Nordic Gerontological Federation

GeroNord

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

Volume 27, no 2, 2018

In this newsletter

As I was a president for the 24th Nordic Congress of Gerontology in Oslo, my presidency for the Nordic Gerontological Federation (NGF) started there, and it continues until the 25NKG in Iceland in 2020. I want to express my gratitude to Marja Jylhä for supporting the organizing team in the preparations for the 24th NKG. I am also very pleased to have Marja (as the past president), Steinunn Þórðardóttir (as the next president) and Marijke Veenstra (Secreatry general at 24NKG) in the execute committee with me for the next two years.

Nils Holand
The president of NGF

I am proud that the 24th NKG joined the ranks of high-quality Nordic conferences with increasingly international participation. In Oslo, we had almost 800 registered participants from more than 40 countries. It was a pleasure to collaborate closely with other national organisations in our gerontological community while organizing the 24th NKG. My aim as a president of NGF is to continue to build and strengthen those connections. Although, NGF comprises of 11 member societies in five Nordic countries with multidisciplinary research interests, I still believe there are opportunities for further development in cross-country collaboration and experience sharing.

A large part of the work in NGF is the preparations for the next congress. I am convinced that Iceland is already off to a good start. Now we need to make sure we spend the time towards the congress in the best possible way. I would encourage you all to provide input on how we should strengthen the collaboration and work towards improving the position of gerontology in our countries. I would ask you to update your calendars for the dates of the 25th NKG in Reykjavik (3-6.6.2020), and to actively promote the conference and encourage submission of abstracts.

We are also happy to take part in organizing IAGG-ER in Gothenburg May 2019. I encourage you to be active in this collaborative congress and submit abstracts and participate there.

As I became the president of NGF, please allow a brief introduction of myself. I am an educated medical doctor, practicing since 1981. I have no history of doing research but my career has focused on clinical work and health politics. In that context, I have worked practically with changing the established patterns in hospitals, and with maintaining the interaction between the hospitals and the municipality health services. In addition, I am continuously working on influencing Members of Parliament in Norway. For shorter periods, I have also worked with architects and ergo-therapists in planning housing for elderly focusing on functionality and creating social meeting places.

I am humbled of my role as a president in NGF, and grateful for the advice and sparring provided by previous president, supporting me in this role. Yet, more important than my role as a president, is all the activities driven by you, members of the Gerontological and Geriatrics societies, contributing to research and collaboration. My advice for you is that use GeroNord newsletter (http://www.ngf-geronord.se/GeroNord.html) to share information about research activities and events, employment opportunities, PhD disputations, and other activities to keep in touch with the community.

Best regards,
Nils Holand
President of the NGF

The scientific committee of NGF, which includes five members from each Nordic country, evaluated The 24th NKG as a scientific success. There were 58 high quality symposia, 103 individual papers and 311 poster presentation present at the congress. Oral presentations were given in 16 sessions. NGF´s scientific committee evaluated and ranked individual papers and the national organizing committee for 24th NKG made decisions upon the symposia proposals Overall, there were 600 scientific presentations at the congress.

There were two lectures given by the prizewinners and eight keynote lectures covering the research fields of Nordic Gerontological Federation. The Sohlberg Prize was awarded to Professor Taina Rantanen from Finland and the prize for the promising researcher in gerontology to Dr. Ólöf Guðný Geirsdóttir from Iceland.

The president of NGF Marja Jylhä (left) handed out the prizes for the promising researcher Ólöf Guðný Geirsdóttir (middle) and for the Sohlberg prize winner Taina Rantanen (right).

There were eight outstanding keynote presentations in the congress. The presenters were **Ursula Staudinger, Karen Andersen-Ranberg, Sandra Torres, Maria Krogseth, John Beard, Mika Kivimäki, Jon Kvist** and **Geir Selbæk & Knut Engedal** representing Nordic countries as well as USA and Switzerland. More information about these speakers is available at https://24nkg.no/scientific-programme/about-keynotes/

NGF provided travel grants for junior researchers' congress participation. There were 17 applicants from three Nordic countries and grants were awarded to nine applicants. There were no applicants from Norway or Iceland.

