



NORDISK GERONTOLOGISK FÖRENING

GeroNord

Nytt om forskning, utvecklingsarbete och undervisning på
äldreområdet i Norden

Årgång 18 nr 3—2009

EDITORIAL GERONORD October 2009

Dementia research in the Nordic countries

This issue of GeroNord is covering the field of dementia research in the Nordic Countries. It is not based on a proper survey, but all member societies are contacted and asked to submit some information about what is going on. And I am very happy to announce that the activity and also the quality of the research are high.

Some superb groups with high activity are well known, as the Swedish Brainpower network, www.swedishbrainpower.se, The Memory Disorders Research Unit at Copenhagen University Hospital, and the Norwegian Centre for Dementia Research, www.aldringoghelse.no. I challenge you all to seek information about these groups and their activities. Other projects will be briefly mentioned in this issue of GeroNord.

All the Nordic countries have substantial activities within dementia research, and for new researchers who want to go into these fields there is indeed expertise to contact. Our countries are small and my belief is that we will strengthen our research by collaboration within the countries, as is exemplified in the Swedish Brainpower Network, but also by Nordic collaboration as in the Nordic Dementia Diagnostic Network.

Now, in October 2009, it is also time to remember that the deadline for abstracts to the 20th Nordic Congress of Gerontology in Reykjavik 30 May – 2 June 2010, will be 31.01.10. Don't forget to submit your abstracts....

Second announcement of the congress will be distributed in these days. See www.congress.is/20nkg.

The International Association of Gerontology and Geriatrics (IAGG) has an increasing importance for global health of the elderly. In their newly released newsletter important issues are addressed.

See: http://iagg.healthandage.com/IAGG_Newsletter_October2009.pdf.

The best to you all!

Anette Hylen Ranhoff

The 20th Nordic Congress in Gerontology (20 NKG)

At a time when the midnight sun brightens our sky, the 20thNKG will be held in Reykjavik, Iceland. For those unfamiliar with this most northerly capital in the world, it is on the similar latitude as Trondheim in Norway, Umeå in Sweden and Jacobstad in Finland.

The registration will open on Sunday May 30th at the Hilton Hotel which will be the venue for the congress. The hotel is newly renovated including an additional conference site. The hotel is located approximately 1 km from the city centrum with good bus connections. The congress starts on Monday morning and closes midday on Wednesday.

As we are now passing the first decade of the 21st century we have also entered the electronic era. The Gero-Nord Journal is now published only on line and the 20th NKG will be the first of the Nordic Congresses that relies on the electronic method for announcements and information and thus there will be no printed version of the 2nd announcement. This is of course a challenge for the organizers. The program brochure and abstracts will still be printed as usual.

However, it is the content of the congress that matters most. The theme of the congress is Healthy Aging in the 21st Century. This theme will be reflected in the plenary sessions as well as in many other sessions of the congress. The scientific committee has set together an exciting mixture of symposia and state of the art lectures that we hope will represent the broad range of gerontology in our countries. The bulk of the content will nevertheless be the different topics for oral presentations and posters reflecting the current trends in research. As has been customary in our congresses there will be prizes for the best posters. It is however the first time we will have an input from the European Union Geriatric Medicine Society (EUGMS) which consists of a symposium promoting a life course vaccination program.

Young researchers in gerontology in the Nordic countries and the Baltic States will be able to seek for a grant for the congress and further information on that will be given in the 2nd Announcement.

It is the sincere hope of the organizers of the congress that those attending will experience a milestone on their road of adding greater knowledge in the gerontological sciences.

For more information see: <http://www.congress.is/20nkg/index.asp>.

Jon Snaedal, president of the 20th NKG

A Danish network for memory clinics

In October 2008 a network of Danish memory clinics was established in a meeting in Odense. 125 participants from 29 memory clinics and hospital departments attended the meeting. The plan will be to meet on an annual basis and to develop collaborative projects. The general aim of the network is to facilitate cooperation and mutual inspiration among Danish memory clinics. In October 2009 the second meeting in the network was held in Odense with approximately 150 participants from 28 memory clinics. At this meeting representatives from the memory clinics were potentially interested in participating in joint projects regarding research and development.

A number of forward initiatives were discussed and as yet the areas of common interest are:

Bio-fluid markers of Alzheimer's disease and other dementias. We wish to explore the possibility of establishing a nationwide biobank of systematically collected blood and CSF samples from memory clinic patients in order to strengthen the research in bio-fluid markers for early diagnosis of dementia.

