Oral Presentations
Title: Stimulating Ageing Research: can we learn from theories of innovation?

Since the mid 1990s ageing research in the UK has experienced three waves of support from the research councils. This has been through a variety of programmes, organised according to a number of distinct philosophies of research programme management. Either by design or by good fortune those that pursued well established practices in the fields of technical innovation and project management have enjoyed a strong relationship with users and beneficiaries, and consequently an enhanced likelihood of adoption of findings. While some of these requirements challenge researchers to consider their relationship to both the academic and the non-academic stakeholders concerned with issues faced by older people and an ageing society, many of those who have accepted the challenge have been surprised at what they have been able to achieve and the way in which their work has been used and valued. Among others, key ingredients are accepting older people as experts in ageing, not just as subjects for research, and involving them meaningfully through the whole research process as equals in research processes; placing a high priority on open, transparent and effective communication to all stakeholders; achieving enhanced visibility, perhaps supported by recognised champions; pursuing particular themes over the longer term; and never giving up!

Title: Unearthing and understanding attitudes towards “Older” Workers: evidence from Ireland

The ageing workforce has been described as the defining social issue of the 21st century (Pitt-Catsouphes, 2007). An emerging challenge concerns the serious reservations many organisations have about employing older workers (Johnson, 2007), to the extent that the categorisation of workers as “older” has been shown to have a negative impact on their employability (Schultz and Adams, 2007). Despite much progress in the field, there is an evident lack of consensus in defining an “older worker” (Shore, Cleveland and Goldberg, 2003; Charness at al, 2007). Moreover, while it is acknowledged that age bias in employment exists, there remains a considerable dearth of empirical evidence about attitudes that exist toward older workers. We need to better understand organisational decision-maker attitudes as a matter of priority, since decision-makers are directly responsible for the provision of employment and the range of development opportunities for all workers in organisations, including older workers. Based on a detailed survey of 257 decision-makers in organisations across Ireland, this paper addresses two critical questions: who do organisational decision-makers consider “older workers” to be?; and what are the prevailing attitudes of organisational decision-makers toward older workers? Our findings suggest that a myriad of complex variables are at play when attempting to define the “older worker”, as well as when attempting to understand attitudes toward older workers in organisations. Our contribution provides timely new empirical evidence on workplace ageing in Ireland, and extends the debate on extenuating organisational age climates and stereotypes of older workers.
Title: Age as a factor in cancer treatment decisions: a qualitative study among healthcare professionals

The proportion of women with breast, colon and ovarian cancer who receive active treatment declines with increasing age, with an aim to identify factors affecting cancer treatment. Qualitative interviews were conducted with 44 healthcare professionals (HCPs): 29 nurse specialists and 15 consultants from 24 hospitals. Interviews were transcribed verbatim and content analysis performed. The HCPs identified a range of factors which affect cancer treatment-decision making, including clinical, patient-related, social/family-related, health service-related, and clinician-related factors. All HCPs emphasised that a patient’s functional status rather than their chronological age influences their clinical decision-making. In general, older women have more co-morbidities, which impacts on their functional status and available treatment options. However, assessment of functional status and definitions of “old age” varied widely. In addition, levels of awareness of cancer symptoms and health literacy were reported to be lower in the older age groups, which impacts on the timing of their diagnosis, patients’ ability or willingness to engage in discussions on cancer treatment, and their acceptance of different treatment modalities. Improvements in recent years in the treatment decision-making process through multidisciplinary team meetings and in available services and treatments were described. These have facilitated cancer treatment in all age groups, and reduced any bias that may exist. This study revealed many ways in which patient age continues to influence cancer treatment. Strategies to tackle these disparities will need to address standardisation of assessment of functional status, information-sharing between HCPs and patients, and older patients’ awareness, beliefs and health-seeking behaviours.

Ref No: A.07

Maria J Alba
Silverin Minds – Gerokon
Spain.
mjalba@silverinminds.com

Title: “Silver Sunrise”: new possibilities for companies in the arising of a new leading silver consumer

The ageing of societies is already having a strong impact both at macro and micro level. Much research has been carried out about the effects of ageing in older people environments and their social and cultural context, but progressively more emphasis is being paid on a different side: a higher and more diverse demand of consumers, who are over 50 years old, with new needs, values, attitudes and tastes, is growing and expecting to be catered. But, how are industries and business adapting to this reality? Are they already taking it into account? Are they investing money in new products and services? Are companies already placing time and resources in research and development about age-related business opportunities and strategies? Are they designing new marketing and communications campaigns so to attract these consumers? How are companies taking care of older people’s well-being and incorporating this into their business plans? Which kind of new industries are being set up? Which are the obstacles, if any, analysed and feared by companies? Is this a homogeneous phenomenon around the world or are there any leading countries pushing this trend? This paper will provide a good amount of answers to all these issues based on the author own research and professional experience in this field. No doubt longevity will bring great challenges and opportunities for older people in terms of new business around them; the question is whether companies are awaken enough to be able to see this “silver sunrise” and its chances.
Title: A comparison of the prevalence and characteristics of elder abuse in Ireland and the UK

In the last five years there have been five large-scale national prevalence studies of elder abuse. However, all employed different definitions and methodologies, which inhibits in-depth comparison. In 2009 Ireland conducted its first survey to identify the prevalence of elder abuse and the characteristics of older people who experience abuse. The study design deliberately replicated that of the 2007 UK study into elder abuse. The used was a cluster random probability sample of older people was recruited. Face-to-face interviews were conducted with 2,021 people aged 65 or over and living in the community. Information was collected on socio-economic variables, financial, physical, psychological, sexual abuse and neglect. Details on perpetrator characteristics and the response of older people to mistreatment were also recorded. Descriptive statistics and logistic regression were used to explore the data. In Ireland the prevalence of elder abuse and neglect in community-dwelling people aged 65 or over was 2.2 per cent (95 per cent CI 1.41-2.94). The most common type of mistreatment was financial abuse (1.3 per cent), followed by psychological (1.2 per cent), physical (0.5 per cent), neglect (0.3 per cent) and sexual abuse (0.05 per cent). In the UK the overall prevalence was 2.6 per cent (95 per cent CI 1.9-3.8), but with a different pattern in the frequency of mistreatment types. The studies identified commonalities in relation to the characteristics of older people at increased risk. But perpetrator characteristics and the response to the mistreatment showed some differences. In conclusion, a comparison between two studies of elder abuse using similar definitions indicates both common and unique characteristics of elder abuse in both societies.

Title: A Family Landscape: on the geographical distances between elderly parents and adult children

In the context of population ageing, this presentation will address questions concerning geographical proximity and distances between elderly parents and adult children, and will discuss the importance of geographical proximity for support, care and social contact for both generations. Sweden, described as having an extensive welfare state and a heavy welfare state dependency (Esping-Andersen, 1999), faces challenges of an increasing ageing population. If the service to older people offered by the welfare state in this situation has to be altered, or even downsized, other parties have to respond to those needs. One solution is market-based complements to the welfare state, another to transfer some of the dependency to kin. This transfer could however be inhibited by geographical separation between generations, which makes it important to have knowledge about the present situation. This presentation will show, starting with a glimpse into history, some patterns of intergenerational proximity, distance and migration based on extensive individual level population data, including a rich amount of socio-economic variables, from Sweden. The aim is to explore the family landscape and discuss the implications of patterns and changes of intergenerational distances.
Title: Tele-health among older adults with Diabetes and Heart Disease

Tele-health has the potential to enhance adults’ well-being and enable people to age in place, yet little is known about older adults’ attitudes towards and use of such technology. A repeated-measures design was used to randomise patients to experimental (n=30) or routine care (n=10). Patients were equally grouped into those with diabetes (n = 15 in the trial, and n = 5 in the routine care control group) and those with heart disease. The experimental group used the Health Buddy® Appliance, a tele-health device that collects and transmits information via a conventional telephone line to a triage nurse. Participants enter a range of data including blood glucose, weight, and blood pressure. Additional survey and interview data were collected at baseline, three months (trial end) and nine months (six-month post-trial follow-up). Attitudes towards tele-health were positive. Underpinning positive attitudes were perceptions of usefulness and ease of use of the Health Buddy® Appliance. Additionally, the support of the triage nurse, plus information given via the appliance, enabled many participants to engage in better self-care, including more regular testing of their blood sugars or blood pressure, and more care in terms of eating behaviours. Changes in self-care were not found in the control group. Tele-health has the potential to improve health and well-being among vulnerable older adults, and to reduce morbidity and mortality rates. For a vulnerable sample, the Health Buddy® Appliance was very easy to use and was sufficient to enable many participants to take more positive and proactive control of their health.

Title: APOE ε4 genotype-specific short-term cognitive benefits of treatment with the antihypertensive nilvadipine in Alzheimer’s patients: an open-label trial

Evidence suggests that dihydropyridine (DHP) calcium channel blockers may be useful in preventing and treating Alzheimer’s disease (AD). In an open-label trial of safety and tolerability of nilvadipine in AD patients, we examined cognitive and executive function to determine the influence of nilvadipine on these outcomes. We investigated change in cognition using the MMSE, and executive function using the EXIT25 in 55 AD patients who received nilvadipine 8mg daily for 6 weeks compared with 30 non-treated AD subjects. APOE genotyping was performed and the study team and caregivers were kept blinded to APOE ε4 status during the trial. Aside from differences in gender and education, both the treatment and the control groups were similar in general demographics and on baseline cognition status. After correction for potential confounders, APOE ε4 status, and use of other antihypertensive medications, a significant impact of study intervention was observed on MMSE (F = 8.67, p 0.01) and EXIT 25 (F = 8.77, p 0.03) scores. An interaction between APOE ε4 carrier status and treatment (p 0.05) was observed for both outcome measures. In
conclusion this open-label trial, among APOE ε4 non-carriers, we observed stabilisation of cognition and improvement in executive function among treated individuals compared to non-treated individuals. Among APOE ε4 carriers, cognitive stabilisation was evident for treated individuals whereas a cognitive decline was observed in non-treated individuals. These findings provide additional evidence for potential therapeutic efficacy of nilvadipine in treating AD and warrant further investigation.

Ref no: A.18

Dr Mary Tilki
School of Health and Social Sciences
Middlesex University, England.
m.tilki@mdx.ac.uk

Mr Eddie Mulligan
Leeds Irish Health and Homes, England.

Title: Older Irish People in England with Dementia: lessons from the voluntary sector

The paper aims to highlight experiences of older Irish people with dementia in England, demonstrating how assumptions of cultural assimilation and skin colour conceptualisations of ethnicity neglect this large and needy minority ethnic community. The Irish community is the oldest ethnic minority in Britain. Despite an older age profile than either the majority or other minority ethnic populations, excesses of mental and physical ill-health and socio-economic disadvantage, the community is largely ignored by policy-makers and providers. Irish voluntary sector organisations in different parts of England report high levels of social isolation and increasing numbers of people with memory problems and other symptoms of dementia. Older Irish people are reluctant to access mainstream services because their distinct cultural needs and experiences are not recognised or catered for. Consequently Irish voluntary sector organisations (often funded by the Irish government) provide a range of culturally specific services to older people and their carers and increasingly to those with dementia. In contrast to the mainstream, these services are accessed and popular and struggle to meet demand. This paper presents data from a mapping exercise identifying non-governmental services for Irish people with dementia and their carers. In particular the data describe what cultural sensitivity means for Irish people with dementia in a second homeland. We aim to showcase good practice in the care and support of people with dementia and carers in the community predominantly, in the hope that this culturally informed approach can be applied more widely in other societies.

Ref no: A.19

Ms Angela Flynn
School of Nursing & Midwifery
University College Cork, Ireland.
angela.flynn@ucc.ie

Title: Neoliberalism, misrecognition, maldistribution and health inequalities in Ireland: rendering the older person invisible

The neoliberal approach to social and health-related policies in Ireland could be said to exacerbate health inequalities. This approach to welfare and provision of care champions the role of the individual, permitting the state to relinquish its distributive responsibilities, all the while couching the ideology within the nomenclature of consumer choice and individualism. A schism has therefore been formed between sections of society, amplifying the pre-existing inequalities and reducing levels of social cohesion and social capital. Older people in Ireland find themselves at risk of becoming invisible within the modern social order. Having worked and contributed to the tax revenue of the country for much of their lives, having perhaps raised a family, all the while assuming a visible functional social role, they are now the victims of a bureaucratic and managerial healthcare system that, rather than fairly distributing health provisions to them, seeks instead to renge on a contract previously accepted to exist between state and citizen. The subsequent misrecognition of the needs of these individuals results in injustice, humiliation, neglect and disrespect. This paper will explore the concepts of redistribution and recognition as approaches to health inequalities and social
injustice, and will examine how the politics of difference and the politics of equality play out in the context of Irish healthcare. The discussion will be within the frameworks of health inequalities research and social justice.