Travel grant receivers:
Li-Tang Tsai (Denmark)
Tuuli Suominen (Finland)
Johanna Surakka (Finland)
Tiia Kekäläinen (Finland)
Emilia Viklund (Finland)
Marina Arkkukangas (Sweden)
Laura Balash (Sweden)
Catharina Melander (Sweden)
Edvin Tan (Sweden)

There were almost **800** registered participants in the congress coming from 40 countries. Most, 575 participants came from Nordic countries, 145 from other European countries and 73 from the rest of the world. NGF wish to thank all the participants for making the event scientifically successful but also for creating inspiring and encouraging atmosphere for the congress.

The full-length congress abstract are now available at
https://www.aldringoghelse.no/24nkg-abstracts/

Best wishes,
Linda Enroth
Secretary and Treasurer of NGF

NGF has 11 national member societies, three from Finland and two from each other Nordic country. The number of members in the national societies was approximately 2450 in years 2016 and 2017. Since NGF is what the national member societies are, we wish to highlight the national societies also in the GeroNord newsletter. In addition to presenting research projects, research centers and environments as well as new PhDs, we are going to provide short presentations of the national member societies.

In this newsletter, we have focus in Denmark and Sweden.

Danish Gerontological Society

The scientific society now known as Danish Gerontological Society (DGS) was founded in 1946 under the name The Danish Society of Ageing Research. For many years the society was led by medical doctors. In 1961 it was renamed to the current name, but still being rather mono-disciplinary. From 1975, under the presidency of professor in anatomy (MD) Andrus Viidik, a new era began. From then onwards there was an emerging focus on multi- and interdisciplinary work and on research communication to the public society.

In 1985, DGS presented the first issue of the journal *Gerontologi og Samfund* (Gerontology and Society). The journal is still being produced, now as *Tidsskriftet Gerontologi* (The Journal of Gerontology), and mirrors the society's continuous focus on research communication. As this text is being published the issue no. 123 will be distributed to DGS' members as a special issue on ageing and sexuality.

At present, DGS is managed by an elected board representing a broad spectrum of disciplines and approaches to age and ageing. The board is supported by a paid secretary. DGS has 350 members, including approximately a hundred collective members including different types of institutions, e.g. libraries, nursing homes, and education departments. All activities are funded by the membership fee and the annual conference, as the society no longer gets any governmental support which was formerly received to the production of the journal.

Following the principles from Viidik and colleagues, the overall purpose of the society is still distribution of gerontological knowledge and research. The aim is to support research, education and information from all sub-domains of gerontology. The activities are the afore mentioned journal *Tidsskriftet Gerontologi*, an annual conference, the Kirsten Avlund Award, occasional after-work meetings and

supporting other networks such as VEGA, a network focusing on everyday life in old age. The society also supports and funds other member-activities addressing the aim of the society.

The annual *Conference on Aging and Society* has followed the former annual meeting. In 2018, the fifth annual two-day conference is organised focusing on transitions in old age. The conference program also includes papers and guests from other Nordic countries. Please find the program on the society's homepage gerodan.dk. At the conference the Kirsten Avlund Award is donated. The award was made possible by a five-year donation from the family of Kirsten Avlund and from DaneAge. Kirsten Avlund was the first Danish professor in gerontology who died in 2013 on top of her career. The award is donated to a promising upcoming scholar within the geriatric and gerontological field, so far representing etnology, nursing/critical gerontology, physiotherapy, and statistics.

Regarding the future, we are beginning to organise the 26NKG together with our colleagues in the Danish Geriatric Society to be held in Odense in June 2022. We are looking forward to seeing you all there.

Board of DGS 2018 - 2019

Jette Thuesen, REHPA, University of Southern Denmark (chair)
Rikke Gregersen, VIA University College (deputy chair)
Charlotte Juul Nielsen, Department of Public Health, University of Copenhagen (secretary)
Christine Swane, EGV Foundation (treasurer)
Eva Algreen-Petersen, Copenhagen Municipality (board member)
Andreas Nicolaisen, EGV Foundation (board member)
Paolo Caserotti, University of Southern Denmark (board member)
Lotte Evron, University College Copenhagen (board member)
Louise Scheel Thomasen (substitute)
Anne-Marie Beck, University College Copenhagen (substitute)

Dansk Selskab for Geriatri is the Danish scientific society for doctors with an interest in geriatric medicine. The organization was founded in 1972 and is an organization in growth. Over the last decade the number of members has been steadily increasing and *Dansk Selskab for Geriatri* has, at the time of writing, more than 250 members, most of them still practicing. Furthermore, the number of young doctors who has formed a fraction of *Young Geriatricians* is growing fast.

