



NORDISK GERONTOLOGISK FÖRENING

# GeroNord

**Nytt om forskning, utvecklingsarbete och undervisning på  
äldreområdet i Norden**

**Årgång 19 nr 2—2010**

EDITORIAL GERONORD May 2010

Welcome to the 20. Nordic Congress of Gerontology in Reykjavik!

This issue of GeroNord will be printed and distributed in the congress bags – as well as the usual distribution as an electronic newsletter on [www.ngf-geronord.se](http://www.ngf-geronord.se).

We have all been a little bit nervous after the last two years dramatic events in Iceland – but just now we are positive and think that the “bad times” for Iceland is history!

First, Iceland was hit very badly by the financial crisis. The consequence was that the congress had to find a new venue because the construction of beautiful concert hall that was planned in the centre of Reykjavik – was delayed. But it was no crisis for the organizing committee who found an excellent new venue – the Hilton Hotel in Reykjavik.

Finances and a floating currency was initially a problem but it has stabilized, and the organizing committee had everything under control when the volcano Eyafjallajökul started its eruption. None of us could believe that a volcanic eruption in Iceland could stop all Europe!

When I write this – early in May – Eyafjallajökul is still active, but the ash-clouds are not threatening the Nordic countries. The organizers, we in NGF, and all presenters and delegates, just have to be optimistic. Don't think about volcanoes and financial crisis – but concentrate on our field of interest; gerontology! We know that this will be a very successful congress with more than 300 presentations, brilliant invited lectures, prize-lectures of top international class – and a lot of interesting discussions and social activities.

I must honestly say that I admire the organizers and particularly the president of the congress, Jon Snædal, for their enthusiasm and optimism – and hard work - to present the best Nordic congress of gerontology ever for us.

For those who don't know NGF – it is important for me to say that as well as being the organisation behind the Nordic Congresses of Gerontology – NGF is an arena for collaboration in research, education and practical clinical work between the Nordic and Baltic countries. I hope you will use this opportunity in the future!

Information about NGF is found on [www.ngf-geronord.se](http://www.ngf-geronord.se), where you also find previous and upcoming issues of GeroNord.

It is important to set high goals for our activities and to reach them. To demonstrate this we are presenting some of the most excellent researchers in gerontology – the candidates for the Nordic Gerontological Sohlberg Prize – in this issue of GeroNord.

This is the last issue of GeroNord for me as the president of the NGF. I want to thank all those who have contributed to the GeroNord and the development of the NGF during the last two years.

The next president will be Jon Snædal from Iceland – the best wishes to Jon and all of you for the most successful Nordic Congress of Gerontology ever!

Anette Hølen Ranhoff  
President of the NGF



**To those attending the 20<sup>th</sup> Nordic Congress in Gerontology in Reykjavik, Iceland (20 NKG)**

I extend my warmest welcome to all of you attending this conference. Due to the volcanic eruption in Eyjafjallajökull, the last weeks have been quite stressful for us that have been organizing this important event. Not so long ago, this eruption was the main focus of attention in mass media throughout Europe and even worldwide because of its extensive effects on air transportation. This was a reality even though the eruption itself is considered moderate in volume. It is therefore an added pleasure for us to see all of you attending this event in spite of some uncertainty for a while. This event of nature is itself an interesting phenomenon and therefore we decided to ask a geologist with well-known educational skills to give all of us attending the opening ceremony an overview of the chain of events.

The congress has been organized in a classical way as most of the Nordic Conferences, with plenary lectures for all and state of the art lectures for those interested in specific issues. Distinguished researchers and scholars in the various fields of gerontology and geriatric medicine have organized nearly 20 symposia and there are numerous sessions of oral presentations as well. Least but not last, the poster sessions are of high quality and will surely be attended by all of the congress participants. I will like to take this opportunity to thank all of those that have been contributing to the congress in all its forms for their most valuable input.

I will not dwell further on the content of the congress, you will all see for yourself but I sincerely hope that you will enjoy the 20 NKG and the social events linked to it. Last but not least, I hope many of you will take the opportunity and make use of the various touristic offers that have been on display through our website and elsewhere

Jon Snaedal  
President of the 20 NKG

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## **The Sohlberg's Nordic Prize in Gerontology 2010 – the winner will be announced at the 20. NKG!**

This prize is the highest award in Nordic gerontology. The prize is € 10.000 and is sponsored by the Päivikki and Sakari Sohlberg Foundation in Finland. It will be awarded at the opening ceremony of the 20th Nordic Congress of Gerontology on May 30th, 2010, in Reykjavik.

