



NORDISK GERONTOLOGISK FÖRENING

# GeroNord

Nytt om forskning, utvecklingsarbete och undervisning på  
äldreområdet i Norden

Årgång 18 nr 1—2009

## EDITORIAL GERONORD APRIL 2009

### **Ageing in the Nordic Countries in difficult times!**

Since our last Nordic meeting in Oslo in May last year, the world has changed – and also the situation in the Nordic countries. Especially the Icelandic people have been deeply affected by the financial situation and the welfare is in danger. In such times when “crisis” is a commonly used word it is important to focus on “who are really in danger”. Vulnerable groups in the society are known to be children, unemployed, those with a low income, homeless and drug-addicts, and the elderly. Let us put focus on the elderly population.

The impact of the financial crisis on the elderly population is yet unknown. Possible negative implications are reductions in health and social care and pensions, and social support provided by families and friends because they have less time and energy due to their own struggle to survive the crisis.

On the other side, elderly people are not necessary the most important victims in this crisis. In the Nordic countries, they usually have their stable pension income, no expensive loans on their homes and hopefully families stand more together to help each other instead of more self-centred activities. The situation in the Baltic countries is probably worse.

For us who are working in health and social care for elderly people, we must be aware the possible negative consequences and inform the authorities when our patients’ and clients’ welfare is in danger. For research funding and support we also have to promote gerontology in the competition with other – and sometimes more competitive – fields of research. This we do best together in a strong Nordic collaboration.

NGF with its different infrastructures wants to be an actor in this by facilitating collaboration between the Nordic and Baltic countries in research projects and to develop networks for research and education. Please use NGF – by reading the GeroNord and by contacting NGF’s leadership for information about activities and experts in the different areas of gerontology and geriatrics. One such resource is the report from the survey about gerontological education in the Nordic countries, which is now completed and available for downloading.

We are happy to inform you, in this number of GeroNord, that the preparations for the 20<sup>th</sup> Nordic Congress of Gerontology, to be arranged in Reykjavik in may 2010, are going very well despite the financial crisis. It is now time to suggest symposia and start the planning abstracts. Springtime is here with longer days – and optimism for the finances and for gerontology in the Nordic countries.

Anette Hylén Ranhoff

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## 20 NKG Iceland 31. May-2. June in 2010.

One of the things researchers, teachers and other active members in gerontology in the Nordic countries have had as a firm part in their professional live is the Nordic conferences in gerontology. They started in 1973 and have continued ever since on a regular basis every second year (with an exception in the early 80's). The Nordic countries take turns on organizing these conferences. Many of the readers might not know but this has always been a mutual enterprise of the local gerontological and geriatric societies and the Nordic Federation in Gerontology (NGF) with benefit to all partners.

The next conference is the 20<sup>th</sup>. It will be held in Reykjavik, Iceland 31. May-2. June in 2010 and the preparations are under way. The economic crisis in Iceland has disturbed the meeting to some extent as the organizers had to change the venue from the new concert hall in the harbor of Reykjavik, which now has been delayed, to the Hilton hotel which actually has very nice conference locals well suited for our aims.

The overall theme of this conference is "Healthy aging the 21<sup>st</sup> century." In line with this the plenary lectures will deal with this attractive theme from various angles. The conference will otherwise be organized in a traditional way with state of the art lectures, symposia and free oral presentations as well as poster presentations but it is worth wile to point out some specific aspects. One of them is that the conference which started solely as a Nordic one has expanded and also includes now the Baltic states, Estonia, Latvia and Lithuania. It is one of the tasks of the organizers to attract participants from these states to make the conference a truly Nordic-Baltic. Active steps to realize this have been taken by the local organizers.

Another aspect is the fact that posters have always been promoted at these conferences. They always have their own session with active presentation as well as by more passive one with the main author present for those who wish to ask questions. On top of this there have always been a competition and more than one poster price to be handed out.