The purpose of the organization is to:
To bring together Danish doctors with a special interest and experience in geriatrics
To spread awareness and promote interest in geriatrics
To develop the geriatric speciality with an emphasis on education and research
To arrange scientific meetings for the members of the society with lectures and academic discussions
To represent the speciality in relevant national fora
To establish and develop international contacts for the development of the speciality, nationally as well as internationally

During the years the organization has brought together doctors working in the field of geriatric medicine while the speciality itself has undergone significant changes. Initially, the speciality was not an independent speciality; the doctors being educated as specialists in internal medicine. Today, geriatric medicine is one of the nine independent sub-specialities of internal medicine in Denmark.

The focus of geriatric medicine in Denmark has also changed from rehabilitation of the elderly patient to a more acute medicine-focused approach with a still decreasing in-hospital time for the geriatric patient. The geriatrician plays an even more active part in the acute department and more sub-specialities are on their way: the successful cooperation between the orthopaedic surgeon and the geriatrician in the ortogeriatric units is already established, but more possibilities of collaborations between geriatric medicine and other specialities are emerging. In Denmark, the speciality has always been a hospital-speciality, but with the high number of specialists on their way as geriatricians, perhaps the geriatric field can extend to other functions and sectors in the future.

Another growing focus of the speciality in Denmark is research, which traditionally has not been a prosperous field in the geriatric speciality. During the first decade of the millennium, the speciality was still struggling with recruiting younger doctors to the speciality, but an increasing number of young doctors seem to turn their interest to geriatric medicine, which is becoming quite a popular speciality in Denmark and other European countries. So, the future seems bright for both geriatric medicine and *Dansk Selskab for Geriatri*.

Sveriges Gerontologiska Sällskap

The Swedish Gerontological Society (SGS) is a nationwide association for researchers as well as professionals in public agencies and industry, senior citizens and others interested in matters related to gerontology. Professor Susanne Iwarsson, Lund University, is the President of SGS.

SGS has members from many sectors of society and disciplines within the academy. The overall objective of the association is to promote research on ageing and older people, and to communicate knowledge about gerontology in society. SGS organizes scientific and public conferences, seminars and meetings to promote contacts and collaboration among researchers in gerontology but also between researchers and public audiences. The organization also supports the development of knowledge in gerontology in higher education.

For further information, see www.sgs.nu and
https://www.facebook.com/sverigesgerontologiskasallskap/?ref=bookmarks

Set for life? Socioeconomic conditions, occupational complexity, and later life health

The 16th of March 2018, the dissertation: ***Set for life? Socioeconomic conditions, occupational complexity, and later life health,*** was defended by **Alexander Darin-Mattsson** for a PhD at the Department of Neurobiology, Care Sciences and Society, Karolinska Institutet, Sweden. Alexander Darin-Mattsson was affiliated with Swedish National Graduate School on Ageing and Health (SWEAH).

Life expectancy has increased in the western parts of the world and more people reach old age. Some groups of people have benefitted more of the increase in life expectancy and have better health than others. Because of biological, psychological, behavioral, and social factors over the life course, adverse health accumulates in later life. Most societies are socially structured and people higher in the social structure tend to have better health. People's position in the social hierarchy is commonly assessed by socioeconomic position (indicated by education, social class [occupation based], and income). Labor market stratification plays a central role in stratifying people in to socioeconomic positions. An important factor in the labor market stratification is the level of complexity of work. All these stratification principles could play a role in shaping the risk of adverse later life health. Identifying factors associated with later life health has become more important because of the growing number of people that reach old age.

The overall aim of this thesis was to investigate the relationships between socioeconomic conditions, the complexity level of peoples' work (measured as occupational complexity), and health in late life by studying 1) the association between complexity of work during midlife and later life health and 2) health inequalities in late life attributable to differences in socioeconomic position. All studies used individually linked data from the Swedish Level of Living Survey (LNU) and the Swedish Panel Study of Living Conditions of the Oldest Old (SWEOLD).

