NORDISK GERONTOLOGISK FÖRENING

GeroNord

Nytt om forskning, utvecklingsarbete och undervisning på äldreområdet i Norden

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Editorial

The concepts of “Person Centerdness”, “Person Centered Medicine” and “Patient Centered Medicine” are gaining momentum in recent years. In the WHO resolution on Primary Health Care in 2009, the organization urges governments to put the patient at the center in their health service programs and by that deviates from its earlier main focus on the systems per se as seen in the Alma Ata declaration since 1978 and in the Millennium declaration of 2000. In 2007, the World Psychiatric Association along with the World Medical Association and Wonca, the international organisation of family doctors started an initiative of Person Centered Medicine with a conference. Now, these associations in partnership with 24 other associations have built a Network (International College on Person Centered Medicine) and established a new journal published by the University of Buckingham Press; International Journal on Person Centered Medicine. Every year, there is a conference in Geneva on this topic, the latest one last May. This initiative is meant to counter the massive interest in organ specific medicine which has gained increased importance through the various technical solutions in diagnostics and therapeutics. This is also to some extent countering evidence based medicine but there are parallel items of these two approaches. The hopes of those that started this initiative and have joined in later is that person centerdness will be more evident in all fields of medicine along with the great progress in modern medicine. After all, person centerdness was the hallmark of medicine in ancient times and during the ages until modern technology began to spin off and cause the fragmentation that now is being challenged.

What has this to do with gerontology and geriatric medicine? In fact, the patient in the center is the cornerstone of geriatric medicine. The holistic approach, taken the social situation of the patient and his family and the patients aspiration into account and by using the team work approach with the patient in the center are all well known ingredients of our discipline. The concepts of Person Centered Medicine is therefore in line with the ideology of geriatrics and gerontology as it has been practiced during the decades and from that perspective, it is encouraging to witness the growing interest in this approach in other fields of medicine. We will therefore continue our good work and hope that others will to some extent change their system and routines for more person centerdness.

Jon Snaedal, President of the NGF

21st NORDIC CONGRESS OF GERONTOLOGY

June 10 -13, 2012
Copenhagen, Denmark

Call for proposals for symposia at the 21st Nordic Congress of Gerontology – Dilemmas in Ageing Societies

The Scientific Committee of **21st Nordic Congress of Gerontology in Copenhagen June 10 – 13, 2012** invites you to submit a proposal for a symposium at the congress. Symposia proposals on all topics within gerontology are welcomed. Each symposium has a time-frame of 1½ hour for presentations and discussion, should contain a maximum of four to five presentations, and three or more countries should be represented. Your proposal should include the following:

The overall topic of the symposium

Name and contact information of the organiser of the symposium

Names of contributors and the topic for their presentation

Submit your proposal for a symposium by e-mail to congress@21nkg.dk **at the latest by 1st October 2011 (new deadline)**.

News from Lithuania

In February 2011 special requirements for provision of geriatric in-patient care services were approved by Ministry of Health of Lithuanian Republic what enables the organization of geriatric wards in the hospitals of Lithuania.

Kavli centres prize in geriatrics 2011.

Kavli research centre for ageing and dementia is a collaboration between the Kavli Trust, Haraldsplass Deaconess hospital, University of Bergen and the municipality of Bergen, all located in Bergen, Norway. In 2010 the board of the centre decided to announce a grant of NOK 25.000 to the best research- or development project in multidiscipline geriatrics in Norway. The prize will be presented every second year in relation to the Norwegian congress in geriatric and the winner will hold a lecture to present the project connected to the prize ceremony.
The prize was presented for the first time during the fourth Norwegian congress in geriatrics in Oslo, 2.-3. May 2011. The winner was the psychologist Jørgen Wagle with the project "Cognitive impairment and depressive symptoms in stroke rehabilitation patients: Frequency, risk factors and relation to outcome". In the argumentation for the winner the jury specially mentioned the importance to focus on cognitive impairment and depression in stroke patients. This is often an ignored area in clinical medicine and in need of more attention. The project describes occurrence, risk factors and clinical outcomes after stroke and communicates important knowledge in stroke treatment and rehabilitation linear to high technological interventions like thrombolysis.
The jury consisted of dr. med Anne Rita Øksengård, prof. Marit Kirkevold and prof. Olav Sletvold, all members of the Kavli centres advisory board. The prize was handed on by the jury leader prof. Olav Sletvold and research coordinator at Kavli research centre Ida Kristine Sangnes.

