



Nordic Gerontological Federation

# GeroNord

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

Volume 25, no 1 2016



The Nordic congresses traditionally emphasise multidisciplinary perspectives on ageing and the life course. 23 NKG is a meeting place for all researchers and professionals, whether they are in social sciences, health research, medicine, nursing, biology, humanities, services research or any other field of scientific enquiry.

The main track of the congress will include scientific sessions on all aspects of ageing. Our special aim is to create sessions at which experts from different core disciplines can meet and learn from each other.

23 NKG is also a place for meeting old and new friends, for enjoying the conference's social programme and Tampere's many cultural attractions. Read more about 23NKG at pages 3-4 in this issue!

All scientific sessions will be in English.

The congress venue will be Tampere Hall, located in the middle of Tampere, close to the University of Tampere's main building and to many hotels.

The congress is arranged in collaboration with the Gerontology Research Centre (GEREC), Societas Gerontologica Fennica, the Finnish Society for Growth and Ageing Research, and Finnish Geriatricians.

We look forward to meeting you in Tampere in June 2016!

**Dear Colleagues and friends in the Nordic Gero Community,**

The dates of the highlight 2016 is soon approaching, i.e. the 23<sup>rd</sup> Nordic Congress of Gerontology in Tampere. You will find more general information about the congress, the prize winners etc. in the present issue of GeroNord.

Over the years the NGF congresses have expanded considerably in scope and size. They started off basically using the plenum format and have now developed into major congresses with multiple parallel oral and poster sessions. They nowadays also attract a substantial number of participants from non-Nordic countries, which I find as a significant marker of the quality of the congresses. My hitherto information about the congress in Tampere provides further evidence for another successful congress. At the Tampere congress we will all be welcomed to the 24<sup>th</sup> NGF congress that now is under planning by our Norwegian colleagues.

Below you find a list of the years for all our previous congresses. Some of you may have attended only a few, others many or most of them. Most important, however, is that you will participate and bring others to the upcoming congresses and thereby ensure the wealth of Nordic gerontology.

1973 Arhus	1988 Bergen	2004 Stockholm
1975 Gothenburg	1990 Reykjavik	2006 Jyväskylä
1977 Turku	1992 Odense	2008 Oslo
1979 Oslo	1994 Jönköping	2010 Reykjavik
1981 Reykjavik	1996 Helsinki	2012 Copenhagen
1983 Copenhagen	1998 Trondheim	2014 Gothenburg
1984 Malmö	2000 Reykjavik	2016 Tampere
1986 Tampere	2002 Aarhus	2018 Oslo

I would like to emphasize that GeroNord, besides the NGF home page, constitutes our main channel for communicating previous, ongoing and upcoming events. Take the opportunity to use these channels to share ideas, publications, research and educational activities with colleagues in the Nordic countries. Make sure that you also distribute the Newsletter to everyone interested in aging and matters related to aging research.

See you all soon in Tampere,

Boo Johansson, prof.

*President of NGF*

## 23<sup>rd</sup> Nordic Congress of Gerontology – join the world stars in ageing research in Tampere



The 23<sup>rd</sup> Nordic Congress of Gerontology (23NKG) in Tampere, Finland, 19<sup>th</sup> to 22<sup>nd</sup> of June 2016, is deeply rooted in the Nordic traditions but also has a strong international flavor.

We are delighted to have many world leaders in ageing research, including Eileen Crimmins and Luigi Ferrucci from the US, Julia Twiggs from England, among others, as our keynote speakers, not to forget the international stars from The Nordic countries, such as Miia Kivipelto, Jorma Sipilä, Taina Rantanen and Palmi Jonsson. All the ten keynote speakers are introduced with short interviews on our web page on [http://23nkg.fi/scientific\\_program.html](http://23nkg.fi/scientific_program.html) In addition to the keynote talks, the program consists of 52 submitted symposia, 64 free oral presentations and 250 posters.

In the symposia, cutting edge findings from different fields of ageing research will be discussed, among them a symposium on intergenerational relations by Simon Biggs, Ariela Lowenstein, Merril Silvestein and colleagues, another on the 25-year experiences of the Kungsholmen project by Laura Fratiglioni and colleagues, a symposium on marketization of elder care by Tine Rostgaard. Marta Szebehely and others, or the one on new treatment strategies of Alzheimer's disease by Bengt Winblad and colleagues. Explanations for mortality decline will be searched by Dorly Deeg and others, and the measures of ageing from different disciplinary perspectives will be discussed by Carol Jagger, Jean-Marie Robine and others.

Emerging new findings are reported in individual oral presentations and posters, including themes such as fall prevention, ageism, rehabilitation, technology, economy and genetics of ageing, among many many others. Our goal is to give special attention to posters, as they often report novel and particularly interesting work; posters also give a better opportunity to discussions between the presenter and the interested audience than oral presentation sessions.

In the outdoor Midnight session Tom Kirkwood and Timo Strandberg will talk about joys of ageing and the effects of sauna on health and ageing, accompanied by traditional Finnish midsummer music. But it is wise to register soon, as the social program events, particularly the sauna evening and the visits to the assisted living facility, but also the Midnight session, are almost sold out already. Special sessions and meetings with seniors will be available for doctoral students The congress provides excellent training for doctoral students but it also works as further education for professionals working in elderly care.

The 23NKG will be, as our slogan says, "Science and fun under the midnight sun". Do not miss this event! Make sure to take advantage of the early bird registration until 15 March. Follow our web page on [www.23nkg.fi](http://www.23nkg.fi) and [www.facebook.com/23nkg](https://www.facebook.com/23nkg) for latest news and tips. For any further questions, please contact general secretary of the 23NKG Dr. Kirsi Lumme-Sandt at

## Winner of the Sohlberg Prize: Dr. Kaare Christensen

The jury for the great Nordic prize in Gerontology, the Sohlberg prize, has unanimously decided that the prize winner in 2016 will be Dr. Kaare Christensen, University of Southern Denmark, Odense. The Sohlberg prize is generously sponsored by the Päivikki and Sakari Sohlberg Foundation.