A joint database on the quality of the diagnostic evaluation of dementia. One of the five administrative regions in Denmark - the Capital Region - has established a quality database monitoring the quality of dementia evaluations focusing on process-indicators such as the duration of the evaluation process, the percentage of patients who are cognitively screened with the MiniMental Status Examination, etc. We wish to investigate the possibility of establishing a national database on the quality of the diagnostic evaluation.

A joint Danish version of the MiniMental Status Examination (MMSE). Currently approximately 10 different translations and versions of the MMSE are used in Denmark. We wish to explore the possibility of working out a joint Danish version of the MMSE applying standardized guidelines for administration and scoring.

Kasper Jørgensen & Gunhild Waldemar

Dementia research in Iceland

In this short report three topics will be mentioned. The first one is a longstanding research on genetics of senile dementia, a collaboration of researchers at the Memory Clinic of the Geriatric Department in Reykjavik and a private company, deCode Genetics. Samples of 850 patients with possible, probable or definitive Alzheimer's Disease had been collected and analysed by 300 thousand SNP's (Illumina® technique). The patient group has been compared to two control groups. One of the groups contains participants from other genetic studies at the company, more than 20.000 individuals. The other control group is interesting in this context as it contains participants in a genetic study on longevity. All those controls have reached the age of 90 without any significant cognitive impairment. To the researcher's disappointment, the only significant site in the genome was linked to ApoE. No other sites previously presented by other researchers were confirmed. A separate analysis of the SNP's most frequently (but not significantly) found in the patients were then analysed in three other cohorts from the US and Europe but this analysis did not give any significant results either. Generally, genetic research in senile dementia has not revealed any significant new knowledge for a long time. The lack of positive results in Iceland is therefore of no surprise. Recently there have been reports on new markers and they are now being looked at more closely by the Icelandic researchers.

The second topic is the ongoing AGES study of the Icelandic Heart Association in collaboration with the NIA in the USA. More than 5000 individuals participating in an epidemiologic study of the Heart Association in middle age were invited at the age of 70 or more to an extensive evaluation of cardiovascular health. Other functions such as brain function, sensory function and bone health are evaluated as well. This phase of the study has been finished and a second phase (AGES II) is now being conducted with more than 2000 participants. Results are now being calculated and published. As an example of knowledge this study is bringing is how physical activity at middle age influences various symptoms in old age. Physical activity seems to be somewhat protective against cognitive decline, depressive symptoms and functional decline more than 25 years later. Many aspects of the study will be discussed by Prof. Palmi V. Jonsson, one of the plenary speakers at the 20th NKG this spring and one of the principal investigators of the AGES studies.

The third topic is a research on the use of EEG in the diagnosis and differential diagnosis in dementia. This is a collaborative project of researchers at the Memory Clinic, Geriatric Department and a research and development company in Reykjavik, Mentis Cura. The research is based on a statistical method on the EEG-registrations that has hardly been used in quantitative EEG (qEEG) until now. The method used has been developed by Mentis Cura. A database of 1000 registrations of five different patient categories and controls as the sixth category forms the basis of this research. The diagnostic accuracy in Alzheimer's disease seems to be better than older methods of qEEG and most likely on level with PET, volumetric analysis on MRI and liquor analysis of beta amyloid and tau proteins. In addition it seems that other forms of dementia can be positively characterized by this method such as Lewy/Parkinson dementia and vascular dementia. This need to be evaluated by independent researchers and it is our hope that the newly established network of the Nordic Memory Clinics will decide to do research on the use of this EEG technique.

Grenserregionalt samarbeid om demens Norsk-svensk samarbeid om felles omsorgsfilosofi.

I september 2008 startet det norsk- svenske samarbeidet "Gränsregional omsorgsfilosofi" utdanningsmodell som retter seg mot personer med demens, deres pårørende og omsorgspersonell. Prosjektet avsluttes 31. desember 2010. Prosjektet har kontakt med både Svensk Demenscentrum og Nasjonalt kompetansesenter for aldring og helse og har som formål å skape en mest mulig enhetlig faglig- etisk plattform for demensomsorgen i grensekommunene. Slik kan brukerne av tjenester, deres pårørende og personalet gi og få tjenester basert på den samme omsorgsfilosofien, selv om de flytter til en annen av prosjektkommunene. Sykepleier Maria Hansson er prosjektleder og beskriver prosjektets bakgrunn, mål og filosofi. Hele artikkelen finner du på D&As nettside www.demensogalderspsykiatri.no.