Yet another aspect worth wile to point out is the fact that young researchers will have the opportunity to seek stipends from the conference to attend. These stipends are now 13 in all for all of the countries. The rules for the stipends are to be found on the web site of the organization: [www.congress.is/20nkg](http://www.congress.is/20nkg)

For those considering the economical aspects of attending a conference like this it should be mentioned that there have actually been "benefits" of the economical crisis which has hit Iceland more than most other countries in this part of the world. Iceland used to be one of the most expensive places to visit but due to devaluation of the local currency (the Icelandic krona), it has become one of the cheapest in western Europe to visit. Tourists are therefore welcomed more than ever!

We hope to be able to make this conference a memorable event on all accounts, scientifically, educationally and social. To make this happen we need as many of you as possible!

Hope to see you in Iceland in the spring of 2010!

Jon Snaedal,  
President of the 20<sup>th</sup> NKG

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## En åldersforskare har lämnat oss alldeles för tidigt

Stig Berg föddes 1947 i Fritsla nära Borås, i den västgötska knallebygden. Han tog studenten i Borås och fortsatte sina akademiska studier i Göteborg, där han avlade psykologexamen 1973.

1970 kom Stig som 23-åring till Jönköping och blev chef för det nystartade Institutet för gerontologi. Jönköpings läns landsting bildade Stiftelsen till stöd för gerontologisk forskning och var därmed först i Sverige med att satsa på utbildning och forskning om åldrande och äldreomsorg. Valet av Stig Berg att leda institutet visade sig snabbt lyckosamt: tillsammans med lika unga kollegor startade man utbildning för yrkesverksamma inom vård och omsorg men också forskning som omgående väckte intresse i omvärlden. Att han och Institutet för gerontologi var på rätt väg visas av att liknande verksamheter kom igång på några andra ställen i Sverige, men först 5 – 10 år senare. Jönköping var och är ensamt om att kombinera forskningen med en rejäl satsning på utbildning, ofta ute i den direkta vård- och omsorgsvardagen.

Stig själv doktorerade 1979 på en avhandling om psykologisk funktion bland 70 och 75 år gamla människor och blev året efter docent vid Göteborgs universitet. Han blev 1986 adjungerad professor i Göteborg, år 1992 utnämndes han till forskningsprofessor i psykologi vid University of Southern California och året efter till adjungerad professor i Biobehavioral Health vid Pennsylvania State University. Han blev professor i psykologi med inriktning mot åldrande vid Högskolan i Jönköping 2002. Stig var alltid särskilt mån om den nordiska sammanhållningen och de nordiska kongresserna i gerontologi. Han tyckte ofta att vi från Institutet för gerontologi skulle representera med flera inslag. Stig Berg var själv president för den 12e Nordiska kongressen i gerontologi som hölls i Jönköping 1994. Hans akademiska framgångar speglas i att han fick både Svenska gerontologiska sällskapetets och Nordisk gerontologisk förenings stora pris tio år senare, 2004. Allra gladast och stoltast var nog ändå Stig för utmärkelsen han fick från hälsoministeriet i Vietnam för sina insatser i uppbyggnaden av National Technical College of Medicine No. II, i Da Nang.

Stig Berg byggde upp Institutet för gerontologi, vilket för några år sedan kulminerade i att man nu kan doktorera i gerontologi som ett akademiskt ämne. Stig hann se sitt livsverk utvecklas från en verksamhet driven av entusiasm och ungdomlig oförvägenhet till en etablerad akademisk institution med alla kännetecken på vetenskaplig mognad. Allt detta var möjligt tack vare Stig Bergs akademiska begåvning men också genom hans lättsamma läggning och generösa personlighet, som sträckte sig till både tillfälliga och mer permanenta kontakter inom och utom landet. På det viset kom åtskilliga miljoner dollar till stöd för den unika tvillingforskning som Institutet för gerontologi och Karolinska institutet driver tillsammans med Pennsylvania State University och University of Southern California. Den har väckt internationellt uppseende och hamnat på framsidan av Science. Stig var mycket ledsen över att han inte kunde medverka på den senaste Nordiska kongressen i gerontologi på grund av sin sjukdom. Bland deltagarna var det rörande många som bekymrade sig för honom och sände krya på dig hälsningar med hem till honom. Vid nästa NKG i Reykjavik planeras ett minnessymposium för Stig. Stig var sedan många år inröstad medlem i det amerikanska gerontologiska sällskapet och till årets gerontologiska kongress i Atlanta planeras också ett minnessymposium.

