



NORDISK GERONTOLOGISK FÖRENING

GeroNord

Nytt om forskning, utvecklingsarbete och undervisning på
äldreområdet i Norden

Årgång 20 nr 3—2011

The Nordic Gerontologic Federation (NGF), for whom and for what?

The Nordic Gerontological Federation is now in its fifth decade of existence. Its main assets have been its ability to start and to secure the continuum of gerontologic congresses in the Nordic countries and from the outset; it was decided to be inclusive but not exclusive in choosing the scientific fields. These were the guiding principles for the leaders of the NGF, Alvar Svanborg and Andrus Viidik and they had a uniform backup from the member associations. The multidisciplinary content of NKG has ever since been evident. The first congress was held in Copenhagen in 1973 and the 21st of these biannual congresses (21 NKG) will be held in the same place in 2012. For almost three decades, each congress outnumbered the previous one but the peak seems to have been reached in Stockholm in 2004 with more than 800 attendees. The following three congresses have not reached that number but the 21 NKG in Copenhagen and the 22 NKG in Gothenburg might do.

The Nordic congresses in gerontology have at least three fold meaning for those attending as well as for our various disciplines. The first one is purely academic, to be able to present the latest results in research and for the others to bring home new ideas, for treatment, service and not least for new hypothesis. The second main objective of the congresses is to present up to date knowledge in various fields inside gerontology and the third one is to build bridges and to network with others. In addition, the congresses are often a venue for various groups to meet and to discuss. These assets of the Nordic congresses together secure that this tradition continues to live and thrive.

Gero Nord is the newsletter of the NGF. It has now been published for 20 years and currently, there are 3-4 issues published a year. It brings news from the various scientific fields as well as bringing news from the member organizations. To edit and be in charge of such a newsletter is not an easy task but the current editor, prof. Anette Hylén Ranhoff has managed to do so with utmost vigor.

But what else? Some of the assets of the NGF are not as easy to measure. Various groups have been formed as a consequence of the networking inside the NKG but of course some networking would have happened without the existence of NGF. One of these groups is the Nordic professors in geriatrics that have now met more or less regularly for more than two decades. This group has initiated various projects, such as consensus publications and educational courses aimed for PhD students. One such course has recently been completed in Finland under the leadership of prof. Kaisu Pitkälä. Another group more distant to the NGF is Norage, a group of researchers in brain ageing in the Nordic countries. To some extent, these individuals are active inside geriatrics and gerontology and thus also active in the NKG congresses but others are working in the fields of Psychiatry and Neurology. Other groups have been formed and to live outside the direct influence of either the NGF or its congresses.

The NGF has had some financial means to support various initiatives and that is valued. However, one of the tasks of the Board of NGF is to make guidelines for such support addressing the need and to show fairness. In conjunction with the congresses, two different types of support have been given. One was initiated by the NGF but financed by others, a reward for a lifelong outstanding work in research in the gerontological fields. This reward was initially known as the Rhone Poulenc prize, later as the Sohlbergs prize, the naming implying the institution that finances the award. Another award of an honorary type is the Andrus Viidik prize, given to a researcher that has proven to be of substance but is more or less in the middle of his/her career. This prize is covered by the NGF and since it was initiated, the international Journal of Aging, Clinical and Experimental Research has published a paper by the recipient of the prize.

The first question of the heading of this editorial, for whom, was answered when the NGF started; the association is primarily for all those that are working and conducting research in all fields of gerontology. The second question is not as easy to give answer to as it might change with time and with the persons that form the association. To complicate matters, the NGF is not an association of individuals but a federation of associations, as for now 11 different associations in five countries. The NGF does obviously not have an existence without some substance and without persons to dedicate time and resources to the association. It will be the task for all of us not only to secure the future of the NGF but to hold on to the successes of the past and to secure that we keep up with the evolution in order to bring value to this Nordic networking association.