21th Nordic Congress of Gerontology - Copenhagen 10.-13. June 2012

The Sohlberg's Nordic Prize in Gerontology 2012

The Nordic Gerontological Federation (NGF) calls for nomination of candidates for Sohlberg's Nordic Prize in Gerontology. This prize of € 10.000 is sponsored by the Päivikki and Sakari Sohlberg Foundation and will be awarded at the opening ceremony of the 21th Nordic Congress of Gerontology on June 10th, 2012, in Copenhagen.

This prize will be awarded to a scientist active in the Nordic countries, who is a leader in her/his field in gerontology, and who has had a major influence on the development of her/his field. A "leader" in this context either has a large/successful research group or has initiated something of major importance which has been followed up by others. In this context gerontology includes all fields of science that deal with any aspect of ageing.

The prize will be awarded by a jury, the members of which are the chairman of NGF (Jon Snædal, MD PhD), the two vice chairmen of NGF (Finn Rønholt MD, PhD and professor Anette Hylen Ranhoff) and the two most recent prize-winners (Professors Laura Fratiglioni and professor Yngve Gustafson).

NGF invites for nominations of candidates for this prize (applications will not be accepted). A nomination must include the reasons for why the candidate is nominated (described on a half to a full A4 page) together with the curriculum vitas and the publication list of the candidate. This material should be sent electronically to NGF by Anette Hylen Ranhoff, ahranhoff@yahoo.no
and received there no later than December 31, 2011.

PhD summaries

Getting Intimate: A Feminist Analysis of Old Age, Masculinity and Sexuality

Sandberg, Linn (Linköpings universitet, Institutionen för tema, Tema Genus) (Linköpings universitet, Filosofiska fakulteten)

This thesis focuses on the intersections of masculinity, old age and sexuality from the perspectives of old men themselves, how they understand and experience sex and sexuality in later life. The study uses qualitative in-depth interviews and body diaries, an exploratory method that asked men write about their bodies in everyday life. Twenty-two men, born between 1922 and 1942, participated in the study. The aim of the thesis is two-fold: firstly, to study sexual subjectivities of old men, how old men articulate and make meaning around sexuality in later life. Secondly, the study aims to explore theoretically what a male body may become in relation to ageing; in what ways the ageing male body could be a site for rethinking masculinity and the male body. This aim was inspired by feminist theories in dialogue with the deleuzian concept becoming. Similarly to gender, age is understood to take shape and become intelligible in social and cultural contexts. Furthermore, the thesis stresses the significance of the specificities of the ageing body to the shaping of masculinity, sexuality and subjectivity. The body is therefore discussed as an “open materiality”, beyond the binaries of culture and nature/materiality. This thesis discusses the concepts intimacy and touch as central to how old men’s sexual subjectivities take shape, allowing for alternative conceptualisations of sexuality beyond erection and intercourse. Intimacy and touch are understood and discussed in several different ways. By orienting themselves to touch and intimacy the old men emerged as more mature, unselfish and with more serene sexual desires. This also involved them distancing themselves from the younger man/other men, whom they perceived as more selfish, inconsiderate and with stronger sexual desires. Intimacy and touch could in this respect be understood as resources for shaping desirable heterosexual masculinity. An orientation to intimacy and touch enabled old men to appear as neither asexual nor as “dirty” old men. But the study also suggests that a turn to intimacy and touch may open up possibilities for rethinking and reconfiguring sexuality, masculinity and the male body. The ageing body then need not be understood as an obstacle but as an enabling site that provides opportunities for intimacy and touch. Moreover, the thesis presents affirmative old age as an alternative conceptualisation of old age, beyond both the discourses of successful ageing and the discourses of old age as negativity and decline. As a theory of difference and bodily specificity, affirmative old age may be of interest for further feminist theorising.

Diagnosing dementia. Different approaches to improve the diagnostic workup in patients with dementia.

