



Nordic Gerontological Federation

GeroNord

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

Volume 36, no. 1, 2024

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Words from the President

Dear friends & colleagues,

The Nordic Congress of Gerontology is approaching. We are all looking forward to getting together in the beautiful and vibrant city of Stockholm, where Karolinska Institutet will provide the best environment we could hope for.

When the Swedish organizers agreed on the topic of 27NKG, I believe they could not fully know how even more relevant this title would become. Reflecting on the title 'Ageing in a transforming world' it is clear to me that it turned out to herald even greater transformations than perhaps first expected. In many places in the world, due to war and conflicts, transformations are more substantial than ever, having a huge impact on the everyday life and future perspectives of the people living there. Not far from us, in Ukraine and Gaza, older people are facing a particularly dire situation, with specific risks to their health and well-being. Amnesty International has reported on the living conditions of older people living in Ukraine:

Older people have comprised a disproportionate number of civilian casualties during the war in Ukraine. They often stay behind in conflict-affected areas, whether because they have disabilities that make fleeing impossible or because they are reluctant to abandon their homes, which are usually their only valuable asset. But even after being displaced to safer parts of Ukraine, older people often face insurmountable hurdles in their efforts to rebuild an autonomous and dignified life, struggling to access housing, support services and healthcare on an equal basis with others.

Please read more in the report [“They live in the dark”. Older people’s isolation and inadequate access to housing amid Russia’s invasion of Ukraine.](#)

Age International has reported on the lives and deaths of older people living in Gaza:

Older people in Gaza have already endured many years of tension and challenge. The current situation is leading to increasing levels of trauma for all age groups. Nine out of ten older people in Gaza have at least one disability, which can make it harder to manage in a crisis. When advice was given to Gazans to flee the conflict areas, older people were least able to and were most likely to be in hospitals and residential care facilities that could not be evacuated.

Please read more at Age International's home page: [Remembering older people in Gaza.](#)

In the Nordic countries, ageing may be less fraught with conflict. Yet, war and conflict affect all of us somehow or another. Conflicts move into our everyday lives and affect how we think about the future. The need for building defenses is increasing. The defense cooperation within and beyond the Nordic countries in NATO now also includes Sweden and Finland.

As researchers, we work across borders and defenses. In the congress call the Swedish organizers state, that the Nordic countries should take a more active role in promoting healthy ageing globally. This should include being forerunners in research and practice on increasingly important issues with implications for older adults, such as equity, global health, living conditions, migration, welfare technology, and the organization of health and social care.

In times of increasing international conflict, there is a need for Nordic ageing researchers to be forerunners on another track as well. I believe the need for a strengthened focus on collaboration across borders is substantial. In the Nordic countries, we consider ourselves to be quite good at working together. The Nordic Gerontological Federation (NGF) is one of many examples. The NGF was established in 1974, so this year marks 50 years of working towards strengthening the ties across the Nordic countries, not least through organizing the Nordic Gerontological Congress that takes place every second year. This time too, the collaboration has been productive. A big thank you to the Swedish organisers for arranging what promises to be a great congress, and thanks for inviting us to share our experiences during the process. I wish that Nordic cooperation could inspire others elsewhere.

Warm Regards,



Jette Thuesen
President of the Nordic Gerontological Federation



Will you be joining us in Stockholm?

An exciting program is taking shape for the 27th Nordic Congress of Gerontology in Stockholm, Sweden, June 12-14 2024.

The 27NKG scientific committee has successfully evaluated a significant number of abstracts, resulting in the selection of 28 symposia, 120 oral presentations and over 500 posters. In addition, the program offers five keynote presentations with knowledgeable moderators and 'spotlight sessions' where the chair of each session is invited by the NKG organising committee and designs the program based on her/his preferences. Sessions tackle key topics linked to geriatrics and gerontology by well-known experts in the field bringing new insights to the subject.

We are convinced that this year's program will accurately represent the diverse field of gerontology and geriatrics, fulfilling one of the primary goals of the congress. Including these complementary but distinct fields allows for a comprehensive understanding of ageing, fosters interdisciplinary collaboration, and promotes a holistic approach to addressing the needs of older adults.

Program highlights

Opening ceremony

We are delighted and proud to announce that Her Majesty the Queen will once again open the Nordic Congress of Gerontology, as she did twenty years ago in Stockholm. Her ongoing commitment to issues related to an ageing population serves as inspiration for both the research community and society as a whole.

