



NORDISK GERONTOLOGISK FÖRENING

GeroNord

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

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NGF

The Nordic Gerontological Federation (NGF) was established in 1974 (www.ngf-geronord.se). It is a federation of 10 different national associations in gerontology and geriatrics in the five Nordic countries. According to its bylaws its main purpose is to work for scientific collaboration in these fields, mainly by arranging biannual conferences, the last one being the 20th in Reykjavik in spring 2010. The venues and times for the next two conferences have already been decided, in Copenhagen in 2012 and in Gothenburg in 2014.

However, a federation of this kind is not a static phenomenon. With new generations of researchers and leaders in gerontology new ideas emerge and it cannot be taken for granted that the interest for the NGF will remain the same. Each association is faced with various issues that have to be prioritised. With closer ties to mainland Europe and different domestic issues a Nordic collaboration must show value for money. Two years ago, one of the member associations of NGF decided for the first time to leave the Federation. Discussions are now on the prospects for this association to rejoin. In my mind this is an opportunity for us to evaluate what we are doing and how we can guarantee a continuous interest in NGF. The greatest asset of NGF is obviously the Nordic congresses. They are co organized by the national associations and the NGF and their financial risks are divided evenly. Until now there has been a surplus of all the conferences, but it differs how much. Therefore they have on top of their scientific and educational purposes been a financial asset to the NGF as well as the national associations and hopefully that will continue. Another forum for collaboration is Gero Nord, the newsletter that has been published 2-4 times a year. It is now only distributed electronically which has decreased publishing cost substantially. The Gero Nord is a forum for spreading news and to exchange views. The third forum for collaboration is the scientific committee of the NGF that has mainly obligations regarding the congresses. A spin of value for joining the NGF is more difficult to evaluate. At the congresses ties are made between researchers and their academic sites that often lead to collaboration between persons and sites and to exchange of persons and material. Some groups use the opportunity to meet at the congresses such as the Nordic professors in Geriatrics just to mention one such group.

At the last board meeting of the NGF in Reykjavik it was clear that the main purpose of the NGF had been met, to organize a successful conference. The finances of the NGF are sound and the interest in the continuing work was evident by the representatives. It is my sincere hope that we can succeed in keeping the NGF as highly valued by our members as has been the case up till now.

Jon Snaedal, President of the NGF

20 NKG

As president for the last Nordic Congress in Gerontology (20 NKG) in Reykjavik last spring I would like to extend my sincere thanks to all those that contributed to its success. In the months prior to the congress there were unprecedented disturbances in flight transports with all major airfields in Western Europe closed for days leaving millions of passengers in difficulties. This problem came on top of the economic global downturn making all financial calculations uncertain. In spite of all this, 525 active participants attended the congress from 23 countries and there were more than 300 scientific presentations. All major sites in gerontological research in the Nordic countries were well represented which helped to make the congress such a valuable event. In my mind this is a token of the strength of gerontology in our countries and the successes of the Nordic Gerontological Federation (NGF). During almost 40 years of its existence, the NGF together with its local associations has managed to create a forum for gerontology that is highly valued by academics and researchers in this field. By having a Nordic scientific committee, independent of the organizers of respective congress to evaluate it right at the closure, the lessons learned can be used by the organizers of the next congress. By that it is possible to copy the successes and avoid the failures of the preceding congress. Each congress follows more or less the same pattern but there are differences based on the development in the field and new priorities.

The overall theme of the 20 NKG was healthy aging in the 21st century. In accordance with this the invited plenary speakers gave each their account of healthy aging from various perspectives. The Sohlbergs price in Gerontology was this time awarded to Prof. Laura Fratiglioni from Sweden for her outstanding research primarily in dementia epidemiology. She gave a lecture on some of her research with focus on new and interesting results. The Andrus Viidik lecture was given by Prof. Kirsten Avlund from Denmark and in conjunction with that she had a paper published in *Aging, Clinical and Experimental Research*: "Fatigue in older adults: an early indicator of the aging process?" Because of technical reasons, the article was not ready for distribution at the time of the congress but it should be out now to the participants. The lecture is in honour of Andrus Viidik, professor in anatomy at Aarhus University, which was active in the NGF from the beginning and a long time president for the Association. The 20 NKG in Reykjavik was the first of the congresses he was not able to attend to.