Mala Naik, University of Bergen, Faculty of Medicine and Dentistry,
Department of public health and primary health care.

This PhD thesis is based on different aspects of diagnosing dementia. The first two studies are based on different clinical criterias used to diagnose dementia. The third study assesses the influence of neuroimaging findings while making the diagnosis of dementia .The fourth study involves a new aspect of MRI called Diffusion Tensor Imaging(DTI) which measures the FA (Fractional Anisotropy) in dementia patients with frontal lobe symptoms.

Paper I

Diagnosing dementia - ICD-10 not so bad after all: a comparison between dementia criteria according to DSM-IV and ICD-10. Dementia is a syndrome based on the presence of certain defined criteria and the absence of other conditions which have the potential to produce similar symptoms. Several diagnostic systems exist in which individual symptoms are evaluated differently. As a consequence, the ability to detect dementia may vary. Over the years most diagnostic systems have been subject to revisions, and the criteria have become stricter. According to one study, different criteria have given lower prevalence of dementia for every new revision being used (Erkinjunntti et al., 1997). As a consequence, results from epidemiological studies based on various editions of the same system or different systems are not directly comparable. The Diagnostic and Statistical Manual (DSM) of the American Psychiatric Association (American Psychiatric Association, 1994) and the International Classification of Diseases (ICD) (WHO, 1993) are the most commonly used systems for diagnosing dementia. Due to the differences in the two diagnostic. systems, one of the objectives when revising previous editions (DSM-III-R and ICD-9) was to harmonise the inequalities of the two systems. The discrepancy between results of diagnosing dementia with ICD-10 and DSM-IV has been shown by several studies. Our aim was to show that the two diagnostic systems are more or less alike if ICD-10 is interpreted in the way we believe is in the intention of the ICD-10 authors. Two hundred and seven patients consecutively referred patients and their caregivers were interviewed and the patients were clinically examined as a part of the routine assessment of cognitive dysfunction. Algorithms using criteria for the World health Organization's International classification of Diseases, 10th revision (ICD-10) and the American Psychiatric Association's, the fourth edition (DSM-IV) were followed to diagnose dementia. A diagnosis of dementia was made for 198 patients and there was 100% agreement (kappa=1.0) between ICD-10 and DSM-IV diagnosis. In the ICD-10 criteria, decline in other cognitive abilities such as abstraction, judgement, problem solving has been interpreted in a way that all the above executive functions must be impaired for diagnosing dementia. According to our interpretation these are meant to be examples of functions which may be compromised in demented patients. The results of our study indicate that this interpretation of ICD-10 has shown that the authors of ICD-10 and DSM-IV have succeeded in harmonising the two systems. However, the ICD-10 criteria are phrased in a way that leaves much to individual interpretation. WHO has to define the ICD criteria in such a way that there is uniformity in its interpretation.

Paper II

The Informant Questionnaire on Cognitive Decline in the Elderly (IQCODE) is associated with informant stress. The work-up of dementia diagnosis comprises an interview with the person in question, neuropsychological testing, somatic and neurological assessment and brain imaging. An interview with a close informant is an essential part of the work-up. Informant interviews are usually performed as an open interview. In study II we have examined the association between informant stress and appraisal of patients' cognitive functioning as reported by the Informant Questionnaire on Cognitive Decline in the Elderly—IQCODE. Routinely collected data from a geriatric outpatient department (207 dyads) during the years 1995–1998 were analysed. Relative stress scale (RSS) has been categorised for possible low, intermediate and high risk of psychiatric morbidity and caregivers were combined to four groups (female and male spouses and female and male non-spouses, respectively). The relationship between IQCODE (dependent) and categorised RSS and informant groups and patient age was further studied by means of the general linear model (GLM—UNIANOVA).

In general, spouses reported better cognitive functioning than non-spouses. There was a significant association between IQCODE and RSS (p<0.001), and the composite variable informant group and informant gender (p<0.001). The main effect of the interaction term RSS_informant groupÞinformant gender was not significant. Post hoc test, however, revealed a significant effect of the interaction term RSS_female spouses (p<0.001) on IQCODE. We have concluded that IQCODE is associated with informant stress. Categorisation of RSS score into groups of low, intermediate and high risk for psychiatric morbidity can be a valuable contribution to a more meaningful application of RSS in general practice.

