Nordic Gerontological Federation

# GeroNord

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

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The 24th Nordic Congress of Gerontology (24 NKG) will take place in Oslo, Norway, May 2-4 2018.
The theme for the 24 NKG – "Lessons of a life time" – indicates that not only the state of being old is important, but also the journey individuals and societies travel to get there. We want to take stock of current scientific knowledge on individual and societal ageing, and we also wish to take a critical look at where we need to focus in the future. In what way can hard-earned lessons provide the wisdom and knowledge to guide us to improve ageing in current and future populations?

We invite you to share your most recent findings and ideas, and to meet old and new colleagues and friends at the 24 NKG in Oslo. All sessions will be in English. The venue is the Oslo Congress Centre – located in the middle of Oslo and close to the city's many attractions and hotels.

The 24 NKG is organised by the Norwegian Gerontological Society (NSA) and the Norwegian Geriatrics Society (NGF), in collaboration with the Norwegian National Advisory Unit on Ageing and Health, Norwegian Institute of Public Health and Norwegian Social Research (NOVA).

## Words from the president 

Dear colleagues in the Nordic gerontological community

From the 23NKG in June I am following Boo Johansson as the President of the Nordic Gerontological Federation for next two years. I am honored and excited about this possibility and of course I will do my best to promote the activities of the NGF and to support the work of our member organizations. My background is in medical sciences but I have also studies in social sciences, so I feel I am standing there between. At present I am Professor of Gerontology at University of Tampere and also Director of Gerontology Research Center (GEREC), a joint effort between the University of Jyväskylä and University of Tampere.

As always in the NGF, we are living both post-congress and pre-congress time. The 23rd Nordic Congress of Gerontology in Tampere brought together ca 900 participants from more than 40 countries. This success tells about the strength of the Nordic gerontological research and also its reputation outside the Nordic countries. Therefore, the congress should encourage us to be even more active than today in European and international gerontological community; we certainly have much to offer. It is also time to make a mark in our calendars for the next meeting of the Nordic gerontological family, the 24th Nordic Congress of Gerontology in Oslo, 2-4 May, 2018 (www.24nkg.no), with the theme on "Lessons of the lifetime"

After the discussion in the NFG Board in Tampere, our member organizations have agreed to accept revised bylaws for the federation. The main purpose of the revision was to formulate the purpose and the practices of the organization in clearer and more readable way but there were also two real revisions. The first concerns the executive committee that earlier consisted of the president of the preceding, the next and the previous congress. Now, in addition to the presidents, also the secretary general of the preceding congress will be a member of the executive committee. This change will strengthen the capacity of the EC to plan future activities, particularly the next Nordic Congress. The second revision concerns the scientific committee that reviews the abstract submitted to the Nordic Congress, contributes to the GeroNord newsletter and provides advice to the Board. The scientific committee consists of 5 member from each Nordic country, nominated by the national member organizations. As gerontology is a genuinely multidisciplinary field, it is essential that also the scientific committee has a broad multidisciplinary expertise. The bylaws do not prescribe the disciplinary background that the representatives from individual countries should have but they encourage the member organizations secure the inter- and multidisciplinary orientation so that the committee would cover behavioral and medical sciences; health sciences; behavioral and social sciences; humanities; and social research, policy and practice. I hope that recognition of these thematic areas will encourage more researchers interested in different aspects of aging to participate in our activities, particularly in the Nordic Congresses. You can find the new bylaws here: http://www.ngf-geronord.se/Bylaws.html

Finally, I would like to remind you about the important role of GeroNord in our mutual communication. Please submit news of congresses, doctoral dissertations, and vacant positions and reports of your activities to GeroNord.

I wish you a successful end for the year 2016, and a very good year 2017! Let's be in touch!

Marja Jylhä
President of the NGF

**The 23rd Nordic Congress of Gerontology (23NKG) took place in Tampere, Finland, in June 2016, and in this issue of GeroNord, Kirsi Lumme-Sandt, the secretary general of the congress is sharing her perspective on the congress.**

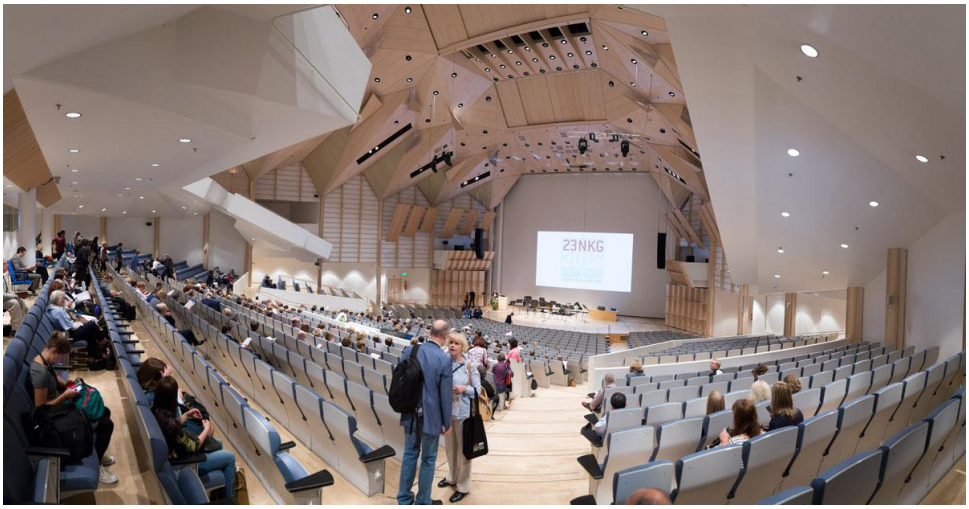
I hereby make a promise. Never again at a congress will I complain about every interesting event being scheduled at the same time. Nor will I be embittered by the organizers' lack of acknowledgement for my uniquely wonderful presentation and being allotted the furthest corner in the back to display my poster, when I wished to give an oral presentation. While attending a congress provides one with a good skill-set for organizing a congress, actually organizing a congress helps one understand why a congress programme may be the way it is.

