is little real support for the idea that old age is seen in society as a time of wisdom and that older people represent that wisdom.

Key words: experience, old age, health, morality, agency, responsibility, choice, activity, discourse analysis

## **Hederspris**

I anledning af 100 året for Villum Kann Rasmussens fødsel (d. 1993) uddeles fire hædersgaver på hver kr 100.000. Hædersgaverne ydes til modne og aktive forskere, som gennem længere tid har udrettet en særlig værdifuld indsats inden for geriatrien/gerontologien og oftalmologien. I udvælgelsen af de fire modtagere af hædersgaver er der lagt vægt på forskningens videnskabelige niveau såvel nationalt som internationalt. Derudover er der lagt vægt på bredden i den betydning, som modtagerne af hædersgaverne har haft for deres områder forskningsmæssigt, uddannelsesmæssigt, klinisk/praktisk, organisatorisk og politisk. Forskerne har tillige alle haft fokus på, at patienterne skal have glæde af indsatsen og de fremkomne resultater. Modtagerne af hædersgaverne er udpeget efter indstilling fra et sagkyndigt udvalg. Velux Fonden støtter almenyttige formål inden for forskning, kunst, kultur og sociale projekter. Derudover støtter Vekux Fonden ældre menneskers aktiviteter samt forskning inden for geriatri/gerontologi og oftalmologi. Prismodtagerne var Marianne Schroll, Carsten Hendriksen, Mette Warburg og Poul Helge Alsbirk." Prisoverrækkelsen fandt sted på Louisiana.



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