Junior activities

The organizing committee is excited to highlight the special activities designed for junior researchers during the congress. The afternoon and evening before the official opening will be exclusively dedicated to those in the early stages of their careers. Learn more about engaging panel discussions featuring highly accomplished senior researchers sharing insights into career paths within gerontology, information about the SIPET Masterclasses available during the congress as well as the SWEAH 'fika and mingle', by visiting our website.

Posters

Posters play a vital role in our scientific program and therefore they will receive special focus with organised poster tours for more effective dissemination. The goal is to include as many posters as possible in these tours. Additionally, poster awards will be presented in collaboration with various prominent scientific journals. These awards will be based on the reviewers' scores for the abstract and the quality of the poster. [Please visit our website](#) to learn more about our poster prize sponsors.

Practitioner Day

We're pleased to announce that during the first day of the 27NKG, a parallel program will be held. It will allow practitioners in the Swedish welfare sector to engage in parts of the scientific program and then discuss current issues in a panel titled: "From Practice to Policy: How Can Data-Driven Knowledge Development and Collaborative Research Contribute to a Sustainable Welfare Sector?" This program will be inaugurated by Sweden's Minister of Older People and Social Security, Anna Tenje, and moderated by the journalist Marianne Rundström, an award-winning advocate for older people's issues. Organized by the Stockholm Gerontology Research Center (Äldrecentrum), the Practitioner Day will be conducted in Swedish. [Read more about it here.](#)

We wish you a lovely start to the spring season!

Carin Lennartsson
Congress President

Amaia Calderón-Larrañaga
Secretary General

On behalf of the [27th NKG organising committee](#)



The Sohlberg Prize 2024 is awarded to Professor Teppo Kröger from Finland

The Sohlberg Prize is the most prestigious Nordic prize in gerontology, sponsored by the Päivikki and Sakari Sohlberg Foundation. It will be awarded at the 27NKG where Teppo Kröger will give a prize lecture.

Photo: Kristiina Kontoniemi

The prize is awarded to a scientist active in a Nordic country who is a leader in gerontology with a major influence on the development of her/his field in aging research. To be considered the candidate should have built a strong research group or initiated research of major importance for developments in gerontology.

Our esteemed recipient of The Sohlberg Prize 2024 is Professor Teppo Kröger from the University of Jyväskylä, Finland. Teppo Kröger has been engaged in research on ageing and care since the mid 1990s, and has a long experience leading national and international research projects. He has an extensive and impressive list of publications on various topics including eldercare services from all the parties involved (frail older persons, their families and paid care workers). Teppo Kröger was appointed as Professor of Social and Public Policy at the University of Jyväskylä in 2011. Since 2018, he has been the Director and PI of the Centre of Excellence in Research on Ageing and Care and Team Leader of its Research Group 1 'Ageing and Comparative Care Policy'.

Aside from his many scientific and academic merits, Teppo Kröger is also a highly original and creative scholar who has had a great impact on ageing and care research in the Nordic countries as well as internationally. In particular, the jury would like to stress his theoretical contributions. He has launched several powerful concepts such as "care poverty", unfolded in his latest book [*Care Poverty: When Older People's Needs Remain Unmet*](#). He is also known as a very encouraging and supporting supervisor and team leader of younger scholars, and the jury had no doubt he was the perfect candidate for the prize!

[Read more about Teppo Kröger.](#)



Kaisa Koivunen is awarded prize from the Nordic Gerontological Federation

At the 27NKG the Nordic Gerontological Federation's prize for promising researcher in gerontology will be handed out for the 6th time.

The prize is intended for a promising researcher from the country that hosts the following Nordic Congress of Gerontology. The candidate must not hold a senior position.

The worthy recipient of the NGF Prize 2024 is Kaisa Koivunen, postdoctoral researcher at the University of Jyväskylä. Koivunen is a versatile researcher in the field of gerontology. Her main interests are in public health, physical functioning, and specifically systemic resilience and psychometrics. Her basic education is a Master of Health Sciences (Physiotherapy).

Koivunen defended her doctoral thesis *"Resilience in Old Age: Physical Performance and Psychosocial Factors in Changing Sociohistorical Contexts and as Resources in Adversities"* at the University of Jyväskylä in 2021. Since then, Koivunen has continued her academic research as a postdoctoral researcher at the Faculty of Sport and Health Sciences at the University of Jyväskylä. At present, she is working on her research project "Resilience and Aging Well: A Complex Systems Approach".