Paper III
Do vascular changes in dementia as shown by Magnetic resonance imaging and computerized tomography have an impact in clinical practice? Neuroimaging of the brain is an important investigation while making the diagnosis of dementia. To study the clinical implication of information obtained from CT and MRI of the brain and to assess to what extent the extra information from MRI influences the diagnoses of Alzheimer's disease (AD), vascular dementia (VD) and mixed dementia (MD). 135 consecutive patients from the geriatric outpatient clinic, who were referred with cognitive decline were prospectively included in the study. CT and MRI were taken on all patients. Two geriatricians, one who had only CT findings, the other with MRI findings diagnosed these patients. The geriatrician with access to both CT and MRI diagnosed more patients with vascular dementia and mixed dementia than the geriatrician who had only CT reports. Thus, showing that vascular changes shown in MRI can be one of the factors indicating more cases of Alzheimers's disease with vascular findings. We could conclude that MRI revealed more vascular lesions than CT scan of the brain and therefore the diagnosis of vascular dementia and mixed dementia was higher in these cases.

Paper IV
Diffusion tensor imaging (DTI) in dementia patients with frontal lobe symptoms.
Diffusion tensor imaging (DTI) is a recent MRI technique demonstrating white matter tracts in the brain. Dementia is a neurodegenerative disease and this method has been used to demonstrate the loss of axonal fibers and myelin and decrease of fiber density in this condition. We have studied a possible correlation between frontal lobe symptoms in patients with dementia and reduced fractional anisotropy (FA) in white matter/fascicles in the frontal lobes. The study included 23 patients with dementia and frontal lobe symptoms and 20 controls (10 Alzheimer patients without frontal lobe symptoms and 10 normal controls). Clinical tests and MRI with DTI were performed. FA in subcortical white matter of both the frontal lobes was analyzed and correlated with clinical frontal score tests. We found a significant correlation between frontal score results and reduction in FA in the frontal lobes. The FA in the study group was significantly lower than the FA in the control group. This study reveals that there is a probable correlation between the extent of frontal lobe symptoms and FA in fascicles/white matter tissue in the frontal lobes.

Professor i äldre och åldrande ved Universitetet i Linköping

Universitetet i Linköping har lyst ut stilling som professor i äldre och åldrande. Stilling er knyttet til institutt for samhälls– och välfärdsstudier og søknadsfristen er 30.august 2011.

Fullstendig utllysningstekst finner du på Nordisk gerontologisk forenings hjemmeside www.ngf-geronord.se.

Energy– and protein supplementation to elderly stroke patients at nutritional risk in hospital.

Lisa Ha, University of Oslo, Institute of Basic Medical Science

This thesis has examined the importance of nutritional supplementation in acute stroke treatment of elderly patients. Acute stroke in elderly patients is an important reason for poor functional outcome or death. Elderly stroke patients are at increased risk of poor nutritional intake due to dysphagia or other eating disabilities. The aim of stroke treatment is to maintain the patient's functional level as before the acute stroke. Energy- and protein undernutrition can delay the rehabilitation of the patient. The aims of this thesis were to examine the effect of nutritional supplementation with regard to nutritional status, quality of life, muscle strength and antioxidant status. We have performed a randomized controlled study at Østfold Hospital Trust Moss in the period 2005-2008, with 165 elderly stroke patients at risk of undernutrition. The intervention group received individually adjusted nutritional supplementation, using energy- and protein enriched meals, snacks, oral sip feedings or tube feeding. The intervention group was compared with routine nutritional treatment without individualized nutritional adjustments (control group).

The intervention group had a reduced number of patients with unwanted weight loss compared with the control group, and the intervention resulted in a greater increase in muscle strength and in quality of life score. Both men and women had loss of fat mass, but nutritional supplementation was more protective in the women than in the men. Moreover, a high antioxidant status can increase survival after an acute stroke compared with low antioxidant status.

Many stroke patients are undernourished after hospital discharge and hence, follow-up of stroke patients with regard to nutritional status and nutritional intakes should be organized by the community health services. Stroke patients with severe dysphagia can regain their swallow ability and hence, tube feeding can be discontinued.

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