I was the Secretary General for the 23rd Nordic Congress of Gerontology (www.23nkg.fi). The congress itself marked the pinnacle of a long road with many twists and turns. The first steps toward the congress were already taken in 2012, when we tentatively booked the congress venue and elected a president and a secretary general. Actual work began in early 2014. Before the preceding May 2014 congress in Gothenburg had even been held, we had to decide on a congress date, theme, visuals, and set up a website.

The scientific programme began taking shape a little over a year before the congress with the deliberation on keynote speakers. The organizing committee pored over several dozens of candidates in an attempt to take into account all the different fields of gerontology, all the different Nordic countries, and the proportion of non-Nordic invitees. There are sure to be varying opinions on how well we succeeded. In a cross-disciplinary congress, it is impossible to take all possible approaches into account.


We made a call for symposium proposals approximately 8 months before the congress. We were pleased to receive them in abundance, over 70 proposals in total. We had enough to fill out the entire programme with symposia. But we also wanted to leave room for free abstracts which meant we had to undertake a grueling process of elimination. As a vast majority of the proposals we received were very well-made and interesting, it was no easy feat. At this point in our preparations, we worried that by rejecting several symposium proposals, we could risk alienating and losing potential congress participants. Finally, we decided to accept 52 symposia, which left room for 13 free abstract sessions. This symposium/free abstract ratio may be argued for or against. Personally, I would have preferred to increase the proportion of free papers. On the other hand, declining more symposia was a daunting prospect. Symposium organizers are often experienced senior scholars with a power to influence the attendance of more junior scholars. At this stage, we also worried about being able to entice enough participants to make the long journey to the far-away

In mid-January, we had a deadline for free papers. We received 330 of them and heaved a big sigh of relief. Together with the accepted symposia, we had, in theory, a total of over 500 participants, ensuring the economic safety of the congress. Despite this, we made a robust effort to advertise the congress world-wide; we even had a Japanese-language advertisement made. Initially, we had set a goal of 700 participants which was surpassed during early bird registration.




Of the over 300 abstracts, we were able to fit only a little over 60 into the oral presentation portion of our programme. It is not easy to give a poster slot to presenters who have hoped to give an oral presentation and you as the organizer also think it would be the better choice for this particular presentation. We felt it was important that the papers presented formed thematically coherent wholes. We received a lot of positive feed-back for this during the congress. We also made a point of giving our poster presenters the attention they deserved and emphasized that a poster has just as much prestige as an oral presentation.

After the free abstracts had also been approved, we began the real work of putting together a congress programme. Here, we were faced with the question of how to avoid simultaneous competing presentations. At one point, we had nine simultaneous symposia, which is quite a lot. Too much choice is a surefire cause for complaints. Next, our participants began calling in with messages such as 'one of our speakers is not able to attend until Tuesday but the other one has to leave on Tuesday, could you please take this into account'. We organized one of our symposia with an eye on the Iceland national football team's schedule, so that one of the speakers was able to attend all of their FIFA World Cup games. And at the end of the day, what constitutes "simultaneous interesting events" for one person does not do so for another. Since we did not have a crystal ball at our disposal, deciding which session to place into which hall took a lot of thought. Luckily, Tampere-talo was a venue with enough large halls for everyone who wished to attend a specific session.

Putting together a scientific programme is, without a doubt, the most important task of a congress organizer. However, there are a great many other things to consider and deliberate on in order to ensure that during the conference everything runs smoothly and the participants are happy. The size and layout of the programme leaflet are one such important concern. These days, one almost cannot do without a mobile congress application and we put a lot of thought into ours. The social part of the programme and the catering also contribute to the overall ambience of the event. The academic part of the programme is also easier to digest with good food on offer, we find.

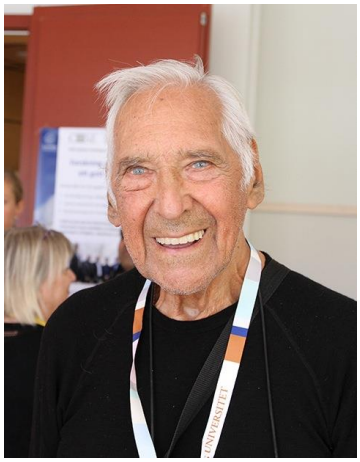
Congress assistants are absolutely crucial to the success of a congress. Initially, I had thought that finding assistants would be easy but was soon proven wrong. Apparently, the timing of the conference, which concurred with the week of Midsummer Night's Eve, took its toll on undergraduate students' willingness to participate. So, in the end we ended up recruiting, among others, the elderly lady living next door, my own god-daughter, and a docent of gerontology. It is more than befitting the image of a gerontology congress that the assistants are of all ages. The single most difficult task with organizing this congress was putting together a work-schedule for the assistants. Congress participants rarely pay any attention to the assistants but their absence would certainly be felt.

The congress filled up nearly all of my waking hours, especially for the two months leading up to it. There was simply no life after the congress. Now I have returned to my everyday routines, albeit enriched by this extraordinary experience. The participants seemed satisfied. Nordic gerontology has world-wide appeal. After all, a Nordic congress did bring 930 participants from 45 different countries into a small Finnish inland town.