*This prize will be awarded to a scientist active in the Nordic countries, who is a leader in her/his field in gerontology, and who has had a major influence on the development of her/his field. A "leader" in this context either has a large/successful research group or has initiated something of major importance, which has been followed up by others. In this context gerontology includes all fields of science that deal with any aspect of ageing.*

**A jury**, the members of which are the chairman of NGF (Professor Anette Hylén Ranhoff), the two vice chairmen of NGF (Professor Eino Heikkinen and Jon Snædal, MD PhD) and the most recent prize-winners, professors Yngve Gustafson and Knut Engedal (withdrew because he was proposer) **has made the decision.**

**This year's nominated candidates are all very well qualified for the prize. We want to present them here to demonstrate the excellence of gerontological research in the Nordic countries. Here are the candidates with a short description of their careers:**

### **Professor Kaisu Pitkälä (Finland)**

#### **Current positions:**

Clinical Practice and Primary Health care professor in the Faculty of Medicine at The University of Helsinki.

Clinical director of the Unit of General Practice and research director of the Central Union for the Welfare of the Aged.

#### **Formal education:**

MD (1983), PhD (1991), Specialist of geriatrics (1996), Specialist of general practice (1997), Specialist of internal medicine (1999).

**Publications:** Over 100 original articles in international peer reviewed medical journals along with numerous other publications.

**Fields of interest:** Her interests in geriatric medicine are unusually wide: she is one of the world's leading experts in delirium research, advanced care plan and living will, day hospital care, research of loneliness, malnutrition, epidemiologic pharmacotherapy, care giver support of demented, quality of life measurements, and cardiovascular diseases among the very old. **Collaboration, teaching and**

**development:** She is also an excellent teacher and has contributed substantially to the development in education in geriatrics and gerontology in Finland, the Nordic countries and in Europe, i.e. she has organized a Nordic Research School in gerontology, and is one of the leading professors at the European Academy for Medicine in Ageing (EAMA).

### **Associate professor Karen Andersen-Ranberg (Denmark)**

#### **Current positions:**

Research associate professor at The Danish centre for Ageing Research in University of Southern Denmark in Odense.

Consultant in internal medicine and geriatrics at Odense University Hospital.

**Formal education:** MD, specialist in internal medicine and geriatrics, PhD (2001) with thesis "Centenarians in Denmark. An epidemiological study of a dynamic cohort".

**Publications:** 41 publications in peer review journals.

**Fields of interest:** The oldest old /centenarians, morbidity in old age, genetics and longevity, ageing and inflammation, cardiovascular, musculoskeletal, and cognitive disorders in the geriatric population.

**Collaboration, teaching and development:** She is collaborating in international research programs, i.e. the SHARE study – a survey of aging and health in Europe. Nationally, she is involved in a study of genetics and the effect of physical exercise in collaboration with Danish centre for Inflammation and Metabolism. She was the president of the European Union Geriatric Medicine Society (EUGMS) congress in Copenhagen in 2008, and member of the executive board of EUGMS.

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**Professor Kirsten Thorsen (Norway)**

**Current positions:** Senior research fellow in NOVA and at **Ageing and Health, Norwegian Centre for Research, Education and Service Development**

Professor in gerontology at Buskerud University College.

**Formal education:** Psychologist 1971. PhD in 1997 on theses " Gender, life cycle and ageing". She has also done studies in medicine and sociology.

**Publications:** Ca 200, the first in 1976. More than 30 publications about early disability and ageing.

**Fields of interest:** Life cycle research and research of public care utilisation. Research and development in the care for persons with early (congenital) disability and ageing.

**Collaboration, teaching and development:** She was the first professor in gerontology in Norway, as professor at University of Tromsø from 1999-2004, and director of Centre for Aging Research. She is member of European Council committee for ageing in people with disability. She has been the president of the Norwegian Gerontological Society from 1999-2005. She is involved in the NorLag study – a longitudinal population study of ageing

From 1999, she has been leading a national research program on disability and ageing.

**Professor Laura Fratiglioni (Sweden)**

**Current positions:** Director of the National Graduate School for Aging Research and director and professor in geriatric epidemiology Aging Research Center at Karolinska Institutet, Stockholm. She is also a research leader in Stockholm Gerontology Research Center and senior physician (överlakare) in geriatric medicine, Karolinska University Hospital.