Epidemiology at the University of Southern Denmark since 2002. From 2007 he also has served as the Director of The Danish Twin Registry and from 2008 as Director of the Danish Aging Research Center (DARC) which he initiated as a collaborative center between the universities in Odense, Aarhus and Copenhagen. The center has played a major role in fostering interdisciplinary aging research and in engaging young scholars into the field of aging. Research initiated by DARC covers population based studies in social epidemiology to molecular biology. His twin research has demonstrated the relative contributions of environmental and genetic influences in several birth cohorts and for various outcomes in late life.



Dr. Christensen's is a leading scientist in Danish ageing research and in the Nordic setting. He is well-known at the international scene through many significant publications in high ranked journals and has been given several prestigious honors and awards. He is also well-known internationally as an excellent lecturer with the ability to attract interest to aging research among professionals as well as the public. We got the opportunity to ask Dr. Christensen some questions:

### **How did it happen that you became a medical doctor and gerontologist? What other options did you have for work and career?**

*I have always had a fascination for human development and aging as well as a love for math, numbers and illustrations. When I graduated as a medical doctor, I was not sure whether I wanted to become a clinician or an epidemiologist, but after trying to do both in 3-4 years I decided I had to choose although I really liked both kinds of work. Maybe it is a coincidence, but as a young epidemiologist I was mainly interested in reproductive epidemiology, basically what caused babies to be born healthy. And then, after having had three children, the next major challenge in life for me was aging. At a more serious level, I have been working with twins in my early reproductive epidemiology studies, and right at the time when I was finishing my PhD, James W.*

*Vaupel, the current director of the Max Planck Institute for Demographic Research in Rostock and of the Max-Planck Odense Center on the Biodemography of Aging in Odense, Denmark, came to our university as a Professor. I was very much inspired by his work and enthusiasm, and in the early 1990s he invited me to join his excellent US team and participate in a large research program with a twin study on aging. In connection with that I went on a sabbatical to the University of Minnesota, working with Professor Matt McGue, who is an expert on twins and aging and with whom I had a close collaboration for the following more than 20 years. So the shorter answer is: interests, coincidence and excellent mentors started that path.*

**What are you working on right now in research?**

*A key focus in our research is how a number of life circumstances get under the skin, and how plastic is aging. We have a particular focus on progress in health and functioning, especially cognitive functioning, over cohorts. The combined use of our twin cohorts dating back from 1870 and up to our time as well as our studies of complete cohorts of very old people are giving us wonderful opportunities to study life course development and aging, and to combine methods from molecular biology, medicine, epidemiology, demography, and social sciences.*

**What do you think are the most exciting present and future developments in your field of aging research?**

*Among the many exciting developments in aging research, I find the accumulating evidence for the plasticity of aging the most exciting development. It provides optimism and outlines potentials for future development - not only in research but also at an individual and a societal level. Moreover, it encourages the emerging effort to better include elderly and very old individuals in the societal structure.*

**23NKG is a multidisciplinary conference where the participants have the opportunity to broaden their perspective beyond the themes of their own immediate research areas. How would you like to motivate social scientists and humanists to attend your lecture?**

*In my talk I will focus on the very old. Now, in many countries, the number of 90+ year-olds is approaching the size of a birth cohort, so this group is by no means any longer a small proportion of the population and it poses new public health and societal challenges that need the attention of all disciplines within gerontology.*

*While there is no doubt that we are doing well in making the elderly survive better than previously, the key question is whether we are also doing good for the oldest-old. There is widespread concern that the basis for the survival success is better survival of frail and disabled elderly into the highest ages, the so-called "Failure of Success Hypothesis". An alternative hypothesis is that we are experiencing a "Success of Success", i.e., an increasing proportion of the population are living to the highest ages in better health and functioning than previous generations. The planning of and policy development for the future care of the oldest-old will be highly dependent on whether one or both genders are experiencing the "Failure of Success" or the "Success of Success" as they reach the highest ages. This scientific knowledge is of fundamental importance for the sustainability of modern societies and the Nordic countries have exceptionally good condition for conducting aging research to shed light on the health trajectory and well-being of the very old.*

**In your mind, how can the Nordic Congress contribute to aging research in general? What do you expect from 23NKG?**

*The Nordic Congress is an excellent occasion to bring together expertise in aging research from multiple disciplines, exchange information, and start new collaborations. I expect the 23NKG to be of a very high scientific standard in many different aging disciplines with a focus on multi-disciplinary themes.*

*Furthermore, that I will learn a great deal and become informed about the progress of ongoing and emerging research, and that I will meet old friends and colleagues. Finally, I hope to experience the wonderful summer nights in Finland at the end of each congress day.*

---

Professor Christensen will receive the prize at the opening ceremony of the 23 Nordic Congress in Gerontology in Tampere and he will give a honorary lecture during the congress.

## Winner of NGF's prize for promising researchers in gerontology: Dr. Maria Lage Barca

The winner of the 2016 NGF's prize for promising researchers in gerontology is **Dr. Maria Lage Barca**, Oslo, Norway.

Maria Lage Barca was born in Rio de Janeiro, Brazil. She completed her basic education in medical science and a residency with focus on geriatric psychiatry in Brazil before she moved to Norway in 2007. In 2010 she defended her PhD thesis "Depression among Norwegian nursing home patients", followed by a postdoctoral fellowship to study the effect of depression on risk for mild cognitive impairment and Alzheimer's disease. She currently holds this postdoc position which is affiliated with the Department of Geriatrics, Oslo University, Ullevaal and the Norwegian Advisory Unit for Aging and Health, Vestfold Health Trust. Her research is focused on the comorbidity of depression and dementia and she has already published more than 20 papers on the topic, besides given many lectures in the field and providing co-supervisions. Dr. Lage Barca will receive the prize at the opening ceremony of the 23 NKG in Tampere and she will give a prize lecture during the congress.



