



Nordic Gerontological Federation

# GeroNord

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

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## In this newsletter

1. Word from the president	2
2. Welcome to 24NKG in Oslo	3
3. The Nordic Gerontology Prize	4
4. Prize for promising researcher in gerontology	5
5. NGF's national member societies in highlight	6
NSA from Norway	6
ÖFFÍ from Iceland	7
6. Recent doctoral dissertations	9
7. Forthcoming congresses	14
8. The board of NGF	15

The two years period between the congresses is coming to an end and the Nordic aging research community is coming together for the 24th Nordic Congress of Gerontology in Oslo. We have come a long way since the Nordic Gerontological Federation, or Nordisk Gerontologisk Förening, was founded in 1973. At that time, I was a second year medical student with no ideas whatsoever about gerontology. Anyway, after 45 years, the mission of our federation is valid, and with rapidly increasing longevity even more important than before: to support, organize and expand gerontological research, development and education within the Nordic countries.

In the international aging research community, the Nordic countries are carrying more weight than the size of the population would imply. Our excellent national registers, unique longitudinal data sets, populations willing (still today) to collaborate with researchers, and reasonable weak boundaries between the disciplines have created a research area that has importantly contributed to the knowledge on human aging and the ageing society in many fields. The Nordic countries have been influential in many European research programs and research policy programs such as ERA-AGE and FUTURAGE, and at present, in the Joint Programming Initiative “More Years, Better Lives” ([www.jp-demographic.eu/](http://www.jp-demographic.eu/)). What should we do next? These are my suggestions: First, intensify collaboration between the Nordic research groups. We are doing many things together but we could do much more. Second, take care of the next generation! It is vital for the future of the Nordic gerontology to support the new leaders in aging research and encourage their multidisciplinary collaboration. Third, be part of the society! Together with rapidly increasing longevity, the care organization in the Nordic countries is also experiencing radical changes, not always for the good of older people. In addition, ageism and age segregation have not disappeared from our societies. Based on our research findings, we are well equipped to participate in all these discussions.

Congresses and meetings are an irreplaceable part of our mutual collaboration. In the chain of these events after the 24NKG in Oslo, we are looking forward to the 25th Nordic Congress in Iceland in 2020, and, before that, **the International Association of Gerontology and Geriatrics European Region Congress in May 2019 in Gothenburg, co-hosted by the NGF! So, see you in Oslo, and soon after that!**

**Marja Jylhä**  
**President of the NGF**

# WELCOME TO OSLO!

**24TH NKG: LESSONS OF A LIFETIME - OSLO, NORWAY, MAY 2-4, 2018**



On behalf of the Nordic Gerontological Federation, the Norwegian Gerontology Society (NSA) and the Norwegian Geriatric Society (NGF), we welcome you to the 24th Nordic Congress of Gerontology (24NKG) in Oslo!

Snow has been melting rapidly these last weeks in Oslo and all is set to make your stay as comfortable and interesting as possible. We are extremely pleased to have received a large number of high-quality abstracts on a great variety of topics, reflecting the five streams of the Nordic Gerontological Federation: biological and medical sciences; health sciences; behavioural and social sciences; humanities and arts; and social research, policy and practice.

The final scientific program includes 8 keynote speeches, 58 symposia, more than 100 free oral presentations and 300 posters. The program includes lessons accumulated over considerable long life times as well as from more recent, in line with the theme of this year's congress. As one of the keynotes, Jon Kvist is coming to discuss, within a Nordic context, the two megatrends of population ageing and rising inequalities. Karen Andersen Ranberg will be talking about how e-Health can be used to relieve the challenges of ageing populations.

The 2018 winner of the Sohlberg prize – the most prestigious Nordic Prize in Gerontology is Professor Taina Rantanen, from Finland. The winner of the 2018 prize for promising researcher in gerontology is Dr. Ólöf Guðný Geirsdóttir, from Iceland. They will both give their award-lecture on Friday May 4<sup>th</sup>. Professor Rantanen is going to talk about Active ageing as a pathway to wellbeing and Dr. Geirsdóttir is going to talk about the topic “ Eat well for healthy ageing”. You can find more information on the website of the congress at: [www.24nkg.no](http://www.24nkg.no).