Her tar vi med punkter fra artikkelen som viser hva prosjektet går ut på:

- Åtta gränskommuner ska genom samarbete skapa en utbildningsmodell, "Gränsregional omsorgsfilosofi", som riktar sig till personer med demenssjukdom, deras närstående och omsorgspersonal.
- Strömstads och Fredrikstads kommun är projektägare och de andra deltagande kommunerna är Rygge, Tanum, Munkedal, Lysekill, Mellerud och Bengtfors.
- Projektet omfattar utbildning till vård- och omsorgspersonal som leder till en ökad kompetens i de deltagande kommunerna. Utbildningsmodellen utgår ifrån en gemensam omsorgsfilosofi, vilket underlättar rörligheten över riksgårnsen för både omsorgstagare, deras närstående och personalen.
- Under projektperioden är det planerat tre lärandeseminarier för deltagarna. Utbildningsdagarnas tema utgår ifrån hörnstenarna i palliativ vårdfilosofi och vård vid livets slut.

The Nordic Network in Dementia Diagnostics: NIDD

Nordisk Nettverk i Demens Diagnostikk (The Nordic Network in Dementia Diagnostics, NIDD) er etablert etter tildeling av midler fra NordForsk (www.nordforsk.org). NIDD er et av 30 nettverk som i år fikk en tildeling på 300 000 NOK pr. år for perioden 2010-2013 av totalt 86 søknader om etablering av forskernettverk. NIDD er et tverrfaglig nettverk som i utgangspunktet består av ni klinisk forankrede forskergrupper fra alle fem nordiske land, samt et assosiert medlem fra Litauen. En hovedmålsetning er å harmonisere en felles nordisk utredningsprotokoll med et minste felles sett av variabler for å kunne gjennomføre nordiske samarbeidsprosjekter innen klinisk demensdiagnostikk. I forbindelse med dette arbeidet vil det arrangeres work-shops, seminarier og mindre konferanser åpne for et større publikum. Nettverket vil samarbeide om prosjekter som har til hensikt å utvikle og forbedre tidlig diagnostikk av demens, øke kunnskapen om årsaksforhold ved ulike demenstilstander samt å sikre validiteten av enkle diagnostiske verktøy. Virksomheten vil etterstrebe en standard som tilsvarer "Nordic Centre of Excellence" og vil søke om å etablere seg som "Centre of Excellence in Clinical Dementia Diagnostics" innen utgangen av den 3-årige støtteperioden. NIDD som helhet og de enkelte nettverksmedlemmene må innhente eksterne midler for å finansiere forskningsprosjektene det skal samarbeides om. I henhold til NordForsk's statutter, er det ønskelig å etablere prosjekter der man også samarbeider med industrien. Doktorgrads stipendiater og post-doc kandidater er velkomne til å delta aktivt i nettverket. På sikt er det ønskelig å samarbeide om veiledningen av stipendiater knyttet til spesielle samarbeidsprosjekter utgått fra nettverket. NIDD vil i løpet av første halvår etablere en egen hjemmeside med relevant informasjon om nettverksvirksomheten samt kontaktinformasjon til nettverksgrupper – og medlemmer.

For mer informasjon, kontakt koodinator og administrativt ansvarlig for NIDD:

Anne Rita Øksengård, MD, PhD, Karolinska Institutet / Hukommelsesklinikken, Geriatrisk avd., Oslo Universitetssykehus, Ullevål (rita.oksengard@karolinska.se / anok@uus.no)

PHD DISSERTATION ABSTRACT

Korhonen, Marko T.

Effects of aging and training on sprint performance, muscle structure and contractile function in athletes

Jyväskylä: University of Jyväskylä, 2009
(Studies in Sport, Physical Education and Health,
ISSN 0356-1070-; 137)
ISBN 978-951-39-3611-2
Diss.