**Congratulations to the prize for promising researcher in gerontology Dr Maria Lage Barca! What do you think are the most exciting present and future developments in your field of aging research?**

*Thank you. Depression has been shown to be a risk factor for dementia of all types, therefore there is the possibility to prevent dementia by treating depression, among other risk factors. I find this very exciting.*

**23NKG is a multidisciplinary conference where the participants have the opportunity to broaden their perspective beyond the themes of their own immediate research areas. How would you like to motivate social scientists and humanists to attend your lecture?**

*Depression is highly prevalent among elderly in general and specifically among patients with dementia and leads to a number of negative consequences. Since it concerns so many people, it should be interesting for people with different backgrounds.*

**In your mind, how can the Nordic Congress contribute to aging research in general? What do you expect from 23NKG?**

*The Nordic Congress gives the possibility of getting updated in a broad number of themes and areas within gerontology, and specially interacting with other researchers with common interests.*

**Lastly, we feel excited about your honorary lecture during 23NKG - what will you address and focus on?**

In this issue, we will introduce five of the keynote speakers for 23NKG, while the remaining ones; Pálmi V. Jónsson, Taina Rantanen, Jorma Sipilä, Julia Twigg and Rudi Westendorp, will be introduced in the next issue.

## Athanase Benetos

Hospital of Nancy, France. **Preliminary title of the keynote talk:**  
*“Role of telomeres in the arterial aging”*

Athanase Benetos was born in Athens, Greece in 1956. He is married and the father of four children. He is Full Professor of Internal Medicine and Geriatrics, and Chairman of Geriatrics, at the University of Nancy, France. He is also a Senior Researcher at INSERM (National Institute of Biomedical Research) Unit 1116, and Director of the Federation Hospital-University on Cardiac and Arterial Ageing ([www.fhu-cartage.com](http://www.fhu-cartage.com)). Prof. Benetos is the Academic Director of the European Union Geriatric Medicine Society (EUGMS) for the period 2014-2018. For the period 2009-2013, he was the Treasurer of the International Association of Gerontology and Geriatrics (IAGG). His research interests include biomarkers of ageing, telomere dynamics, age-related changes in large arteries, as well as the role of hypertension on cardiovascular morbidity and mortality in very old people.



Prof. Benetos is member of several French national and international medical societies and has positions in several international peer-reviewed journals. Prof. Benetos has authored more than 310 papers published in peer-reviewed international scientific journals and has participated in several scientific books on the topics of telomeres, hypertension, and the influence of arterial aging on dementia and other age-related diseases. In 2010 he published in French (Ed. Robert Laffont, Paris) the book “ABCdaire du future Centenaire”. This book has been also translated in Greek (Ed. Patakis, Athens).

### **What do you think are the most exciting present and future developments in your field of aging research?**

*Demonstrate that the telomere length is a major determinants of the vascular aging and the age related vascular diseases. Determine the factors that influence the telomere length in order to propose preventive strategies.*

### **23NKG is a multidisciplinary conference where the participants have the opportunity to broaden their perspective beyond the themes of their own immediate research areas. How would you like to motivate social scientists and humanists to attend your lecture?**

*First, scientific knowledge should interest all scientists. Second, the rhythms ageing process depend on a combination of multiple Social and Biological factors which strongly interact.*

### **In your mind, how can the Nordic Congress contribute to aging research in general? What do you expect from 23NKG?**

*The only way to improve knowledge is to make people from different cultures and horizons work together. 23NKG regroups several professionals and scientists from different disciplines and therefore it could be a place of such exchanges.*

## Eileen M. Crimmins

AARP Professor of Gerontology, Davis School of Gerontology, University of Southern California, USA.

**Preliminary title of the keynote talk: “Lifespan and Healthspan: Progress and Promise”**

Eileen Crimmins is the AARP Chair in Gerontology, and University Professor at the Davis School of Gerontology at the University of Southern California in Los Angeles. She directs the USC/UCLA Center on Biodemography and Population Health, the US NIA sponsored Biomarker Network, and the Multidisciplinary Research in Gerontology Training Program. She is a member of the Institute of Medicine and fellow of the American Association for the Advancement of Science. She has received the Robert W. Kleemeier Award for research from the Gerontological Society of America. Crimmins is a demographer whose work focuses on health and aging. Crimmins pioneered the development and modeling of the concept of healthy life expectancy to examine the interaction of trends in life expectancy and population health. Her work has clarified improvements in life expectancy can be linked to increases in the prevalence of major diseases and disability in the population. She has also worked to promote the incorporation of valid and reliable biological data in population surveys in a number of countries.



**What do you think are the most exciting present and future developments in your field of aging research?**

*The fuller development of multidisciplinary and multilevel models that better characterize aging.*

**23NKG is a multidisciplinary conference where the participants have the opportunity to broaden their perspective beyond the themes of their own immediate research areas. How would you like to motivate humanists, or basic biologists to attend your lecture?**

*My work is multidisciplinary and policy relevant on a topic of importance to anyone who studies aging.*

**In your mind, how can the Nordic Congress contribute to aging research in general? What do you expect from 23NKG?**

*A better understanding of recent scientific developments in the Nordic countries.*