**Formal education:** Specialist in Neurology from University of Florence, Italy (1997: "Legitimerad läkare" in Sweden). PhD in Geriatric Epidemiology, Karolinska Institutet, Stockholm (1993).

**Publications:** She has published 197 articles in peer-reviewed journals, 13 book chapters, 7 reports and had 7991 citations by April 2009 (h-index= 53).

**Fields of interest:** Since the 1980s her main fields of interests have been clinical epidemiology, and later etiological epidemiology and public health. Her scientific activities are covering a wide spectrum of diseases, but with dementia has been the main focus.

**Collaboration, teaching and development:**

She has been main supervisor for 13 PhD students who have completed their studies, and is the scientific coordinator of the Kungsholmen project, co-responsible in the Harmony –study (twin-study in dementia), as well as main responsible for the National Population Study SNAC-K. Core leader & member of the Steering Committee - "Swedish Brain Power", Responsible for the Epidemiology in "Dementia, a systematic review" - the Swedish Council on Technology assessment in Health Care (SBU), Swedish Coordinator in the EU project "Monitoring neurological diseases of the elderly in Europe", Italian Coordinator in the EU project "Risk factors for AD", Co-PI of the project "Multicenter case-control study of AD, Italy. She is collaborating with several projects in Europe and USA.

**Professor Vilundur Gudnason (Iceland)**

**Current positions:** He is the Principal Investigator for the AGES study in Reykjavik during this decade and professor in cardiovascular genetics at University of Iceland, Reykjavik since 2008. From 1999, he has been the director of Icelandic Heart Association Heart Preventive Clinic and Research Institute.

**Formal education:** MD from University of Iceland (1985). PhD in genetics from University College London, 1995.

**Publications:** 138 articles in peer review journals.

**Fields of interest:** The Age, Gene/Environment Susceptibility (AGES Reykjavik) Study was initiated to examine genetic susceptibility and gene/environment interaction and how these contribute to phenotypes common in old age.

AGES-Reykjavik scientific goals are to identify genetic and other new risk factors for selected diseases and conditions including: atherosclerosis, cognitive impairment, dementia and subtypes (i.e. Alzheimers disease), stroke, sarcopenia, obesity, osteoporosis, diabetes, and osteoarthritis and to characterize phenotypes for these diseases and conditions, and study them in relation to genetic susceptibility, gene function and genetic/environmental contributions to disease. The major focus of AGES-Reykjavik Study II is a reexamination

of all surviving AGES-Reykjavik Study participants with the aim of characterizing change in neurocognitive, cardiovascular, musculoskeletal, and metabolic traits at the oldest ages.

**Collaboration, teaching and development:**

From 1991-2000 he was a senior research fellow in Centre for Genetics of Cardiovascular Disorders at University College of London School of Medicine.

As the principal investigator of the AGES study he has been responsible for organizing one of the biggest studies of ageing in the Nordic countries ever.

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## **PhD dissertation abstracts**

Else Vengnes Grue

### **Vision and hearing impairment in old age**

Universitetet i Oslo, Det medisinske fakultet, Institutt for sykehusmedisin

Abstract of the Doctoral Dissertation

January 2010



#### **Introduction**

Few studies have investigated sensory impairments in older patients in acute hospitals and older home care clients. There are no publications of studies evaluating the efficacy of simple tests and easy, low-cost intervention related to vision and hearing, systematic assessment, and an educational program and referral to specialist services as an intervention approach.

#### **Aims**

The first aim was to identify the prevalence of sensory impairments in older recipients of home care, older patients acutely admitted to medical wards, and older patients admitted to a hospital with a hip fracture. The next aim was to investigate the association between sensory impairment and loss of instrumental activity of daily living (IADL) and with falls and to investigate the association between recent vision decline, RVD, (visual decline during last 90 days), and social activity in recipients of home care. Our final aim was to investigate the effects of interventions to improve vision and hearing on fall frequency during the first year after a hip fracture.

#### **Materials and methods**

Patients, acute medical: 770 admitted to Nordic acute hospitals, Nordic Minimum Data Set Acute Care study, Nordic MDS-AC study, (Denmark, Finland, Iceland, Norway, and Sweden),  $\geq 75$  years.