Cross-sectional studies were conducted to examine sprint running, anaerobic energy production and muscle properties in male sprinters aged 17-88 years. In addition, a 20-week training intervention was carried out to determine whether older runners can further improve their neuromuscular and performance characteristics by a greater emphasis on strength training. With age, sprint performance declined gradually (5-6%/decade). The slowing of maximum speed was characterized by a reduction in stride length and an increase in contact time along with lower ground reaction forces (GRF) and smaller leg and vertical stiffness during the contact phase. Stride frequency showed small decline while swing time remained unaffected with age. Variability in the biomechanical parameters that showed good repeatability (CV 1-6%) was the same in the older as younger runners, and no age effect was seen in the symmetry of the measures. $[La]_{b, peak}$ declined with age after races over 100-400 m, the decrease becoming more evident from age 70. Running times correlated inversely with $[La]_{b, peak}$. Leg muscle thickness, type II fiber size and myosin heavy chain (MyHC) II isoform content decreased with age, while type I fiber size, fiber distribution and fascicle length showed no age differences. In single type I and IIa MyHC fibers, neither force adjusted for fiber size nor contractile speed differed between the groups. There was an age-related decline in maximal (8-9%/decade) and explosive (10-11%/decade) isometric and dynamic leg strength. The differences in maximal, but not in explosive, isometric strength were eliminated when normalized for muscle thickness. Muscle thickness was the strongest predictor of GRF in the braking phase, while the counter-movement jump explained most of the variance in push-off GRF. The sprint training, including heavy-resistance and high-power strength exercises, resulted in significant gains in maximal and explosive strength and improvements in force production during running. The improvements were mainly related to hypertrophic adaptations. The results show that the deterioration in sprint performance with age is a complex phenomenon that may be affected by the interaction of changes in biomechanical, neuromuscular and metabolic factors. A major contributor appears to be reduced muscle mass, caused partially by decreased type II fiber size, which affects the GRFs required to achieve fast running speeds. However, habitual sprint training seems to maintain speed, strength and glycolytic energy production at high levels into older age and is effective in preventing the age-related decline in single fiber function and fascicle length. The data also suggest that to maximize the training effects on fast fibers, rapid strength and speed performance, the optimal training regimen requires a strength training component.

Key Words: aging, master athlete, muscle, single fiber, speed, sprint running, strength

PHD DISSERTATION ABSTRACT

von Bonsdorff, Mikaela B.

Physical activity as a predictor of disability and social and health service use in older people

Jyväskylä: University of Jyväskylä, 2009 101 p.

(Studies in Sport, Physical Education, and Health

ISSN 0356-1070; 141)

ISBN 978-951-39-3645-7

Finnish summary

Diss.

The purpose of the study was to investigate whether functional status and physical activity history predict all-cause hospital and long-term care use among older community-dwelling people. In addition, the effects of physical activity counseling on instrumental activities of daily living (IADL) disability and home care service use in an older sedentary population were studied.

Data from three larger studies were used. The Evergreen project cohorts born in 1910 and 1914 consisted of 617 persons. From the Evergreen project interview data on individuals born in 1908-1923, a decedent population was investigated (n=846). Screening and Counseling for Physical Activity and Mobility among Older People, SCAMOB, was a 2-year physical activity counseling randomized controlled trial with a 1.5 year follow-up (n=632). Data on physical activity, walking speed, cognitive capacity, disability and health status were obtained in face-to-face interviews in the participants' homes or at research centre examinations. Register-based data were collected on home care use for 3.5 years and for hospital and long-term care use for up to 16 years.

The risk of long-term care was higher for older people with co-occurring mobility limitation and cognitive deficits compared to people with no limitations. Among men, hospital care in the last year of life decreased with higher levels of physical activity from midlife onwards. Among women, end-of-life long-term care increased with lower physical activity levels. The physical activity counseling intervention had no effect on IADL disability. However, subgroup analyses showed that the incidence of IADL disability for those with no IADL disability at baseline was lower in the intervention group. In addition, the secondary analyses suggested that home care use was lower in the intervention group.

The study stresses the beneficial effect of midlife and old age physical activity in compressing end-of-life disability and related service use. The effectiveness of an easily implemented physical activity counseling intervention which decreases disability and related service use should be studied more closely in different target groups.

Keywords: disability, home care, hospital care, long-term care, physical activity, primary care, older people

PHD DISSERTATION ABSTRACT

von Bonsdorff, Monika E.

Intentions of early retirement and continuing to work among middle-aged and older employees

Jyväskylä: University of Jyväskylä, 2009, 86 p.