Vi som har haft glädjen att lära känna Stig privat vet också vilken glad sällskapsmänniska han var. Han njöt av mat och dryck, gärna mycket mat men aldrig mycket dryck. Han uppskattade berättelser om händelser som han och andra varit med om och skrattade ofta gott åt sina egna och – men mindre – andras tillkortakommanden. Sina egna intressen gick han in för med hängivenhet: Sherlock Holmes, Sven Hedin, järnvägarna (han åkte varenda järnvägslinje i landet) och barndomens Fritsla dokumenterad i en fascinerande bildsvit.

Våra tankar går till Stigs närmaste, hans hustru Mari-Ann, mor, bror och övrig släkt, som var ett stort stöd för Stig under hans sjukdomstid.

För Institutet för gerontologi och Högskolan i Jönköping  
Bo Malmberg och Gerdt Sundström

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## Nordic Healthy Ageing Network

År 2004 startades "Healthy Ageing", ett EU-finansierat projekt på initiativ av svenska Folkhälsoinstitutet, med medarbetare i Österrike, Tjeckien, England, Finland, Italien, Nederländerna, Norge, Portugal, Skottland och Sverige.

Projektet drevs i tre år med syftet att stödja en promotivt syn på hälsosamt åldrande. Projektet fokuserade på olika aspekter av hälsa genom att utveckla en integrerad och holistisk syn på hälsa i livets senare skeden. Projektet använde existerande data för att skriva en rapport som var ägnad att ge policyrekommendationer, baserat på goda exempel på effektiv intervention från praktiker, för att kunna främja hälsa för äldre i EU men samtidigt ta hänsyn dels till kulturella skillnader, men också eventuella sektoriella skillnader inom den offentliga sektorn i de olika länderna.

Ur detta projekt, som egentligen avslutades med en rapport år 2007, har vuxit ett Nordiskt nätverk för hälsosamt åldrande med medlemmar i samtliga fem nordiska länder. Nätverket engagerar inte enbart forskare utan även praktiker i kommuner och landsting, och utför nu en kartläggning av den nordiska undervisningen i promotivt hälsoarbete. Nätverket har en arbetsgrupp med en representant från samtliga nordiska länder, och man planerar ansökningar för att få stöd för en fortsatt verksamhet som har tydlig relevans för de nordiska länderna.

### Medlemmar

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### Negotiating needs

## Processing older persons as home care recipients in gerontological social work practices

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Academic dissertation 16 January 2009

### Abstract

The study concerns the needs assessment processes that older persons undergo to gain access to home care. The participation of older persons, their relatives and municipal care managers was studied from a communicative perspective. The assessment meetings function as formal problem-solving events. The older persons' accounts are negotiated discursively in interaction. Various storylines are used by the older persons and their relatives whether they view home care as an intrusion, as a complement or as a right. In case of divergent opinions the older person has the final say as prescribed by the Swedish social service act. One conclusion is that the role of relatives is not defined and a family perspective is not present. In the study the institutional structure of the assessment process was also analyzed. Older persons are processed into clients; their needs are fitted within the framework of documentation and institutional categories. In the transfer of talk to text all the particulars are not reflected and two types of documentation was identified; a fact-oriented objective language or an event-oriented personal language. Care management models and a managerialist thinking has influenced the assessment process by bureaucratisation of older people through people processing, which is in contradiction to the individual-centric perspective prescribed by the law. The introduction of care management models in gerontological social work has led to an embedded contradiction and constitutes a welfare political dilemma. Improved communicative methods are needed in order to achieve a holistic assessment situation.