Results from study I showed that higher occupational complexity in midlife decreased the odds of psychological distress 20 years later. Socioeconomic position partly accounted for the association between occupational complexity and psychological distress. Still, occupational complexity may play a role in shaping the risk of psychological distress in old age.

Results from study II showed that the magnitude and direction of the effect sizes, for education, social class, and occupational complexity were similar in relation to later life health (psychological distress and physical functioning). Income was more strongly associated with late life health than the other indicators of socioeconomic position. The income-health association was also the only one that remained significant in the mutually adjusted models. Thus, if the primary objective to include socioeconomic position is to statistically adjust for socioeconomic position, income may be the preferable single indicator. However, if the primary objective of a study is to analyze socioeconomic health inequalities, and the underlying mechanisms that drive these inequalities, then the choice of how to measure socioeconomic position should be carefully considered.

Results from study III initially showed that occupational complexity scores aggregated from across the working life and different trajectories of occupational complexity were associated with physical function (as indicated by mobility and ADL limitations) in late life. Adjusting for socioeconomic position diminished the association. This suggest that the association was confounded (or possibly mediated in the case of income) through socioeconomic position.

Results from study IV showed that financial hardship in childhood increased the risk of psychological distress in late life (at mean age of 81 years). This was partly explained by a direct association from financial hardship in childhood to psychological distress in later life. In addition, chains of risks were found between financial hardship in childhood and psychological distress in later life. This means that financial hardship in childhood increased the risk of a) psychological distress in midlife, b) lower levels of education, c) unemployment in midlife, and d) financial hardship in midlife, which, in turn, increased the risk of psychological distress in later life.

In summary, the results from this thesis showed that there are socioeconomic health inequalities in later life. Lower socioeconomic position in midlife and financial hardship in childhood increase the risk of adverse later life health. Moreover, higher occupational complexity in midlife was investigated, and showed, to play a role in shaping the risk of psychological distress in late life. In contrast, the results showed that occupational complexity is not associated with physical functioning. Occupational complexity play a role in determining socioeconomic position, however, it does not capture an aspect of general life chances that comes with higher socioeconomic position and is relevant for health, beyond that of education, social class, and income.

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More info about SWEAH: www.sweah.lu.se/en

Toward Inclusive Pharmaceutical Packaging

On 18th of May 2018, **Giana Carli Lorenzini**, former PhD student at Faculty of Engineering, Lund University, defended her thesis - **Toward Inclusive Pharmaceutical Packaging: An Innovation and Design Process Perspective.** Giana Carli Lorenzini was also affiliated with Swedish National Graduate School on Ageing and Health (SWEAH).

I would like to introduce you to Jenny.
Jenny has just turned 85. Like most of her friends, she is retired. She lives alone in a small town in Sweden. Her relatives visit several times a week, and twice a month she goes by herself to the health care facility nearby to see her family doctor. Even though she is a relatively healthy older woman, she takes five different medications every morning. At night, she takes four other medications. All the different types of plastic bottles and blister packs are displayed on her bedside table. Most of these medications have been part of her life for several years, prescribed for chronic diseases. Jenny understands how much of her well-being depends on taking her pills every day. What she doesn't understand, though, is why the task never becomes easier. She has trouble with her weak hands that causes her pain when she opens some of the push-and-turn bottles of pills. On days when she is not feeling well, she doesn't even try to open these bottles. To cope better with her regular treatment, she organizes the pills for the morning and for the night separately, and she uses a small, 7-day plastic multi-dose box to help her. When the doctor changes the dosage of her medication, however, she gets confused and prefers to throw away all the pills that are left; she then starts to refill the multi-dose box for the week. She has never managed to learn all the different names of her prescriptions by heart – in fact, she can barely read the instructions on the labels because the print is so small – so what she does is to write on the packaging what the pills are for. Jenny is glad she still can deal with the treatment by herself, but she wonders about her friends. Ulla with Parkinson's Disease, Agnate who has started to forget things and Maria, who has been taken to hospital at least twice because she took the wrong dosage of her prescribed pills. Jenny thinks a person aged 80+ would have experienced everything, but life always proves to be more challenging.