(Studies in Business and Economics

ISSN 1457-1986; 83)

ISBN 978-951-39-3644-0

Finnish summary

Diss.

The purpose of this study is to investigate personal, health, work, and work-related psychological factors in association with employee intentions of early retirement and continuing to work after retirement in the form of bridge employment. In addition, the study aims to further our understanding of what motivates older employees by investigating age-related differences in employee reward preferences. The study draws upon several theoretical perspectives, including continuity theory, the life course perspective, theories on motivation, and the meaning of work for older employees. Survey data from three individual research projects are used in this study - age management studies consisting of three separate hospital surveys collected from the Central Finland Central Hospital and Kuopio University Hospital, a longitudinal study on aging municipal employees (KVTEL 1981-1997) conducted by the Finnish Institute of Occupational Health between 1981 and 1997 and the Merit Principal Survey data collected by the U.S. Merit Systems Protection Board (MSPB) in 2000.

Good perceived health, good work ability and positive work-related psychological factors, such as the absence of negative perceptions about work, reward satisfaction, and high job control and job satisfaction are significantly associated with employee intentions to continue working instead of retiring early. This dissertation looks at gender-differences in the stability of predictors of early retirement intentions. Men seem to be more strongly affected by poor health in older age, whereas women seem to be more affected by the positive and negative psychological aspects of work from mid-life onwards. In addition, there are age-related differences in reward preferences. Older employees prefer financial rewards more than younger employees. Reward preferences and work motivation can partly be interpreted through motivation theories and the meaning of work for older employees. This study highlights the importance of organizational management practices in enabling older individuals to continue working longer. Understanding decisions in late-career in terms of timing, individual choices and psycho-physical entities can help us come to grips with the challenges of the aging workforce in future decades.

Keywords: early retirement intentions, bridge employment, reward preferences, well-being at work, continuity theory, life course perspective, older employees

Ny professor i gerontologi ved Københavns Universitet

Dr.Med., Ph.D. Kirsten Avlund er udnævnt til professor med særlige opgaver i gerontologi på Afdeling for Social Medicin, Institut for Folkesundhedsvidenskab, Det Sundhedsvidenskabelige Fakultet, Københavns Universitet. Hun bliver dermed den første professor i gerontologi på Københavns Universitet.



Kirsten Avlunds fremtidige forskning vil især være baseret på tre store forskningsbevillinger. I samarbejde med en tværfaglig projektgruppe har hun i april 2009 igangsat dataindsamlingen til en ny stor biobank, Copenhagen Aging and Midlife Biobank (CAMB), baseret på en donation på 19.5 mio DKK fra VELUX FONDEN. Hovedformålet er at opbygge en database på midaldrende personer, som har været fulgt siden barndommen. CAMB skal danne basis for en række fremtidige gerontologiske projekter om betydningen af sociale, mentale og helbredsmæssige faktorer i barndom og ungdom for tidlig aldring – og om betydningen af biologiske og sociale faktorer midt i livet for aldringsprocessen hos gamle mennesker.

Kirsten Avlund er tillige med i centerledelsen for Dansk Aldrings Forsknings Center, som er etableret i 2008 med en bevilling på 22.5 mio DKK fra VELUX FONDEN. Denne bevilling har muliggjort et samarbejde mellem aldringsforskere på Syddansk, Aarhus, og Københavns universiteter, således at der kan ske en koordineret indsats inden for aldringsforskningen i Danmark. Eksempler på specifikke projekter er, om træthed ved de daglige aktiviteter er relateret til telomertab og DNA-skader, og hvordan træthed påvirker sygdomsudvikling hos midaldrende og gamle mennesker (Ph.D.-studerende Anette Ekmann).

Kirsten Avlund er også med i styregruppen for Center for Sund Aldring (CESA) ved Københavns Universitet. CESA blev etableret i slutningen af 2008 med en bevilling på 150 mio DKK fra Nordea-Danmark Fonden og har det overordnede formål at gennemføre forskning om, hvordan flere mennesker kan opnå en sund alderdom.

Udover disse overordnede opgaver vil Kirsten Avlund fortsætte sit mangeårige samarbejde med Forskningscenter for Forebyggelse og Sundhed og Ældreforskningscentret ved Odontologisk Institut, specielt om 1914-populationen i Glostrup, som er undersøgt med regelmæssige mellemrum siden de var 50 år gamle.