Ref no: A.22

Mr Graham Smith  
Centre for Lifelong Learning, School of Education  
University of Strathclyde, Scotland.  
graham.smith@strath.ac.uk

Title: Realising the potential of older workers in Scotland

Scotland’s workforce is ageing, resulting in a greater number than ever before of adults aged 50+ in employment or seeking employment. This presents significant challenges, particularly for older workers remaining in the workplace, with barriers such as employer attitudes and legislation often forcing individuals to reconsider their point of exit from the labour market. This demographic shift presents an opportunity for universities to engage with a growing emerging market that may require additional skills development to meet their future aspirations. The Realising Your Potential project encouraged older adults to re-engage with lifelong learning to help enhance employability in later life. It was designed, tested and evaluated by the University of Strathclyde’s Centre for Lifelong Learning. Project methodology used a double-loop learning theory framework and supported individuals through a series of stages to reflect on past experiences, build confidence and motivation for learning and encourage goal-setting to achieve future aspirations. Findings suggest participation in lifelong learning activity varies significantly depending on background and initial educational experiences. Coping with uncertainty and managing change are also key factors affecting older workers in the current economic climate, with issues such as job security, changing career trajectory and working beyond statutory retirement age areas of concern. Furthermore, access to appropriate advice and guidance in Scotland for older adults would appear to be a concern and conclusions attempt to influence policy on information, advice and guidance to ensure Scotland’s national “all-age guidance” service takes into account the capacities, needs and aspirations of older adults.

Ref no: A.23

Dr Leane Hoey  
Northern Ireland Centre for Food and Health  
University of Ulster, Northern Ireland.  
l.hoey@ulster.ac.uk

Dr Anne Molloy  
School of Biochemistry and Immunology  
Trinity College Dublin, Ireland.

Dr Liadhan McAnena, Dr Julie Wallace  
and Professor Helene McNulty  
Northern Ireland Centre for Food and Health  
University of Ulster, Northern Ireland.

Title: Vitamin D and bone health in a sub-sample of elderly patients from the TUDA cohort study

Osteoporosis, characterised by low BMD and increased bone fragility, is a common disease of ageing. Vitamin D is considered to play an important protective role. This study aimed to investigate the relationships of vitamin D status with BMD and biomarkers of both bone formation (osteocalcin, bone-specific alkaline phosphatase) and bone resorption (bone TRAP, Crosslaps) in a sub-sample of participants in the TUDA cohort study; a large observational study of nutritional factors in the development of common diseases of ageing. Of the 2,000 patients aged 60+ recruited from GP practices in Northern Ireland, those with available data for analysis were included (n= 647). In this sample, 48.3 per cent were identified as osteopenic and 14.9 per cent as osteoporotic (WHO classification). Women compared to men had significantly lower serum 25(OH)D concentrations (38.2 vs 45.5nmol/l P<0.001) and BMD (P<0.001; 3 sites),
and higher concentrations of parathyroid hormone (P=0.015) and of all four biomarkers of bone turnover (P<0.001 in all cases). BMD at two sites was inversely correlated with bone turnover biomarkers in both sexes, whereas BMD was significantly correlated with vitamin D status in women only (P<0.05; three sites). These preliminary data confirm that sub-optimal vitamin D status and poor bone health are particularly common in older women. Although novel biomarkers of bone turnover were strongly associated with BMD, they were not related to vitamin D status. As further data become available the effect of important confounders on these observed associations will be considered and the role of genetic factors will be explored.

Ref No: A.24

Dr Yumiko Kamiya
Department of Medical Gerontology
Trinity College Dublin, Ireland.
kamiya@tcd.ie

Title: Intergenerational transfers of time and money in Irish Older Adult Families

The role of the family is often emphasised in Ireland, but to date there is little evidence on what families provide to older adults, and what older adults give to their families. Using data from the Irish Longitudinal Study on Ageing, a national representative sample of the older adults aged 50 and over a detailed analysis of the relationship of older adults to their families and communities in terms of the contact that older people have with family members, the exchanges that take place within families and the broader networks of help and support among friends and neighbours are examined. We define intergenerational transfers as “the redistribution of resources within an extended family structure, incorporating both intra-household and inter-household exchanges.” The paper also incorporates some data on supports given to and received from non-family members (neighbours and friends). The results shows that excluding personal care, most non-financial transfers also occur downward from parents to children. Over one-third (35%) of older households provide practical household help including shopping and household chores to their non-co resident children and nearly half (47%) provide care to grandchildren. Family financial transfers flow mainly from ageing parents to their adult children. Nearly one-quarter (24%) of older households have given large financial or material gifts (worth €5,000 or more) to their children in the last ten years. In contrast, only 9% of older adults have received financial transfers from their children. Examining the support given to non-family members, nearly one-quarter of older people in Ireland provide some form of help to their neighbours and friends, on average for 8 hours per month. Almost one-fifth of older people receive some form of help from their neighbours and friends.

Ref no: A.27

Dr Kathleen McTiernan
Centre for Gender and Women’s Studies
Trinity College Dublin, Ireland.
kathleen.mctiernan@tcd.ie

Title: The Life History Digital Repository: exchanging knowledge of the lived life

This paper will showcase a knowledge exchange project which was funded by the IRCHSS and undertaken in 2011 by Trinity College Dublin. The data collection process was facilitated by the Reminiscence Network Northern Ireland, which ran life history-focused reminiscence groups for older men and women living in Dublin and Belfast. The paper demonstrates how web-based open-source Fedora technology can be used to create a reminiscence resource for older people and those in community-based organisations involved in the generation of reminiscence data. Research shows that happiness and well-being increase when older people are provided an outlet for generativity through the sharing of life experiences and wisdom (Erikson, 1959, McAdams, and De St Aubin, 1992, O’Donnell and McTiernan, 2010). This project actively engaged 20
participants in the creation of life history books through participation in a series of professionally facilitated life history workshops. The books were then digitised and stored in an online repository, hosted by the Trinity College Dublin library. The output of the project is this online resource, which is accessible to the public for the generating, archiving and retrieval of life history data. This resource is available to teachers and researchers in the areas of reminiscence and memory, social and developmental psychology, communication sciences, social history, happiness and well-being. By capturing and sharing these life stories the life history digital repository also provides a forum for the preservation of our heritage as well as the acknowledgement of the contribution and value of older people to our society.

Ref no: A.30

Dr Irene Mosca
TILDA (The Irish Longitudinal Study on Ageing)
Trinity College Dublin, Ireland.
moscai@tcd.ie

Professor Alan Barrett
TILDA (The Irish Longitudinal Study on Ageing)
Trinity College Dublin, Ireland.

Title: Psychic costs of migration: evidence from Irish return migrants

The association between migration and mental health is well documented in medical literature; it has received less attention in economics literature. This relative lack of study within economics is somewhat surprising given that the “psychic costs” of migration have been incorporated into theoretical models since Sjaastad (1962). In this paper, we review the possible impact of migration on mental health in a novel way, using alcohol problems as an indicator of mental health. Most studies compare the differences in mental health outcomes between immigrants and the native-born population. However, we look at the native-born population in a single country and compare those who have lived away for a period of time and those who have not. In addition, our data contains information on early negative life events such as sexual/physical abuse. Such events are likely to be correlated with both migration and mental health problems; the inability to control for them is a weakness in other studies. We use data from the first wave of the Irish Longitudinal Study on Ageing (TILDA), which is a large, nationally representative sample of older Irish adults about a quarter of whom have lived abroad for at least six months. We find that men who lived away are more likely to have suffered from alcohol problems than men who stayed in Ireland. Whereby, women had a higher incidence of alcohol problems for short-term migrants. However, long-term female migrants are less likely to have suffered from alcohol problems.

Ref no: A.33

Dr Annika Taghizadeh Larsson
Linköping University,
National Institute for the Study of Ageing and Later Life (NISAL), Sweden.
anika.t.larsson@liu.se

Professor Eva Jeppsson Grassman
Linköping University
National Institute for the Study of Ageing and Later Life (NISAL), Sweden.

Title: The Role of the Church of Sweden in the context of contemporary retirement migration

A pertinent pattern in contemporary migration from Sweden has to do with older Swedish citizens moving (full or part-time) to warmer countries after their retirement. The Church of Sweden has a long tradition of creating parishes abroad. The aim of the presentation is to discuss the role and function of the Church of Sweden abroad in the lives of migrating older Swedes. Results from a project consisting of three studies which explored the activities and role of the 45 parishes which are established in different countries around the world: (1) a qualitative case study of 12 parishes; (2) a mapping of the websites of all 45 parishes; and (3) an internet-based survey of all parishes. Findings point to the multi-faceted roles that the parishes may play for older people, in globalised contexts. The parishes are actors in a civil society that is both transnational and very local it its function. The Church of Sweden Abroad may be regarded as a local Swedish space and
structure that enables belonging and care for those far away from their homeland. In a certain sense it was found to function and be experienced as a “home” for older Swedes abroad.

Ref No: A.35

**Professor Tracey McDonald**  
Australian Catholic University  
RSL LifeCare Chair of Ageing, Australia.  
tracey.mcdonald@acu.edu.au

**Ms June Casey**  
Australian Catholic University  
School of Nursing, Australia.

**Title:** Unique perspectives of ageing and aged care

Long-term care services struggle to be acknowledged for the valuable contribution they make to public health and social wellbeing. By investigating impressions and attitudes held by beginning students of nursing it was possible to discover what an informed general public may think about nursing, aged care and ageing. In this study, the reflective notes of 190 beginning students of nursing in the undergraduate degree program were analysed regarding their impressions of ageing, nursing and aged care. Their notes were transcribed and thematically analysed using the NVivo 8 program. The data confirms the generally negative attitudes held by the general public towards ageing and nursing, even among people intent on a nursing career. Intense expectations related to other nursing contexts, such as hospitals, were also found to be present in many first impression notations. As a result of the positive experiences had during their visit to a modern aged care facility, many students changed their views about aged care. For the most part these changes were positive. Evidence was also found that interactions observed between nurses, residents and students exert immediate and long-term influence over student nurses’ attitudes towards older people, their care, and those who provide that care. Misinformed stereotypical images of aged care do not persist against student experiences of reality. While students can enter nursing with judgmental views on nursing roles and negative expectations of specialties derived from media, these can be dispelled by exposing students to positive experiences in aged care and nursing.

Ref no: A.37

**Mr David O’Sullivan**  
Pharmaceutical Care Research Group  
University College Cork, Ireland.  
dos1984ucc@gmail.com

**Dr Stephen Byrne**  
Pharmaceutical Care Research Group  
University College Cork, Ireland.

**Dr Carole Parsons, Dr Susan Patterson and Professor Carmel Hughes**  
School of Pharmacy, Queen’s University Belfast  
Northern Ireland.

**Dr Denis O’Mahony**  
Department of Geriatric Medicine  
Cork University Hospital, Ireland.

**Title:** Inappropriate prescribing in Irish Nursing Home residents

Elderly individuals generally suffer from multiple co-morbidities, which make this patient group particularly vulnerable to potential inappropriate prescribing (PIP). PIP has been reported to be a substantial cause of morbidity and mortality and has been identified as a major contributing factor to increased healthcare utilisation. One method of evaluating or identifying inappropriate or sub-optimal prescribing practice is to use validated evidence-based explicit criteria to define instances of PIP. Two sets of criteria have gained international recognition, i.e. Beers’ criteria and “Screening Tool of Older People’s Prescriptions (STOPP).” The aim of this study was to determine the prevalence of PIP in elderly nursing home residents in Ireland. A total of 315 patients ≥65 years were randomly selected were recruited from seven nursing homes from County Cork, Republic of Ireland (ROI), and were age- and gender-matched with 315 patients from a Northern Irish (NI) nursing home dataset. Exclusion criteria included terminally ill or respite patients. Both the Beers’ and STOPP criteria applied to these to the 630 patient profiles. Of the patients review (n=630),
74.9 per cent were female; the mean (±SD) age was 83.4±7.1 years. The total number of medicines prescribed for the ROI dataset was 3,730 (median 11, IQR 9-14) and for the NI dataset was 3,394 (median 10, IQR 7-14). In the ROI dataset, 72.7 per cent of patients had at least one potentially inappropriate medication (PIM) identified by STOPP and 57 per cent had at least one PIM identified by the Beers. In the NI dataset 67.1 per cent of patients had at least one PIM identified by STOPP and 53.7 per cent of patients had at least one PIM identified by the Beers’ criteria. In conclusion PIP is a major area of concern and has been implicated throughout the literature as a substantial burden to health services internationally. In this study STOPP criteria demonstrated superior capability over the Beers’ criteria in the identification of instances of PIMs in these Irish nursing home datasets.