In addition to this I will like to mention a specific session on the last day that most of the participants missed. This symposium was on vaccination and was organized by a Task Force of the European Geriatrics Association. Additionally the Board of the Association held its board meeting during the congress. This is the first time an European Professional Association in the fields of Gerontology has showed a Nordic congress in Gerontology such an interest. It might be interesting for the future congresses to establish ties to the various European counterparts in this way.

The evaluation committee was satisfied with the outcome but had some valuable remarks that will surely benefit the organizers of the next congress. The 21 NKG will be held in Copenhagen in June 2012 and at the Board Meeting of the NGF during the congress, an invitation to hold the 22 NKG in Gothenburg in spring 2014 was accepted.

Jon Snaedal, President of the NGF

Kongresser

- I.A.G.G. VII European International congress arrangeres i Bologna, Italia den 14.-17. april 2010. Kongressens hjemmeside finner du her: <http://www.iaggbologna2011.com/>.
- Den fjerde norske kongress i geriatri arrangeres i Oslo 2.-3. mai 2010.
- 7th congress of the EUGMS arrangeres i Malaga, Spania den 28.-30. september 2010. Kongressens hjemmeside finner du her: <http://www.eugms-segg2011.org/>.

20. NKG fra en deltagers ståsted.

Vulkanutbrudd og askeskyer var lenge et tema for de som forberedte seg til å reise til Reykjavik og den 20. NKG. Eyjafjallajökull kom med et stort utbrudd, og for beboere på europeisk fastland skapte det en del reisevansker og grå horisonter. Ikke minst skapte det store overskrifter i alle medier. Heldigvis roet Eyjafjallajökull seg når det nærmet seg kongress og vi fikk alle nyte godt av det flotte programmet arrangørene hadde satt opp. All honnør til arrangørene som hele tiden holdt optimismen oppe, islendinger er kanskje mer vant til naturfenomener som dette?

Tema for den 20. NKG var "Healthy ageing in the 21st Century" og temaet ble dekt fra et vidt spekter. Den nordiske kongressens i geriatri og gerontologi er en tverrfaglig kongress og det var godt å se at alle de ulike fagretningene representert, her var noe for enhver smak. Symposiumene var godt sammensatt og state of the art forelesningene ga en god faglig oppdatering på ulike temaer som osteoporose, kardiovaskulær sykdom, personrettet demensomsorg, fysisk aktivitet blant eldre samt en etisk diskusjon om bruk av tekniske hjelpemidler hos eldre. Det ble holdt to prisforelesninger, the Solberg's Nordic Prize in Gerontology og the Andrus Viidik. Vinneren av Solberg's pris var Laura Fratiglioni mens Kirsten Avlund holdt the Andrus Viidik forelesningen. Begge holdt inspirerende forelesninger og viste seg som verdige prisvinnere.

Gjennom åpningsseremonien, velkomstrepsjonen i rådhuset og gallamiddagen i Perlan fikk vi også et godt innblikk i islandsk kulturliv, et rikt innblikk med inspirasjon fra mange verdenshjørner. I tillegg fikk vi nyte godt av den fantastiske utsikten Perlan ga oss under gallamiddagen. Vi fikk se noe av all den flotte naturen landet har å by på som nesten satte en stopper for gjennomføringen av kongressen.

Ida Kristine Sangnes

NGF scientific board (fagråd)

The scientific board of NFG has 30 members, six from each of the Nordic countries. The representatives are covering different areas of gerontology like medicine, biology, nursing science, psychology and sociology, as well as odontology, old age psychiatry, humanitarian- and cultural science, and political science – and together they have an unique and broad expertise in the field of gerontology..

The main task for the scientific board is to give advice to the board of NGF and the organizers of the Nordic congresses. The scientific board meets every second year after the closing ceremony of the Nordic Congress to evaluate the congress and to give advice to the organizers of the next congress. Abstracts submitted to the congress are distributed according to scientific area and evaluated by the scientific board members.