**Liv Wergeland Sørbye PhD, cand. philol, RN. Associate professor Diakonhjemmet University College.**  
**Frail homebound elderly: basic nursing challenges of home care**  
**A comparative study across 11 sites in Europe**

***A dissertation for the degree of Philosophiae Doctor in Health Sciences***

**UNIVERSITY OF TROMSØ**

**Faculty of Medicine**

Department of Clinical Medicine

Section for Nursing and Health Sciences. ISBN 978-82-7589-221-6

The overall purpose of this thesis was to describe, analyse, and compare characteristics of the basic needs (nutrition and elimination) and clinical features of the elderly receiving home care. Data are derived from the Aged in Home Care (AD-HOC) project, a cross-sectional population-based study at 11 urban sites in Europe (2001/2003), using Resident Assessment Instrument for Home Care. During data analysis, the variable 'homebound' emerged as a common measure for the research articles that are included in this thesis. *Homebound* was defined as 'No days out of the house or building during the last week' or 'needed extensive assistance for outside locomotion'.

A significant association between being homebound and the clinical features of nutrition and elimination problems was identified. Relative risks derived from the corresponding odd ratios were all statistically significant. A stepwise logistic regression model explained 51% of the estimated risks for being homebound (95% confidence intervals). Community care in the other Nordic capitals generally provides services for individuals with lighter care needs compared to other sites in this study. In the Nordic sample, a higher frequency of older patients of both sexes lives alone, independently, for longer than their counterparts in other AD HOC sites.

Key words: Unintended weight loss, extreme obesity, urinary and faecal incontinence, homebound, cross-national, elderly, RAI- HC

The "umbrella" is connecting six original articles together with the concept of being homebound:

Sorbye LW, Schroll M, Finne Soveri H, Jonsson PV, Topinkova E, Ljunggren G, Bernabei R. Unintended weight loss in the elderly living at home: the aged in Home Care Project (AdHOC). *J Nutr Health Aging*. 2008; Jan; 12(1): 10-6.

Sorbye LW, Schroll M, Finne-Soveri H, Jonsson PV, Ljunggren G, Topinkova E, Bernabei R. Home care needs of extremely obese elderly European women. *Menopause Int*. 2007; Jun; 13(2): 84-7.

Sorbye LW, Finne-Soveri H, Ljunggren G, Topinkova E, Garms-Homolova V, Jensdottir A, Bernabei R. Urinary incontinence and use of pads - clinical features and need for help in home care at 11 sites in Europe. *Scand J Caring Sci*. 2008; Sep 10.

Sorbye LW, Finne-Soveri H, Ljunggren G, Topinkova E, Bernabei R. Indwelling catheter use in home care: elderly, aged 65+, in 11 different countries in Europe. *Age Ageing*. 2005; Jul; 34(4): 377-81.

Finne-Soveri H, Sorbye LW, Jonsson PV, Carpenter GI, Bernabei R. Increased work-load associated with faecal incontinence among home care patients in 11 European countries. *Eur J Public Health*. 2008; Jun; 18(3): 323-8.

Sørbye LW HT, Henriksen N, Norberg A. A comparative study of characteristics of older home care users in Nordic countries - would patients be better off living in another environment? Tromsø 2009, University of Tromsø, Faculty of Medicine. PhD thesis ISBN 978-82-7589-221-6; paper VI

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# Ageing with disability

## On the meaning of social and chronological ageing for people who have lived with physical impairments over a long period of time

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Academic dissertation 23 January 2009

### Abstract

The significance of age and ageing for people who have experienced a physical impairment under a long period of time is an area that has received little attention in both policies related to disability and the elderly as well as in social scientific research on disability and social gerontology. At the same time, age limits related to public support for disabled people, as well as related theories and empirical studies indicate that age and ageing can have specific meanings for people living with impairments. The aim of this thesis is to interpret the significance of *age norms* and *subjective age* for people in today's Sweden who are approximately 65 years old with physical impairments that have existed for at least 30 years. Age norms refer to commonly accepted interpretations of what is associated with a certain age or phase of life, while subjective age refers to "how old one feels". The years around 65 have been chosen because they stand out as a time in life when age, ageing and age norms are expected to take on a particularly palpable meaning.