We hope that this Nordic congress, like others before it, will be an event that prompts fruitful meetings and new collaborations. We wish you a pleasant stay and a productive congress!

Nils Holand (President 24NKG)  
Marijke Veenstra (Secretary General 24NKG)

## Professor Taina Rantanen was awarded with The Nordic Gerontology Prize 4

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### **The Nordic Prize of Gerontology 2018, the Sohlberg prize, was awarded to Professor Taina Rantanen!**

Since 2005 Professor Taina Rantanen has been the full Professor of Gerontology and Public Health at the University of Jyväskylä, Finland. She is one of the leading scientists in the field of gerontology, nationally, in the Nordic region, as well as internationally. In 2016, she received an ERC advanced grant of over 2 milj. euros from the European Research Council to a study “Active Ageing – Resilience and External Support as Modifiers of the Disablement Process”.

Active aging is a widely endorsed policy goal, which Professor Rantanen defined in a quantifiable way at the individual level as a striving for activities as per one’s goals, abilities and opportunities. Professor Rantanen has a wide global network and has previously been employed by the National Institute on Aging in the United States and the World Health Organization. She holds several expert positions in the academia and in the boards of prestigious scientific journals. She has received a number of honors for her contribution to the ageing research, science information recognition and promoting international research collaboration.

Professor Rantanen was the co-founder of the Gerontology Research Center 2012 as a joint effort of Universities of Jyväskylä and Tampere, and she has served as its leader and co-leader.



Professor Rantanen has published 280 articles in international peer-reviewed journals including high impact journals such as JAMA, Journals of Gerontology, Journal of the American Geriatrics Society and Age Ageing. She has supervised 24 completed PhD students’ theses and 19 post-doctoral programs.

Professor Rantanen has developed a strong interdisciplinary research group and her research has had a major influence in gerontological research in several core areas, such as disability, functional capacity, mobility, physical activity and active ageing. Moreover, professor Rantanen has been instrumental in administrative leadership promoting ageing research as well as educating new professionals to the field of gerontology. She has also active connections in the Nordic region including the position of Secretary General of the 18th Nordic Congress of Gerontology, which was held in Jyväskylä in 2006.

**The 2018 winner of the prize for promising researcher in gerontology is Dr. Ólöf Guðný Geirsdóttir!**

Ólöf Guðný Geirsdóttir was born in Reykjavik, Iceland. She took both her master and PhD in Human Nutrition, at the University of Iceland. In 2011, she defended her thesis on “Physical activity and dietary intake in community dwelling older adults”.

She has a broad experience within teaching and as nutritionist at several units at the National University of Iceland. She has contributed to clinical guidelines within nursing, a handbook for food and nutrition for elder, and prevention of falls. In her recent research, she focuses on associations between nutrition and physical activity in community-dwelling elderly adults. Geirsdóttir has contributed to 16 papers in this field, in addition to giving lectures and providing supervision.

She recently became associate professor at the Faculty of Food Science and Nutrition, School of Health Sciences, University of Iceland.



**24NKG 2018**  
24th Nordic Congress of Gerontology

At the 24th Nordic Congress of Gerontology in Oslo, the NGF’s prize for promising researcher in gerontology will be handed out for the 3rd time. The candidates for this particular prize comes from the country that will host the next Nordic Congress of Gerontology.

The Nordic Gerontological Federation (NGF) was founded 1974 as an umbrella organization for the gerontological and geriatric organizations in Denmark, Finland, Iceland, Norway and Sweden. The primary mission of NGF is to support, organize and expand gerontological research, development and education within the Nordic countries.

NGF has 11 national member societies, three from Finland and two from each other Nordic country. The number of members in the national societies was approximately 2450 in years 2016 and 2017. Since NGF is what the national member societies are, we wish to highlight the national societies also in the GeroNord newsletter. In addition to presenting research projects, research centers and environments as well as new PhDs, we are going to provide short presentations of the national member societies.