The members of the scientific board are doing an important job, and in this issue of GeroNord we will present new members of the board. For the members of NGF it is also possible to seek advice from the scientific board members.

Anette Hylene Ranhoff

Nytt medlem i scientific board, NGF.

Einar Øverbye er professor i statsvitenskap ved Høgskolen i Oslo. Han har tidligere vært ansatt ved institutt for anvendt sosialvitenskapelig forskning (INAS) og forskningsinstituttet NOVA. Øverbye underviser i velferdsmat og internasjonal helse- og sosialpolitikk. Han har skrevet flere artikler og redigert bøker om eldrepolitiske emner, for eksempel "Levekår og livskvalitet hos uførepensjonister og mottakere av avtalefestet pensjon" (med Morten Blekesaune); "Pensions: Challenges and reforms" (med Peter Kemp); "Norway: Still high employment among older workers" (med Per Erik Solem); og "Inkluderende arbeidsliv? Erfaringer og strategier" (med Torild Hammer). Øverbye er særlig interessert i sammenhengen mellom sosiodemografiske endringer og politiske reformer.

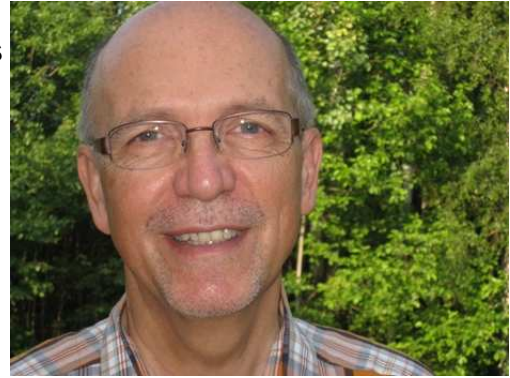
PhD dissertation abstracts

Oskar Sommer

Agitation in patients with Dementia– Challenges in diagnosis and treatment.

Background

Disruptive and agitated behaviour affect 30 to 50% of all individuals with dementia at some point in the course of the illness. Such behaviour decreases the quality of life of patients and carers, puts heavy strains on relatives and professional carers and poses a diagnostic, therapeutic and economic challenge. There is a need for new psychopharmacological and non-psychopharmacological treatments, because the existing drugs have limited benefits and are associated with poor tolerance and serious side effects. Furthermore, there is a need for validated assessment tools to evaluate patients before therapy and during follow-up.



Aims and methods:

To evaluate the effect of oxcarbazepine (OXC) in the treatment of severe agitation and aggression in patients residing in nursing homes with Alzheimer's disease, vascular dementia or a mixture of both. An eight-week, multicentre, randomised, double-blind, placebo-controlled trial carried out independently of the pharmaceutical industry, randomizing 103 patients in 35 nursing homes (NH) either to placebo or OXC.

To study the psychometric properties of the Norwegian version of the Brief Agitation Rating Scale (BARS) by performing a factor analysis on a large sample of Norwegian NH patients (n=1870) and testing the reliability and validity on another sample.

To test the reliability and validity of the Norwegian version of the Neuropsychiatric Inventory, Nursing-home Version (NPI-NH).

Results and conclusions

We could not find any statistically significant difference between the OXC group and the placebo group, but 37% reduction in agitation was observed in both groups. Interestingly, the outcomes for reduction of agitation measured with the NPI-NH and the BARS differed. The Norwegian version of the BARS is a reliable and valid instrument to measure agitation in dementia and it measures three dimensions of agitation: physically aggressive behaviour, physically non-aggressive behaviour and verbal agitation. The Norwegian version of the NPI-NH is a reliable and valid instrument for assessing the syndromes of behavioural and psychological symptoms in nursing-home residents, but it is not a specific instrument for the measurement of agitation.

Mikkel Vass

Prevention of functional decline in older people: The Danish randomised intervention trial on preventive home visits.

University of Copenhagen



Vibeke Juliebø

Delirium, dementia, medical treatment and mortality in elderly hip fracture patients.