## Luigi Ferrucci

Scientific Director, National Institute of Aging, NIH, USA

**Preliminary title of the keynote talk: "Connecting the biology of aging and the aging phenotype"**

Dr. Luigi Ferrucci is a geriatrician and an epidemiologist who conducts research on the causal pathways leading to progressive physical and cognitive decline in older persons. In September 2002, he became the Chief of the Longitudinal Studies Section at NIA and from 2002 to 2014 was the Director of the Baltimore Longitudinal Study on Aging. Dr. Ferrucci received a Medical Degree and Board Certification in 1980, a Board Certification in Geriatrics in 1982 and Ph.D. in Biology and Pathophysiology of Aging in 1998 at the University of Florence, Italy. He spent a 2-year internship at the Intensive Care Unit of the Florence Institute of Gerontology and Geriatrics, and was Associate Professor of Biology, Human Physiology and Statistics at the University of Florence. Between 1985 and 2002 he was Chief of Geriatric Rehabilitation at the Department of Geriatric Medicine and Director of the Laboratory of Clinical Epidemiology at the Italian National Institute of Aging. During the same period, he collaborated with the United States National Institute of Aging (NIA), Laboratory of Epidemiology, Demography, and Biometry where he spent several periods as Visiting Scientist. Dr. Ferrucci has made major contributions in the design of many epidemiological studies conducted in the U.S. and in Europe, including the European Longitudinal Study on Aging, the "ICare Dicomano Study," the AKEA study of Centenarians in Sardinia and the Women's Health and Aging Study. He was also the Principal Investigator of the InCHIANTI study, a longitudinal study conducted in the Chianti Geographical area (Tuscany, Italy) looking at risk factors for mobility disability in older persons. Dr. Ferrucci has redesigned the Baltimore Longitudinal Study on Aging to retain the wealth of data collected over more than 50 years while introducing new questions on the nature of aging emerged in the recent literature. Dr. Ferrucci is Scientific Director of NIA, since May 2011.



**What do you think are the most exciting present and future developments in your field of aging research?**

*There is initial recognition the rate of aging can be modifiable. Translating this evidence to human studies is a very attractive perspective*

**23NKG is a multidisciplinary conference where the participants have the opportunity to broaden their perspective beyond the themes of their own immediate research areas. How would you like to motivate social scientists and humanists to attend your lecture?**

*I will provide some data suggesting that understanding the aging process can provide new clues on how we need to organize our health care system, and in general our society. Thus, scientists from multiple fields should be excited about this possibility.*

**In your mind, how can the Nordic Congress contribute to aging research in general? What do you expect from 23NKG?**

*I hope that this conference will help me defining the question critical for future research that inform my research agenda.*

## Alexandra M. Freund

Professor, Department of Psychology, University of Zurich, Switzerland. **Preliminary title of the keynote talk: "The Blessing and the Curse of Growing Old"**

Alexandra M. Freund is currently a Professor of Psychology at the University of Zurich, Dept. of Psychology. She studied psychology at the University of Heidelberg and the Free University of Berlin, where she also received her Ph.D. She was a post-doctoral fellow at Stanford University and returned to Germany to co-direct a project on successful aging and developmental regulation with Paul B. Baltes at the Max Planck Institute for Human Development in Berlin for seven years. After that, she was an assistant professor and later an associate professor at Northwestern University. Since 2005, she is at the University of Zurich where she holds the chair of "Developmental Psychology: Adulthood." Alexandra M. Freund was elected as one of the founding members of the Young Academy of Sciences. In 2013, she received a mentoring award of the section for Developmental Psychology of the German Psychological Association, and in 2015 the Humboldt-Research Award. Since 2010, she is associate editor of the APA-journal Psychology and Aging. Central research interests are processes of successful aging, developmental regulation, and motivation across the life span.



### **What do you think are the most exciting present and future developments in your field of aging research?**

*In my area, motivation across the life span, the currently most debated question is how people manage the changing ratio of gains and losses in resources. This question encompasses how people make decisions such as health- or end-of-life-related decisions (e.g., do older adults become more or less risk-averse, more or less loss-avoidant?), how they set and pursue their goals (e.g., are older adults more motivated by short-term hedonic goals or by long-term generative goals?), and how they perceive their own aging (e.g., under which conditions is the last phase of life perceived as a threat or loss-dominated phase of life and under which conditions as fulfilling and satisfying?). As more people live to a very old age, it will be important to understand these questions in order to strive for a society that builds on the strengths of old age rather than lamenting its putative burden.*

### **23NKG is a multidisciplinary conference where the participants have the opportunity to broaden their perspective beyond the themes of their own immediate research areas. How would you like to motivate biologists or medical doctors to attend your lecture?**

*The way we perceive ourselves and aging is strongly related to our psychological as well as physical well-being. In fact, psychological variables and views of aging are highly predictive of mortality, often more so than objective, health-related variables. Thus, in order to understand fully the multifaceted phenomenon we call "aging," it seems of utmost importance to investigate the psychological factors that characterize it and contribute to successful aging.*

### **In your mind, how can the Nordic Congress contribute to aging research in general? What do you expect from 23NKG?**

*I hope to learn about the current research on aging in the Nordic countries where a number of very impressive longitudinal studies have been conducted and where cutting-edge research on various aspects of aging from different disciplines takes place.*

## Miia Kivipelto

Professor in Clinical Geriatric Epidemiology, Karolinska Institutet, Sweden

Miia Kivipelto, MD, PhD is Professor in Clinical Geriatric Epidemiology at Karolinska Institutet, Center for Alzheimer Research, senior geriatrician and Head of the Clinical Trials Unit at the Memory Clinic, Karolinska University Hospital, where she is also Director of Research, Development and Education. She became recently the change leader of the new theme area 'Aging' at New Karolinska Hospital. Dr Kivipelto is also Research Director of Neuroepidemiology at the University of Eastern Finland and senior researcher at the National Institute of Health and Welfare, Helsinki, Finland.



Dr. Kivipelto's research focuses on the prevention, early diagnosis and treatment of cognitive impairment, dementia and Alzheimer's disease. Through epidemiological studies she has identified various lifestyle risk factors for dementia. Based on these observations, she launched the Finnish Geriatric Intervention Study to Prevent Cognitive Impairment and Disability (FINGER), which is the first large long-term randomized controlled trial indicating that multidomain intervention could improve or maintain cognitive functioning in at-risk elderly people from the general population. She is also principal investigator of the Multimodal Preventive Trials for Alzheimer's Disease: Towards Multinational Strategies (MIND-AD) project and lead for the Nordic countries for the European Prevention of Alzheimer Dementia (EPAD) consortium.