Ref no: A. 41

Mr Simon Anderson
Scottish Centre for Social Research
Edinburgh, Scotland.
simon.anderson@scotcen.org.uk

Dr Julie Brownlie
School of Applied Social Science
University of Stirling, Scotland.

Title: From “mustn’t grumble” to “the me generation”: generational differences in views of emotional support and the talking therapies

Recent years have seen extensive policy, practice and academic debate about the expansion of the talking therapies in the UK. This has tended to focus on issues of cost-effectiveness, cost-benefit, availability and access, and has been largely abstracted from any consideration of prevailing cultural orientations towards “emotions talk” and the talking therapies. Drawing on data from a recent ESRC-funded study (www.someonetotalkto.info), this paper looks at how such practices and beliefs are patterned across the UK population, with particular reference to gender and generation. In particular, it considers the cultural distinctiveness in this respect of those born, roughly, before the end of the Second World War. Both men and women within this “mustn’t grumble” generation remain much more wary than younger people of emotions talk in general and talk-based therapeutic intervention in particular. What are the implications of this for service provision? Should an apparent preference for “just getting on with things” be seen as evidence of emotional resilience or as a problem to be overcome? And how might the preferences, needs and demands of this section of the population shift as the baby boomers enter older age?

Ref No: A.43

Dr Hannah McDowall
UnLtd, The Foundation for Social Entrepreneurs
England.
hannahmcdowall@unltd.org.uk

Ms Lesley Johnston
UnLtd, The Foundation for Social Entrepreneurs
England.

Title: Igniting older social entrepreneurship in Northern Ireland

UnLtd, The Foundation For Social Entrepreneurs, gives grants and mentoring support to those with a passion and an idea to make the world better. We are currently half way through a 3 year programme supporting those over 50 to become social entrepreneurs in Northern Ireland. This paper discusses the social contribution being made to communities as well the personal growth experienced by those running these projects. We found that the over 50s bring a lifetime of experience and local knowledge to the ventures they design and run. Through these they initiate real social change and build sustainability and innovation into project design, suggesting the likelihood of long term social impact. We also found that running a social venture benefits older people personally, developing their confidence to put ideas into action, lead in their communities and plan and manage projects. Despite these successes, UnLtd have struggled to recruit people of 50+ to the programme. Three key barriers present themselves: (i) Fear of writing down their venture idea; (ii) lack of understanding of social entrepreneurship and UnLtd’s support model; (iii) Lack of self confidence. Overcoming these requires considerable face to face or telephone support at the pre-application stage to
build trust, explain the model and reassure people of their capabilities. Older Social entrepreneurship offers a vehicle for social change, personal growth of the entrepreneur as well as a potential income source. Organisations that wish to support this model must bridge the gap in confidence at the pre-application stage to release this potential.

Ref no: A.44

Ms Tina Byrne
National Adult Literacy Agency (NALA), Ireland.
tbyrne@nala.ie

Title: Reducing Barriers to Participation in Adult Literacy and Numeracy Tuition

This paper presentation collates and discusses the findings from three research projects commissioned by NALA with adults with literacy needs in 2008–9. In total, 99 participants were recruited into the research. A profile sample is provided, whereby 24 older learners aged 60+ recruited from adult literacy centres in Dublin; 43 older people not engaged aged 60+ recruited organisations countrywide and 32 men aged 20–60 countrywide. The research sought to identify and explore with the participants the barriers they experience to taking part in adult literacy tuition. Drawing on the adults’ accounts of their literacy difficulties, the findings highlight barriers to participation in adult literacy as experienced by the participants and the complex navigation involved in participating and functioning fully in society as a result of literacy needs. This is often compounded by the perception among many adults with literacy needs that there is a stigma attached to “going public” about their literacy difficulties. The findings from the research were used to inform suggested guidelines on how to reduce barriers to participation in adult literacy tuition.

Ref no: A.45

Ms Vera J.C. McCarthy
Department of Epidemiology and Public Health
University College Cork, Ireland.
v.mccarthy@ucc.ie

Professor Ivan J. Perry and Dr Birgit A Greiner
Department of Epidemiology and Public Health
University College Cork, Ireland.

Title: Are older workers more susceptible to job strain? A case-control study on cardiovascular disease comparing older and younger workers

Demographics are dramatically changing in most European countries, giving rise to a higher proportion of older workers in the workforce. Research has shown that younger workers may be more susceptible to job strain than older workers; however, research is still inconclusive. This case-control study investigates the association between work strain and acute myocardial infarction/unstable angina, comparing younger and older workers. Cases (n=227) were recruited following a first-time cardiac event from coronary care units and age- and sex-matched controls (n=277) were sourced from the case’s general practitioner. Participants were 37-74 years old. Self-administered questionnaires were used, with questions on job characteristics, (strain, work-pace and control). Some participants did not complete the job characteristics questions, leaving a sample of n=230 (cases n=99, controls n=131). The results revealed that using unconditional logistic regression and adjusting for age, BMI, smoking status and social class, cases were significantly less likely to have high levels of job control [OR 0.90 (95 per cent CI: 0.82-0.99) p=0.03) independent of work-pace. When age-stratified, looking at older workers (≥50 years), cases were significantly more likely to have high job strain [OR 3.10 (1.07-9.02) p=0.04], lower levels of job control [OR 0.85 (0.75-0.96) p=0.01] and higher levels of work-pace [OR 1.18 (0.99-1.40) p=0.06]. There was no evidence of increased risk for cases in the younger worker’s strata. In conclusion, job control emerged as a potential protective factor for heart disease and this evidence was stronger in the older worker. Older workers may be more susceptible than younger workers; however, more research is needed.
Dr Carole Parsons  
School of Pharmacy, Queen’s University Belfast  
Northern Ireland.  
c.parsons@qub.ac.uk

Professor Carmel Hughes  
School of Pharmacy, Queen’s University Belfast  
Northern Ireland.

Dr Stephen Byrne, Mr David O’Sullivan  
and Mr Kevin Murphy  
Pharmaceutical Care Research Group  
University College Cork, Ireland.

Dr Noleen McCorry  
Marie Curie Cancer Care, Northern Ireland.

Title: Assessment of factors that Influence GP decision-making regarding medication use in patients with Dementia at the End of Life

This study aimed to evaluate the extent to which patient- and physician-related factors influence decision-making among Northern Ireland (NI) and Republic of Ireland (ROI) general practitioners (GPs) regarding medication use in patients with end-stage dementia. A questionnaire consisting of four vignettes was mailed to all GPs in NI (N=1106) and ROI (N=1900), with a reminder three weeks later. Several patient-related factors were systematically manipulated within the vignettes: place of residence of the patient, presence of a signed advance directive, and level of family involvement. These yielded 12 possible variants of each vignette, which were randomly allocated to GPs. Relationships between these patient-related and physician-related characteristics, and GPs’ prescribing decisions, were examined in a series of logistic regression models. There was considerable variability among NI (n=245; 21.1 per cent response rate) and ROI (n=346; 18.2 per cent response rate) GPs in decisions regarding use of antibiotics, acetylcholinesterase inhibitors and memantine. There was less variability regarding use of statins and antipsychotics, with a high proportion of GPs recommending discontinuation of statins and continuation of the antipsychotic. Analysis revealed a small (but significant) effect of active family involvement on prescribing decisions regarding use of statins, aspirin, lisinopril, bendroflumethiazide, amlodipine, zolpidem, and quetiapine. Neither patient-nor physician-related factors impacted significantly on decisions regarding antibiotics, acetylcholinesterase inhibitors or memantine. Future research should seek to clarify the processes by which family involvement impacts on GP prescribing decisions for this population, and to identify other factors which may account for the unexplained variance in prescribing decisions.

Ms Anna Lloyd  
Centre for Population Health Sciences  
University of Edinburgh, Scotland.  
a.e.lloyd@sms.ed.ac.uk

Professor Scott Murray and Dr Marilyn Kendall  
Centre for Population Health Sciences  
University of Edinburgh, Scotland.

Professor John Starr  
School of Clinical Sciences and Community Health  
University of Edinburgh Medical School, and NHS  
Lothian, Edinburgh, Scotland.

Title: Experiences of Declining Frail Older Adults: a multi-perspective qualitative study

Palliative care services have widened beyond cancer in recent years, yet frail older adults are rarely offered such care. There is a need to understand their end of life experiences and needs in order to assess if a palliative approach could be beneficial. Previous research has used proxy and/or retrospective data with relatives or has focused on specific illnesses or place of residence. The aim is to understand frail older persons’ holistic experiences towards the end of life. In-depth interviews with 13 cognitively intact frail older participants and 13 informal carers were analysed using a relational narrative approach. Older persons
told the story of the “real” person behind the frail body, ongoing daily struggles and of personal values and coping mechanisms. Social, psychological and existential distress was experienced due to multiple losses including a loss of personhood via lost roles, autonomy, sense of usefulness and enforced isolation. While they resisted engaging with the future they described a fear of dementia and of moving to a nursing home. Physically many described pain, reducing mobility and being admitted to hospital, which engendered feelings of lack of control and of being ignored. Including carers helped to facilitate interviews while accounts offered clarification, context and some alternative views to the narratives. In conclusion, qualitative multi-perspective interviews with this group can yield an in-depth understanding of their holistic experiences. They reveal the impact of many losses, physical, social and psychological, revealing deeply held fears. These may be difficult to elucidate taking a quantitative or single-perspective approach.

Ref no: A.49

Ms Helen Bowers
NDTi (National Development Team for Inclusion)
Older People and Ageing, Dorset, England.
helen.bowers@ndti.org.uk

Dr Gillian Granville
NDTi (National Development Team for Inclusion)
Older People and Ageing, Dorset, England.

Title: The changing face of ageing in Northern Ireland: outcomes, lessons and messages from the evaluation of the Changing Ageing Partnership

The Changing Ageing Partnership of Northern Ireland was an ambitious five-year social change initiative designed to increase the profile, voice and influence of older people in policy-making through an integrated programme of training, lobbying, research and influencing activities. It lies at the heart of major developments taking place to plan for an ageing population in order to harness the opportunities and address the challenges associated with increasing longevity in Northern Ireland. This presentation will share key findings, lessons and overarching themes from the independent evaluation of CAP, led by NDTi working in partnership with CAP partners and funders over the last two to three years. The session will focus on the nature of change and partnership-working in a complex and fast-moving policy and political environment, together with the evidence that has emerged about “what works” in increasing older people’s policy advocacy in Northern Ireland. It explores the range of approaches towards and models required to enable participative decision-making with a diverse population of older people, and highlight the importance of a clear, shared vision for positive ageing in Northern Ireland. The findings have major implications for the ways in which policy-makers, older people’s organisations and groups, and public services more broadly work with older people and local communities as they plan for a radically different future and seek to engage people of all ages and generations in this debate.

Ref no: A.50

Professor Chris Paris
University of Ulster, Northern Ireland.
ct.paris@ulster.ac.uk

Ms Heather Porter
Northern Ireland Housing Executive
Belfast, Northern Ireland.

Title: Accommodation and associated services for older people in Northern Ireland: future needs and demands

Demographic projections suggest that, of all UK regions, Northern Ireland is likely to experience the highest rate of growth in its older population in coming decades. At the same time, the level of home ownership among middle-aged households in 2001 indicates that the next generation entering older age will have much higher levels of home ownership – especially outright home ownership – than previous cohorts. Based on Census data, household and population projections, housing stock data and a wide-ranging literature review, this paper considers older people’s accommodation needs in Northern Ireland over the ten years to 2016. It raises a number of questions about the demonstrated need for additional age-specific social housing, its
location and the form that it should take; the housing needs associated with health-related frailty; the high proportion of older people living in unfit housing; and the general lack of age-related data on the housing expectations and attitudes of older adults in Northern Ireland.

Ref no: A.52

Ms Maire Cox  
I’DGO (Inclusive Design for Getting Outdoors)  
University of Edinburgh, Scotland.  
m.cox@eca.ac.uk

Mr Mark Morgan-Brown  
HSE (Health Service Executive),  
Cavan General Hospital, Cavan, Ireland.