In this newsletter, we have focus on one of the 24NKG organizer (NSA) and one of the 25NKG organizer (ÖFFÍ).

**Norsk Selskap for Aldersforskning (NSA)** – the Norwegian Gerontological Society - was founded in 1954 and is an association for researchers and others with particular interest in ageing research (gerontology and geriatrics). NSA is open for all who work with or are interested in ageing, older people and later life. In line with its bylaws, NSA aims to promote gerontology as a scientific field and a professional line of work in Norway. Although NSA has a focus on ageing and living conditions of older people in Norway, we are also strongly involved in international collaborations, for example as a member of the Nordic Gerontological Federation and the International Association of Gerontology and Geriatrics.



Norsk selskap for  
**ALDERSFORSKNING**

Today, NSA has 211 members. By organizing regular seminars with invited guest speakers on topics of current interest, NSA aims to provide a meeting place for all people interested in ageing and life course research. Examples of last year's seminars are "Older People and Cancer", "Quality of Life, Morbidity and Social Inequality", "Do we have a staffing problem in Norwegian long-term care?", "Defining a good meal: how to reduce malnutrition among older people", and "Relationships, Love and Intimacy in Later Life". The number of participants at our seminars range from 23 to 72. In 2018, NSA is responsible for organising the 24NKG in Oslo, together with the Norwegian Geriatric Association.

NSA's board consists of the following persons:

Marijke Veenstra (Chair, NOVA, OsloMet Oslo Metropolitan University)

Annelise Dyrli (Deputy Chair, Ageing and Health)

Heine Strand (Bookkeeper, Norwegian Institute of Public Health)

Kariann Krohne (Member contact, Ageing and Health)

Ellisiv Lærum Jakobsen (Editor, Cappelen Damm Akademisk)

Vegard Skirbekk (Board Member, Norwegian Institute of Public Health)

Astri Syse (Board Member, Statistics Norway)

Heidi Gautun (Secretary, NOVA OsloMet)

Roger Moen (Deputy board member, Senter for seniorpolitikk)

For more information, visit our website at [www.aldersforsk.no](http://www.aldersforsk.no)

**Öldrunarfræðafélag Íslands** / Societas Gerontologica Islandica (ÖFFÍ) is an Icelandic member society of the Nordic Gerontological Federation. The original founding meeting for ÖFFÍ was held Thursday 21 March 1974. The first president was Gísli Sigurbjörnsson. Other members of the board were Thor Halldórsson as a vicepresident and Alfreð Gíslason, with Geirþrúdur Hildur Bernhöft as a secretary and Rannveig Þórólfsdóttir as a treasurer.

The original aim of the society was to increase knowledge in matters related to older people to promote research in the field of aging and to provide advice to the ministry. ÖFFÍ focuses on increasing academic discussion among professionals and introduces the latest studies in the field of aging. ÖFFÍ participates in national and international collaboration with organizations concerned with issues of older people.

ÖFFÍ maintains study programs and operates as a science fund that provides grants for research on yearly basis. The society is a member of Öldrunarráði Íslands, of which chair is a member of the committee for matters of older people. ÖFFÍ is also represented in the Board of the University of Iceland's Laboratory and the National Hospital of the University Hospital in Aging Studies (RHLÖ).

The members of the society reflect the multidisciplinary nature of the aging field. Disciplines include sociologists, social workers, nurses, occupational therapists, doctors, priests, psychologists, medical staff, physiotherapists, unskilled staff, and heads of various organizations that work for the elderly. Annual fee is 2000 Icelandic crowns and the society is open to all individuals.

The year 2018 is the 45th anniversary of Öldrunarfræðafélag Íslands. To celebrate that a conference with the theme; "NO thank you, I don't want any service!" was organized. There were about 80 participants and conference was broadcasted as well. Because of the anniversary, more grants than in other years, were awarded for science. Currently ÖFFÍ is planning an educational day for next autumn where former grant receivers of ÖFFÍ's science fund may introduce their projects and development.