Furthermore, Dr Kivipelto initiated the Nordic Brain Network, and co-founded the European Dementia Prevention Initiative. She received numerous prestigious awards, including the Wajilit and Eric Forsgren's award for outstanding dementia research (2015), Best PI at KI award (2014), AXA Research Award (2014), Karolinska Institutet Skandia's Lennart Levi prize (2013), Junior Chamber International Award for Ten Outstanding Young Persons of the World (2011), and Academy of Finland Award for Social Impact (2009). Due to her expertise, Professor Kivipelto is often invited to leading conferences and international steering committees, including the G8 Dementia Summit, OECD data mapping for Alzheimer research, and WHO Ministerial meeting on Global actions against dementia.

During last year, we began to map what is happening within the gerontological research in the Nordic countries. We wanted to know more about what is going on in the different research contexts; what is researched Where and how is the research taking place? What do the different research milieus look like? The issues of GeroNord during the year contained presentations from a variety of research mileus, centers and projects. We will continue this exploration and in this issue we will have a closer look at Ugot challenge, an expansion of AgeCap, Gothenburg university, Sweden and at the AGES-Reykjavik study, Iceland.



**CENTRUM FÖR ÅLDRADE OCH HÄLSA  
- AGECAP**

### **"HUR SKALL VI FÖRBÄTTRA ÄLDRE PERSONERS KAPABILITET I EN ÅLDRADE VÄRLD?"**

Göteborgs universitet har tilldelat Forte-centrum för åldrande och hälsa (AgeCap) 21,4 miljoner kronor under tre år för att utöka centrumet med forskare från fler ämnesområden och institutioner. Efter utvärdering om tre år finns möjlighet till förlängning med ytterligare tre. Anslaget är en del av Göteborgs universitets satsning UGOT Challenge, som omfattar anslag på 300 miljoner kronor de närmaste sex åren till multidisciplinära centrum för forskning om globala utmaningar. I en första omgång kom 78 ansökningar in. Av dessa valdes tolv ansökningar ut till en andra omgång. Slutligen valdes sex centrum ut, varav AgeCap är ett. Åldrandet kommer alltså nu också att studeras som en global utmaning inom AgeCap. De andra fem UGOT-Challenge centrumen studerar kollektivt

handlande, antibiotikaresistens, marin vattenbruksforskning, framtidens kemiska risker och kulturarv.

AgeCap utför redan nu multidisciplinär forskning baserat på kapabilitetsbegreppet – vår förmåga att nå mål och göra saker som vi upplever som värdefulla. Kapabilitet i åldrandet påverkas av samspelet mellan individ (t.ex. hälsa, genetik, personlighet, intellektuell förmåga), omgivning (t.ex. familj, vänner, bostad, arbetsplats) och samhälle (t.ex. politiska beslut, åldersdiskriminering och fördomar, historisk period). Målet är att bibehålla äldre personers funktion och välbefinnande i så stor utsträckning som möjligt, och att stimulera fortsatt deltagande i samhällsaktiviteter och

arbetsliv. Utökningen av AgeCap kommer att innebära en rejäl förstärkning av alla områden, speciellt rörande forskning på samhällsnivån, samt ge en starkare vinkling mot globala sammanhang.

Efter utökningen av AgeCap ingår nu forskare från sju fakulteter och 16 institutioner med inriktning mot forskningsområden som molekylärbiologi, genetik, neurokemi, vårdvetenskap, psykologi, sociologi, arbetsvetenskap, socialt arbete, företags- och hälsoekonomi, media och kommunikation,

## **TIDSTRENDER OCH KAPABILITET**

Forskare inom bland annat historia, journalistik, sociologi, psykiatri, statsvetenskap, juridik, hälsoekonomi och epidemiologi kommer att studera hur åldrandet och dess konsekvenser, och synen på åldrandet, förändrats under det senaste seklet. Bland annat kommer förändringar i hur äldre skildras i media att studeras, och studier kommer också att göras om hur åldrandet och dess bakgrundsfaktorer förändrats under det senaste halvsekle baserat på databaser från populationsstudien H70 och från SOM-institutet.

## **ARBETE/PENSIONERING OCH KAPABILITET**

Forskare inom bland annat ekonomi, sociologi, arbetsmedicin, psykologi, och juridik kommer att studera hur politiska beslut, lagar, åldersdiskriminering och arbetsplatsens organisation påverkar möjligheten att arbeta efter normal pensionsålder. På individnivå studeras övergången från arbetsliv till pensionering inom bland annat HEARTS-studien.

## **DELTAGANDE/SYNLIGHET/AUTONOMI/SJÄLVBESTÄMMANDE OCH KAPABILITET**

Äldres synlighet och deltagande i samhället kommer att studeras ur flera synvinklar av bland annat forskare inom journalistik, statsvetenskap, juridik, historia, psykologi, designvetenskap, socialarbete, svenska språk, arbetsterapi och vårdforskning. Äldres deltagande i den demokratiska processen och synlighet i media samt hur digitala medier och plattformar påverkar äldres medverkan i samhället kommer att studeras. Ett designprojekt kommer att utveckla nya metoder att öka äldres synlighet. Äldres rättigheter att själva ta beslut om omsorg och vård kommer att studeras utifrån språkförståelse, vårdorganisation, och individuell kognitiv och funktionell förmåga. Flera studier rör implementering av forskningsresultat. Målsättningen är att utveckla stödsystem för att öka äldres autonomi och självbestämmande oavsett kognitiv och funktionell förmåga.