Koivunen has worked as a visiting fellow at the Department of Epidemiology & Data Science, Amsterdam University Medical Center, reporting on intrinsic capacity on the Longitudinal Aging Study Amsterdam (LASA). She has an active role in the research project *"Are Older People Becoming Younger? Cohort differences in perceived age and functional capacity among 75- and 80-year-old people assessed 28 years apart (Evergreen 2)"* at the University of Jyväskylä.

Koivunen is previously awarded the Best Doctoral Student's Research Paper at the Gerontology Research Center at the University of Jyväskylä (2019) and the Junior Scientist award of the Finnish Society of Sport Sciences research competition (2019 & 2020).

Kaisa Koivunen will give a prize lecture at the 27NKG in Stockholm.

[Read more about Kaisa Koivunen.](#)



12 Nordic scholars receive travel grants for the 27NKG

The travel grants are awarded by the Nordic Gerontological Federation and the 27th Nordic Congress of Gerontology.

Denmark

[Laura Pirhonen Nørmark](#), University of Copenhagen

[Mathias Skjødt Christensen](#), University of Southern Denmark

Finland

[Ann-Louise Sirén](#), Helsinki University

[Laura Lahti](#), Tampere University

Iceland

[Inga V. Kristinsdottir](#), University of Iceland

[Margrét Guðnadóttir](#), University of Iceland

Norway

[Karl Jonathan Berg](#), Norwegian University of Science and Technology

[Ida K. Landgraff](#), Bærum Hospital, Vestre Viken Hospital Trust

Sweden

[David Dahlgren](#), Lund University

[Nadezhda Golovchanova](#), Örebro University

Estonia

[Olga Lupanova](#), Tallin University

Latvia

[Madara Mīkelsone](#), Riga Stradiņš University

Each travel grant is 5.000 SEK and free participation in the 27NKG.

The NGF congratulates the travel grant recipients of 2024!

Recent PhD dissertations



Free-living sit-to-stand kinematics as indicator of lower extremity functional ability

Antti Löppönen, Faculty of Sport and Health Sciences and Gerontology Research Center, University of Jyväskylä, Finland and Department of Movement Sciences, Physical Activity, Sports and Health Research Group, KU Leuven, Belgium

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M.Sc. Antti Löppönen demonstrated in his doctoral thesis that daily sit-to-stand (STS) transitions can be reliably detected, and their angular velocity accurately determined using an accelerometer attached to the thigh. Daily sit-to-stand transitions may provide indicators of older adults' physical functioning.

Strength-demanding daily activities such as sit-to-stand (STS) transitions are essential for independent living among older adults. STS transitions are one of the most common strength-demanding daily activities, and on average, community-dwelling older adults have been reported to perform 45 STS transitions per day. Previous studies have found that 14.0% to 21.6% of older adults report difficulties with STS transitions, which can lead to decreased mobility. Measurement of STS transitions using advanced wearables offers a broader picture of physical activity and potentially indicates a future decline in physical functioning. This dissertation had three aims: first, to develop an open and universal algorithm that can detect and quantify the intensity of free-living STS transitions; second, to compare how free-living STS characteristics differ between age and sex groups and how they are associated with laboratory-based measurements; and third, to determine whether free-living STS characteristics could be an indicator of future decline in physical functioning among community-dwelling older adults.

Data were drawn from three projects: the Active Ageing–Resilience and External Support as Modifiers of the Disablement Outcome (n = 1,021), which included baseline (n = 479), 1-year intervention (n = 86), and 4-year follow-up measurements (n = 340); the Leuven project (n = 63) and the Finnish Retirement and Aging Finnish project (n = 188). The participants in the studies were community-dwelling older adults aged 60 to 90 years. Free-living STS characteristics were measured using an algorithm developed in this study that processes data from a thigh-worn accelerometer the size of a matchbox for three to seven days (continuous recording).

Free-living STS characteristics differed between age and sex groups. Men performed more and higher-velocity STS transitions than women. Daily STS transitions were positively correlated with physical functional assessments conducted in a laboratory setting, such as maximal isometric knee-extension strength and short physical performance battery. Additionally, the number and velocity of STS transitions were negatively correlated with the fear of falling and difficulties in stair walking. Older and low-functioning individuals appeared to perform free-living STS transitions at a higher percentage of their maximal capacity than younger and high-functioning individuals. In addition, free-living STS maximal angular velocity can predict future physical decline over a 4-year follow-up.

The doctoral dissertation provided indications that free-living STS transitions may reflect the adequacy of lower extremity muscle strength and predict the decline in physical functioning among older adults. Daily strength-demanding activities, especially their velocity distribution, could potentially be indicators in wearable sensor applications for the early identification of declining physical function. Moreover, they could potentially be used to monitor the progress of the rehabilitation process.