Home care clients: 101,618 in the Ontario RAI-HC database, (Canada), 1103 in the Stakes RAI-HC database, (Finland), and 3607 in the Aged in HOme Care study, AdHOC study, (Czech Republic, Denmark, France, Germany, Iceland, Italy, the Netherlands, Norway, Sweden, and United Kingdom),  $\geq 65$  years

Patients, hip fracture: 332-patient prevalence study admitted to one hospital, 331-patients intervention study (200 interventions and 131 controls) involving admissions to three hospitals, (Norway),  $\geq 65$ .

Design: Two observational, prospective, cross-sectional, cross-national studies and one in a single hospital were carried out to assess prevalence and investigate associations. One controlled intervention study, cross-sectional, was performed to evaluate the effect on fall frequency of interventions to improve vision and hearing.

#### **Results**

The prevalence of vision, hearing, and combined sensory impairments was high in all three populations: 25.7–45.5 %, 30.8–68.7%, and 11.0–30.1%, respectively. Hip fracture patients had the highest prevalence of impairments.

Vision and hearing impairment was related to IADL loss in medical patients and the association increased by severity. Combined sensory loss was independently related to IADL loss. In medical patients, mild hearing loss and moderate–severe hearing loss were associated with falls. Combined sensory loss tended to be related to several falls. Clients with RVD who reported limits on going outdoors because of fear of falling had experienced falls more often compared with those with stable visual impairment, visual impairment and not changed during last 90 days (SVI). Home care clients with RVD were independently associated with a decrease in social activity compared to clients with SVI.

We found no positive effect of intervention to improve vision and hearing on fall frequency. There was even an increase of falls in the intervention group.

#### **Conclusions**

Because vision and hearing impairments are frequent, increase by age, awareness of these problems is urgent. Assessment of vision and hearing should become compulsory when older people are admitted to the hospital and be performed regularly on residents in nursing homes and with home care clients.

Sensory impairment is more likely to be detected with screening performed using tests and self assessments in addition to observation. The screening process can be performed by a nurse or medical professional and positive results should result in appropriate actions, recommendations, and referral to specialist services.

#### **Implications for research**

Because we could not conduct a randomized study to explore the effect of vision and hearing intervention on falling in patients with hip fracture, such a study is necessary.

**Mänty, Minna**

**Early signs of mobility decline and physical activity counseling as a preventive intervention in older people**

**Jyväskylä: University of Jyväskylä, 2010**

**(Studies in Sport, Physical Education, and Health**

**ISSN 0356-1070; 147)**

**ISBN 978-951-39-3874-1**

**Diss.**

The purpose of this study was to examine the early signs of mobility decline and falls in older people. In addition, the effects of physical activity counseling on the development of mobility limitation in an older community-dwelling population were studied.

Data from two larger studies were used: Screening and Counseling for Physical activity and Mobility among Older People, SCAMOB, a 2-year single-blinded randomized controlled trial (n=632) with a 1.5-year post-intervention follow-up, focused on 75 to 81-year-old community-dwelling people and the FITSA study, a 3-year prospective observational study, on 63 to 75-year-old community-dwelling women (n=434). Data on mobility limitation, physical activity and health status were obtained in face-to-face interviews or with questionnaires. Muscle power and walking speed were measured during the research centre examinations and falls were followed-up for 1 year with daily fall calendars.

Self-reported preclinical mobility limitation and fall history increased the risk of manifest mobility limitation and future falls. A single individualized physical activity counseling session with a supportive phone contact every 4 months for 2 years had a positive effect on perceived mobility. However, the effects on muscle power and walking speed were significant only among women with no or only early signs of mobility limitation. No effects were observed among men or among women with more advanced mobility limitation at baseline.

The results of the present study indicate that self-reported preclinical mobility limitation and fall history should be considered as important early indicators of functional decline among community-dwelling older adults. In addition, the results suggest that physical activity counseling for older adults may provide an effective means to promote mobility, which is a crucial prerequisite for maintaining independence in the community in old age.

Keywords: Aging, mobility limitation, falls, risk assessment, physical activity, promotion, older people

**Quality improvement in nursing homes and homecare – possibilities and challenges.**

**A participatory practical action research project.**

**PhD, dispuates 10.december 2009**

**Liv Helene Jensen**

**Institute of Nursing Science, Faculty of Medicine,  
University of Oslo**

During the last decades, increasing demands have been put on personnel in nursing homes and in homecare, due to socio-demographic changes and shorter stays in the hospitals. From the early 1990s, a number of Norwegian government initiatives have focused on providing enough resources and on legislation to improve the health services. Among these is The Norwegian Quality Standard In Primary Care from 1997, which provided a foundation for this study.