## **KOGNITION**

Forskare från bland annat psykologi, psykiatri, neurologi, sociologi, genetik, neuroradiologi, vårdvetenskap, epidemiologi, neurokemi, molekylärbiologi, svenska språket och arbetsterapi kommer att studera tidiga symtom och biologiska förändringar vid demens, samt faktorer som påverkar kognition och risk för demens hos äldre personer. Data från bland annat populationsstudien H70 och den longitudinella Gothenburg MCI-studien kommer att användas. Målsättningen är att öka möjligheten till tidig diagnos och prevention av demens, samt att utveckla medicinsk och psykologisk behandling och förbättra omvårdnaden av personer med demens.

## **HÄLSA OCH KAPABILITET**

Forskare från bland annat psykiatri, geriatrik, neurokemi, genetik, radiologi, sociologi, audiologi, ögon, arbetsmedicin, vårdvetenskap, och design kommer



## **SKÖRHET ('FRAILITY') OCH KAPABILITET**

Forskare från bland annat arbetsterapi, socialt arbete, psykologi, sociologi, vårdvetenskap, psykiatri, geriatrik och molekylärbiologi kommer att studera olika aspekter kring skörhetsbegreppet. Inom populationsstudierna kommer ett skörhetsindex, undergrupper av skörhet och hur skörhet utvecklas över tid att studeras. Ett kort screeninginstrument för skörhet kommer att testas inom sjukvården, och en randomiserad kontrollerad interventionsstudie för sköra äldre kommer att initieras. Vi kommer också att studera koordineringen av hälsovård och socialvård, liksom organisationen av omhändertagandet av äldre sköra personer, för att ge underlag till bättre beslut om denna organisering. Skörhet kommer också att studeras på cellulär nivå, vilket kan leda till terapier för cellulärt åldrande.

## **ACKUMULERING AV FÖRDELAKTIGA OCH OFÖRDELAKTIGA LEVNADSFÖRHÅLLANDEN OCH KAPABILITET**

Forskare inom psykiatri, sociologi, hälsoekonomi, vårdvetenskap, juridik och journalistik kommer att studera hur och varför fördelaktiga och ofördelaktiga levnadsförhållanden ackumulerar över tid inom olika socioekonomiska grupper, och hur goda och onda cirklar uppstår. Hur adaptationsmekanismer utvecklas i relation till negativa händelser studeras också, liksom hur olika välfärdssystem globalt påverkar tiden efter pension, autonomi och möjlighet till hälsovård och socialvård. Digital ojämlikhet mellan olika åldersgrupper och socioekonomiska grupper skall också studeras.

Globalt har redan nu flera grupper inom AgeCap samarbete kring forskning och undervisning med olika utvecklingsländer. En nyhet i AgeCap är att vi nu kommer att ha en Advisory Board med forskare från utvecklingsländer som kommer att ge ett globalt perspektiv på forskningen inom AgeCap. AgeCap kommer också att stödja forskningssamarbeten med utvecklingsländer. För att öka brukarmedverkan och underlätta implementering av vår forskning kommer vi även att bilda ett brukarråd. Rådet kommer bestå av representanter från olika organisationer med intresse för äldreforskning.

Sammanfattningsvis innebär det utökade AgeCap både en möjlighet och en utmaning. Många olika forskningsområden med skilda traditioner när det gäller forskningsmetodik och hur man publicerar sin forskning skall fås att samarbeta. Samtidigt är detta en stimulerande möjlighet att hitta nya vägar för att lösa en gemensam frågeställning: Hur skall vi förbättra äldre personers kapabilitet i en åldrande värld? Ett multidisciplinärt förhållningssätt är en nödvändighet för att lösa en så komplex fråga.



## AGES-Reykjavik

The AGES-Reykjavik Study: Age, Gene/Environment Susceptibility-Reykjavik Study

Pálmi V. Jónsson, MD, FACP, FRCP L, Chief of Geriatrics, Landspítali University Hospital,  
Professor of Geriatrics, Faculty of Medicine, University of Iceland

AGES-Reykjavik is an epidemiologic study focusing on four biologic systems: vascular, neurocognitive (including sensory), musculoskeletal, and body composition/metabolism. These four systems were chosen because similar risk factors contribute to physiologic changes and disease in these systems. AGES-Reykjavik originates from the Reykjavik Study, a cohort established in 1967 to prospectively study cardiovascular disease in Iceland. Combining midlife data from the Reykjavik Study and old-age data from AGES-Reykjavik allows a life course approach to better characterize phenotypes. Furthermore, midlife data are unbiased with regard to health history and are more accurate than retrospective recall.

Apart from improved phenotypic description, the availability of the midlife data allows for a complete assessment of nonresponse, particularly how death and refusals might contribute to bias. This assessment will be enhanced by additional information from hospital records, a national mortality index with authentication of all death certificates, an InterRAI Data Set for Nursing Home patients and interRAI Data Set for Home-Care patient, and archival information from birth records, all available for linkage with the cohort. To define quantitative traits as well as subclinical and clinical disease, AGES-Reykjavik includes extensive state-of-the-art imaging techniques, biochemical measurements, and diagnostic evaluations.

The Reykjavik Study originally comprised a random sample of 30,795 men and women born in 1907–1935 and living in Reykjavik in 1967. The study sample was divided into six groups (B, C, A, D, E, and F) by birth year and birth date within month. Longitudinal and cross-sectional data could be used to study secular and individual changes over the 30-year follow-up period. The stage VI examination (1991–1996) focused on persons aged 70 years or older. It included the core examination components, plus measures of cognitive and physical function, social support, and other topics particularly relevant to aging.