Jenny is not a *real person*, she is a *persona*. Someone that I created to exemplify the challenges pharmaceutical packaging represents to users, being older people largely affected. The idea of Jenny came after analyzing findings of previous studies in a comprehensive systematic review of the literature, which was the first large study (Study A) in my thesis. Previous research shows that pharmaceutical packaging is a source of uncertainties, confusion, and daily struggles. Through this systematic review, I could understand the main research streams researchers have focused on when studying human-packaging interaction with pharmaceutical packaging. It was found that many older people live alone and have chronic conditions (such as diabetes and arthritis), and are dependent on their daily medication to maintain or improve their health. Difficulties reading small text, differentiating medications, or recalling dosage routines are constant challenges. As a consequence of unfriendly packaging, older people have the anger and frustration mentioned above embedded in their routines; this affects their quality of life.

Pharmaceutical packaging has an increasing importance in aging societies, where people depend on medicines for their own care and well-being. The challenges experienced by users are extensive; the pharmaceutical industry needs to respond with packaging innovation. To address these complex challenges, more research is necessary on packaging that fulfills user needs and capabilities. Based on that, the purpose of my research is to investigate innovation and design processes for pharmaceutical packaging, as well as to stimulate the uptake of inclusive design toward pharmaceutical packaging that meets society's needs.

The research is interdisciplinary with a qualitative, explorative approach based on three studies and five appended papers. After conducting the systematic review (Study A), it became evident the lack of research focusing on the design and innovation processes that lead pharmaceutical packaging to be as it is. The second study (Study B) investigated packaging innovation drivers based on a customer-supplier relationship case study of a brand-owner drug manufacturer and a packaging supplier. The third study (Study C) expanded those findings, through an interview study with stakeholders (top management, mid-management, and specialists) with experience in pharmaceutical packaging innovation and design processes.

As argued and shown in the empirical investigations (Studies B and C), pharmaceutical packaging innovation is mainly driven by technology and legislation which reinforce standard and incremental packaging design. Furthermore, there are multiple stakeholders' needs to be balanced, which very often create trade-off decisions that not always prioritize the user and the human-interaction with the packaging. Findings in this research suggest that if packaging design is to be user-centered and inclusive, stakeholders should be actively involved to broaden the spectrum of driving forces that lead packaging innovation and open up new business opportunities. The view of packaging as a commodity or only merely as a cost added to the product should then be challenged by seeing packaging also as a strategic tool that can support patients in their treatment. The empirical studies also revealed different levels and modes of user involvement in pharmaceutical packaging design, meaning that user-centered and inclusive packaging may be developed with more involvement of users in the design and innovation processes.

Overall, the research expands the rather technological focus of packaging toward the exploration of industry processes, opening the way for further studies on inclusive design and social aspects of pharmaceutical packaging innovation and design. Packaging practitioners can benefit from the results obtained to benchmark their own processes. Policy makers and health care providers can reflect about the dilemmas of innovating pharmaceutical packaging that is inclusive and user-centered, and can use the empirical evidence from this research to strengthen and pave the way for new regulations and guidelines. Future agendas may be leveraged from research to other spheres of society, increasing dialog about inclusively designed pharmaceutical packaging and better patient care.

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Successful aging among the oldest old

The 25th May 2018, the dissertation: **'Successful aging among the oldest old'**, was defended by **Lily Nosraty** for a PhD at the Faculty of Social Sciences (Health Sciences) and Gerontology Research Center at the University of Tampere in Finland.

Longevity increases rapidly and the very old are the fastest growing segment of the population. As long life now has been reached, it is time to ask, how is life at old age, and what is needed for good old age. In 1960s, "successful aging" was adding life to years and feeling satisfaction with past and present life. A couple of decades later, successful aging was defined as low probability of disease and disease related disabilities, high cognitive and physical functional capacity and active engagement with life. Recently, researchers have suggested that old age can be good and "successful" even with disease and functional limitations, with compensation by social and psychological factors, and with adaptation.

In her doctoral study, Lily Nosraty examines good and successful aging among very old people. Successful aging is approached from two different perspectives, by using both large quantitative population study on the one hand, and by examining old people´s own opinions and accounts on the other. The Vitality 90+ data was used to examine the frequency of successful aging, its underlying factors and its association with remaining length of life, and entering long-term care. Successful aging was defined as high level of health and social and psychological functioning. Life story interviews were employed to find out the conceptions of good old age among very old individuals themselves.