ÖFFÍ has hosted many conferences and seminars in the field of aging through the years. The Nordic Congress of Gerontology was organized for the first time in Iceland in 1981 (5NKG). Ever since, NKG has been organized in Reykjavík in 1990, 2000 and 2010. ÖFFÍ is one of the 25NKG organizers in 2020 in Reykjavík. **The society welcomes all GeroNord readers to the Congress!**



Presidents of Öldrunarfræðafélag Íslands/Societas Gerontologica Islandica

1974-1978 Gísli Sigubjörnsson

1978-1983 Þór Halldórsson

1983-1987 Ársæll Jónsson

1987-1991 Jón Snædal

1991-1997 Anna Birna Jónsdóttir

1997-2003 Steinunn K. Jónsdóttir

2003-2005 Sigríður Jónsdóttir

2005-2011 Sigrún Ingvarsdóttir

2011-2014 Líney Úlfarsdóttir

2014- Sigurbjörg Hannesdóttir

Board of Öldrunarfræðafélag Íslands/Societas Gerontologica Islandica 2018-2019

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Ingibjörg Hjaltadóttir, nurse and vice president

Ragnheiður Kristjánsdóttir, physiotherapist and treasurer

Laufey Jónsdóttir, developmental therapist and secretary

Sirry Sif Sigurlaugardóttir, social worker and board member

Steinunn Þórðardóttir, doctor and substitute

Ásta Kristín Gunnarsdóttir, nurse and substitute

Board of the scientific committee

Ingibjörg Hjaltadóttir, nurse and president

Ólöf Guðný Geirsdóttir nutritionist and board member

Guðrún Reykdal, social worker and board member

### Older adults with long-term spinal cord injury

The 8th of September 2017, the dissertation “Older adults with long-term spinal cord injury”, was defended by **Sophie Jörgensen** for a PhD in Rehabilitation Medicine, Lund University, Department of Health Sciences, Rehabilitation Medicine Research Group, Sweden. Sophie Jörgensen was also affiliated with Centre for Ageing and Supportive Environments (CASE) at Lund University.

In an instant, life can change and many everyday activities become a challenge. This experience is shared by many of the almost 300 men and women who sustain a spinal cord injury (SCI) in Sweden each year. But what happens many years after the injury, and when signs of aging start to appear?

The overarching aim of this thesis was to describe and understand the life situation of older adults with long-term SCI in southern Sweden, with a specific focus on secondary health conditions, activity limitations, depressive symptoms, participation in physical activity and life satisfaction.

The thesis is based on the first data collection of the Swedish Aging with Spinal Cord Injury Study (SASCIS), a longitudinal cohort study of persons aged 50 years or older and at least 10 years after SCI. The 123 participants (36 women, 87 men) in the SASCIS had a mean age of 63 years and a mean time since injury of 24 years. A majority (62%) had sustained a traumatic injury and 31% had complete injuries (i.e., absence of sensory and muscle functions below the level of injury). A large majority (88%) used mobility devices, 53% were living in a relationship and 35% were working full-time or part-time.



Photo: Kennet Ruona

The results are overall positive and show that it is possible to lead a good life in older age, despite a lifelong physical disability. Less than half of the participants reported spasticity and bowel-related and bladder-related problems, which are lower numbers than reported in previous studies. They exhibited a relatively high level of physical independence, a strong sense of coherence and were generally satisfied with their lives. Only 5% were regarded likely to suffer from depression, but almost one third had some form of depressive symptoms. Pain was very common (85%) and many did not reach the amount or intensity of physical activity to achieve fitness benefits.

The results offer incentives to apply a proactive approach in clinical rehabilitation medicine. Pain and depressive symptoms should be routinely evaluated, and participation in physical activity assessed and encouraged. Measures focusing on psychological resources, pain management and physical activity may promote mental health, and facilitating social interaction and meaningful activities may support high levels of life satisfaction. The results serve as a starting point for an increased understanding of the life situation of older adults with long-term SCI in Sweden, and can be used to inform rehabilitation planning and provide routines for follow-up.