Jón Snædal, president of the NGF

Welcome to Copenhagen in 2012

Dilemmas in Ageing Societies

On behalf of the organizing committee we invite you to the 21st Nordic Congress of Gerontology in Copenhagen, Denmark in June 10th - 13th, 2012. This interdisciplinary congress will include several aspects of gerontology and geriatric medicine and all sessions are in English. This provides the opportunity to exchange knowledge and ideas with participants from outside the Nordic countries.

The congress theme *Dilemmas in Ageing Societies* points to challenges of ageing societies and questions that arise from theory and empirical studies about ageing and older people's lives. Although most people live longer, there is an increasing polarization of health and living conditions. What are the main dilemmas as we take a closer look at men and women, rich and poor, or at different ethnic and religious groups?

General Program

21st Nordic Congress of Gerontology in Copenhagen, Denmark will be held in Scandic Copenhagen Hotel during June 10th - 13th, 2012. All the information concerning the congress can be found at www.21nkg.dk. The congress themes will cover the following areas: Health and Bio Science, Psychology, Social Science, Cultural Science, Policy and Practice. The tentative scientific program is released. We are still working on the completed program and you can always update yourself at http://21nkg.dk/scientific_programme.html

Call for Abstracts

Call for abstracts

The abstract submission is open until January 31st 2012. Go directly to <http://bdp.areg.dk/abstracts/?c=36&locale=en>

Registration and Hotel Booking

Please register your attendance at the secured on-line system: <http://21nkg.dk/registration.html>

To register for accommodation, please read more at <http://21nkg.dk/registration.html>

Important Dates

Abstract submission opens: June, 2011

Registration opens: June, 2011

Deadline for symposium proposals: October 1st, 2011

Abstract submission deadline: January 31st, 2012

Notice of acceptance: March 15th, 2012

Early registration deadline: March 31st, 2012

Congress: June 10th, 2012

We are looking forward to welcoming you in June 2012!

Finn Rønholt
President of 21 NKG

Christine E. Swane
Secretary General of 21 NKG

Nordic Geriatric PhD-course 2012

The next Nordic PhD-course: Physical activity: "Bone and Muscle in the old and oldest old" will be held in Copenhagen April 23. to 27., 2012

Number of participants 36.

ECTS points: 3,8

Course fee: Danish PhD-students free, Nordic PhD-students and Danish and Nordic non-PhD-students Dkr. 4.560

Information: www.healthsciences.ku.dk/phd/

Registration: fak-phdkursus@sund.ku.dk

Course leader: professor Peter Schwarz petsch02@glo.regionh.dk



Conferences

Joint World Congress of ISPGR and Gait & Mental Function will be arranged in Trondheim, Norway June 24-28 2012 with the theme: Movement Analysis- From Bench to Bedside. For more information: <http://www.ispgr.org/>.

21th NKG with the theme "Dilemmas in Ageing Societies" will take place in Copenhagen, Denmark June 10-13 2012. The deadline for submitting abstracts is January 31 2012. For more information: www.21nkg.dk.

IPA 2012 will be arranged in Cairns, Australia Sept 7-11 2012. Deadline for submission of abstracts is March 15 2012. For more information see: <http://www.ipa2012 Cairns.com/>.

8th congress of the EUGMS will be arranged in Brussel, Belgium September 26- 28 2012. The conference theme is: Clinical aspects of longevity. The deadline to submit your abstract is Monday, April 16 2012. For more information: <http://www.eugmsbrussels2012.org/site/-Homepage,2278->.

IAGG 2013 will be arranged in Seoul, Korea June 23– 27 2013. The theme for the congress will be "Digital @geing: A New Horizon for Health Care and Active Ageing". The deadline for submitting symposia is February 29 2012 and the deadline for submitting abstracts is October 2012. For more information: <http://iagg2013.org/>.