Professor Marcus Ormerod and Ms Rita Newton  
SURFACE Inclusive Design Research Centre  
University of Salford, England.

Title: On the Street Where I Live: enabling “the good life” through helpful street design

The design and maintenance of the street facilitates people’s ability to get out and about. In particular, good design of neighbourhood streets can support older people’s daily social interaction, active participation and engagement in the community, physical exercise and sense of personal agency, identity and self-esteem. Shopping independence directly affects reliance on costly care in the home. Interviews were conducted with 200 people aged 65+ to assess their preferences for a range of street attributes. A structured questionnaire was used, in conjunction with photo elicitation, to determine their preference for design features and the reason for these preferences. A physical audit was then undertaken of the street in which they lived and of their wider neighbourhood environment. The analysis identified the street attributes which affect an older person’s decision to go out and their experience while out. Examples of positive attributes are adequate seating, smooth pavements, sufficient pedestrian crossings and properly parked cars. The results found that some older people limit their activities outdoors for a range of reasons, such as fear of falling, if these attributes are absent or poorly maintained. Poor street design and maintenance generates barriers for older people, the consequence being reduced opportunities for “the good life” (independence plus enhanced physical, social and emotional well-being).

Ref no: A.55

Dr Huan Yu  
School of Applied Social Studies  
University College Cork, Ireland.  
h.yu@ucc.ie

Dr Eibhlís O’Connor  
ELDERMET, University College Cork, Ireland.

Ms Eleanor Bantry-White  
School of Applied Social Studies  
University College Cork, Ireland.

Ms Teresa Wills  
School of Nursing and Midwifery  
University College Cork, Ireland.

Dr Caitriona Ni Laoire  
Institute for the Social Sciences in the 21st Century  
University College Cork, Ireland.

Title: A Study of the Socioeconomic Influences on Food Expenditure among Community-dwelling Older People in the Republic of Ireland

Malnutrition in older people, arising from physical, economic and social factors, represents an important public health issue associated with increased morbidity and mortality (Bernstein, 2010). The primary objective of this study was to examine the socioeconomic determinants of food expenditure among older people by conducting an empirical analysis of food expenditure patterns. The influence of key socio-
demographic variables was examined through analyses of data available in the Household Budget Survey 2005 (Central Statistics Office - HBS Microdata File) (sample: n=6884; older households (over 65 years): n=1444). Food expenditure was examined for 298 food items. The majority of older householders lived alone (n=678) or with a partner (n=602) and over a third fell below the poverty line (EU-SILC, 2005). Significant differences (p<0.001) in total expenditure and the proportion of income spent on primary food categories were found by age, income and family composition. Older households had lower expenditure on convenience foods, snacks and confectionery, meals out and alcohol. The performed inferential statistic analysis yielded a linear model with six statistically significant variables: gender, age, marital status, household composition, disposable household income and geographical area. Moreover, the quantity of fruit and vegetable purchased, especially leafy green vegetables, was much lower than suggested in the Irish dietary guidelines, implying that in this group older Irish adults have nutritional and dietary deficits for fruit/vegetable intake. Different food expenditure patterns exist across age-groups suggesting that consumption patterns are different in older people. Public health interventions need to consider the role of socioeconomic factors in determining food access and choices.

Ref no: A.56

Professor Kerstin Frändin
Department of Neurobiology, Care Sciences & Society
Karolinska Institutet, Stockholm, Sweden.
kerstin.frandin@ki.se

Ms Ulrika Bjerke
FoU Sjuhärads Välfärd, University of Borås
Sweden.

Title: Individually adjusted physical activity for inactive elderly persons invited to a “House of Health” setting: a randomised controlled trial

There is now overwhelming evidence to show that physical activity is crucial for health and physical function in old age. Consequently, it is extremely important to reach people at risk of functional decline in time. The aim of our study was to describe the effect of individually tailored advice and physical training, based on evaluations performed by registered physiotherapists within the concept “Control of physical function”, on quality of life and physical activity patterns in inactive older people ≥ 75 years. Sixty persons were randomised to either intervention or control group. The criteria of inclusion were those living in the community, able to walk and manage stairs, low physical activity level; with the criteria of exclusion of those with severe health problems, and need of help with ADL. Quality of life, activity level, endurance and falls efficacy were evaluated at baseline and after six months of intervention. The intervention started with a check-up by a physiotherapist, including an interview regarding physical activity habits and tests of muscle strength, walking speed, balance etc. Goals were then set up in co-operation with the participant and training programmes and activities, also social, were planned. Training facilities were offered in the house, i.e. gym and group activities, and also in the community, and continuous follow-ups were performed. Results are now being analysed and will be presented at the conference. They point towards a higher quality of life for the intervention group, and it is evident that the social aspect of the concept played an important role.

Ref no: A.58

Ms Mary McCarthy
School of Sociology, Social Policy & Social Work
Queen’s University Belfast, Northern Ireland.
m.mccarthy@qub.ac.uk

Dr Janet Carter-Anand
School of Sociology, Social Policy & Social Work
Queen’s University Belfast, Northern Ireland.

Title: Researchers Not Researched: an Irish case study of older adults as peer researchers

Dissatisfaction with current “service-led” adult protection systems has resulted in demands from increased service-user involvement in determining research, policy and service provision priorities (No Secrets, DH 2009). With the aim of empowering older adults in the research process, a team of Irish researchers
embarked on a study of older people’s conceptualisation of elder abuse. The innovative feature of this study was the involvement of older adults not only as subjects of research but also as peer researchers. Four older adults collaborated as members of the research team in a Centre for Ageing Research and Development Ireland-funded study. Deciding to involve peer researchers required a conscious judgement by the research team that the likely benefits of peer involvement outweighed the possibility of harm to the participants or risk to the research process (Killick and Taylor, 2011). The key difference between participatory and conventional methodologies relies on a shift in power relations between researchers and the researched in the context of the research process (Cornwell et al., 1995). This presentation details the ideological, methodological and practical considerations and reflections of both peer and academic researchers involved in the participatory study. The eventual success of the funded study was attributed partly to the aptitudes and contributions of the peer researchers involved and this finding is critically examined from a Freirean understanding of participatory research and local empowerment. This presentation will be of interest to policy-makers, researchers, practitioners and older adults who have had involvement in, or are contemplating the use of, participatory methodologies in ageing research.

Ref no: A.59

Ms Judith Cross
Age NI, Belfast, Northern Ireland.
judith.cross@ageni.org

Title: “Would You Have Sandwiches for Your Tea Every Night?”: older people’s views of social care in Northern Ireland

Age NI believes that dignity, independence and choice should be at the heart of the social care system in Northern Ireland. For older people who need care this means:

- being treated with respect and getting the care that meets their needs.
- having the same choice as anyone else about where and how they live.

Trust is a major component of this as older people need to be confident that:

- they will be treated fairly and equally.
- the care they receive is safe and of good quality.
- they will get clear information and advice, and
- those who care for relatives or friends are supported to do so.

Age NI undertook a number of “Listening Events” with older people to garner their views on aspects of social care. We wanted to know:

- their concerns about the current position of social care in NI.
- their views on the issues that affect the provision of social care.
- what positive experiences they have had of social care.
- their views on what good care would “look like”.
- their proposals for improving the provision of social care.

Too often discussion on social care focuses on funding models. This paper attempts to turn this discussion around by ensuring that the views and experiences of older people are central to shaping a new system of social care.
Existing stochastic models of mortality are able to describe the dynamics of mortality but fail to explain and identify what has influenced historical trends and whether or not these trends will continue into the future. In this paper we examine recent developments highlighted by the epidemiological literature and assess the evidence for their contribution to mortality decline across a number of OECD countries. We consider whether the space spanned by the latent factor structure in mortality data can be adequately described by developments in GDP per capita, public and private health expenditure, medical technology and lifestyle-related risk factors using statistical techniques recently developed in macroeconomics and finance. We then judge the forecastability of historical trends and construct an epidemiologically informed model for future mortality, using the Bayesian hierarchical modelling approach of King and Soneji. Using suitable priors and the casual factors identified we compare the forecasting performance of this model against a range of standard atheoretical mortality models. We address the actuarial and capital market implications by demonstrating the effect on pricing of annuity business when taking causal factors into consideration.

Ireland’s “Celtic Tiger” economic boom and accompanying property bubble have been followed by the most serious recession to affect any OECD country, combining economic, banking and fiscal crises as well as a house price crash. This paper examines how the economic fortunes of older people have changed over the years of this economic roller-coaster, both in absolute terms and in comparison with younger cohorts. It makes use of data from large-scale household surveys to track developments in income and living conditions, housing tenure, mortgage debt and arrears from 1994 through to 2009, including income from all sources coming into the household and also going beyond income to incorporate non-monetary indicators of deprivation and exclusion. It brings out the implications for poverty levels measured in different ways: vis-à-vis fixed versus purely relative income standards and via concrete measures of deprivation across various dimensions. The role of tax and welfare policy in driving these trends will be highlighted, particularly in relation to policy on indexing social welfare pensions to earnings in the good times and “insulating” pensioners in the recession. In addition, the impact of the mortgage lending and house price boom-and-bust on different age cohorts will be examined. This has differentially affected younger households, since the effects are linked to the time of entry into the housing market and the scale of associated debt as well as the level of government subsidies available. Older people entered the market prior to the Celtic Tiger house price boom when house price-to-income ratios were lower, wage inflation was higher and government subsidies for home-owners were more generous. Thus, the vast majority of older people are outright home-owners, with no mortgage, and have been less seriously impacted by the housing market bust, negative equity and growth in mortgage arrears than younger people.
Part-time work is viewed as a viable option for people who wish to have a gradual transition to retirement. From a policy viewpoint, this may help to alleviate some labour supply shortages and fiscal pressures, especially in the context of the ageing population. Factors such as health or pension provision may influence a person’s decision to work part-time. This paper considers the impact of health on the work decision of people aged 50 and over in the UK and Ireland. We find that health problems increase the probability of retirement for this age group in both countries. In Britain those with health problems are less likely to work full-time and more likely to work part-time; however, in Ireland health problems appear to have no effect on the probability of part-time work. The paper discusses potential reasons for these impacts and current policies on part-time work.

PRIMER-ICT is a project to teach computer skills to older people using a blended learning approach. It is different in that it takes an intergenerational and health sector approach to teaching. The project uses students from health and ICT-related fields (community nurses, nurses in care homes, volunteers) to educate older people in the use of computers. PRIMER-ICT also aims to contribute to the reduction of isolation within the older population through the promotion of ICT channels of communication. The project was executed by a consortium of four European partners: University of Maribor, Faculty of Health Sciences (Co-ordinator), Slovenia, University of Surrey, University of Dublin and Carinthia University of Applied Sciences, Austria. In Ireland the course was delivered to residents within residential care settings. The content of the course is available online and the delivery method is one-to-one face-to-face between the older person and the teacher. Each country adapted the course to suit their population of older people. The fundamental similarity was the need to build a trusting relationship between the older people and those who taught them. The outcome of the implementation of the blended learning courses was the improvement of elderly ICT skills and the promotion of well-being and social integration as measured by a questionnaire administered after the educational input. It also assists in meeting the HIQA standards for Residential Care Settings for promoting health behaviours and for providing social contact.
Ms Lynn O'Toole  
Discipline of Occupational Therapy  
Trinity College Dublin, Ireland.  
otoolelm@tcd.ie

Dr Deirdre Connolly  
Discipline of Occupational Therapy  
Trinity College Dublin, Ireland.

Dr Susan Smith  
HRB Centre for Primary Care Research  
Royal College of Surgeons in Ireland (RCSI), Ireland.

Title: A feasibility study of a self-management group designed to improve participation and well-being for individuals with multimorbidity in Primary Care

Multimorbidity, defined as the co-existence of two or more chronic conditions, increases with age. It negatively impacts activity participation and health care utilisation (Maregoni, 2011). Self-management programmes are interventions designed to support patients to manage the consequences of living with chronic conditions. Previous studies have found that disease-specific programmes increase self-efficacy and improve health behaviours. It remains unclear whether such programmes are effective for those with multimorbidity (Sevick, 2007). This study examined the feasibility and potential effectiveness of a self-management programme for individuals with Multimorbidity living in the community. Sessions included fatigue management, physical activity, communication, medicine management, mental well-being and weekly goal-setting. A quasi-experimental design was used (Creswell, 2009). Two six-week self-management programmes ran consecutively. Assessments were conducted at baseline, immediately post-intervention and at eight-week follow-up. Outcomes measured participation in activities of daily living (ADLs); self-efficacy; depression, anxiety, and quality of life (QOL). A focus group explored participants’ perceptions of the programme. The preliminary results highlight statistically significant improvements in participation in ADLs (p=0.042), including outdoor activities (p=0.039), and self-perceptions of activity performance (p=0.043) were found. No differences were found in self-efficacy, anxiety, depression or QOL. Focus group data identified the value of the group-based intervention for social support and health-promoting lifestyle changes. These findings provide initial support for the feasibility of the delivery of the programme in primary care and some evidence that the programme increases participation and perceptions of performance in daily activities. However, there is a need to test the intervention rigorously and its application in primary care.