Endelig vil Kirsten Avlund forsætte samarbejdet med praktiserende læge Mikkel Vass om forebyggende hjemmebesøg. Her vil de fx gå videre med spørgsmål om, hvordan den sociale kapital i lokalområderne påvirker effekten af de forebyggende hjemmebesøg (Ph.d.-studerende Tine Poulsen), om betydningen af den sociale kontakt ved besøget (post.doc Yukari Yamada), om betydningen af socioøkonomisk status for effekten af de forebyggende hjemmebesøg (skolarstipendiat Anne Friis Krarup) og for sammenhængen mellem sociale relationer og funktionsevnetab (Ph.d.-studerende Charlotte Nilsson).

20th Nordic Congress of Gerontology

The Sohlberg's Nordic Prize in Gerontology 2010

The Nordic Gerontological Federation (NGF) calls for nomination of candidates for Sohlberg's Nordic Prize in Gerontology. This prize of € 10.000 is sponsored by the Päivikki and Sakari Sohlberg Foundation and 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.

The prize will be awarded by 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 Snødal, MD PhD) and the two most recent prize-winners (Professors Yngve Gustafson and Professor Knut Engedal).

NGF invites for nominations of candidates for this prize (applications will not be accepted). A nomination must include the reasons for why the candidate is nominated (described on a half to a full A4 page) together with the curriculum vitas and the publication list of the candidate. This material should be sent electronically to NGFs by Anette Hylén Ranhoff, ahranhoff@yahoo.no and received there no later than December 31, 2009.

Exercise rehabilitation to home-dwelling patients with dementia- a randomized controlled intervention study. Presentation of the trail design and its feasibility.

Pitkälä KH, MD, PhD; University of Helsinki, Department of General Practice

Laakkonen ML, MD, PhD; University of Helsinki, Department of General Practice and City of Helsinki, Health Center

Raivio M, MD, PhD; The Social Insurance Institution of Finland

Tilvis RS, MD, PhD; University of Helsinki, Department of General Internal Medicine and Geriatrics

Strandberg TE, MD, PhD, University of Oulu, Institute of Health Sciences/Geriatrics, Finland

Over 70 randomized controlled trials (RCT) have investigated the effects of exercise rehabilitation among older people. However, the trials in dementia patients are still scarce. There is some evidence that intensive, long-lasting exercise may improve even physical functioning among older people. Exercise may also have favorable effects on behavioral and psychological symptoms of dementia (BPSD), and on cognition. The aim of this study is to investigate whether intensive, long-lasting exercise rehabilitation has effectiveness on mobility and physical functioning of home-dwelling patients with dementia. This project is performed as part of the Geriatric rehabilitation project of the Social Insurance Institution of Finland. The project coordinated by the Central Union for the Welfare of the Aged, and it is made in cooperation with the University of Helsinki, University of Oulu, and funded by the Social Insurance Institution of Finland, Päivikki and Sakari Sohlberg Foundation and Konung Gustav V:s och Drottning Victorias Frimurarstiftelse.

During years 2008-2010, patients with Alzheimer disease (n=210) living with their spousal caregiver in community will be recruited using central registers in Finland, and they will be offered exercise rehabilitation lasting one year. The patients will be randomized into three arms: 1) tailored home-based exercise (one hour) x2/wk 2) group-based exercise (four hours) x2/wk in rehabilitation center 3) control group with information of exercise and nutrition. Main outcome measures will be Guralnik tests and FIM-test to assess mobility and functioning, respectively. Secondary measures will be verbal fluency, NPI and Cornell, and RAND-36 to assess cognition, BPSDs, and QOL of caregivers, respectively. Data concerning admissions to institutional care and the use of health services will be collected during a two year follow-up.

By October 2009, 120 patients have completed their one-year rehabilitation. Further 90 patients were randomized during the summer 2009 and they have started their rehabilitation. Baseline results were presented at IAGG world congress of gerontology in Paris. The patients are old and frail with many comorbidities (table 1). The caregiving spouses are also old. Although group rehab is popular, 25% of participants in this arm are drop-outs. Otherwise, adherence is very high. The families are very content with the rehabilitation and also the controls feel they benefit from study nurses' support. There were a mean 1.3 – 2.0 falls /participant during 0.5 year of follow-up (2.0 in the controls).