We wish to thank all our participants and hope to see you in Oslo, May 2nd - 4th 2018.

Kirsi Lumme-Sandt
23NKG, Secretary General

*Photos by Jari Luomanen and Kirsi Lumme-Sandt, for*



Paul Voigt

- Man kan inte sluta leva för att man blivit handikappad, säger 87-årige Paul Voigt, en av deltagarna på CASE-dagen 2016 (se faktaruta) som hölls den 6 september på Medicon Village i Lund.

Paul Voigt är där för sin frus räkning som drabbats av stroke. Men han dras själv med ett sviktande hjärta och reumatism.
- Som gammal idrottsman har jag även två knäproteser och två krossade fötter, berättar Paul Voigt glatt.

Krämporna hindrar inte honom från att leva ett aktivt liv. Det senaste året har han tagit med frun på Hurtigruten längs Norges kust och deltagit i en rysk snöskotertävling. Han älskar Norrland och har ett förflutet som militär och snöskoterinstruktör. Genom Hjärt- och lungsjukas förening fick han första gången nys om CASE-dagen. Sedan dess har Paul Voigt försökt besöka i evenemanget om han kan.

- Det är en fin utbildning, alltid är det något som fastnar och jag tänker komma tillbaka fler gånger, säger Paul Voigt.

Doktoranderna från CASE som föreläste var (fr. v.) Sophie Jörgensen, Emma Carlstedt, Stina Jonasson, Maya Kylén (moderator), Manzur Kader och Anna Norlander.

CASE brukarråd och CASE forskarskola (se faktaruta) stod för årets seminarium ”Pågående forskning om att åldras med funktionshinder”. Det första temat var: Parkinsons sjukdom – rädsla för att falla och gångsvårigheter. Två doktorander från CASE (se faktaruta) föreläste. Först ut var Stina Jonasson med föredraget ”Hur är det att leva med rädsla för att falla och Parkinsons sjukdom?”. Därefter följde Manzur Kader som talade om vad som påverkar upplevda gångsvårigheter vid Parkinsons sjukdom.

Dagens andra tema var: Stroke och ryggmärgsskada – aktivt och hälsosamt åldrande. Tre CASE-doktorander deltog här. Emma Carlstedt inledde med föreläsningen ”Att tro på sig själv efter stroke – vägen till ökad aktivitet och delaktighet?”. Därefter höll Anna Norlander föredraget: Aktiv och delaktig många år efter en stroke - är det möjligt? Avslutningsvis föreläste Sophie Jörgensens under rubriken ”Att leva länge med ryggmärgsskada - ett hinder för hälsosamt åldrande?”. Efter varje temablock hölls ett samtal mellan forskare och publik. Att döma av alla nyfikna frågor, från så väl äldre som vårdpersonal, samt konkreta tips och idéer, verkade publiken hysa ett starkt engagemang för årets program. Det var ett hundratal åhörare som sökt sig till CASE-dagen 2016 och trotsade den strålande solen och blå himmeln utanför.

Text & foto: Erik Skogh

**Fakta/CASE-dagen**
CASE brukarråd inrättades 2010 och har bland annat till uppgift att vartannat år arrangera den så kallade CASE-dagen. Ett populärvetenskapligt evenemang för att sprida aktuella forskningsresultat från CASE (Centre for Ageing and Supportive Environments) vid Lunds universitet till potentiella användare av resultaten utanför akademien. CASE bedriver tvärvetenskaplig forskning om stödjande miljöer för äldre. CASE-dagen strävar också efter att skapa en dialog mellan forskare och publik där båda sidor kan dra nytta av varandras erfarenhet och idéer. I år var även CASE forskarskola med och arrangerade CASE-dagen. CASE forskarskola ger kurser och bedriver seminarieverksamhet för doktorander inom äldreforskning. Läs mer på: www.med.lu.se/case

**New research environments are evolving in Denmark. Following a legislative change in 2013, the conditions for research in University Colleges have been improved. University Colleges (professionshøjskoler) includes the undergraduate-level educations such as nursing, occupational therapy and physiotherapy and related research centres. The article describes such a research centre, namely VIA Ageing and Dementia, Research Centre, VIA University College, Denmark.**

*Leader of research, Associate Professor (Aarhus University), Ph.D., MSci (psychology), RN Karen Pallesgaard Munk, and Head of Research Centre VIA Aging and Dementia, VIA University College, MLP, RN Kirsten Maibom*

Karen Pallesgaard Munk

VIA Ageing and Dementia is a research centre situated at VIA University College, Faculty of Health Sciences. The objective of the centre is to focus on two perspectives in its research activities:

- The influence of the ageing process on health and sickness, especially in later life
- Dementia as a political, organisational and professional challenge to the care of older adults.

The purpose of the centre is to contribute as much as possible to improving the quality of life of older adults and maintaining their dignity. This objective is manifested in producing knowledge for improving the competence of health professionals and developing the practice of the caring systems, and stimulating local interest in helping older adults. The research activities of the centre are associated organisationally and socially in a dynamic interplay with education, practice and research. It is important to the centre to be in close contact with users and collaborators in order to disseminate the research results, ensuring social validation and a high degree of innovation. The centre promotes its results to staff and students at VIA, as well as to agents of education, trades and industries, public authorities and institutions. Furthermore, the centre is an agent in an array of national and international networks in the fields of ageing, palliation, dementia, and welfare technology.