Successful aging was measured by using different models that all included both physical, psychological and social components, but the criteria for "success" varied. The prevalence of successful aging varied from one model to another, and it was higher in the models that did not require absence of all disease and functional problems. Successful aging was associated with male gender and living in the community (vs. long-term care). In some models, it was associated with younger age, being married status and a higher level of education. The models of successful aging that placed less emphasis on the absence of diseases and disability were better predictors of the length of future life and entry into LTC than the most demanding models.

The life story interviews underscored the importance of physical, psychological and social functioning. The interviewees said it was more important for them to be pain-free rather than disease-free. Independence and a balanced and harmonious life were considered the main conditions for successful aging. The very old interviewees defined successful aging as a process from past to present, and they hoped that their present good aging would continue in the future. Good death was considered as part of successful and good aging.

The main components of successful aging in the life story interviews were basically the same as those that appear in the biomedical model of successful ageing. Both the older interviewees and the researchers emphasized the importance of physical, psychological and social functioning. However, the measurement of these components presents a major challenge for gerontologists. This study suggests that for very old, successful aging should be possible even in the presence of some degree of disease and disability. It is impossible to present a single universal model of successful aging that applies to all old individuals and all age groups. Instead, it is necessary to take into account the changes that happen in the aging process and on this basis to work toward a better, more valid and useful model of successful aging that also applies to very old.

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The thesis is available at http://tampub.uta.fi/handle/10024/103279

The 1st of June 2018, the dissertation: **'Perceived aspects of home, health and well-being among people in Sweden aged 67-70 years',** was defended by **Maya Kylén** for a PhD in Health Science, Gerontology, at the University of Lund, Sweden. Maya Kylén was also affiliated with Swedish National Graduate School on Ageing and Health (SWEAH).


Photo: Kennet Ruona

The fact that the majority of older people wish to remain and live independently in their current homes calls for a more comprehensive understanding of which aspects of the home support healthy ageing. Perceived aspects of home has been shown to influence life satisfaction, perceived health, independence in daily activities and well-being among people aged 80 years and older. However, health and perceived aspects of home among senior citizens in earlier phases of the ageing process are scarcely studied.

The overarching aim of this thesis was to extend and deepen the current knowledge of the dynamics of perceived aspects of home and health among people aged 67-70 years, living in ordinary housing in southern Sweden. Meaning of home, external housing-related control beliefs and usability were investigated in relation to physical and mental symptoms, depressive mood and psychological well-being. In addition, the complexity of these dynamics and what it means to people as they age was explored from an individual perspective.

The thesis is based on survey data collected with 371 participants recruited from the SNAC-GÅS study, and in-depth interviews with a new sample (N=13). Participants were aged 67 – 70 years and lived in ordinary housing in southern Sweden. Data was collected through home visits. Descriptive statistical analyses revealed significant differences among subgroups in regards to the likelihood of reporting physical and mental symptoms, depressive mood and psychological well-being (autonomy and purpose in life). Multivariable linear and logistic regression models showed that participants reporting positive evaluations of perceived aspects of home reported fewer physical and mental symptoms, had better psychological well-being and reported less depressive mood. Analyses of in-depth interviews revealed that perceptions about home become progressively important after retirement. In addition, not only the immediate home environment but also local neighborhoods influence perceptions of home. These analyses also revealed that home brings emotional and social benefits but also worries about how to cope with complex ambivalence when reflecting upon the future housing career.

Bringing together results from quantitative and qualitative research, this thesis shows that perceptions about home are associated with health and well-being already at age 67-70. The findings highlight that health implications of housing are not restricted to physical attributes of the home such as housing standard or environmental barriers; consideration should also be given to perceived aspects of home. In health care and social services practice contexts, being aware of and being able to recognize these factors might support older people to maintain health along the process of ageing. This knowledge can be used to inform and facilitate societal planning in terms of housing provision; additionally it is important to consider designing local neighborhoods to nurture social interactions because of older persons extended view of home. Finally, to be able to help senior citizens to deal with their ambivalence when planning for their future housing arrangements, health care professionals involved in housing-related counseling need to be aware and approach such worries earlier than is usually done today.