AGES-Reykjavik examinations began in 2002 and ended in 2006. At that time, 11,549 previously examined Reykjavik Study cohort members were still alive. From these persons, recruitment order was randomly assigned within the six Reykjavik Study groups. AGES-Reykjavik was not sampled within gender to preserve the fact that the Reykjavik Study was initiated with a random sample of the population of Reykjavik in these birth cohorts. The AGES-Reykjavik examinations concluded in February 2006, with a total sample size of 5,764 survivors of the Reykjavik Study cohort (42 percent are male). The single-wave AGES-Reykjavik examination was completed in three clinic visits, with a participant's full examination finished within a 4- to 6-week time window.

Phenotypic data in AGES-Reykjavik are collected by using standardized protocols. The first clinic visit includes a blood draw, blood pressure measurement, electrocardiography, anthropometry, and measures of different domains of physical and cognitive function. The questionnaire, based on the original Reykjavik Study questions, includes health history, lifestyle practices, a medication survey, and a food history including early-life diet and social aspects of daily life. Serum, plasma, salivary swabs, and urine are obtained for metabolic, hormonal, and inflammatory markers. White blood cells for DNA are obtained, processed, and stored. Chemical measurements are carried out in the laboratory of the Icelandic Heart Association with independent external standards. Additional white blood cells have been saved for transformation for more than half the cohort.

The second examination day includes imaging protocols using magnetic resonance imaging, computed tomography, and ultrasound instrumentation. The third examination includes vision screening, assessment of intraocular pressure, digital retinal photographs through dilated pupils, a hearing test, a dementia assessment (if indicated), and the exit interview with a physician or nurse. The clinic, laboratory, and imaging suite are all housed in the same building. For those unable or unwilling to come to the clinic, a home examination has been available but was used sparingly.

Dementia case ascertainment is a three-step process. The Mini-Mental State Examination and the Digit Symbol Substitution Test are administered to all participants. Persons who are screen positive based on a combination of these tests are administered a second, more diagnostic test battery, and a subset of them are selected for a neurologic examination. Proxies for this latter group are interviewed about medical history and social, cognitive, and daily functioning relevant to the diagnosis. A consensus diagnosis based on international guidelines is made by a panel that includes a geriatrician, neurologist, neuropsychologist, and neuroradiologist. Screening for depression is done at the first clinic visit, with follow-up testing for screen positives with the Mini-International

Neuropsychiatric Interview, which gives more detailed diagnostic information about psychiatric



morbidity.

The image acquisition and reading protocols were designed in conjunction with expert consultants. Image acquisition is performed by a team of radiographers trained and certified in each of the protocols. This group, augmented by trained lay readers, also analyzes all images except the retinal photographs, which are read by an independent reading center. Scans are first reviewed by a radiologist for major clinical abnormalities. Image analysis is generally semi automated. All information, including images, is deidentified prior to transfer into the permanent study database.



The AGES-Reykjavik Study II is a follow-up study carried out from 2007 to 11 on the survivors of the first study and focusing on selected parts of the initial AGES Reykjavik Study and, hence, giving longitudinal data with state of the art methods described above.

At the present time more than 300 papers have been published from the AGES-Reykjavik Study in international peer reviewed journals, contributing significantly to the understanding of aging in the four physiologic systems under study.

This summary is based on the following paper;

**Age, Gene/Environment Susceptibility-Reykjavik Study: multidisciplinary applied phenomics.** Harris TB et. al. in Am J Epidemiol. 2007 May 1;165(9):1076-87.

To get to know the study better the key word: AGES-Reykjavik Study is helpful. Here are just 5 titles out of the more than 300 published which could wet the appetite for more;

**Muscle Quality and Myosteatosis: Novel Associations With Mortality Risk: The Age, Gene/Environment Susceptibility (AGES)-Reykjavik Study.** Reinders I et. al. Am J Epidemiol. 2016 Jan 1;183(1):53-60

**The Association Between Midlife Physical Activity and Depressive Symptoms in Late Life: Age Gene/Environment Susceptibility-Reykjavik Study.** Chang M et. al. J Gerontol A Biol Sci Med Sci. 2015 Nov 2

**Adipose tissue, muscle, and function: potential mediators of associations between body weight and mortality in older adults with type 2 diabetes.** Murphy RA et. al., Diabetes Care. 2014 Dec;37(12):3213-9.

**Birth size and brain function 75 years later.** Muller M et.al. Pediatrics. 2014 Oct;134(4):761-70.

**Structural MRI correlates of apathy symptoms in older persons without dementia: AGES-Reykjavik Study.** Grool AM et. al. Neurology. 2014 May 6;82(18):1628-35

## Aging and Society: Sixth Interdisciplinary Conference

Linköping University, Norrköping, Sweden, October 6-7, 2016

This knowledge community is brought together by a common concern for learning and an interest to explore issues of concern in the fields of aging and society, and in their social interconnections and implications. We are inviting proposals for paper presentations, workshops/interactive sessions, posters/exhibits, or colloquia addressing aging and society through one of the following themes: economic and demographic perspectives on aging; medical perspectives on aging, health, and wellness; public policy and public perspectives on aging; social and cultural perspectives on aging; and aging, life-course, and social change. The current deadline for submissions is **March 6, 2016**. Additional conference information is available at <http://agingandsociety.com/2016-conference/call-for-presenters>

## 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."

A full cfp is available at [www.geron.org](http://www.geron.org). Deadline for submissions: **March 15, 2016**

## CAG2016: Fostering Innovation in Research on Aging

Montreal, Quebec, October 20-22, 2016

The Canadian Association on Gerontology (CAG) is pleased to announce a Call for Abstracts for CAG2016, our 45th Annual Scientific and Educational Meeting. For more information about the conference, please visit <http://CAG2016.ca>. The meeting is your opportunity to share your research and other work in the field of aging with your national and international colleagues from a diverse spectrum of disciplines. Abstracts are welcomed from all disciplines and all interests in aging, including research, practice, policy and related areas. International submissions are encouraged. Submission Information The theme of the 2016 annual meeting is "Fostering Innovation in Research on Aging". Individuals are encouraged to submit abstracts which address this theme, although all submissions will be given equal consideration. Organizations are invited to make presentations that showcase their initiatives, programs or best practices. Deadline for submissions: **April 15, 2016**

## 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!

For further information we will be happy to see you at 23NKG in Tampere.