[*The dissertation can be read in the JYX publication archive.*](#)



From a reciprocal relationship to a care relationship? Dementia and couplehood

Päivi Eskola, Faculty of Sport and Health Sciences and Gerontology Research Center, and Open University, University of Jyväskylä, Finland

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Background and objectives: Population aging and increased life expectancy signify changes in family life and relationships as married couples live together longer and spouses age together. In a long-term relationship, it is highly likely that at some point, one spouse becomes the caregiver for the other. The reason for spousal caregiving is often related to dementia, which not only affects the person who has developed dementia but also impacts to their close relatives, especially their partner. This qualitative dissertation examined how the spousal relationship changes as spouse's dementia progresses. The changes in couplehood were examined from the perspectives of the couple's shared life, their physical and emotional intimacy (study 1), reciprocity (study 2), and the agency of the spouse with dementia (study 3).

Methods: The data consisted of 23 semi-structured interviews conducted and audio-recorded in 2018 and 2019 with home-dwelling persons diagnosed with dementia and their spousal carers from different regions of southern and central Finland. Spouses with dementia were diagnosed with Alzheimer's disease, frontotemporal, vascular, or mixed dementia. The mean age of spouses with dementia was 76 years, and of spousal carers 75 years. All but one couple was married. Most of the interviews were conducted at the interviewees' homes. Before the interview, each couple decided whether they would participate in the interview together or separately. Three couples felt that they could express themselves more freely if they were interviewed separately. The data were analyzed using qualitative content analysis.

Results: For some couples, dementia had already brought major changes to their relationship. The situation was influenced by the cause and the stage of dementia. The carer and the spouse with dementia provided more different than similar descriptions of their intimacy, reciprocity and couplehood. As dementia progressed, the physical and emotional intimacy and the reciprocity of the couplehood was at risk as the behaviour and agency of the spouse with dementia changed. The need for intimacy between spouses was different. The spousal carer missed their own space and time, but the spouse with dementia wanted them to be together all the time. Due to the symptoms related to dementia, the intimacy between spouses changed, as the spousal carer had to

take responsibility for the daily life of both spouses and eventually also the physical activities of daily living as well as the most demanding care procedures of the spouse with dementia. The spouse with dementia did not see the situation in the same way. Spouses with dementia described themselves as active actors and as members of the team, which the spousal carer tried to support.

Conclusion: The spousal carers could describe the relationship turning into a care relationship, but the spouse with dementia felt that they were living in a reciprocal relationship. Spousal carers' actions could be described as hypothetical reciprocity because they might think that the situation would be the same in reverse: if the spousal carer was the one with dementia, the other spouse would take care of them. From the point of view of the spouse with dementia, the promise of marriage gave the right to rely on a spousal carer. Dementia causes challenges to couplehood, but the life lived together, the intimacy of the couplehood despite changes to it, and a sense of responsibility for the spouse act as a source of strength for the couplehood and support its continuity.

[Learn more and download the full thesis](#) (in Finnish) or [study 1](#).

Please note: You find more recent PhD dissertations on page 18.



Gerontology in the Nordic countries: Finland

Finland has the highest number of member organisations of the Nordic countries – three societies are members of the NGF: Societas Gerontologica Fennica (SGF), the Finnish Geriatricians' Society and the Finnish Society for Growth and Ageing Research (KaVa). Finland is the host of the 28th NKG that will take place in Jyväskylä in 2027.

The information for this feature is kindly provided by Linda Enroth, Chair of the Finnish Society for Growth and Ageing Research, Jouko Laurila, Chair of the Societas Gerontologica Fennica and the Finnish Geriatricians' Society, and Heli Tikkanen, NGF representative in the Finnish Geriatricians' Society.

The Finnish Society for Growth and Ageing Research (KaVa) was founded in 1980 by Eino Heikkinen, Simo Koskinen, Pertti Pohjolainen and Isto Ruoppila. The aim of the society is to promote premises for good ageing, increase understanding and knowledge of ageing and the life course, and to promote collaboration among people working on issues of ageing. KaVa is a scientific society open to scholars and professionals working in the field of gerontology, as well as for students interested in ageing and life course. Currently there are 285 members in the society.

Finnish Geriatricians' Society (FGS) was founded 2009. It is a nationwide association for geriatricians and physicians from other specialties with shared interests in geriatric medicine and health and functioning of older adults. Aims to increase the visibility of geriatrics and strengthens the role of geriatricians in healthcare

The Board of the Finnish Geriatricians is based in one of the university cities and changes every three years. The FGS currently has 445 members.