The aims of this study was to improve services and the personnel's competence in nursing homes and homecare services, and at the same time generate knowledge of the possibilities and challenges involved in carrying out quality processes within these contexts. On these grounds a participatory practical action research design was deemed suitable for the study. The empiric research processes involved interdisciplinary personnel and their leaders in two nursing homes and homecare districts over a period of four years. The study describes how the personnel were involved in the action research cycles and quality improvement processes, from diagnosing clinical and/or other problems, through planning actions, identifying resource needs, taking action and evaluating the results. The study also explores how learning and transformative processes evolved over time, within the resources available in the municipality.

The main focus in the study is how cultivating communities of practice in nursing homes and homecare services may contribute to develop learning arenas and how learning and practical quality improvement processes contribute to strengthening the quality of care. The study highlights the challenges in quality improvement processes when the personnel are working shifts.

The study gives voice to an important quality improvement approach in the communities of practice, involving interdisciplinary personnel and leaders in the action, learning and development processes.



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## **News**

### **“Ageing is science and art”**

#### **VII National meeting in gerontology (Tiina-Mari Lyyra)**

The National meeting in gerontology is organized by five Finnish scientific organizations including The Researchers for Growth and Ageing and Societas Gerontologica Fennica every third year. In 2010, the seventh meeting took place in Eastern Finland, Kuopio.

In 2010 the event was more multidisciplinary than ever. The emphasis was besides gerontological research in clinical work, innovations and art. Indeed, the theme for the days was “Ageing is both science and art”.

554 researchers, teachers and clinical workers attended in the event and almost 200 abstracts were sent. Every three days had their own theme: The first day was dedicated to prevention, second day for multiprofessional collaboration and the last day was about “from words to actions”. The sessions discussed themes like social gerontology, nutrition and physical activity as well as dementia and culture.

The best poster -price was given to Tarja Välimäki from the University of Eastern Finland, and the award for the best oral presentation went to Minna Mänty from the University of Jyväskylä. Congratulations!

News from Norwegian Gerontological Society (Norsk Selskap for Aldersforskning - NSA)  
NSA has published a very interesting and useful report (in Norwegian) about older immigrants: Når innvandrere blir eldre. You can read the report her: [http://aldersforsk.no/Naar\\_innvandrerne\\_bli\\_eldre.pdf](http://aldersforsk.no/Naar_innvandrerne_bli_eldre.pdf)

Arnhild Valen Senstad (president of NSA) et al, have published a very interesting paper: "*Effects of Hormone Therapy on Depressive Symptoms and Cognitive Functions in Women With Alzheimer Disease: A 12 Month Randomized, Double-Blind, Placebo- Controlled Study of Low-Dose Estradiol and Norethisterone*" in Am J Ger Psychiatry 2010. You can read the abstract her: <http://www.ncbi.nlm.nih.gov/pubmed/20094015>.

New newsletter from IAGG Vol.19 N°2 - April 2010. You can read it here: [http://www.novoviva.fr/sites/www.novoviva.fr/files/public/iagg/NEWSLETTER-IAGG\\_April2010.pdf](http://www.novoviva.fr/sites/www.novoviva.fr/files/public/iagg/NEWSLETTER-IAGG_April2010.pdf).

EFGCP has updated the report: “The Procedure for the Ethical Review of Protocols for Clinical Research Projects in Europe. The report is available here: <http://www.efgcp.be/>

## **Conferences**

- Transforming care: Provision, quality and inequalities in late life in Copenhagen, Denmark 21.-23. June 2010.
  - The 1st International Congress on Controversies in Longevity, Health and Aging (CoLONGY) in Barcelona, Spain 24.-27. June 2010.
  - 5th International Academy on Nutrition and Aging in New Meixco, USA 26.-27. June 2010.
  - Dignity for the Frail Old in Bergen, Norway 2.-5. September 2010.
  - 6th congress of the EUGMS in Dublin, Ireland 29. September til 1. October 2010.
  - The 20th Alzheimer Europe Conference in Luxembourg 30. September til 2. October 2010.
  - I.A.G.G. VII European International Congress in Bologna, Italy 14.-17. April 2011.
- For more information see: <http://ngf-geronord.se/>.
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