More info about CASE: [www.case.lu.se/en](http://www.case.lu.se/en)

Contact: [sophie.jorgensen@med.lu.se](mailto:sophie.jorgensen@med.lu.se)

The thesis is available at [http://portal.research.lu.se/portal/en/publications/older-adults-with-longterm-spinal-cord-injury\(a63c4e26-2e9e-45a5-a84c-da305973e384\).html](http://portal.research.lu.se/portal/en/publications/older-adults-with-longterm-spinal-cord-injury(a63c4e26-2e9e-45a5-a84c-da305973e384).html)

The 16th of November 2017, the dissertation: 'Quality of life, functional level and needs of care after vascular major lower limb amputation', was defended by **Ulla Riis Madsen** for a PhD in Health Science, Nursing, at the University of Lund, Sweden. Ulla Riis Madsen was also affiliated with Swedish National Graduate School on Ageing and Health (SWEAH).

Having a leg amputation due to dysvasculature can improve quality of life one year after surgery. However, functional level and quality of life is dependent on the rehabilitation provided, and the patients having dysvascular leg-amputations constitute a heterogeneous group with a range of complex needs of care not always met by the healthcare provided.

Quality improvements are required in several areas to optimize quality of life, especially among the oldest.



Photo: Erik Skogh

Having a leg amputated is a big life changing event, with significant physical, psychological and social consequences for the individual. The most common cause of leg amputation in the Western world is dysvasculature (atherosclerosis, diabetes and infections). Patients having dysvascular leg amputations are some of the frailest and most vulnerable patients in the orthopaedic settings and are characterized by high age, multi co-morbidity and low survival prognosis. Leg amputation is a common and often inevitable procedure in orthopaedic departments and is commonly considered the end of a long, failed therapeutic process designed to save the leg. Proper rehabilitation is crucial to these patients' prognosis. That being said, the need of care among patients having leg amputations as a result of dysvasculature has been very sparsely investigated by research.

This thesis was designed to investigate health-related quality of life, functional level and needs of care the first year after dysvascular major lower limb amputation and consists of four studies with three different designs. In the first study, a grounded theory was constructed to explain patients' behavior shortly after having a leg amputated due to vascular disease. Based on data from observations and interviews with eleven patients during their in-hospital stay, the substantive theory of 'Pendulating' was constructed. The theory describes how patients, independent of age and condition, go through phases of 'Losing control', 'Digesting the shock' and 'Regaining control' while they resolve their main concern of 'How do I manage my life after having lost a leg'. The theory provides unique insight into patients' concerns and reasons for acting as they do shortly after having had a leg amputated, which illustrates how cognitively and emotionally vulnerable patients are shortly after having leg amputation. These findings underpins the moral and ethical obligation to plan and give care to meet the complex physical, practical and psychosocial needs of these patients in the postoperative setting. Not least should the experience of confusion be addressed. Concepts from the substantive theory of pendulating could be used to support patients who are coping by offering terms to express and recognize their reactions.

In the second study, a systematic review was conducted in accordance with the Cochrane Handbook for systematic reviews to assess the effects of early mobilisation interventions in dysvascular lower limb amputated patients. Early mobilisation interventions is known to have the potential of preventing patients from loss of basic functions and other complications during in-hospital stay. Nevertheless, with only five studies identified which covered the aim of the study—none of which were high quality—a research evidence gap was identified, and it cannot be concluded whether early mobilisation is beneficial to this vulnerable population. It was however found, that ambulation of newly amputated patients is complex but possible if the necessary interdisciplinary team is dedicated to the task. Nursing scholars, practitioners and healthcare managers are urged to take responsibility for this fundamental care task

and to engage the necessary collaboration of an interdisciplinary team to develop, implement and evaluate ambitious early mobilisation interventions to fill this identified gap in knowledge.