Projects at the centre

The project *Career dreams among health care students.*

Lecturer, MSc. in Health Science, RN Inge Øster, and Lecturer, Ph.D., M.Sc. in Nursing, RN Jette Henriksen, carry out the project, which aims to investigate attitudes to older patients among health students at VIA University College. In Denmark, as in most countries around the world, the increase in the older population has generated a growth in demand for health care services. Despite this demand, there is a shortage of health professionals in geriatrics and gerontology. Working with older people is not an attractive option. The aim of the study is to investigate career ambitions among undergraduate health students in order to understand what motivates them.

The research question of the project is whether ageing patients are part of their future professional interest. According to former research on preferences of health professionals, care and treatment of older patients is not included. There appears to be no status in working with older people; furthermore, older patients do not 'fit into' the specialised health system due to their multi-morbidity. It is exactly this kind of specialisation that has the highest ranking among health professionals.

Method: It is a cross-sectional study: eighteen focus group interviews are carried out with new students at health care education institutions and students at the end of their studies. A narrative analysis is performed within a sociological frame.

Results will be presented and discussed in a peer-reviewed journal.

The project: *The good life, old age and rehabilitation: what do older adults of 65+ understand by a good life?*
This project will be carried out by Lecturer Ph.D., M.Sc. in Nursing, RN Jette Henriksen and a research group of lecturers from the Faculty of Health Sciences. The aim of the project is to obtain knowledge about what older adults 65+ understand by a good life. There is in general a growing focus on the rehabilitation of older adults, so that the elderly have the opportunity to become self-reliant and achieve peace of mind by living an independent life (National Board of Health 2016).
Social Agency in 2013 released a report in which the evidence for the impact of rehabilitation for older adults was thoroughly mapped. It shows some effects of rehabilitation in the form of a reduced risk of older adults falling, being unable to stay at home and going to hospital. The report shows no results in relation to long-term rehabilitation efforts, or effects of multidisciplinary teams working with rehabilitation of older adults (Social Agency 2013). Furthermore, KORA prepared several reports; they have, among other things, focused on the economic benefits for municipalities by introducing rehabilitation. Moreover, it seems that there are economic benefits. It is understood that the older adults should use their acquired powers to fend for themselves with no practical help from the municipalities. However, there is no immediate systematic study of how the older adults experience rehabilitation seen in the perspective of "the good life" or for what the older adults should use their acquired effort.
The aim of the study is, on the one hand, to clarify correlations between conceptions of the good life and, on the other, participation of older adults in a rehabilitation process, including who should decide the acquired effort at rehabilitation?
Method:
1. A systematic literature review of published studies on older people's experiences of participating in the rehabilitation process.
2. Two focus group interviews with professional rehabilitation visitors in 2-3 municipalities on their assessment of the elderly's rehabilitation needs and the challenges they encounter in this work.
3. Interviews of older adults who have completed a rehabilitation process with a focus on how they experience it in terms of their understanding of the good life.
Based on a literature review in the field, an interview guide will be constructed for the focus group interviews of the professional rehabilitation visitors. Furthermore, an interview guide is constructed for the semi-structured interview used in interviewing the older adults who participated in a rehabilitation process.

The project *"understAID" - a platform that helps informal caregivers to understand and aid their demented relatives.*
The Danish part of the research Task 2 was carried out by Docent, Ph.D., MSc Rikke Gregersen, Lecturer, Ph.D. Student, MSc Anders Møller Jensen, Lecturer, MSc, OT Stina Bjørnskov, and Head of Centre, MLP, RN Kirsten Maibom.
The project is an international co-project initiated by Denmark, Poland and Spain, funded by the EU – Ambient Assisted Living. The aim of the project is to design and implement the multimedia platform "understAID", aimed at supporting informal caregivers of dementia patients. The project was launched in April 2013 and was finalized 36 months later in June 2016.
The project is divided into five tasks concerning the final aim. The aim of task 1 is the management of the project, as well as the exploitation and dissemination of gathered information. Task 2 is defining the contents and solutions of the Care Platform based on the knowledge gained from real-case studies. Older adults with dementia from each country (n = 40) suffering from different degrees of dementia were evaluated by formal caregivers and dementia professionals. The aim of task 3 is the development of the social learning interface. Task 4 focuses on the Care Platform development and system integration. Finally, task 5 assumes testing and validation of the platform. The platform was devised to be available in two versions, namely the light one for mobile appliance and the premium version. In addition, different activities leading to the popularization of the platform are planned. Moving forward, we will conduct user tests of part segments of the tool. The purpose of this is to adapt the tool to be used partly for caregivers, professionals and students in a Danish context.

**Social Relations and Health with a special focus on life course and stressful social relations**

*The danish gerontologist MD PhD Rikke Lund defended her Doctoral Dissertation at University of Copenhagen, Faculty of Health Sciences, 2nd of September. Rikke Lund presents her research here below.*

Social relations have been in the focus of social epidemiological and gerontological research for the past more than 30 years. There is now solid evidence that access to social networks and their support is protective for human health, function and survival at all ages.

A rough summary of the results from the rich epidemiological research within this field suggests a general support for strong social relations to lower mortality risk, morbidity and disability and cognitive decline as well as increasing survival and compliance among patients. A number of potential pathways to explain the association have been suggested and are similar to the pathways suggested within stress research since lack of social relations may be considered an important potential stressor in human life. However, the pathways are far from understood and clarified. In addition, results concerning the potential effects of intervention on social relations are now emerging. Despite the enormous amount of research conducted in this area, it still seems important to understand better how such a basic human condition influences our health in order to develop effective prevention of health problems in the general population and to provide better possibilities for recovery among patients.