Societas Gerontologica Fennica (SGF) has over 200 members at present. It brings together professionals from various fields including geriatricians, psychologists, nutritionists, physiologists, health scientists, social scientists, etc. creating a vibrant community of experts working towards a common goal. SGF was founded in 1948 to promote scientific research on the phenomenon of aging and old age. The war years with the Soviet Union had hit Finland hard¹, but in the middle of the fiercest reconstruction, Professor Eeva Jalavisto, born 1909, a physiologist and a prominent gerontologist, was alert and far-sighted. She was one of the founders and the leading figure of SGF for decades. Her active writing and novel ideas on aging and elderly care are still amazingly accurate and her tenacious work in the field made the early growth of the multidisciplinary research on gerontology in Finland possible.

Overview

Coincidentally, the founding year of the SGF 1948 was also the year of the all-time high birth cohort in Finland with more than 100.000 new-born babies. With life expectancy increasing dramatically after those days, this cohort is still mostly with us, turning 76 this year, and with an explicit personal experience of the fundamental transformation of all aspects in our society. The age groups of baby-boomers born between 1945 and 1949 are exceptionally large in Finland. Given that Finland has very low birth rate and low immigration rate, it has now become one of the most rapidly aging societies in the world. Finland has a population of around 5.5 million. Around 1.3 million people are at age 65 and older – 23% of the population. Since year 2000, the number of people aged 80 and over has almost doubled from 180 000 to 330 000. Currently, there are around 1000 centenarians in Finland.

Current gerontological themes in Finland

Politicians in Finland have also noticed the aging society but, unfortunately, do not always view it as a great success of gerontology but merely as an expense to be deducted from the budget. Last year, as part of this objective, Finland underwent the most significant social and health care reform since the Primary Health Care Act in 1972. The previous

¹ The founding year of the SGF so soon after the long and arduous war years is surprising: almost 100.000 young men had died in the war efforts and aging was surely not the most significant issue in society with a great need for medical and social work in rehabilitating disabled war veterans and support widows, orphans and almost half a million evacuees from the Eastern territories of Finland lost to the Soviet Union. Additionally, there were 80,000 children evacuated from the war mostly to Sweden but also to Denmark and Norway. A great example of Nordic co-operation already then.

multi-channel social and health care financing model, based heavily on the autonomy of municipalities, was replaced with 21 national wellbeing services counties funded by the state. These changes are still being fine-tuned and the expertise of Finnish societies are needed more than ever – given how older adults are so heavily impacted.

One topical point of discussion is the current 'ageing in place' -policy, which aim at promoting living at home as long as possible. Accordingly, there has been a decline in coverage of residential care and new forms of living such as communal housing is replacing traditional round-the-clock care. Together with increasing longevity, this means that more people with mild to moderate dementia and disability are now living in their own homes or without round-the-clock care. At the same time, the coverage of home care has declined. Several simultaneous changes in demography and health and social service system have led to an overcrowding of acute care services and increased pressure of informal care givers. In the area of care, a shortage of nurses and trained professionals in the eldercare sector provide challenges and open up questions of how to use technology in care and provide remote access to doctors and other health professionals.

A large number of older adults bring along the requirement for diverse research on aging and, perhaps, makes it easier to implement?

The aging population in Finland has also given way to an increased focus on how to postpone the onset of Alzheimer's and other age-related diseases. In this respect, the Finnish Geriatric Intervention Study to Prevent Cognitive Impairment and Disability (FINGER) was the first trial in the world to demonstrate that multidomain lifestyle interventions can improve brain health and prevent cognitive decline. The study is a collaboration between Finnish and Swedish researchers.

Activities in the member societies

The three members societies join forces with two major activities; *Gerontologia* is a peer-reviewed journal that appears four times a year and accepts articles and reports written in Finnish and Swedish. Since 1987, KaVa has published multidisciplinary scientific journal on gerontology, *Gerontologia*. Since 2011, the journal has been a joint discussion and publication forum and a membership benefit for the three Finnish societies. Since 2017 the journal of *Gerontologia* has been an open access journal and had around 1000 printed copies of each issue in 2023.

In Finland, the Finnish Gerontology Congress is organized every third year to gather a multi-professional group of people working on ageing issues. The congress in 2023, *Gerontologia*, had the theme "the new era of ageing" and was organized in collaboration with the three Finnish societies (KaVa, SGF and SG) in the city of Tampere. The Annual Geriatric Days were organized in connection with the event. In total, around 780 people participated in the event.