University of Oslo

Hip fracture is a common and life-changing event among elderly people. Patients sustaining a hip fracture are at high risk of delirium, incident dementia, and mortality. Knowledge of risk factors can be useful in developing improved prevention and management strategies. The aims of this thesis were to identify medical predictors of mortality after hip fracture, to evaluate risk factors for preoperative and postoperative delirium, and to assess whether delirium is a predictor of dementia and mortality.



We carried out a prospective cohort study, including 364 hip fracture patients at time of admission to Oslo University Hospital, Ullevål and Diakonhjemmet Hospital from September 2005 through December 2006, and with a median follow-up of 21.1 months in patients alive at the end of study.

The use of diuretics and established coronary heart disease were the two most salient predictors of mortality after hip fracture, while the use of statins was associated with improved survival. Medical treatment of congestive heart failure and coronary heart disease was not in accordance with international guidelines and this might influence survival. Delirium in the acute phase turned out to be the most important predictor of incident dementia 6 months after the fracture, but we identified no association between delirium and mortality when adjusting for pre-fracture cognitive impairment. Delirium was present in 21.1 % of the patients preoperatively, and another 36.4 % developed delirium after the operation. Delayed surgery is an important risk factor for preoperative delirium, whereas low BMI is an important risk factor for postoperative delirium. Cognitive impairment and indoor injury are important risk factors for preoperative as well as postoperative delirium, and prioritizing patients at risk for delirium for operation might be an avenue in future studies.

Kulmala, Jenni

Visual acuity in relation to functional performance, falls and mortality in old age.

Jyväskylä, University of Jyväskylä, 2010.



Introduction and aims

Visual impairment is one of the leading causes of functional disability in old age. With increasing life expectancy, it is predicted that the number of people with visual impairment will increase significantly in the near future. This study was conducted to assess visual acuity in older people and to estimate whether possible visual acuity loss is associated with loss of functional capacity or disability. Furthermore, visual impairment as a risk factor for falls, other injurious accidents and mortality was examined.

Methods

The study was conducted with three existing data sets. Two data sets came from the Evergreen project, which is a multi-disciplinary, longitudinal follow-up study on the health and functional status of residents in Jyväskylä, Finland. The first study population comprised all persons aged 75 years in 1989 and the second all persons aged 80 years in 1990. Both populations were followed-up for 10 years after the baseline measurements. The third data set came from the Finnish Twin Study on Aging (FITSA), which investigates the role of genetic and environmental factors in the disablement process in old age. FITSA is a 3-year longitudinal study consisting of 434 women aged 63 to 76 years at baseline, with post baseline fall surveillance for one year and follow-up measurements at three years.

Results

We found that among relatively healthy women aged 63-76, visual impairment correlated with decreased knee extension strength, leg extension power, maximal walking speed and standing balance. In addition, visual impairment increased the risk of falls (including injurious falls) when accompanied with hearing and balance impairments. Furthermore, we found that among persons aged 75 and 80 at the baseline, lowered vision was a risk factor for injurious accidents in the 10-year follow-up. Poor vision also predicted mortality in the 75-year-old population.

Conclusions and perspectives

Visual impairment has a profound effect on multiple health outcomes and functional disability, and therefore should be taken into consideration when aiming to slow down the progression of the disablement process in old age. However, more research needs to be undertaken before the association between vision and the progression of the disablement process in old age is more clearly understood. In order to prevent disability in older people, effective treatment for chronic diseases and visual impairment should be delivered to those with these conditions. Better yet, effective strategies that prevent diseases and visual loss should be sought and implemented to delay or prevent the onset of visual impairment in older people. The most important target for preventing the onset of disability are older people with minor impairments and functional limitations, the main goal being to promote the functional independence of older persons. Because older people with visual impairment frequently experience numerous additional disabilities, which impede their independent functioning, a multi-disciplinary approach is needed in order to improve the quality of life and well-being of older people with sensory deficits.

Keywords: aging, coimpairment, disability, fall risk, functional capacity, mobility, mortality, visual acuity, visual impairment

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