Dr Gemma Carney  
Irish Centre for Social Gerontology  
National University Ireland Galway, Ireland.  
gemma.carney@nuigalway.ie

Dr Aine Ni Leime  
Irish Centre for Social Gerontology  
National University Ireland Galway, Ireland

Dr Tony Dundon  
School of Business and Economics  
National University Ireland Galway, Ireland.

Title: From Global Trend to National Issue: a participatory analysis of the life cycle approach to policy planning in the Republic of Ireland

Demographic ageing plays an increasingly important role in influencing policy-making at the international level. This paper asks how this global issue becomes a national policy. The engagement of Civil Society Organisations (CSOs) is recognised as important in policy development for ageing states. In Ireland the Developmental Welfare State (DWS) is modelled as a social policy system that supports individual citizens throughout the life course. Civil society organisations have been challenged to “operationalise the DWS”...
using a “life cycle framework” as part of Ireland’s corporatist partnership model. Older people are recognised as a specific strand of the life cycle. This study assesses the impact of the life cycle approach on policy-making for Civil Society Organisations participating in the Community and Voluntary Pillar (CVP) of social partnership in Ireland. A Participatory Action Research (PAR) methodology was used with all 17 member organisations of the CVP. The study shows how the engagement of CSOs has influenced the orientation of welfare state reform in Ireland. Global issues such as demographic ageing have impacted at the national level. The paper concludes that CSOs play a key role in influencing how international policy leadership is adopted at the national level. Older people’s organisations will have significant influence on national debates on the extended life course in future.

Ref No: A.77

Dr Carmel Gallagher  
School of Social Sciences and Law  
Dublin Institute of Technology  
Ireland.  
carmel.gallagher@dit.ie

Dr Ricca Edmondson  
School of Political Science and Sociology  
National University Ireland Galway, Ireland.

title: Identifying key elements of social care practice in ‘successful’ care settings for older people in Ireland

This paper examines creative and sometimes innovative social care practices with the potential of contributing to individual and social well-being in care institutions for older people in Ireland. Based on a small-scale research study of a day centre in the northside of Dublin and a residential nursing home in County Galway, it explores blends of elements which seem involved in successful institutions for older people. Each of these two centres has been described as ‘excellent’: older people have been considered to be ‘happy’, with opportunities for personal development and social integration. Drawing on theoretical perspectives related to community and wisdom, the paper explores interactions involving staff, service users, volunteers and the wider community in these centres. The study involves in-depth interviews with key stakeholders in the two selected care centres, exploring their practices, involvement in and contributions to the centre. The paper thus examines interrelationships involving service-users, members of the community, and staff, social care practices, values and ethos, leadership and links with the community. It develops the idea of wise social practices and seeks to identify creative blends of qualities, values and practice that appear to enhance the lives of both service users and staff. This creative blend, found with some variations in each of the two centres, includes practicality, resourcefulness, co-operation, vocational expertise, humour and tolerance. We briefly consider policy implications relevant for managers, staff, policy makers, and older people themselves, who co-create the wise social practices described in the paper.
Title: Living Long, Ageing Well: insights from nonagenarian siblings in Finland, Poland, Italy and Northern Ireland

Ninety-year-olds are the fastest-growing group in Western Europe. Fifteen per cent of 90-year-olds age slowly, combining long “life span” and “health span” and often clustering in families. These nonagenarian families are reservoirs of genetic, lifestyle and behavioural information which may help us find out how to live longer, and better. In this research we asked 90-year-old siblings about important factors in their longevity. The subject group was a purposeful sample of nonagenarian sibling pairs or trios, five from each of four of the European countries associated with the EU Genetics of Healthy Ageing (GeHA) study - Italy, Finland, Poland and Northern Ireland - who answered structured questions about common family background, lifestyles and behaviours. Overall, 17 per cent of nonagenarian siblings thought genes or long-living family members were important; 19 per cent reported good health all their lives; 30 per cent said that “keeping going” with a positive attitude and good social networks were very important. With respect to lifestyle, 32 per cent reported that hard work was related to their longevity, while 19 per cent considered good, simple food important. Across Europe there were differences. Irish siblings ranked genes, health and food as most important. In Italy hard work was the mainstay of a long life, with health being equally important. In Finland and Poland a positive, joyful attitude was considered intrinsic to longevity, with hard work a close second. All valued good social networks. Nonagenarians are giving us the public health messages which today are recognised as being the basic building blocks of good health.
Ireland (2 per cent). While initiation of appropriate medication, technological assessment, physiotherapy and patient body weight assessment was conducted for over 40 per cent of Irish patients, services requiring other members of a multidisciplinary team were available to only about one in four Irish stroke patients. Older stroke patients (over 65) in Irish hospitals had better access to swallow screening at 24 hours ($\chi^2=9.14$, $p<0.05$), OT assessment at 7 days ($\chi^2=27.59$, $p<0.0001$) and physiotherapy assessment within 72 hours ($\chi^2=13.71$, $p<0.008$) in contrast to those under 65 years. However, older patients were less likely to have a brain scan within 24 hours of their stroke ($\chi^2=46.05$, $p<0.001$). Four of the 12 Sentinel quality of care indices showed age-related differentials, in different directions, that need to be addressed. These findings point to the need for an ongoing review of stroke services in Ireland to ensure appropriate and equitable care for Irish people of all ages with stroke. The HSE stroke programme is now under way (2010-15) with significant developments in stroke services.

Ref no: A.86

Professor Teppo Kröger
Department of Social Sciences and Philosophy
University of Jyväskylä, Finland.
teppo.kroger@jyu.fi

Dr Anu Leinonen
Department of Social Sciences and Philosophy
University of Jyväskylä, Finland.

Title: Home Care under Change: transformation of Finnish home-based care services for older people

From the early 1990s the coverage of Finnish home help services for older people has dropped dramatically, which is a surprising development given that home care has always remained a national official policy priority and other European countries have been expanding their own home-based service provisions. Actually, it is not just the coverage rate but the whole concept of home care that has experienced a profound change in Finland. Home help services from social welfare have in many cities become integrated with home nursing, forming together a new and more intensified service called “home care”. In service statistics, a new category of “regular home care” has been invented and taken as the main indicator of service provisions. Another major trend in Finland has been to provide and extend a payment-for-care and support scheme for those family carers who are caring for an older or disabled person with high and continuous needs. These “supported informal carers” have then become seen as a core element of home care services, as a paraprofessional semiformal resource that local authorities are using to fulfil their legal responsibilities to provide care to local citizens. Notwithstanding these major changes, the legislative framework regulating home help services in Finland has stayed exactly the same from 1990 until 2011. Thus, the system overhaul has been implemented without a real policy debate or a consensus at the national political level. This paper describes and analyses this extraordinary policy development.

Ref no: A.88

Dr Orna Donoghue
TILDA (The Irish Longitudinal Study on Ageing)
Trinity College Dublin, Ireland.
odonogh@tcd.ie

Dr Hilary Cronin, Professor Rose Anne Kenny and Ms Claire O'Regan
TILDA (The Irish Longitudinal Study on Ageing)
Trinity College Dublin, Ireland

Title: Effects of fear of falling and activity restriction on normal and dual task gait performance

Fear of falling (FOF) may cause individuals to restrict their activities with debilitating physical consequences (1). Cognitive walking tasks require greater attention than normal walking. As anxiety reduces cognitive resources further (2), individuals with FOF may have increased gait disruptions. This study examined the dual cost effect on specific gait variables in community-dwelling adults with FOF and activity restriction. A nationally representative sample of adults (aged 50+) took part in wave 1 of The Irish Longitudinal Study of Ageing (TILDA). Participants were divided into three groups: (i) no fear of falling (no FOF, n=2979); (ii) fear of falling and no activity restrictions (FOF-NAR, n=554); (iii) fear of falling with activity restrictions (FOF-AR, n=202). Walking speed, stride length and double support phase (DSP) were obtained from GAITRite during
walking with and without a cognitive task. Dual cost for each variable was calculated as: \(((\text{Walk} - \text{Cognitive Walk}) / \text{Walk}) \times 100\). As data were non-normal, non-parametric statistics were used to compare the three groups; significance was set at p<0.05. Both FOF groups had significantly lower gait speed and stride length and increased DSP during normal and cognitive walks compared to the no FOF group (p<0.05). The FOF-NAR group had greater dual cost for all variables (p<0.05) than the no FOF group. Gait variables for the cognitive walk and dual cost were not significantly different between FOF groups (p>0.05). Those with FOF had reduced gait performance but there was no difference between levels of activity restriction. Unexpectedly, adding a cognitive task had the largest relative effect on those who did not restrict activity due to FOF.

Ref No: A.90

Ms Maev-Ann Wren  
Department of Health Policy and Management  
Trinity College Dublin, Ireland.  
mwren@tcd.ie

Professor Charles Normand  
Department of Health Policy & Management  
Trinity College Dublin, Ireland.

Title: An examination of the effects of age, death and converging life expectancies on acute hospital bed utilisation

Across a panel of 17 OECD countries over the years 1985-2006, this paper examines the effects on acute hospital bed days per capita of: the share of population aged 65 and over, deaths as a percentage of population and convergence between the life expectancies of men and women. Convergence between life expectancies has occurred because of the greater improvement in male than female life expectancy with the assumed consequence of reducing numbers of older people living alone. In this analysis applying econometric panel data methods, convergence in life expectancies is found to reduce acute bed utilisation and to moderate the effect of population ageing on utilisation. Deaths are found to be significant upward drivers of utilisation while age of population has variable effects, acting as an upward driver at lower age shares and becoming insignificant as population age share increases and male and female life expectancies converge. The findings of this cross-country study therefore accord with studies within countries which have found living alone to be a significant predictor of utilisation of and expenditure on health and social care services and proximity to death to be a more significant predictor of utilisation and expenditure than age.

Ref no: A.91

Ms Sheila McCarthy  
School of Computing and Intelligent Systems  
University of Ulster, Northern Ireland.  
mccarthy-s2@email.ulster.ac.uk

Dr Heather Sayers  
School of Computing and Intelligent Systems  
University of Ulster, Northern Ireland.

Title: Intelligent, mobile computing support for reminiscence

Reminiscence has been shown to play an important role in the lives of older adults. Reported benefits include improved self-esteem and life satisfaction, the maintenance of current and past relationships, the acceptance of previous life events, and also healthcare benefits from the therapeutic stimulus offered by reminiscing activities. Technology has been used to support reminiscence using various methods, and a variety of digital aids have been developed. This paper reports on the findings of an experimental study with 40 older people aged between 60 and 90 who evaluated a novel storytelling application, MemoryLane, which was deployed on a Personal Digital Assistant. The application was programmed using intelligent, rule-based-reasoning techniques to adapt its interface and interaction to each user’s physical abilities in terms of vision, hearing and dexterity. The application dynamically created personalised reminiscence stories using an intelligently combined mixture of each user’s media items such as photographs and music, to match both individual physical abilities and multimedia preferences. Subjects reminisced using the PDA both with and without MemoryLane, and reported and rated their experiences. Quantitative and qualitative results show significant improvements in the reminiscence experience of older adults when provided with support and
dynamic story generation. Significant improvements were also found in the usability of the small mobile device when users’ abilities and preferences are taken into account in the interface presentation and the interaction modalities employed. Subjects made fewer errors, required less assistance and viewed a much larger number of media items when provided with the intelligent support.

Ref no: A.92

Ms Deirdre O’Donnell
Centre for Gender and Women’s Studies
Trinity College Dublin, Ireland.
deo@tcd.ie

Dr Kathleen McTiernan
Centre for Gender and Women’s Studies
Trinity College Dublin, Ireland.