This is the first intervention study investigating the efficacy of intensive exercise on functioning of patients with dementia. We have successfully randomized 210 dementia caregiving families into three arms. Exercise rehabilitation is feasible and well-liked by AD caregiving families. If the intervention has efficacy on functioning and decreases the need for health services, it may have great impact on QoL of these old couples and substantial economic significance.

Table 1. Baseline characteristics of the first 120 caregiving couples

	Group exercise	Home exercise	Control
Patients' age	79.3	78.9	78.7
Caregivers' age	77.5	77.3	76.6
Pts: females, %	37.5	45	40
MMSE	17.1	16.3	17.2
MNA	22.5	22.3	21.6
FIM	80.1	82.4	84.7
NPI	21.6	22.0	24.8

Minneord

Alvar Svanborg

Professorn emeritus i geriatrik vid Sahlgrenska akademien vid Göteborgs universitet Alvar Svanborg har avlidit i en ålder av 87 år. Närmast anhöriga är hustrun Marianne och barnen Catharina, Elisabeth, Anna och Arvid med familjer.

Alvar- Affa för vännerna- föddes 1921 i ett prästhem i Umeå. Hans medicinska utbildning ägde rum vid Karolinska institutet i Stockholm, där han blev internmedicinare bland annat hos professorn och förste livmedikusen Nanna Swartz. Till Göteborg kom han i mitten av femtiotalet som internmedicinare. I juni 1966 kom han som överläkare och senare styresman till Vasa sjukhus, som då för tiden mest kunde beskrivas som ett av dåtidens långvårdssjukhus. Men sedan blev ingenting sig likt för den svenska geriatriken. Alvar och medarbetare förvandlade dåtidens omhändertagande av gamla och kroniskt sjuka till den aktiva moderna geriatrik vi känner i dag. Han var arkitekten för den moderna svenska geriatriken och han underströk det viktiga för specialiteten att arbeta differentierat i till exempel kliniker, öppenvård, dagsjukvård och sjukhem, och att geriatriken snabbt skulle inta sin rättmätiga plats på sjukhusen, och inte minst inom undervisning och forskning- det var inte helt vanligt för fyrtio år sedan. Alvars betydelse i vårt land och internationellt kan också exemplifieras av ordförandeskap i det som idag heter Svensk Geriatrisk Förening och Nordisk Gerontologisk Förening. Han var sedan åttiotalet ledamot av Expert Advisory Panel till WHO-chefen, och i två årtionden ledamot av socialstyrelsens vetenskapliga råd. Efter sin pensionering 1988 blev han professor i geriatrik vid University of Illinois at Chicago. Bara två av Alvars forskningsområden skall nämnas här. Han var tidigt ute med den moderna kliniska läkemedelsbehandlingen av Parkinsons sjukdom- huvudfigurerna var Alvar, Arvid Carlsson och Göran Steg. Han initierade vidare de stora och unika gerontologiska och geriatriska befolkningsundersökningarna i Göteborg (H70) och var deras första projektledare. Studierna, som fortfarande pågår efter 38 år, har starkt bidragit till kunskap om normalt åldrande, sjukdomskriterier, riskfaktorer med mera, inom många områden till exempel det dagliga livets aktiviteter, audiologi, hjärtsjukdomar, kognition, kontinensforskning, rörelseanalys, nutrition, oral hälsa, farmakologi och psykiatri i hög ålder- bland mycket annat. Omkring femtio doktorsavhandlingar och mer än 600 vetenskapliga arbeten har utgått från H70. Affa kom till geriatriken från en traditionell klinisk internmedicin. Men han lyckades på ett enastående sätt ta steget och att inse epidemiologins roll i förståendet av normalt åldrande och sjukdomar i hög ålder. Affa var tidigt klar över geriatrikens roll inom gerontologin och inte minst den ibland oklara och sällan knivskarpa gränsen mellan åldrande och sjukdom i hög ålder. Som person var Affa varm, medkännande och lyhörd. Som forskningsledare var han inspirerande, uppmuntrande och kunnig. Han hade inga tillrättavisande synpunkter på arbetkamraternas sätt att arbeta, till exempel vad gäller proportionen undervisning, forskning och kliniskt arbete- det fick man sköta själv så länge det blev resultat. Han var undomlig och intellektuellt rörlig. Om någon sade något till synes klokt kunde svaret bli OK. Men är det inte precis tvärtom. En hel generation av svenska äldreforskare har haft Affa som ledstjärna. Av många intressen utanför arbetet skall här nämnas blott tre: jakt, havet med Dyngö utanför Fjällbacka som bas och konst. Inte bara Affas familj och alla kolleger och vänner, utan i princip hela världens gerontologi och geriatrik sörjer Affa idag. Samtidigt är vi tacksamma för att ha fått känna honom.