PhD summaries

Dementia care quality: A study of health professionals' attitudes

Sundaran Kada, University of Bergen, Faculty of Medicine and Dentistry, Department of Public Health and Primary Health Care



The number of individuals with dementia will increase during the coming years due primarily to an increasing number of older people in the population. This will present challenges in relation to how we treat these people, both at home and in institutions. We know that many of them will need care in nursing homes for a shorter or longer period. How will we meet this situation and what are the attitudes and quality found in dementia care?

The overall aim of the present thesis was to study the quality and attitudes of health professionals towards persons with dementia and their care. The work is based on three studies. The first study examined the quality and appropriateness of the referrals to specialists. The second study evaluated the quality of the specialists' reply letters and general practitioners' satisfaction with the quality of those letters. For both studies the degree to which the referral and reply letters fulfilled the criteria for the anticipated information content was assessed and a subjective evaluation was made of the quality and appropriateness. The attitudes were assessed indirectly based on this. Both of these studies are based on a total of 135 referrals from the year 2002. The third study evaluated the attitudes of caring staff members in institutions using a questionnaire. The study population was 291 from 14 nursing homes and one geriatric ward in Bergen.

In Study I, cognitive and clinical tests were infrequently performed or reported, and key medical information was often absent from the referral letters. There was poor agreement between geriatricians and general practitioners regarding the quality and appropriateness of the referrals. In study II, general practitioners assessed the replies as being of good quality and were satisfied with those letters. However relevant clinical information was missing for a number of patients. In Study III, staff members had an overall positive attitude toward residents with dementia. However there were significant attitudinal differences between staff members with varying levels of education. The indirect interpretation of the findings from both of the first two studies suggests less positive attitudes among general practitioners, something that is supported by international studies. Attitudes among caring staff in nursing homes are generally positive. This indicates that education and information will improve the quality of dementia care and may generate improved attitudes.

Alder bør ikke styre behandlingen av eldre kreftpasienter.

Siri Rostoft Kristjansson, University of Oslo, Faculty of medicine, Institute of Clinical Medicine.

Ved en undersøkelse av 182 pasienter mellom 70 og 94 år som ble operert for kreft i tykktarm eller endetarm i Oslo og Akershus, viste det seg at andelen som fikk komplikasjoner etter inngrepet ikke økte med økende alder. En gruppe pasienter som ble vurdert som skrøpelige før operasjonen fikk ikke overraskende betydelig flere komplikasjoner enn de øvrige pasientene. Under 2% av pasientene døde i forbindelse med inngrepet.

Aldringsprosessen styres ikke av kalenderen, men av biologien. For å vurdere om en pasient tåler kreftbehandling må man derfor se på andre forhold enn alder alene, slik som andre sykdommer, hvor godt pasienten klarer seg ellers, om pasienten lever et aktivt liv, ernæring, depresjon og kognitiv funksjon. Basert på en systematisk oversikt over dette kan man identifisere pasienter som har lite kroppslige reserver, og dermed økt risiko for komplikasjoner. Metoden er hentet fra geriatrien (aldersmedisin), der man i flere år har vurdert eldre pasienter på denne måten.

Levealderen i Norge øker med fem timer hver dag, og andelen personen over 65 år vil bli større i årene som kommer. Økende alder er en av de viktigste risikofaktorene for å få kreft, og antall mennesker som får kreft vil derfor øke. Dessverre har vi liten kunnskap om hvordan eldre med kreft skal behandles, i hovedsak fordi de faller utenfor forskernes prosjekter. Dette er i ferd med å endre seg fordi stadig flere forskere fatter interesse for fagområdet eldre og kreft.



**We wish you all a
merry christmas and
a happy new year!**

**All the best from the
board of NGF and
editors of GeroNord**



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Nordisk Gerontologisk Förening (NGF)s sekretariat och GeroNords redaktion har följande adress:

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Hjemmesiden til NGF finner du her:

www.ngf-geronord.se