Title: Local stories in Global Contexts: an exploration of the construction of eudaimonic happiness in later life through the scaffolding of life stories on to wider social and cultural narrative frames

Eudaimonic happiness is understood as the pursuit of meaning and purpose for life in the realisation of human flourishing. An understanding of the roles played by meaning and purpose in life satisfaction has generated much research across life stages. There remain gaps, however, in understanding how eudaimonia is manifested in later life through story. Furthermore, what is the role played by the social and cultural contexts in which individual stories are performed and realised? This paper will examine the relationship between global social and cultural resources and the construction of local life stories in order to better understand the process of making meaning in later life through narrative. The study involved a convenience sample of 20 Irish men and women aged over 70 and living within a socially disadvantaged community in Dublin, Ireland. The model of research design employed for this study was adopted from the work of Wengraf (2001) on biographical narrative interview method (BNIM). The research design allowed for two in-depth interviews per participant, consisting of three sub-sessions. The paper will present case studies of individual life stories constructed through a combination of dialogic and structural analysis (Riessman, 2008). Themes of integrative narrative, purpose, wisdom and meaning will be explored. Through the innovative application of Piaget’s (1970) theory of scaffolding and Erikson’s (1959) concept of ego integrity, this paper will indicate the narrative processes by which people draw on social and cultural resources to create eduaimonic happiness in later life.

Ref no: A.93

Ms Margaret McGrath
Discipline of Occupational Therapy
National University Ireland Galway, Ireland.
margaret.mcgrath@nuigalway.ie

Dr Karin Johansson
Division of Occupational Therapy
Karolinska Institutet, Stockholm, Sweden.

Professor Agnes Shiel
Discipline of Occupational Therapy
National University Ireland Galway, Ireland.

Title: Exploring Housing-related Control Beliefs among a Sample of Older Adults Living in Ireland

The construct of housing-related control beliefs emerges from psychological theories on perceived control and theories of person-environment fit processes in relation to housing in later life (Oswald, Wahl et al., 2007). It attempts to explain whether everyday activity is perceived to be dependent upon one’s own behaviour in relation to the home environment (internal control) or whether housing is considered to be dependent upon external influences such as powerful others, luck or chance (external control) (Oswald, Wahl et al., 2003). This study explores housing-related control beliefs among a sample of older adults living in the community in Ireland (n=150). The overall aim of the study is to describe the nature of housing-related control beliefs held by older adults living in the community and to develop a predictive model of housing-related control beliefs within the sample population.
Title: Using online social media to campaign on Older People’s issues: an Irish experience

This paper will showcase the experience of using social media platforms and an internet campaign video to garner support for issues important to older people in Ireland. In late 2010, alongside a more traditional campaign, the “Defend the State Pension” campaign employed a video designed for online sharing and an internet petition with accompanying website, Facebook and Twitter accounts. The experience of using these online tools showed the efficacy of using social networks to link with older internet-savvy supporters, younger internet users supportive of older people’s issues, and online influencers and decision-makers. The experience in engaging with older people via the internet showed the necessity of parallel online and offline actions with each feeding the other: e.g. online downloadable tools drove street petitions while images of local campaign actions made the campaign more visceral for internet supporters. A campaign video designed for online sharing brought a campaign message to new audiences and the “domino effect” of an interesting video and linked internet petition created a readily contactable community of thousands of internet supporters. This community provided invaluable and immediate feedback as the campaign evolved. While the online campaign engaged an audience of older and younger supporters in a new and exciting way the vast majority of campaigning still took place offline; in the streets and villages of Ireland. Some 5,336 people viewed the campaign video online and 5,132 people signed the internet petition, representing 12 per cent of the 43,533 petition signatures delivered to the Dáil on 30 November.

Title: At Home, At Risk: comparative perspectives on the regulation of domiciliary care provision for the ageing population

It is the preference of many, if not most, older people to continue living independently in their own home as long as possible. Consequently, there is a growing reliance on private domiciliary care providers. However, there are considerable risks for vulnerable older people relying on a single home care worker coming into their home to assist with a variety of tasks such as dressing, bathing, and administration of medication and shopping. In the absence of regulation there is no guarantee that the work will be properly performed and there is the real possibility of neglect as well as the potential for psychological, physical and financial abuse. Despite the obvious risks, currently the professional provision of home care in the Republic of Ireland is not subject to targeted regulation and is simply subject to general law requirements: for example, health and safety legislation and employment law. This paper considers how the challenge of supporting older people in their wish to remain in their own home can be addressed through regulation of domiciliary care provision. Best practice focuses on suitable training as well as monitoring, complaints and investigation mechanisms. Voluntary standards adopted by the market have a role to play but international best practice suggests the need for an appropriate regulatory scheme with statutory backing in order to adequately safeguard older people. Accordingly, this paper examines key elements of an appropriate regulatory scheme for the home care sector based on consideration of international models.
Title: A Qualitative Analysis of Patients’ and Pharmacists’ Opinions of Benzodiazepines

In Ireland, almost 12 per cent of adult patients receive regular prescriptions for benzodiazepines or the non-benzodiazepine hypnotics. Benzodiazepines are licensed for the short-term treatment of anxiety and insomnia. Negative effects of benzodiazepines include a decrease in cognitive function, an increased risk of road traffic accidents and an increased incidence of falls in the elderly. Prescribing guidelines such as NICE recommend the short-term use of benzodiazepines and advise against their use in panic disorder. Guidelines published in Ireland by the Department of Health and Children also recommend short-term use. Previous research has shown that approximately 50 per cent of patients would like to discontinue this medication. Despite this, patients often believe withdrawal from benzodiazepines would be difficult to achieve. The aim is to investigate patients’ knowledge about benzodiazepines and to determine pharmacists’ opinions of benzodiazepine prescribing practices and the role of a pharmacist in benzodiazepine cessation. Twenty patients and eight pharmacists were interviewed using semi-structured, open-ended interviews. Patients must have received three months’ supply of benzodiazepines within the previous six months. The results revealed patients have poor knowledge and acceptance of the negative effects of benzodiazepines. Many patients exhibit tolerance and dependence although they do not understand it. Pharmacists feel that prescribing practices are improving and that pharmacists should have a role in benzodiazepine cessation. In conclusion patient education regarding benzodiazepines needs to be improved. Pharmacists are ideally placed to educate patients and to assist patients who are discontinuing benzodiazepines.

Title: Physical Activity and Core Depressive Symptoms in the Older Irish Adult Population

The aim was to investigate the associations between physical activity levels and core depressive symptoms in Irish adults aged 50 or over. The study used data drawn from the Survey of Lifestyle, Attitudes and Nutrition (SLÁN) 2007 (n=4,255) and The Northern Ireland Health and Social Wellbeing Survey (NIHWS), 2005–6 (n=1,904). Measures of core diagnostic symptoms of major depression, i.e. depressed mood and anhedonia, were derived using items from both surveys. Physical activity patterns were categorised using the International Physical Activity Questionnaire (IPAQ) Short Form, and data were analysed controlling for socio-demographic and behavioural factors. The results highlighted that overall, 5.4 per cent of SLÁN 2007 participants and 11.1 per cent of NIHWS 2005–6 participants had experienced both depressed mood and anhedonia in the recent past. This equated to 7.2 per cent of participants in the overall sample. Moderate physical activity was reported by 45 per cent of all participants but 36.6 per cent of participants reported activity at low levels (SLÁN 2007: 35.6 per cent; NIHWS 2005–6: 38.8 per cent). Participants over 50 years who reported moderate levels of physical activity were significantly less likely to have elevated depressive symptoms (OR:0.5 , CI: 0.43-0.58). In conclusion, physical activity levels are strongly associated with depressive symptoms, with strongest associations observed between low to moderate levels of physical activity. The results were consistent across two population datasets, suggesting a robust association with mental health.
Title: Multimorbidity and Disability in the Irish Population

The last century witnessed a major transition in health as acute infectious diseases declined and chronic disease emerged as the principal health care burden. As the population ages, more people are living with chronic disease, and Multimorbidity (the co-occurrence of two or more chronic conditions) is common. Multimorbidity increases disability, poor quality of life and increased healthcare utilisation. Despite this, Multimorbidity is under-researched and the prevalence of Multimorbidity in Ireland is not known. Drawing on data from two health surveys representative of the population over 50 years; SLÁN 2007 (N=4,255) in the Republic of Ireland and NIHSWS 2005 (N=1,904) in Northern Ireland, we examine the co-occurrence of the following chronic conditions; heart attack, angina, stroke, asthma, obstructive pulmonary disease, diabetes, cancer and musculoskeletal pain. We measure the prevalence of Multimorbidity across the island of Ireland and investigate the effect of socio-economic status (SES) on the relationship between Multimorbidity and self-reported health, disability and quality of life. The results revealed 13 per cent of people aged 50+ have two or more chronic diseases. Angina combined with musculoskeletal pain is the most commonly occurring disease pair, affecting 4 per cent of the population over 50. Multimorbidity is associated with poorer self-rated health, disability and quality of life, and the effect of Multimorbidity on quality of life is strongest in those with low SES. In conclusion, Multimorbidity is common in Ireland and has a greater effect on those with poor SES. Awareness of Multimorbidity is important when planning the provision of healthcare services and monitoring health inequalities.

Title: Determinants of Formal Home-based Social Care in Older Irish Adults: results from The Irish Longitudinal Study on Ageing (TILDA)

Government policy in Ireland is committed to supporting older people to remain living in their own homes for as long as possible. This cross-sectional study, based on the first wave of The Irish Longitudinal Study on Ageing (TILDA), examined the determinants of formal home-based social care utilisation in 8,178 older Irish adults. This community-dwelling sample aged 50+ were interviewed face-to-face in 2009–11. The response rate was 62 per cent. The Andersen and Newman behavioural model of health service utilisation provided a framework for the analysis. The findings revealed a low prevalence of home-based domestic and personal care utilisation, which has stagnated despite significant investment in the sector. However, explanatory modeling revealed that formal care service utilisation was relatively well targeted. The final multivariable
explanatory model, which included predisposing, enabling and need characteristics of individuals in receipt of care, explained more of the variance in care in the younger old compared to the older old. Dependency defined as difficulty with activities of daily living and instrumental activities of daily living was found to be the strongest determinant of home-based social care utilisation; however, almost half of all recipients of domestic and personal care had no such dependency characteristics. From a policy perspective this research raises questions about entitlement to home care and the relationship between formal and informal care. Practice recommendations include the development of a single entry point to the social care system and standardisation of assessment with regular review.

Ref no: A.110

Dr Etaoine Howlett
School of Applied Social Studies, University College Cork, Ireland.
e.howlett@ucc.ie

Title: Top-down/Bottom-up? The pursuit of dementia strategies at national and European level

A prime focus of Alzheimer organisations at both national and European level is striving to establish dementia as a health priority. The Alzheimer Society of Ireland (ASI) launched a Dementia Strategy in 2007 which called for dementia to be categorised as a national health priority in Ireland. A core strand of lobbying efforts at national level involved a strategic sponsorship and deployment of a particular form of credentialised expertise, health economics. The employment of such knowledge sought to make visible the “hidden health crisis of dementia” (Oireachtas Committee on Health and Children, 2010), thereby establishing the basis for the designation of dementia as a national health priority. In addition, its mobilisation sought to provide an economic underpinning to the moral argument for investment in dementia services. However, this push for the establishment of a dementia strategy in Ireland has not taken place in a vacuum, but within the context of European-wide developments. Irish actions in this matter have not only occurred, but also been judged against, the backdrop of a European-wide push for the establishment of National Dementia Plans, with the ASI noting that “Ireland is lagging behind…it’s time to follow our European partners” (ASI, 2008). This paper, based on research from the international collaborative project European Patient Organisations in Knowledge Society (EPOKS), explores the intertwining “bottom-up” (i.e. national level) and “top-down” (i.e. European level) processes involved in efforts of patient organisations, operating at both national and European level, to secure priority status for dementia within care systems.

Ref no: A.113

Mr Paul Webb
Praxis Care, Research Department
Northern Ireland.
paulwebb@praxiscare.org.uk

Ms Sonia Mawhinney
Praxis Care, Research Department
Northern Ireland.

Mr Ulf Hansson and Ms Claire Pierson
Institute of Conflict Research, Northern Ireland.

Ms Marian Cinnamond
Alzheimer’s Society NI, Northern Ireland.