Among the important gaps in the knowledge are also a better understanding of which aspects matters the most. For example there has been less focus on the inevitable stressful aspects of social relations and relatively sparse knowledge on the impact of social relations over the life course.
During the past 20 years my research has addressed some of the gaps in this research. 2nd of September 2016 I defended my Doctoral Dissertation, at the Faculty of Health Sciences, University of Copenhagen summing up these findings http://healthsciences.ku.dk/research/doctoral-degree-ku/degree/Rikke_Lund_-_Doktorafhandling.pdf

The overall aim of the thesis was to contribute new knowledge to this area by investigating the association between social relations from a life course perspective as well as the stressful aspects of social relations and several health outcomes including all-cause mortality. This thesis consists of a summarizing synopsis and 9 papers. The thesis focuses on the association between social relations measured in a life course perspective as well as stressful social relations and several adverse health outcomes. Further a special focus is on if the potential harmful effects of living alone in old age can be alleviated by social participation and satisfaction with social relations. An important contribution is also the development, validation and reliability testing of a comprehensible measure of social relations including measures of stressful social relations.

The thesis is based on data from four longitudinal cohort studies 1) the 1953 birth cohort of men born in the metropolitan area of Copenhagen, project Metropolit 2) the Danish Intervention Study of Preventive Home Visits among 75 and 80 years old men and women 3) the 12 months follow-up of the Copenhagen Multi-centre Psychosocial Infertility (COMPI) Research Programme among Danish men and women in unsuccessful infertility treatment 4) The Danish Longitidinal Study on Work Unemployment and Health (DALWUH) including six years follow-up for angina pectoris, ten years follow-up for ischemic heart disease hospitalization and eleven years follow-up for all-cause mortality. Furthermore, the thesis includes a qualitative study with 31 informants for content validation and a

test-retest study of 98 participants of the Copenhagen Social Relations Questionnaire (CSRQ).

There are several main findings. First, marital history was associated with mortality risk among young middle-aged men. The findings suggest accumulating effects of years divorced and number of generations with an experience of marital break-up or being not married. It was not possible to identify a certain sensitive period. Second, the higher risk of functional decline among older men living alone can potentially be alleviated by a higher social participation and by a higher satisfaction with the social relations. Interaction analyses showed deviation on both the multiplicative and additive scale. Third, stressful social relations in childhood measured as recall of bullying at school was associated with a higher risk of severe depressive symptoms in midlife and of having a doctor diagnosed depression after the age of 30 years. Fourth, stressful social relations were associated with higher risk of incident severe depressive symptoms among men and women after one year of unsuccessful fertility treatment. Especially, excessive demands from partner, family and friends were associated with an increased risk as was conflicts with family and friends. Few participants however experienced frequent excessive demands or conflicts with their close social relations. Fifth, stressful social relations were associated with higher risk of incident self-reported symptoms of angina pectoris (measured by Rose Angina questionnaire) among middle-aged men and women in a six year follow-up study. The effects were most evident of excessive worries/demands with partner, children and family and conflicts with the partner. Surprisingly both excessive demands/worries and conflicts with neighbors was also associated with an adverse outcome.

Sixth, stressful social relations were associated with higher risk of incident hospitalization with non-fatal ischemic heart disease among middle-aged men and women in a ten year follow-up study. This study confirms the findings from the previous study of worries/demands from close social relations to be associated with incident ischemic heart disease, but in contrast no strong association was found regarding conflicts with the partner. This study suggested little support for a stress-buffering effect of emotional support on the association between stressful social relations and the outcome. Seventh, stressful social relations were associated with higher eleven year mortality risk among middle-aged men and women. In line with the previous studies, excessive demands/worries from the close social relations (partner and children) were associated with increased mortality risk. It also confirms the association between frequent conflicts with the partner as a risk factor for angina pectoris. In addition, it was suggested that conflicts with other close social relations as well as neighbours were associated with an adverse outcome. Furthermore, those outside the labour force seemed especially vulnerable to stressful interactions with the partner, and men seemed vulnerable to exposure to conflicts with the partner. Finally, the results show that it was possible to develop an instrument measuring social relations based on a conceptual model measuring social relations among middle-aged with satisfactory reliability and content validity.

I my present and future work I focus on the impact of changes in social relations over the life course on aging outcomes such as cognitive function, physical capability and low grade inflammation. Furthermore, I find it particularly important to study how these effects vary with socioeconomic background both in childhood and later in life to gain a better understanding to inform preventive strategies aimed a vulnerable groups.

**Ansikte mot ansikte med den äldre personen** Detta beskriver kärnbudskapet i vårt utbildnings- och folkupplysnings-program i Geriatrik! Det finns flera faktorer inom geriatrik som utskiljer sig från övriga medicinska specialitéer. En av de viktigaste för att skapa en god högkvalitativ geriatrik är personalens etikiska och moraliska standard. Den kan påverkas till det bättre och förstärkas genom ökad kunskap och utbildning. Således är vårt incitament att sprida en ökad kunskap till alla som befinner sig ansikte mot ansikte med den äldre personen. Det kan således röra sig om anhöriga, äkta makar, barn, barnbarn, hemtjänstpersonal, sjukhuspersonal, administrativt och politiskt aktiva grupper samt intresserade kollegor. Ingen är exkluderad och vi har alla något nytt att lära om det friska åldrandet som utgör den gyllene normen.