We cordially welcome You to the 24NKG in Oslo 2-5 May 2018.

## Sveriges gerontologiska sällskap arrangerar Gerontologidagen

I år kommer Gerontologidagen arrangerad av Sveriges Gerontologiska Sällskap att hållas i Jönköping, på Hälsohögskolan 20 april 2016. Vi bjuder på föredrag under en heldag. Temat för dessa föredrag blir metodrelaterade frågor - utmaningarna och möjligheterna.

Tema 1 under förmiddagen är Brukarmedverkan

Tema 2 under eftermiddagen är Organisationsmedverkan.

Förra årets mottagare av Stora Gerontologipriset, professor Bo Malmberg, föreläser. Dessutom delar vi ut Stora Gerontologipriset 2016, som i år går till Leif Mannerström med motiveringen:

Leif Mannerström är en av Sveriges mest framstående gastronomer. Under många år har han engagerat sig i diskussionen om kvalitet i maten inom äldreomsorgen. Han har framhållit maten

som ett bestående glädjeämne oavsett ålder och kraftfullt kritiserat äldreomsorgens bristande kunskap, intresse och ekonomiska ramar för möjligheterna att ge äldre god mat. Hans engagemang har förbättrat möjligheten för alla att argumentera för ökad matkvalitet i äldreomsorgen.

Konferensavgiften är på 300 kr för medlemmar i SGS (student 100 kr), icke-medlem 500 kr (student 200 kr). Bli medlem i SGS på <http://www.sgs.nu/> och betala den billigare konferensavgiften! Konferensavgiften inkluderar fika men inte lunch. Anmäl på: [Länk](#)



JÖNKÖPING UNIVERSITY  
School of Health and Welfare



## Sveriges bästa seniorbostäder – Så här ska de byggas

SeniorVärldskonferensen 20 april samlar för andra året i rad Sveriges beslutsfattare, politiker och entreprenörer för att tillsammans diskutera och svara på en av vår tids mest angelägna frågor - hur skall våra seniorer bo? Under en heldag kommer fokus ligga på innovation och lösningar, där praktiska exempel på framgångsrika seniorboenden från kommuner och näringsliv presenteras och debatteras.



Kungälv kommun visar  
framtidens lösningar  
Miguel Odhner,  
Kommunstyrelsens ordförande



Privatekonomi och  
betalningsförmåga.  
Barbro Westerholm,  
Riksdagsledamot (L)



Boendepreferenser och  
betalningsvilja.  
Per-Henrik Hartmann,  
VD Familjebostäder i  
Göteborg

Karin Klingensjö, Moderatör | Börje Bjelke, Universitetet i Oslo | Artur Ringart, News55 | ~~Ola Serneke~~, SERNEKE  
Ann Cathrine ~~Egeberg~~ (L) | Ann-Sofie Hermansson (S) | Ulrika Hägred, Boverket | Lisbeth Lindahl, FoU i Väst/GR  
Claudia Wörmann, SBAB | Fredrik von Platen, SPF Seniorerna | Ingemar Rindstig, EY Real Estate | Inga Malmqvist, Chalmers  
Peltier Ahlström, CLA Sweden | Tore Borthen, Norske Helsehus | Göran Lindahl, Chalmers | Magdalena Forshamn, Folkstaden  
Ylva Andersson & Susanne Cläese, WHITE | Berit Bølander, SKPF | Sabine Zippel, Hamburg | Ingrid Eiken, Mäklarsamfundet

För fullständigt program se [www.seniorvarlden.com/](http://www.seniorvarlden.com/)

Sponsorer



Arrangörspartners



CHALMERS  
UNIVERSITY OF TECHNOLOGY



C.L.A.  
SWEDEN AB

Arrangör

Partner & Utställare

ConceptLiving®

FASTIGHETSvärlden.

FoU.väst

CVA CENTRUM FÖR VÄRDENS ARKITEKTUR

LEISURECARE

[WWW.SENIORVARLDEN.COM](http://WWW.SENIORVARLDEN.COM)

## **The board of Nordic Gerontological Federation:**

Chair: Boo Johansson

1. vice chair: Marja Jylhä

2. vice chair: Finn Rønholt

Secretary and treasurer: Anna Siverskog

Representatives from the member organisations:

### **Denmark:**

Danish Gerontological Society (Dansk Gerontologisk Selskab): Tine Rostgaard

Danish Society for Geriatrics (Dansk Selskab for Geriatri): Finn Rønholt

### **Finland:**

Finnish Gerontological Society (Societas Gerontologica Fennica r.f.): Otto Lindberg

Finnish Geriatrics (Suomen Geriatriit-Finlands Geriater): Matti Viitanen

Finnish Society for Growth and Ageing Research (Föreningen för forskning i uppväxt och åldrande): Ilkka Pietilä

### **Iceland:**

the Icelandic Gerontological Society (Societas Gerontologica Islandica): Sigurbjörg Hannesdóttir

Icelandic Geriatric Society (Icelandic Geriatrics Society): Sigurbjörn Björnsson

### **Norway:**

Norwegian Society for Aging research (Norsk selskap for aldersforskning): Kari Kristiansen

Norwegian Geriatric Association (Norsk geriatriisk forening): Nils Holland

### **Sweden:**

Swedish Gerontological Society (Sveriges Gerontologiska Sällskap): Susanne Iwarsson

Swedish Geriatric Society (Svensk Geriatriisk Förening): Arne Sjöberg

## **Editorial staff of GeroNord**

Boo Johansson (boo.johansson@psy.gu.se)

Anna Siverskog (anna.siverskog@liu.se)

**We wish you all a pleasant and  
productive spring!**