Title: “Let Me Speak, Help Me Be Heard”: an evaluation of an advocacy service for people living with dementia in Northern Ireland

According to the consultation document on the proposed Northern Ireland Dementia Strategy, it is estimated that by the year 2015 NI will have 60,000 people living with dementia. Given the growing prevalence of the illness and the effect of the illness on communication, the challenge to Health & Social Care services within Northern Ireland is to facilitate the inclusion of individuals living with dementia in decisions about their lives, all within a climate of economic constraint. For many individuals to have equal and fair access to services, they may require another person to speak on their behalf. The “Let Me Speak,
Help Me Be Heard” advocacy programme, funded by The Atlantic Philanthropies and delivered by Alzheimer’s Society, was recently evaluated to explore how advocacy empowers people with dementia by including them in decisions about their lives. A mixed-methods approach was adopted to evaluate the advocacy service and to offer recommendations for enhancement of service delivery. The presentation will address the challenges of evaluating dementia advocacy services and highlight a range of issues in relation to delivering this type of service, such as the role advocates play in offering support during periods of “transition”; advocates’ input into supporting individuals to identify and access appropriate services; the role and demand for both paid and volunteer advocates; funding issues, including service sustainability; and recommendations for further promoting the role of advocates within the wider health and social care community.

Ref no: A.114

**Dr Bláithín A.M. Gallagher**
Department of Projects & Research
National Council for the Blind of Ireland (NCBI), Ireland.
blaithin.gallagher@ncbi.ie

**Ms Patricia Hart and Professor A.J. Jackson**
Directorate of Ophthalmology
Royal Victoria Hospital and Belfast Health & Social Care Trust, Northern Ireland.

**Mr Michael R. Stevenson**
Centre of Excellence for Public Health
Queen’s University Belfast, Northern Ireland.

**Professor Colm O’Brien**
School of Medicine & Medical Science
Mater Misericordiae University Hospital, Ireland

**Title:** An Overview of the impact of Vision Impairment on the mobility of an Older Population in Ireland

Society is facing an increasing burden on eye care services as the population of people with vision impairment increases in line with the ageing population. Vision impairment can have a major impact on daily functioning, in particular on mobility, which can lead to isolation. This study explores the mobility of older people with vision impairment in Ireland. Samples were obtained from registers of the blind and partially sighted population, aged 60 and over, resident in the Republic of Ireland and Northern Ireland. Domiciliary interviews were conducted with 222 consenting participants. The results revealed that participants were aged 60–99, with a mean age of 76.5 years. Eye conditions reflected those expected in the developed world with the principal cause being AMD. Some 54 per cent lived alone and 73 per cent reported difficulty in getting around; 73 per cent stated that they had a fear of falling and 64 per cent described having fallen as a result of their vision impairment. Over 52 per cent reported having received injuries as a result of their fall, with 26.5 per cent requiring professional medical attention. Only 26.1 per cent reported that they had received any mobility training, with 12.6 per cent obtaining long cane or guide dog training. In conclusion, the general mobility is a significant issue for this group, which increases dependency. Falling and fear of falling impacts on the extent to which people with vision impairment get out and about. Functional vision can be improved by vision rehabilitation. Older people with vision impairment need to be encouraged to improve mobility skills, which help to maximise their independence.
Title: Closing the Loop in Ambient Assisted Living: feedback and interventions to support health and emotional well-being

The research involves working with a number of older adults living at the Great Northern Haven, a demonstration housing project consisting of 16 purpose-built homes, each equipped with a combination of sensor and interactive technology to support Ambient Assisted Living for older people. To date, we have collected a vast amount of data from the embedded sensors and models are being built to detect patterns in activities of daily living and health. GNH is a unique development in that it is not a test-bed for research. These are real people’s homes and, as such, the data we are collecting is extremely rich. Our research goal is to close the loop in AAL systems, not only monitoring older adults in their homes, but also supporting interventions that will allow them to play a greater role in actively managing their health and support them in changing behaviours to improve their well-being. This will help older adults to live independently for longer in the place of their choice. We have installed two interactive devices in each home, to deliver feedback gathered from the sensors to residents as well as to deliver services and health interventions through a series of applications, which can include anything from local services, cognitive games and social applications to the delivery of health-related information, through accessible and intuitive interfaces. We are working closely with residents to determine applications of interest and benefit as well as the introduction to the technology.

Title: Always look on the bright side: the impact of positive affect on falls and successful ageing

As the world’s population ages, it has become important for health care providers to examine the factors that lead to “successful ageing”. The protective role of Positive Affect has been shown in relation to cardiovascular diseases, stroke and frailty. This study aims to examine the role of Positive Affect in relation to falls and fear of falling. A cross-sectional, convenience sample of 566 community-dwelling men and women aged ≥60 years underwent a comprehensive geriatric assessment at the TRIL Centre, St James’s Hospital, Dublin. Positive Affect was measured using the CES-D 8-item scale. Self-reported history of falls in the past 12 months and fear of falling was measured using the Modified Falls Efficacy Scale (MFES). The results highlighted some 67 per cent of participants were rated as positive and this was negatively associated with falls (p<0.001) and fear of falling (p<0.001). Positive Affect was correlated with a variety of physical, psychosocial and cognitive measures. Regression modelling predicted that 35 per cent of the difference between positive and non-positive affect was attributable to no history of falls in the past year, reduced levels of loneliness, anxiety and pain, increased levels of attention and cognition, and no reported symptoms of orthostatic hypotension. The findings of this study further underline the role of Positive Affect in successful ageing. Older people who were found to be positive were significantly better physically,
psychologically and cognitively than those who were not. Most notably, positive older people were less likely to have a history of falls.

Ref No: A.121

**Dr Klára Fóti**
Eurofound (European Foundation for the Improvement of Living and Working Conditions)
Ireland.
klara.foti@eurofound.europa.eu

**Title:** Volunteering by Older People in Europe

The paper is to present key findings of Eurofound’s research project on the above topic, which started in 2009 and finished this year. The main focus of the research is on best practices of involving older people into volunteering rather as actors than beneficiaries. The research includes 30 case studies on volunteering by older people from 11 EU Member States: Denmark, Finland, France, Germany, Hungary, Italy, Latvia, Lithuania, the Netherlands, Poland and the United Kingdom. The project focused on those initiatives that operate mainly at the local level and which succeeded in involving older people, particularly those who are at greater risk of social exclusion, as volunteers. It has become evident from both research and practice that volunteering in old age may be not only a tool to promote social inclusion of the older population but also to improve quality of life for all generations. In the research project, several factors facilitating involvement of older people have been identified: in addition to reliable funding, recruitment and retention strategies which are tailored to them are among the most important. However, the case studies demonstrate that social inclusion of older people through volunteering is a new challenge. There is still a general lack of political awareness of the potentials of older people. At the same time, the case studies reflect the reality that voluntary engagement in old age does not replace provision through formal social, cultural and other organised services. Quite the contrary, the case studies demonstrate the positive and complementary effects of voluntary engagement that are known from other studies. They also show how professional support by salaried persons can be regarded as one of the most important influencing factors for effectiveness and sustainability.

Ref no: A.122

**Ms Olga McDaid**
Department of Health Policy and Management
Trinity College Dublin, Ireland.
mcdaido@tcd.ie

**Professor Stewart Mercer**
General Practice & Primary Care
University of Glasgow, Scotland.

**Dr Alan Kelly**
Trinity College Dublin, Ireland.

**Title:** The effect of Multimorbidity and Deprivation on self-reported Health and Psychological Well-being of Older People in the Scottish Health Survey

Individuals with poorer levels of general health tend to have higher levels of morbidity and psychological distress. Investigations of health inequalities focus mainly on single diseases or simple mortality rates. There is increasing recognition of the impact of Multimorbidity as people age. The relationship between multimorbidity and self-reported health status and psychological well-being remains unclear and socio-demographic characteristics may have an effect on this relationship. This study aims to investigate the association of Multimorbidity and deprivation with self-reported health status and psychological well-being of adults in the Scottish Health Survey. Analysis was conducted on people aged 50+ (n=3,551) in the 2003 Scottish Health Survey. Health status was analysed using a self-rated health question and GHQ-12. Multimorbidity is defined as the presence of two or more chronic conditions. Deprivation was measured using the SIMD5. Multivariate analyses were carried out with both self-rated general health and GHQ
caseness to identify the relative influence of Multimorbidity and deprivation on health status, controlling for a range of other independent variables including health related behaviours. Results revealed 26.7 per cent (n=947) reported two plus chronic conditions, the prevalence of Multimorbidity increased with age and increasing levels of deprivation. Those with increasing levels of Multimorbidity and deprivation are more likely to report unfavourable health status and psychological distress. In conclusion, Multimorbidity and deprivation are predictors of poor self-reported health status in older people in Scotland. The impact of deprivation on self-reported health status is an important consideration when tailoring healthcare interventions for older people with Multimorbidity.

Ref no: A.123

Ms Valerie Power
Department of Physiotherapy
University of Limerick, Ireland.
valerie.power@ul.ie

Dr Amanda M. Clifford
Department of Physiotherapy
University of Limerick, Ireland.

Dr John Nelson and Dr Alan K. Bourke
Department of Electronic and Computer Engineering
University of Limerick, Ireland.

Title: A Wearable Fall Detection and Activity Monitoring System Integrated into a Smart Garment

With the projected “greying” of the global population, a greater emphasis will be put on technology and wearable health monitoring systems to reduce the burden on state and private health service provision in the future. One project, targeting an integrated health monitoring system for older adults, is the eCAALYX project (Enhanced Complete Ambient Assisted Living Experiment www.ecaalyx.org). The eCAALYX system consists of three main components: the caretaker site, the mobile monitoring subsystem (MS) and the home monitoring subsystem (HS). The mobile monitoring subsystem (MS) consists of a fall and activity monitoring and energy expenditure measurement sensor which is integrated into the wearable body system (WBS), a “smart” garment with embedded skin temperature, respiratory rate and heart-rate sensors. The caretaker site/server is capable of processing data collected from mobile and home monitoring systems with tailored results viewable by relevant personal. The home monitoring subsystem (HS) integrates several items of customer premises equipment: set-top-box (STB)/interactive TV (to deliver health education and other functions), weight scales and an intelligent sensor system (ISS) which measures blood-pressure, heart rate and Sp02 (these sensors are stationary and not continuously worn on the body), all of them located in the home. As part of Mobile monitoring subsystem, a single sensor, integrated into the vital sign monitoring garment, has been developed. This sensor, based on the SHIMMER platform is capable of the real-time detection of falls, classification of different normal activities, and providing an estimate of energy expenditure under long-term monitoring conditions. Algorithm development for this sensor has been completed using data recorded from a number of in-home and laboratory trials involving target end-user audiences. This system therefore aims to allow and promote safer independent living for older adults in their own homes through the early detection of health changes and the detection of emergency situations such as falls.
Dr John Mallett  
School of Psychology, University of Ulster  
Northern Ireland.  
j.mallett@ulster.ac.uk

Professor Maurice Stringer  
School of Psychology, University of Ulster  
Northern Ireland.

Ms Christine Irvine, Mr Billy Eagleson  
and Ms Denise Hayward  
Volunteer Now, Northern Ireland.

Title: The impact of formal volunteering on the Health and Well-being of Older People in Northern Ireland: preliminary findings

A range of international research using different methodologies has investigated the relationship between volunteering and health in older people (Lum & Lightfoot, 2006). None to date have been carried out in NI in the 50+ age group. The aim was to examine whether individual (e.g. age) and organisational-level variables (type of volunteering experience) predict the health change trajectories of older people involved in formal volunteering over an 18-month period. Three hundred and forty-six “formal” volunteers from 95 volunteer organisations have completed a self-report postal questionnaire at baseline in a longitudinal study. The questionnaire contained questions on the themes of physical health, mental health, quality of life and attitudes to ageing. Preliminary findings at baseline show that 22.4 per cent of the cohort reported having a disability. The most common medical conditions among the cohort were hypertension (33.1 per cent) and arthritis (30 per cent). The reporting of other conditions was low. Some 45 per cent reported no significant medical problems, with 93 per cent rating their overall quality of life as good or very good. Mental health scores as assesses by the Quality of Life (WHOQOL)-BREF (World Health Organization, 2004) were also comparable with population norms. Data collection is ongoing for three further time points to assess the correlates of health change over time. In conclusion, study findings will have implications for key government priorities relevant to older people (active ageing, health promotion, social inclusion and civic engagement).

Ms Jean Nee  
School of Nursing, Midwifery & Health Systems  
University College Dublin, Ireland.  
jean.nee@ucd.ie

Dr Jonathan Drennan  
NCPOP (National Centre for the Protection of Older People), University College Dublin, Ireland

Dr Ann Sheridan, Mr Donal O’Keeffe and  
Dr Barbara Coughlan  
School of Nursing, Midwifery & Health Systems  
University College Dublin, Ireland.