Det finns en uppenbar diskrepans mellan den faktiska kunskapsnivån hos personer som yrkesmässigt står i relation till individer med geriatriska frågeställningar och problematiker. Geriatriska frågeställningar och problematiker kräver ofta en mycket god och djupgående medicinsk kunskap inom flera specialområde och DESSUTOM kunskap om den äldre kroppens biologi och funktioner. Det krävs således mera kunskap för att vara en bra specialist i geriatrik än att vara en bra specialist i en specifik organspecialité. Detta kuskapskrav återspeglas tyvärr inte alltid inom yrkesgrupperna som arbetar med äldre individer. Däremot är det, tack och lov, så att man kan göra en ENORM skillnad i livskvalité och funktionsnivå för de äldre personerna man arbetar för, om man skaffar sig om en minimal men ändå, adekvat kritisk kunskapsmassa. Denna adekvata kritisk kunskapsmassa är vad vi försökt formatera i vårt utbildnings- och folkupplysnings-program "**Ansikte mot ansikte med den äldre personen".**

Vi har nu ett viktigt samarbete rund denna utbildnings och upplysningsverksamhet där Campus Moss och Global Learning Larvik är två oerhört viktiga och drivande partners. (Se närmare, http://campusmoss.no , http://globallearninglarvik.no) Dessa två partners ingår i ett nätverk för distansutbildning och har utöver en stor norsk spridning även ett internationellt nätverk. Norge ser lite annorlunda ut geografiskt jämfört med t.ex. Sverige och har ett kanske betydligt mera påtagligt distansutbildningssystem. Det är inte alls ovanligt att en del läkarstudenter på grundkurserna följer en del föreläsningar på videolänk. Så sker även med st utbildning i geriatrik i Norge. Det finns således en tradition för digital distansutbildning.

Utbildningen är upplagd med en blandning mellan föreläsningar, gruppdiskussioner och patientexempel. Kurslängden på en till två dagar är tillräckligt kort för att inte bli för stor ekonomisk belastning i form av bortfall av arbetstid. Det är tillräckligt kort för att kursdeltagarna skall upprätthålla intresset genom hela kursen. Således: "Kort men nog så gott!" Detta koncept med intensiva korta kunskapslyft har faktiskt även vetenskapligt visat sig ha större effekt än långa uttröttande kurser och interventioner. (Se bl.a. Carol Dweck et al (Bryan, Walton, Rogers, & Dweck, 2011; Marigold, Holmes, & Ross, 2007, 2010; Walton & Cohen, 2011) eller "The New Sience of Wise Psychological Interventions" (Walton 2014))

Det är tillräckligt med tid att täcka upp det viktigaste geriatriska riskområden där det ofta på grund av bristande kunskap ger ett förödande utfallför patienterna. Dessa kursmoment kan givetvis designas efter kundens önskemål och även utformas som återkommande kortare moment utspridda över ett år. Detta ger då möjlighet till ett interaktivt uppföljningsmoment mellan de olika kursmomenten. I tillägg till dessa mera klassiska kursmoment har vi även en lite mera lättsam kvällsinformation i form av "Folkmöte" som riktar sig mot alla intresserade och har som syfte att väcka intresse för alla de olika frågor som rör den äldre befolkningen. (Se gärna http://www.abcnyheter.no/livet/2016/09/21/195242679/skrikende-behov-mer-kunnskap-om-eldres-helse)

Utöver de klassiska ämnena som berörs och som är ofrånkomliga (etiska värderingar, det friska åldrandet, nutrition, fysisk och social aktivitet, läkemedel, kognition, infektioner och organfunktioner) så har vi även valt att speciellt belysa juridiska aspekter runt åldrandet och boendefrågor, vilka även delvis

hör samman. Därutöver har vi även för första gången fått möjlighet att även belysa vårt alltmera mångkulturella "äldresamhälle". Här står vi inför helt nya kunskapskrav och kulturella mönster som vi måste känna till för att kunna leverera en bra geriatrisk produkt.

Migrationen har fått väsentligt större betydelse senaste åren och inberäknade 244 miljoner individer 2015 varav den Europeiska delen av migrationen representerar en substantiell och växande del. Europa har således över en kort tid blivit allt mera etniskt och kulturellt diversifierat vilket också visar sig den äldre delen av befolkningen. Dessa grupper tar med sig sin egen kultur vilket inkluderar olika syn på hälsa, vård och omsorg. Detta blir ibland en utmaning i hälsosystemens inarbetade rutiner när interaktionen mellan våra olika synsätt på hälsa och behandling ställs på sin spets. Detta leder ibland till ett ökat dolt hälsoproblem och vulnerabilitet i delar av populationen. För att underlätta för personal och anhöriga att tillfredställa det behov av hälsovård som en äldre individ med en varierande social, kulturell och språklig bakgrund behöver så måste denne individens livssyn tas som utgångspunkt. Vår kurs erbjuder en startpunkt till att samla kunskap runt den stora skillnaden bland äldre immigranter och konsekvenserna runt behov och tillgång på hälsovård.