Arvid Carlsson, Professor emeritus, Nobelpristagare

Ann-Kathrine Granérus, Professor emerita

Sten Landahl, Professor

Bodil Lernfelt, Docent

Ingmar Skoog, Professor

Bertil Steen, Professor emeritus

Göran Steg, Professor emeritus

Jan Helander

Professor Jan Helander, Lund, är död. Han blev 78 år. Hans närmaste är hustrun Barbro och barnen Bertil, Abba och Lena med familjer samt bröder med familjer.

Jan Helander föddes i Lund i 1930, den tredje av fem söner till professorn och biskop Dick Helander och hans hustru Maria. Jans kunskapsfält var brett. Han utbildade sig till psykolog och läste också kurser i teologi, pedagogik och medicin. 1967 blev han först i Sverige att disputera med en avhandling om gerontologi, läran om åldrandet. Han var verksam med forskning och undervisning inom gerontologin, från 50-talet till början av 70-talet vid psykologiska institutionen i Göteborg och från 1974 vid Gerontologiskt Centrum i Lund. Från 1980 och fram tills sjukdomen drabbade honom 1999 arbetade han som frilansande lärare. Han var ofta anlitad föreläsare i olika sammanhang.

BERTIL HELANDER

Våren 1967 läste jag en tidningsartikel om Jan Helander och gerontologi. Ett forskningsinstitut skulle startas i Jönköping. Det väckte mitt intresse och min psykologutbildning kom att innehålla även detta området. Utmärkande för Jan Helander var hans stora generositet med beröm och oppmuntran. Vid svårigheter fann han alltid en god lösning, som tillgodosåg många intressen. Han hade lätt att lyssna, fann nya vägar att gå, han tänkte kreativa och ibland omtumlande tankar, han vände upp och ner på världen. En gång sade Jan: Gerontologin börjar på mödravårdscentralen. När vi åhörare tappade hakan förklarade han att gerontologin omfattar hela livet, även fostertiden. Han fick andra att tänka i nya banor. Samtidigt var han en skicklig föreläsare och lärare och fick igång universitetskurser i gerontologi i Lund. Jans omtanke om andra visade sig när han under några år anordnade konferenser i en europeisk forskarförening. Många i Östeuropa hade svårt att resa till väst, så konferenserna hölls vartannat år på östra sidan av järnridån och vartannat år på västsidan. Jan Helander var en språklig virtuos och inpräntade hos sina medarbetare vikten av korrekt ordval. Han skrev läroböcker som uppskattades av studerande och yrkesverksamma, eftersom de var lätta att förstå och inspirerade till nya sätt att tänka. Lärande och inhämtande av ny kunskap var lustfyllt för Jan. Han var ivrig att förmedla kunskap och utmana till egen reflektion. Att förmedla forskningens resultat och kunskap till världen utanför akademien såg han som sin livsuppgift. Jan har påverkat många människor. Saknaden efter honom blev stor när han slutade undervisa, på grund av sjukdom. En fantastisk lärare och god vän är nu borta.

ELSE MELIN
Leg psykolog

Konferanser

EFGCP Geriatric Medicines Working Party Workshop arrangeres i Brussel, Belgia 19.-20. november. Program finner du her: <http://t2.ntools.no/inc/img/EFGCP.pdf>.

6th International Congress on Vascular Dementia arrangeres i Barcelona 19.-22. november. Det vil være mulig å registrere seg til og med 15. november. Hjemmesiden finner du her: <http://www2.kenes.com/Vascular/Pages/Home.aspx>.

20 NKG Iceland vil åpen registreringen i løpet av november 2009 på kongressens hjemmeside. Siden finner du her: <http://www.congress.is/20nkg/>.

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2:e vice ordförande: Jon Snaedal

Sekretariat: Ann-Marie Petersson

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Dansk Selskab for Geriatri: Finn Rønholt

Finland:

Societas Gerontologica Fennica: Otto Lindberg

Suomen Geriatri-Finlands geriatrier: Matti Mäkelä

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