More info about CASE: www.case.lu.se/en
More info about SWEAH: www.sweah.lu.se/en
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The thesis is available at: http://portal.research.lu.se/portal/files/42854562/Maya_Kyl_n_WEBB.pdf

Welcome to join us for the International Association of Gerontology and Geriatrics European Region Congress

23rd – 25th May 2019 in Gothenburg, Sweden

Dear readers of GeroNord,

We hope to see many of you in Gothenburg. So, please share information about the congress with your colleagues, organization, journals, and networks.

For more information, refer to congress home page http://iagger2019.se/. The submission is now open, and on the home page, you will also find additional information about the program, key note speakers, registration, awards, the master class on ageism and much more.

Prof. Dr. Clemens Tesch-Roemer
President of IAGG-ER

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IAGG-ER 2019
MAY 23-25
GOTHENBURG SWEDEN

Welcome to the 25th Nordic Congress of Gerontology
in Reykjavik, Iceland, June 3rd – 6th 2020.

The congress is organized by The Icelandic Gerontological Society and The Icelandic Geriatric Medicine Society in collaboration with the Nordic Gerontological Federation. The program will feature plenary lectures, clinical symposia and posters, covering a wide spectrum of topics at the cutting-edge of contemporary gerontology. The congress venue will be Hilton Reykjavik Nordica, close to the bustling city center of Reykjavik.

Come and enjoy an exciting congress in Europe's northernmost capital, offering opportunities for professional development and networking as well as for exotic travel experiences.
We look forward to seeing you in 2020!

Warm regards from the organizing committee.

www.25ngk.is

NKG 25

Icelandic organizing committee (from the left: Konstantin Shcherbak, Sirrý Sif Sigurlaugardóttir, Ragnheiður Kristjánsdóttir, Sigurbjörg Hannesdóttir, Ólöf Guðný Geirsdóttir, Steinunn Þórðardóttir and Ólafur Samúelsson).

The preparations for the 25NKG have started!

Here are the important dates:

1 October 2019 - Registration and call for abstracts opens

15 December 2019 - Deadline abstracts symposia

15 January 2020 - Notification symposia

1 February 2020 - Deadline abstracts oral presentations and posters

25 February 2020 - Notification acceptance of abstracts

1 March 2020 - End of early bird registration

THE AGE OF AGEING

25th Nordic Congress of Gerontology
June 3rd – 6th 2020, Reykjavik Iceland

www.25nkg.is

2018

Canadian Association on Gerontology (CAG) 2018 47th Annual Scientific and Educational Meeting. 18-20.10.2018 Vancouver, Canada.
http://cag2018.ca/

The Gerontological Society of America (GSA) 2018 Annual Scientific Meeting. 14-18.11.2018 Boston, USA.
https://www.geron.org/meetings-events/gsa-2018-annual-scientific-meeting

2019

International Association of Gerontology and Geriatrics European Region (IAGG-ER). 23-25.5.2019 in Gothenburg, Sweden
https://iagger2019.se/

4th Transforming care conference. 24-26.6.2019 in Eigtveds Pakhus, Copenhagen, Denmark.
http://www.transforming-care.net/

The European network for social policy analysis, ESPAnet. 5-9.9.2019 in Stockholm, Sweden.
https://www.sofi.su.se/spin/research/events/espanet-2019-in-stockholm-1.370394

2020

The 25th Nordic Congress of Gerontology 3-6.6.2020 in Reykjavík, Iceland.
https://www.25nkg.is/

Executive committee
Nils Holand: President
Steinunn Þórðardóttir: 1. Vice president
Marja Jylhä: 2. Vice president
Marijke Veenstra: Secretary General of the 24NKG

Representatives from the member organisations

Denmark: Danish Gerontological Society (Dansk Gerontologisk Selskab): Jette Thuesen
Danish Society for Geriatrics (Dansk Selskab for Geriatri): Pia Nimann Kannegaard

Finland: Finnish Gerontological Society (Societas Gerontologica Fennica r.f.): Mikaela von Bonsdorff
Finnish Geriatrics (Suomen Geriatrit-Finlands Geriatrer): Eija Lönnroos
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