The Finnish Society for Growth and Ageing Research hosts a yearly traditional seminar which

is occasionally put together in collaboration with different organizations and third sector actors. The recent themes have concerned digitalization of the societies, older people and climate change, and ageing in minorities. Nationally, KaVa is a member of the Federation of Finnish Learned Societies and has a representative in the board of the Age Institute. International activities are mainly related to collaborations through memberships of The Nordic Gerontological Federation (NGF) and International Association of Gerontology and Geriatrics (IAGG).

In addition to four founding members of the society, Marja Jylhä was nominated as an honorable member of KaVa in 2020.

Societas Gerontologica Fennica (SGF) awards travel grants to promising young researchers and actively takes a stand on legislative initiatives affecting elderly people. It also supports research in the field by making it visible in society. In addition to its Nordic co-operation in Nordic Gerontological Federation, SGF also has representatives in the International Association of Gerontology and its European Region.

Every spring SGF organizes its Annual Meeting Symposium bringing the members together. This symposium consists of several different sessions. The morning session is reserved for presentations by young researchers and the afternoon sessions for presentations by some of the leading experts of the country. To honor founder Eeva Jalavisto's significant life's work, every five years these meetings are named Eeva Jalavisto Jubilee Symposia with international presenters and Eeva Jalavisto awards to prominent researchers in the field. SGF is also a member of the national Federation of Finnish Learned Societies and has representation in the board of the Age Institute.

Finnish Geriatricians' Society promotes professional, scientific and practical development in the field as well as the role and position of older adults in Finland. The society negotiates, gives statements and aims to increase knowledge of geriatric medicine in the country. The society organises annual meetings for doctors specialized in geriatrics, bringing up the latest topics in geriatrics.



New Professor at the University of Jyväskylä, Finland

Mikaela von Bonsdorff has been appointed as Professor of Gerontology and Public Health at the Faculty of Sport and Health Sciences and Gerontology Research Center (GEREC) at the University of Jyväskylä, Finland.

Mikaela von Bonsdorff heads a multidisciplinary research group that focuses on investigating healthy and active ageing from a life course perspective. The group investigates the impact of various factors and events across the life course, resilience, and social environment on health and functioning in older age. The group uses large national and international epidemiological cohort and registry data, but also more focused data such as BoAktiv, active aging in senior housing, research data.

The research group headed by Mikaela von Bonsdorff works at GEREK, University of Jyväskylä and Folkhälsan Research Center in Helsinki where Mikaela leads the social gerontology research group in the public health programme. Our study contributes towards understanding the complex network of individual and societal factors that affect the development of health, functioning and frailty in the current longevity society.

Mikaela von Bonsdorff is the Head of the gerontology and public health subject at the Faculty of Sport and Health Sciences at University of Jyväskylä. Mikaela is the Chair of the Public Health Panel of the Swedish Research Council for Health, Working life and welfare FORTE. She is the Vice-chair of the Finnish Societas Gerontologica Fennica, a scientific society that focuses on promoting multidisciplinary aging research. Mikaela will take the lead in organizing the next NKG28 conference in Jyväskylä, Finland in 2027.

[Read more about Mikaela von Bonsdorff.](#)

Recent doctoral dissertation



“Cognitive Performance, Cognitive Change, Brain Health, and Dementia: Associations with Risk Factors for Cognitive Aging”

[Vaka Valsdóttir](#), University of Reykjavík, School of Social Sciences, Department of Psychology.

Increased life expectancy has led to an increased prevalence of dementia. It is estimated that around 57 million people worldwide have dementia and that by 2050 they will be 153 million. Action must be taken to limit these numbers to improve the quality of life for the growing older population. This project aimed to use the AGES-Reykjavik epidemiological data to outline the factors contributing to cognitive aging and estimate the probability of developing dementia. The AGES-Reykjavik Study was designed to examine risk factors related to disease and disability in the older population. The study ran from 2002 to 2011 and included 5,764 individuals (42% males) between the ages of 66 and 98.

The data includes over 600 variables with information on MRI imaging, cognitive testing, background data such as education level and leisure activities, and various physiological measurements. Subsets of the AGES-Reykjavik Study dataset were analyzed in three separate papers. In the first paper, linear regression was used to compare how risk factors for cognitive aging were associated with cognitive performance on the one hand and brain pathology on the other. The results showed that cognitive risk factors did not relate to cognitive performance and brain pathology similarly. Specifically, modifiable risk factors linked to cognitive reserve, such as educational attainment, participation in leisure activities, multilingualism, and good self-reported health, were related to cognitive performance but not brain pathology.