De juridiska aspekterna har visat sig ha ett stort intresse och berör både vad vi i Norge nu sedan något år tillbaka har. Nämligen "Framtidsfullmakt" (Fremtidsfullmakt, om någon vill googla de norska sidorna). Detta är ett unikt instrument som nu efter något år börjar på att aktiveras i och med att några patienter uppnått det tillstånd då fullmakten träder i kraft. De juridiske aspektene har vist seg å være av stor interesse, og ikke uten grunn. Kunnskap om de juridiske områdene, med spesiell relevans for alderdommen, er et viktig redskap for å sikre seg en best mulig situasjon som eldre. Blant annet gjelder dette for temaet vergemål hvilket kan bli relevant dersom den kognitive kapasiteten reduseres med et visst omfang. I den «nye» vergemålsloven er det åpnet for at man kan skrive "Framtidsfullmakt" (Fremtidsfullmakt, om någon vill googla de norska sidorna). Detta är ett unikt instrument som nu efter något år börjar på att aktiveras i och med att några patienter uppnått det tillstånd då fullmakten träder i kraft. Fremtidsfullmakten kan sikre at man tas vare på av en eller flere selvutnevnte personer, og ikke må underlegges det offentliges tradisjonelle vergemål dersom man kommer i en situasjon hvor man er kognitivt svekket i et kvalifisert omfang. Samtyckekompetens, arvsskifte, testamente mm. Om jag blir sjuk?! Om jag till och med dör?! (Obs vi har 100% mortalitet till slut). Detta är frågor som många gånger kommer upp lite för sent och, i varje fall i testamentssammanhang är fullkomligt förutsägbart.» Övrigt så är det flera juridiska aspekter som bör belysas för att uppnå en god medicinsk och etisk standard inom geriatriska område. I korthet: Det är inte acceptabelt i ett civiliserat samhälle att brott mot äldre lönar sig och saknar konsekvens! Även i skadesynpunkt så förefaller det som ersättningsbedömningarna inte ser helt lika ut som det gör om du ådrar dig samma skada som yngre.

Angående boende och äldre så är det olika rådande uppfattningar. I Norge skall alla ha "sykemsplass" (plats på sjukhem) vilket jag inte alltid upplevt är befolkningens åsikt när jag är ute och föreläser för olika äldregrupper. I Sverige vill alla bo "hemma"! Problemet är att de flesta, oavsett var de bor, redan bor "hemma" i motsats till att bo på t.ex. hotell. Kärnpunkten här är att "hemma" bör, skall helst, och måste se olika ut beroende på våra behov som givetvis utvecklar sig över tiden. Enkelt uttryckt på sin spets, som småbarn uppskattar vi kanske en sandlåda hemma på gräsmattan men som äldre kanske en och snöfri gångväg står högre på önskelistan. Att således förstå vårt boendes utformning i relation till behov och funktionsnivå är en väsentlig kunskap för en god livskvalité och autonomitet hos den äldre individen. Detta har visat sig finnas ett enormt stort intresse i befolkningen runt dessa frågor.

Vårt boende utgör en av de enskilt största faktorerna till människors upplevelse av välbefinnande och livskvalité i livet. Det är sammanhanget inte bara den fysiska utformningen som har betydelse. Också samspelet med den sociala dimensionen och omgivningens förutsättningar spelar in för att skapa dessa värden. Professor Rita Liljeström beskriver det enligt följande: "*Vi lever inte för att bo. Vi bor för att leva. Det viktiga med hur vi bor är hur det låter oss leva, hur det påverkar raden av vardagar som lagrar sig till våra liv." (Rita Liljeström, Bo för att leva,* SOU 2007:103*).*

Gruppen personer 60+ ökar just nu mycket kraftigt som andel av den totala befolknings-sammansättningen. Under perioden 2015-2025 ökar gruppen med drygt 1 100 000 individer i Sverige. Från 2030 kommer nästan var tredje svensk tillhöra denna kategori. Mot den bakgrunden behöver det byggas många nya bostäder och boendemiljöer. I Sverige talas det om ett behov om 350 000 bostäder bara för den målgruppen kommande 10-årsperiod.

Alla i målgruppen bor någonstans idag. Många bor dessutom mycket attraktivt och ekonomiskt förmånligt. Skälet till att flytta har snarare sociala orsaker än ekonomiska. En av vår tids största folksjukdomar är ensamhet och socialt utanförskap. Ett boende som har anpassats för ett liv i åldrandet och som inkluderats i en social kontext bestående av exempelvis aktiviteter och hushållsnära tjänster efterfrågas idag av allt fler seniorer. Frågan är vem i vårt samhälle som ska tillhandahålla och betala för dessa värden? En nyligen genomförd undersökning, hos en av landets största seniororganisationer, pekar på att hälften av seniorerna gärna skulle söka sig mot ett boende som har anpassats för målgruppen och som erbjuder olika typer av tjänster och bekvämligheter inom ramen för boendet. Ett intressant resultat är att just för den anpassningen finns en uttalad privat och relativt stor betalningsvilja.

Den här kursen kommer att belysa den äldres krav och förväntningar samt förutsättningar för att skapa sig ett bra liv och rätt förutsättningar för självförverkligande och livskvaliteter med boendet som plattform. Oavsett om du bor hemma eller på ett särskilt boende så måste det finnas ett socialt innehåll och en meningsfull dag. Det räcker inte med att det vara ”hel, ren och få sin medicin i tid” personen måste även ha en meningsfull dag med ett socialt innehåll och möjlighet till utevistelse, att få uppleva årstidernas växlingar. Således, vikten av meningsfullhet och delaktighet (salutogenes). Kursen kommer här att peka på vilka strukturer och attribut som bör beaktas och lyftas fram i planeringen, uppförandet och förvaltningen av dessa utformade bostäder för seniorer. I kursen kommer kunskap och argument att förmedlas för såväl vad som hur de grundläggande funktionella, trygghetsmässiga och sociala dimensionerna i boendet bör utformas.