Finally, health-related quality of life and functional level the first year after dysvascular major lower limb amputation was investigated, using a prospective longitudinal cohort study design. From this cohort, two studies were conducted. The first study (a) aimed to compare short-term functional status with status one month pre-amputation. In this study factors potentially influencing outcome were evaluated, and characteristics of a consecutive sample of patients having amputation were also reported.

The second study (b) aimed to investigate effect of time and age on health related quality of life (HRQOL), general self-efficacy and functional level twelve months following dysvascular major lower limb amputation. Participants were consecutively recruited among patients having amputation at the tibia, knee or femoral level at two Danish hospitals. Data were collected via in-person interviews on functional level (Barthel index 100) at baseline and on Day 21 (a) and HRQOL (SF36), functional level (Barthel index 100) and general self-efficacy (GSE) at baseline and after three, six and twelve months respectively (b). In all, 60 of 105 eligible patients participated at baseline. Fifty-one patients completed study a and 38 completed study b.

It was found that better short-term functional outcome (a) was associated with lower age and physiotherapy initiated after discharge, and the results indicate that outcome is modifiable by care provided. Non-participants were significantly older than participants and had a high prevalence of dementia, acute confusion and severely deteriorated health and were therefore expected to have worse outcomes than participants. This study highlights the need of increased focus on post-operative care to maintain basic functions as well as to establish and provide everyday rehabilitation in the general population of patients having dysvascular lower limb amputations with a special focus on older patients. Additionally, current practice in assessing patients' need for prosthesis should be optimized to ensure equal conditions.

In the last study (b) prospective longitudinal data on patients after dysvascular LLA who survived twelve months post-amputation were reported. This study documents that significant improvement in more aspects of HRQOL can be achieved as soon as three months post-amputation. However, independent of age, psychosocial problems persist and fluctuate throughout the first twelve months, indicating a need for psychosocial interventions throughout the period. Significant differences between age groups were identified in physical function over time with loss of physical function almost solely evident among the oldest patients (age 75+) after twelve months. There is a need for more studies to determine whether the oldest patients' physical potential is exhausted or whether they could benefit from further rehabilitation to regain basic physical functions and thereby gain higher quality of life. Moreover, evidence from this study indicates that waiting for an unnecessarily long period of time for a prosthesis can negatively impact both the physical and psychosocial aspects of HRQOL and interventions to reduce waiting time are warranted.

This thesis provides unique insight into the lives of patients during the first twelve months after a dysvascular amputation and highlights that improvements in care are required in several areas. Taking the insights from this thesis into consideration, more research is warranted to test modes of both pre- and postoperative as well as rehabilitative care. This includes interventions directed for psychosocial needs as well as physical needs to retain or regain basic physical functions, especially among the oldest.

More info about SWEAH: [www.sweah.lu.se/en](http://www.sweah.lu.se/en)

### **Do psychosocial working conditions contribute to healthy and active aging? Studies of mortality, late-life health, and leisure**

The 19<sup>th</sup> of January 2018, the dissertation “*Do psychosocial working conditions contribute to healthy and active aging? Studies of mortality, late-life health, and leisure*”, was defended by **Charlotta Nilson** for a PhD at the Department of Neurobiology, Care Sciences and Society, Karolinska Institutet, Sweden. Charlotta Nilson was also affiliated with Swedish National Graduate School on Ageing and Health (SWEAH).



Life expectancies are rising; more and more people are surviving to older ages. Combined with lower birth rates, this change means that both the number and the proportion of older people in the population are rising. Extending human life expectancy has been the target of scientific pursuit since ancient time, so the shift is a story of success made possible by advances in medical technology and living conditions. However, there are costs that come with our recent success in the pursuit of longer lives. As we age, health problems and functional and cognitive limitations increase. The high prevalence of comorbidity and complex health problems among the oldest old result in greater demands on health and social care services as the proportion of people in older ages increases. Because of the growing challenge posed by an aging population, finding predictors of health in old age is increasingly important.