The second paper applied logistic regression to assess the relationship between known risk factors for cognitive aging and dementia. The findings indicate that cognitive reserve factors (educational attainment, participation in leisure activities, and good self-reported health) were more likely than other cognitive risk factors to have a relationship with dementia. In the third paper, the performance of three different machine learning methods, logistic regression, random forests, and neural networks, in assessing the relationship between cognitive risk factors and dementia was investigated. The results

showed that a random forest algorithm outperformed logistic regression and neural networks in assessing the association between cognitive risk factors and dementia. Overall, the results of this thesis emphasize the importance of promoting factors relating to cognitive reserve since they play an essential role in cognitive performance and the risk of developing dementia.

Links to papers:

- [Cognition and brain health among older adults in Iceland: the AGES-Reykjavik study](#)
- [Comparative study of machine learning methods for modeling associations between risk factors and future dementia cases](#)
- [Exposure factors associated with dementia among older adults in Iceland: the AGES-Reykjavik study](#)



HOMEFOOD. six-month randomised trial. Nutrition therapy including home delivered food for older adults after discharge from hospital.

[Berglind S. Blöndal](#), University of Iceland, Faculty of Food Science and Nutrition.

Background: Malnutrition, or the risk of being malnourished, is a common problem among older adults, and highly prevalent among hospitalized older adults. While hospitalized and after discharging, older adults' nutritional status often continues to deteriorate. Many nutritional intervention studies have been conducted to find ways to improve health-related outcomes for older adults at nutritional risk. However, findings have been inconsistent; thus, we aimed to investigate whether we could positively affect outcomes with a more intense nutritional intervention, lasting for a longer period than in previous studies.

Methods: Participants (N=106) were older adults at nutritional risk discharging to independent living from hospital. Participants were randomized to either an intervention- or a control group. The intervention group (n=53) received nutritional therapy by a dietitian and free energy- and protein rich foods, snacks, and oral nutrition supplements for six months. The control group (n=53) discharged according to standard care from the hospital but also received a pamphlet with nutritional information for older adults. Measures were conducted at discharge (baseline) and at the end of the study (six months). For the secondary analysis we collected information on the use of hospital services (up to 24 months) from the Icelandic electronic hospital registry.

Results: We found a statistically significant increase in bodyweight and in energy- and protein intake in the intervention group, but a decrease in the control group. Cognitive function, physical function, self-rated health, and quality of life significantly improved in the intervention group. Depressive symptoms increased significantly in the control group, and they rated their own health worse than at the beginning of the study. Improvements in cognitive function, self-rated health and depressive symptoms were significantly related to increases in bodyweight in a linear way. The control group had a significantly higher proportion of at least one readmission in comparison to the intervention group at one and six months. Readmissions were significantly more frequent in the control group than in the intervention group at one, six and 12 months and the control group also had a significantly longer length of hospital stay at one, six, 12 and 18 months.

Conclusion: Appropriate nutritional therapy, provided by a dietitian can significantly benefit the quality of life and independence of older adults at nutritional risk or malnourished, whilst also having great benefits for society as a whole.

Ageing and Social Change

A new international master's programme
at Linköping University, Sweden

The global population is getting older. What are the challenges and the possibilities that come with this change? How can we create sustainable societies and ensure the wellbeing of an ageing population?

These are the questions at the heart of Linköping University's international master's programme in Ageing and Social Change.

The teachers are also researchers contributing with knowledge on digital rights and gaps, extended working life, lifelong learning, sustainability of pensions, health and care systems, living with dementia, climate change and ageing, ageism and age discrimination and other areas.

As a student you will also meet practitioners and policy experts and learn how to communicate and use research results for informed policies and societal impact.

This is a two-year programme with a possibility for a one-year track. All teaching is done in English. Students choose to study on campus or online with a few weeks per year spent at Linköping University.

[Find more information about the programme](#)

Other news from the Nordic countries

Denmark

A new report from the Ministry of Social Affairs, Housing and Senior Citizens

sheds light on current themes such as recruitment for the health and care sectors, recent demographic developments, the financial frames for the area as well as help and care for older adults. Key points include:

- 81 % of those who receive home care are very happy or happy with the help and support they get.
- 89 % of nursing home residents feel secure and content at the nursing home.
- 16 % of vacant positions for social- and healthcare workers (da. social- og sundhedshjælpere) and 13 % for social- and healthcare assistantents (da. social- og sundhedsassistenter) were not filled in a period from March to August 2023.