Vi hoppas således med denna satsning som tidigare är beprövad i Sverige och nu vidareutvecklad i Norge kunna ge ett litet bidrag till en ökad livskvalité och funktionsnivå hos vår befolkning som står **Ansikte mot ansikte med den äldre personen.**

**Dialogkonferens i Moss**

Som en inledning i denna serie av utbildningar hölls en dialogkonferens i Moss kommun 22 september (se bild). Denna inleddes av Anne Bramo leder av helse- og sosialutvalget, Moss Kommune och avhölls i hypermoderna Lilleeng Helsepark med våra med våra samarbetspartners i Karlskrona med oss i ord och bild på en väl fungerande Skypelänk.

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**Petter Ahlström**, Founder/CEO, Concept living

## Äldreforskningens Öppet Hus

Stockholm, Sverige, Oktober 27 2016
Aging Research Center (ARC), Svenskt demenscentrum och Stockholms läns äldrecentrum anordnar en dag av seminarier och bokbord och öppna föreläsningar. 08.30-12.30 är det seminarier, teststationer, bok- och informationsbord och posterutställning på Äldreforskningens hus, Gävlegatan 16&18A (föranmälan krävs), 13.30-17.00 är det öppna föreläsningar i Aula Medica, Karolinska institutet. Föranmälan och mer information: http://sem.aldrecentrum.se/konfview.aspx?semid=541

## CASE 10-årsjubileum

Lund, Sverige, Oktober 27 2016
CASE är idag ett väletablerat centrum för forskning om äldre och åldrande vid Lunds universitet. Vi vill nu uppmärksamma att CASE fyller 10 år! Välkommen till en heldag under ledning av moderator Ulf Wickbom. De inbjudna talarna ger sin syn på vilken roll CASE spelar för forskningen om äldre och åldrande, ur ett nationellt och internationellt perspektiv. De doktorsavhandlingar som lagts fram vid CASE under perioden 2007-2016 kommer att presenteras i en rafflande kavalkad. Centrumets yngre forskare bjuder dessutom på sin bild av dagens och framtidens forskning om åldrande och stödjande miljöer. Dagen är kostnadsfri och öppen för forskare och alla andra med intresse för den forskning som bedrivs vid CASE. Anmälan till ingrid.hilborn@med.lu.se

## Third National Conference on Aging and Society

Funen, Denmark, November 7-8 2016
Again this year, The Danish Gerontological Society organizes a national conference. This year the topic is Ageing and Interdisciplinarity. The conference will take place in Middelfart at Funen on the 7th – 8th of November. The conference language is Danish except from one presentation in Norwegian. Our Nordic colleges are very welcome. Please find the program in this link:
http://gerodan.dk/nb/wp-content/uploads/2016/08/KonferenceprogramPr1808161.pdf

## 2016 GSA Annual Scientific Meeting

New Orleans, LA, November 16-20, 2016
GSA President Nancy Morrow-Howell, MSW, PhD, has chosen "New Lens on Aging, Changing Attitudes, Expanding Possibilities" as the 2016 meeting theme. She wrote, "This theme reflects my scholarly interest on productive engagement in later life as well as my on-going concern about ageism. Research has demonstrated that ageism is still alive and well in our attitudes, behaviors, programs, and policies; and it affects employment, health care practices, psychological well-being, family dynamics, and more. I hope you will think about how our work can contribute to changing ageist attitudes that limit the potential of late life, that undermine our efforts to promote healthy aging and that thwart the development of age-inclusive communities."

## 24NKG: Lessons of a Lifetime

Oslo, Norway, May 2-5, 2018
We have tried to do our homework and brought our lifetime lessons together in the work of preparing for 24NKG. Thus, we have brought together the big five Norwegian organisations, *(Norsk selskap for aldersforskning, Norsk geriatrisk forening, Aldring og Helse, Folkhelseinstituttet, NOVA)* working with aging in Norway. Our aim is, in a collaborative effort, to create a broad knowledge of all aspects on aging in this conference. It means that we will try to cover aspects that are not always considered as aging issues in the different special fields. We also introduce a new aspect in this congress. What we talk about as the academy's "third task". (1. Research, 2. education and 3. Information, collaboration/interaction with society). Bring the knowledge out to the community! In order to do that we have introduced an "open day" for the public, anyone who are interested to come, see and listen to what is top of the line in the aging field. This part of the congress will be held Saturday May 5, 2018!

## The board of Nordic Gerontological Federation:

Chair: Marja Jylhä
1. vice chair: Nils Holand
2. vice chair: Boo Johansson
3. vice chair: Kirsi Lumme-Sandt
Secretary and treasurer: Anna Siverskog

Representatives from the member organisations:
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Danish Gerontological Society (Dansk Gerontologisk Selskab): Tine Rostgaard
Danish Society for Geriatrics (Dansk Selskab for Geriatri): Finn Rønholt
**Finland:**
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Finnish Geriatrics (Suomen Geriatrit-Finlands Geriatrer): Matti Viitanen
Finnish Society for Growth and Ageing Research (Föreningen för forskning i uppväxt och åldrande): Minna Yliahti
**Iceland:**
the Icelandic Gerontological Society (Societas Gerontologica Islandica): Sigurbjörg Hannesdottír
Icelandic Geriatric Society (Icelandic Geriatrics Society): Sigurbjörn Björnsson
**Norway:**
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Norwegian Geriatric Association (Norsk geriatrisk forening): Nils Holland
**Sweden:**
Swedish Gerontological Society (Sveriges Gerontologska Sällskap): Susanne Iwarsson & Åke Wahlin
Swedish Geriatric Society (Svensk Geriatrisk Förening): Arne Sjöberg

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We wish you all a nice fall!