An interview-study of 20 persons between 56-72 years of age was conducted. A *life course perspective* was used, both as a theoretical departure and as a methodological tool.

Among other things, the interpretation of the interviews reveals how people can acquire and apply age norms that are often described as negative in other contexts in a way that results in something positive for the individual. In contrast to existing theories that emphasize the centrality of good health to be able to "feel young", the study at hand also indicates that those with a medically-defined chronic illness or physical impairment may experience age in a number of ways, without this necessarily involving their diagnosis or impairment. Furthermore, the interview subjects' descriptions of their daily lives suggest that it is not unreasonable to surmise that a pensioner with impairments in today's Swedish society can achieve a modern and leisurely "third age" pensioner ideal. But age and ageing do not emerge as important to *all* aspects of life. This is particularly the case with respect to experiences of various changes in one's own physical condition.

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## PhD thesis by Guðlaug Þórsdóttir, MD

University of Iceland  
Faculty of Medicine

**Date: 23.nov. 2007**

**Title: The role of ceruloplasmin and superoxide dismutase in neurodegenerative diseases**

**Supervisor: Prof. Magnús Jóhannsson**

**PhD Committee members: Ingunn Þorsteinsdóttir  
Jón Snædal  
Sigurlaug Sveinbjörnsdóttir  
Þorkell Jóhannesson**

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## Higher education in gerontology in the Nordic countries

Rapporten "Higher education in gerontology in the Nordic countries" av Heidi Hietanen, Tina-Mari Lyyra, Terttu Parkatti & Eino Heikkinen fra University of Jyväskylä er nå publisert. Rapporten viser at det blir gitt undervisning innen gerontologi ved flere nordiske multi-disiplinære utdanningsinstitusjoner i Norden, men det viser seg å være stor forskjell i gjennomføringen av programmene fra land til land. Rapporten finner du her: <http://kavlisenter.no/admin/uploads/survey.pdf>.

### Nordic Gerontological Federation announcement:

#### The Andrus Viidik Lecture in Gerontology 2010

The Andrus Viidik Lecture in Gerontology was established in 2001, and the first lecture was given in 2002 in Aarhus.

The prize winner will be giving a lecture at the congress and get the opportunity to publish a corresponding paper in a special issue of *Aging Clinical and Experimental Research*, which will be distributed during the congress (free copy to all participants). The prize 2010 will be given during the 20<sup>th</sup> Nordic Congress of Gerontology in Reykjavik 30<sup>th</sup> May to 2<sup>nd</sup> June 2010 to an outstanding researcher in gerontology in the Nordic Countries.

Proposal for the prize, with a short CV of the candidate, must be submitted to [ahranhoff@yahoo.no](mailto:ahranhoff@yahoo.no) before 15<sup>th</sup> April 2009.



Andrus Viidik, Professor of Gerontology  
President of the Nordic Gerontological Federation from 1988 to 2002.

#### Konferanser

19th IAGG World Congress of Gerontology and Geriatrics, Paris July 5-10, 2009  
<http://www.gerontologyparis2009.com/site/view8.php>.

The Ninth International Conference Social Context of Death, Dying and Disposal DDD9 University of Durham September 9-12, 2009  
<http://www.dur.ac.uk/cdals/ddd9conference/>.

The Gerontological Society of America. 62nd Annual Scientific Meeting. November 18–22, 2009 • Atlanta, GA. Visit [www.geron.org](http://www.geron.org) for abstract submission instructions and information.

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