[Read more.](#)

Further reading: New plan for older adults from the Danish government, "[Du bliver aldrig for gammel til at have det godt](#)" (eng. You are never too old to feel good).

New report from the Danish Center for Social Science

Research shows that even though many recipients of homecare are content with their lives, the overall quality of life of this group has lessened. [Read more.](#)

Finland

Read the latest newsletter from Gerontology Research Center (GEREC).

GEREC is a collaborative effort in ageing research run jointly by the University of Jyväskylä and Tampere University, Finland. GEREC was set up in 2012 to produce new

scientific knowledge on the life, health and functioning of the ageing population.

The main research areas include health and functioning and their promotion along with care and other services targeted to older people. The multidisciplinary group of researchers represent a range of disciplines, such as gerontology, epidemiology, biogerontology, sport, health and social sciences, psychology, and statistics. A broader introduction to the research center by research director Katja Kokko and professor Marja Jylhä was published in [GeroNord newsletter 3-2017](#)

GEREC releases its own newsletter every six months. The newsletter contains information on recent publications, dissertations, presentations, and events, among other things. [Check out the latest newsletter.](#)

Follow GEREC on social media! FB: Gerontologian tutkimuskeskus GEREC and X: geric_fi

Norway

Important findings in new Norwegian lead, European research project about dementia and Downs Syndrome.

The onset of dementia can be postponed by treating and following up on problems related to sleep and mental health throughout life. [Read more.](#)

Podcast episode from Aldring og helse about 'blue zones', areas where people have a remarkably high life expectancy. In Norway, the municipality of Hemsedal has the highest life expectancy. Why do people live longer there? [Listen and read more.](#)

Sweden

A two-sided view on ageing. New report based on an interview study with 1000 participants in Sweden between 18-84 years by the municipalities of Stockholm and Helsingborg, Mälardalen University in collaboration with 60plusbanken and Insight intelligence.

The results show that many (63 %) have a positive view of ageing in Sweden, although the younger participants are more concerned than the older in the study. The results also show that more than half (55 %) worry about health in later life. [Read more.](#)

Funds for ageing research in Sweden.

Several research projects about the lung disease KOL and stroke receive funding from the Swedish Heart Lung Foundation and the Swedish Research Council donates 28 mio Swedish kroner to research in improved dementia diagnostics. [Read more.](#)

Forte donates 53 mio Swedish kroner to applied welfare research for eg. coordinated interventions for people with cognitive illness living at home and co-creation of home care. [Read more.](#)

Calendar 2024

May 31, Bergen, Norway. [Generasjon – en aldringsfestival i Norge](#)

June 12-14, Karolinska Institutet, Stockholm, Sweden. 27th Nordic Congress of Gerontology, [Ageing in a transforming world](#)

August 27, Helsinki, Finland. [SHARE Baltic Sea Conference](#)

September 25-26, Oslo, Norway. [Aldring og helsedagene. Godt å bli gammel?](#)

November 1, Denmark, [Danish Gerontological Society's National Conference on Ageing and Society](#)

Would you like to announce an upcoming event in the GeroNord calendar?
Please send an email to contact@ngf-geronord.se

The executive committee and NGF representatives

Executive committee

Jette Thuesen: President, Danish Gerontological Society

Carin Lennartsson: 1. Vice president, Karolinska Institutet & Swedish Gerontological Society

Steinunn Þórðardóttir: 2. Vice president, The Icelandic Geriatrics Society

Pia Kannegaard: Secretary General of the 26NKG, Danish Society for Geriatrics

Representatives from the member organizations

Denmark

Danish Gerontological Society (Dansk Gerontologisk Selskab): Jette Thuesen

Danish Society for Geriatrics (Dansk Selskab for Geriatri): Pia Nimann Kannegaard

Finland

Societas Gerontologica Fennica: Mikaela von Bonsdorff

Finnish Geriatricians (Suomen Geriatri ry - Finlands Geriatriker rf): Heli Tikkanen

Finnish Society for Growth and Ageing Research (Kasvun ja vanhenemisen tutkijat ry - Föreningen för forskning i uppväxt och åldrande): Linda Enroth

Iceland

The Icelandic Gerontological Society (Öldrunarfræðafélag Íslands): Sírý Sif

Sigurlaugardóttir & Sigrún Huld Þorgrímsdóttir

The Icelandic Geriatrics Society (Félag Íslenskra Öldrunarlækna): Steinunn Þórðardóttir

Norway

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