Photo: Maria Yohuang

This thesis investigated long-term associations between midlife psychosocial working conditions and late-life health and leisure and examined whether sense of coherence in midlife modified the association between psychosocial working conditions and all-cause mortality. The studies were based on individually linked data from the Swedish Cause of Death Register and two Swedish longitudinal surveys, the Level of Living Survey (LNU) and the Swedish Panel Study of Living Conditions of the Oldest Old (SWEOLD).

The results of Study I and Study II suggest that self-reported adverse psychosocial working conditions in late midlife, especially low job control, high strain, or passive jobs, were associated with complex health problems and limitations in physical functioning 20-24 years later. However, women and men seemed to be vulnerable to different self-reported psychosocial working conditions. High job strain (high psychological demands and low control) was more negative for women than men. Passive jobs (low psychological demands and low control) were negative for men but not for women.

The results of Study III suggest that a weak sense of coherence magnified the association between occupation-based (measured with a job exposure matrix) high job strain in midlife and mortality in women and men and self-reported passive jobs in midlife and mortality in men. The results of Study IV suggest that occupation-based active jobs (high psychological demands and high control) in midlife were associated with physical, social, and intellectual/cultural activity 23 years later in women and men.

In summary, the results underscore the importance of psychosocial working conditions in midlife for health, physical functioning, and leisure activity after retirement—and thus for healthy and active aging. It is therefore important to reduce stress at work but at the same time induce intellectual stimulation and personal growth. Moreover, it is important to find ways to strengthen sense of coherence in midlife to buffer the negative influence of adverse psychosocial working conditions on health. Investing in healthy workplaces and strengthening sense of coherence to improve the health of workers may reduce societal costs during working age. It may also lower the cost of health and social care by improving the health of the older population. Hence, it would be a double-win investment for society.

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Link to doctoral thesis: <http://hdl.handle.net/10616/46140>

More info about SWEAH: [www.sweah.lu.se/en](http://www.sweah.lu.se/en)

**IAGG-ER 23rd-25th May 2019 in Gothenburg, Sweden**

Next International Association of Gerontology and Geriatrics European Region Congress will be held in Gothenburg. NGF is one of the Congress organizers!

**Important dates:**

Submission opens 31.8.2018  
Deadline for Symposia 15.10.2018  
Deadline for Abstracts 3.12.2018

More information <https://iagger2019.se/>

**Canadian Association on Gerontology (CAG) 2018 47<sup>th</sup> Annual Scientific and Educational Meeting. 18-20.10.2018**

Submission deadline for abstracts is April 30.  
<http://cag2018.ca/>

**The Gerontological Society of America (GSA) 2018 Annual Scientific Meeting. 14-18.11.2018 Boston, USA.**

Abstract submission is closed but the late breaker poster submission will open in July and close September 13, 2018.

<https://www.geron.org/meetings-events/gsa-2018-annual-scientific-meeting>

**The 25<sup>th</sup> Nordic Congress of Gerontology 3-6 June in Reykjavik, Iceland.**

**Executive committee**

Marja Jylhä: President

Nils Holand: 1. Vice president

Boo Johansson: 2. Vice president

Kirsi Lumme-Sandt: Secretary General of the 23NKG

**Representatives from the member organisations**

**Denmark:** Danish Gerontological Society (Dansk Gerontologisk Selskab): Jette Thuesen

Danish Society for Geriatrics (Dansk Selskab for Geriatri): Pia Nimann Kannegaard

**Finland:** Finnish Gerontological Society (Societas Gerontologica Fennica r.f.): Mikaela von Bonsdorff

Finnish Geriatrics (Suomen Geriatriit-Finlands Geriater): Eija Lönnroos

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

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

Icelandic Geriatric Society (Icelandic Geriatrics Society): Ólafur Þór Gunnarsson

**Norway:** Norwegian Society for Aging research (Norsk selskap for aldersforskning): Marijke Veenstra

Norwegian Geriatric Association (Norsk geriatriisk förening): Nils Holand

**Sweden:** Swedish Gerontological Society (Sveriges Gerontologiska Sällskap): Susanne Iwarsson

Swedish Geriatric Society (Svensk Geriatriisk Förening): Peter Nordström

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