Title: The experience of being 50+ in Ireland for people with serious Mental Illness

While TILDA’s (2011) initial findings portray a positive view of the social integration of the 50+ population in Ireland, they are in stark contrast to the findings of a randomised controlled trial (RCT) of supported socialisation examining social isolation and loneliness among people with persistent mental health issues. The aims were to establish, implement and evaluate a supported socialisation programme, to determine the programme’s impact in terms of improved social functioning, symptom reduction and enhanced self-esteem, and to explore the feasibility of establishing ongoing programmes. The RCT involved 63 community volunteers and 125 participants from mental health services. Participants were assigned randomly to an intervention group (matched with a volunteer) and control group (not assigned a partner). All participants were provided with €20 each month to spend on social activities and were asked to spend two hours a week
engaging in a social activity and to complete a battery of instruments at three points in the study. Participation was for nine months. Early indications are that people with enduring mental health issues have significantly higher rates of social, family and romantic loneliness when compared to the general population. In contrast to TILDA, over 75 per cent of this population were unmarried and had poor family contact. The majority lived alone or in supported housing with unrelated others, and were not employed; they felt they had little prospect of securing employment in the future. This presentation will focus on areas highlighted in the TILDA report including socio-demographic characteristics, social engagement, mental health, income and quality of life.

Mr Robert Anderson
Living Conditions and Quality of Life, Eurofound, Ireland.
r robust.anderson@eurofound.europa.eu

Title: Working and Caring: company initiatives for workers with care responsibilities

About 80 per cent of time spent caring for people with a disability or for older dependent persons is provided by informal carers from among family, friends or neighbours. The increasing employment rate in Europe, specifically among women, means that a majority of carers of working age combine their care responsibilities with employment. The contribution of informal carers is beginning to attract more attention – and some acknowledgement – in the documents and debates of the European Commission, the European Parliament and the European Council. Much of this interest has been prompted by concerns about the costs of care and the need to sustain informal care; reconciliation of care with paid work is a key element. Carers benefit from the income and social contacts associated with employment but many have also experienced significant disadvantages in career development and promotion, access to training and skills development. Some companies have begun to offer support to their employees with care responsibilities, generally recognising the business case for doing so: reducing costs associated with turnover and recruitment, absenteeism and ill-health, and capitalising on the skills, expertise and motivation of their workers. Eurofound has just concluded an 11-country study of these company initiatives. Most company-level measures are built on flexibilisation of working time arrangements, including short and emergency care leave. However, some organisations are offering additional leave or part-payment of care leave. Some companies provide services that support workers in their care responsibilities: for example, through developing information or counselling services and even in helping employees to organise or to provide care. In workplaces there is a need to raise awareness of the advantages and feasibility of improving the situation. Where positive measures exist, it is essential to provide encouragement and support for carers to take advantage of the initiatives. Many carers are reluctant to call attention to themselves, or consider their care responsibilities as a private matter, or feel stigmatised by the label of “carer”. The support of line managers and colleagues is critical but so too is the elaboration of more explicitly supportive policies and collective agreements.

Dr Liz Lloyd
School for Policy Studies
University of Bristol, England.
liz.lloyd@bristol.ac.uk

Ms Joanna Cross
School for Policy Studies
University of Bristol, England

Title: Independence, Identity and Dignity in Policies and Practice: do policies and practices reflect older people’s needs?

Coming to terms with bodily limitations in later life poses a significant challenge to older people’s dignity and identity. Drawing on findings from empirical research and a literature review, this paper discusses policies and practices in the care and support of older people who live with chronic or life-threatening illness. The
policies and practices are influenced and mediated by a wide range of social, cultural and economic factors that affect older people’s rights to access services as well as their treatment within different contexts of care. These also influence older people’s attitudes towards coping with illness and disability and their decisions about whether to ask for help or to accept offers of medical treatment or bodily care. At this stage of the life course, the centrality of the material body to everyday life is highlighted and the need for help with bodily functions and illnesses poses questions about the extent to which the values of independence, which currently underpin services within Western cultures, are helpful to older people or reflect what they want.

Ref no: A.137

Ms Kachan Elisaveta
Department of Demography of Ageing
St Petersburg Institute of Bioregulation & Gerontology, Russia.
ms.e.kachan@gmail.com

Title: Nordic Walking as an Active Ageing Concept: the experience of Finland and Russia

Although the phenomenon of population ageing is widely recognised and discussed as one of the most profound social transformations, it is hardly possible to say that governments and society in general are well aware of all the consequences of this process and ready to face them. Demographic changes will definitely affect all spheres of society and will trigger changes in mindset as well. Hence, this is the right time to think at both an individual and a global level about how we can adapt to ageing. Nordic walking, as long as the older person is healthy and active, can offer real benefits such as functionality and safety, as well as being available to almost everyone. Moreover, it helps to involve older people in the process of health maintenance as well as in keeping up social relationships, so it can serve as a universal concept of active ageing. The experience of northern countries, Finland among them, shows that such activities are much in demand among those who are searching for a way to stay fit and competitive in our changing world. In Russia, Nordic walking is becoming more and more popular for many people trying to avoid the negative effects of ageing. In collaboration with colleagues from Finland, representatives of the non-governmental public organisations, state service providers and geriatric centres are working on the project of launching several Nordic walking schools and educational centres for both active Nordic walkers and Nordic walking instructors.

Ref no: A.139

Ms Maeve Hully
Patient and Client Council, Northern Ireland.
maeve.hully@hscni.net

Ms Avril Craig
Patient and Client Council, Northern Ireland.

Title: Rural Voices Project

The Patient and Client Council undertook a project to collect the views of people in rural areas about health and social care. While the project was not exclusively focused on older people, its major group of respondents was aged 46 and over (28 per cent aged 46–64 and 36 per cent aged 65+). A total of 1,451 people took part in this process; 1,289 individuals completed a questionnaire, mostly in one-to-one interviews during street consultations, and 162 took part in small group discussions. This study is the first of its kind to be conducted in Northern Ireland. A review of the findings from other studies revealed that the voices of rural dwellers are often overlooked by decision-makers in health and social care, yet their views provide an important perspective on the provision of health and social care. An analysis is provided regionally and by Trust area. The analysis of questionnaires and information obtained during small group discussions clearly shows that the GP, pharmacist and dentist are the most highly rated services for rural dwellers, while A&E, GP out-of-hours and outpatient services are the lowest-rated services. The top area of
concern was undoubtedly waiting times for treatment and care. Above all, those who completed the questionnaire stressed the need to retain local services, reduce waiting times and improve the quality of care. Other priorities included the need to improve telephone access to make it easier to get through to the GP surgery, the provision of information on the services available and the need to recruit more “home helps”.

Ref no: A.146

**Dr Gerard Boyle**  
Department of Medical Physics and Bioengineering  
St James’s Hospital, Dublin, Ireland.  
gboyle@stjames.ie

**Dr Ciarán Finucane and Professor Rose Anne Kenny**  
TILDA (The Irish Longitudinal Study on Ageing)  
Trinity College Dublin, Ireland.

**Title:** Informing Clinical Hypotheses in Syncope and Falls: simulation and analysis of carotid sinus massage and carotid sinus hypersensitivity

Carotid sinus hypersensitivity (CSH) is an age-related disorder, and a cause of recurrent falls and syncope. CSH is complex and not well understood, although a number of hypotheses exist. In this work we describe a new computer simulation framework to provide insight into the underlying physiological causes of CSH. A mathematical model of carotid sinus massage (CSM) was developed and validated in Simulink® in a population of controls receiving CSM as part of normal clinical investigations. The model was then validated to simulate the pathological cardioinhibitory and vasodepressor responses seen in CSH. The results were that N=27 control participants were recruited. CSM simulation results agree well with experimental results in our control group. Simulated RR intervals of 1.16 seconds and blood pressure drops of 15mmHg were obtained, compared to clinically measured values of 1.1 seconds (0.76-1.8) and 27mmHg (4-44mmHg). Simulated pathological responses matched clinical measurements were found to track the transient response to CSM. In conclusion, a novel simulation of CSM was validated and found to be accurate in reproducing the transient responses seen in CSM in both control and pathological responders. Simulations suggest that mechanisms leading to sinoatrial exit block are paramount in CICSH, while slowed dynamic processes underpin the blood pressure responses to CSM. Our model would therefore suggest that CSH may not be hyper-reflexive but an ageing epiphenomenon. In a broader context, this approach can be used for understanding other forms of syncope.

Ref no: A.147

**Professor Julia Kennedy**  
School of Pharmacy, University College Cork, Ireland  
j.kennedy@ucc.ie

**Authors:** S. Kennedy, G. Leahy, C. Ryan and K. Praddeep

**Title:** Benzodiazepine Prescribing

Long-term use of benzodiazepines has been associated with dependence and the occurrence of falls in older patients. Several studies suggest that older people residing in the Republic of Ireland (ROI) are prescribed benzodiazepines for longer than the licensed treatment duration of four weeks. This study aims to investigate benzodiazepine prescribing practices for older people in the ROI and the attitudes of general practitioners (GPs) towards benzodiazepine prescribing. A descriptive, independent qualitative questionnaire was mailed to 1,717 GPs across the ROI. The questionnaire focused on the initiation and withdrawal procedures of benzodiazepines. A response rate of 52.8 per cent was achieved. 721 (81.5 per cent) GPs estimated that 5–20 per cent of their patients aged over 65 were prescribed benzodiazepines long-term. The most common benzodiazepine initiators were GPs (n=692; 54.5 per cent), psychiatrists (n=238; 18.8 per cent) and hospitals (n=169; 13.3 per cent). 85.8 per cent (n=777) of GPs believed that their
knowledge of rational prescribing of benzodiazepines was sufficient, while 83.9% of GPs believed that long-term use of benzodiazepines presents problems in older people. However, 92.5% of GPs have never or only sometimes withdrawn patients on long-term benzodiazepines. GPs’ main barriers to successful withdrawal were patient attitudes, lack of additional services and the duration of the treatment. In conclusion, most GPs are knowledgeable with respect to the implications of long-term benzodiazepine use. This study identifies challenges that arise when GPs inherit patients who have been initiated on benzodiazepines elsewhere and the barriers they subsequently face when attempting withdrawal.

Ref no: A.151

**Dr Irene Mosca**
TILDA (The Irish Longitudinal Study on Ageing)
Trinity College Dublin, Ireland.
moscai@tcd.ie

**Professor Alan Barrett**
TILDA (The Irish Longitudinal Study on Ageing)
Trinity College Dublin, Ireland.

Title: **Changing the State Pension Age and the Recession: which mattered more for expected retirement ages?**

On 3 March 2010, the Government announced that the age at which the state pension is paid would be raised to 66 in 2014 and to 67 in 2021. Also during 2010, the economic news became increasingly bad as the full scale of the fiscal and banking crises emerged. The question we address in this paper is whether expected retirement ages changed as a result of the policy announcement and/or the bad economic news over the course of 2010 more generally. The data we use are from the Irish Longitudinal Study on Ageing (TILDA). Between late 2009 and early 2011, over 8,500 people aged 50 and over were interviewed about a wide range of issues. Respondents were also asked at what age they expected to retire. Our preliminary findings show that there was no noticeable break in expected retirement ages of people aged 50–64 before and after 3 March 2010. However, there was a clear shift of people into the categories “do not plan to retire” and “do not know” before and after 30 September 2010. This was the day that the full scale of the banking crisis emerged (named “Black Thursday” by the media) and was followed by the set of events which led to the bailout of November 2010. Similarly, there was a shift away from early and modal expected retirement ages after that date. The implications are important. It could be that the recession will have contributed to the achievement of a policy goal – namely, delayed retirement.

Ref no: A.156

**Ms Catherine Ludden**
Antimicrobial Resistance and Microbial Ecology (ARME) group, National University Ireland
Galway, Ireland.
catherineludden@hotmail.com

**Ms Fiona Boyle and Dr Dearbháile Morris**
Antimicrobial Resistance and Microbial Ecology (ARME) group, National University Ireland
Galway, Ireland.

**Professor Martin Cormican and Ms Belinda Hanahoe**
Department of Medical Microbiology
University Hospital Galway, Ireland.

Title: **Is containment of Antimicrobial resistance a Hidden Benefit of Supporting Ageing in the Community?**

To describe the molecular epidemiology of an important group of antimicrobial resistant *E. coli* (CTX-M) from nursing home residents in one region of Ireland. Forty-eight isolates of CTX-M group 1 (*n* = 43) and CTX-M group 9 (*n* = 5) producing *E. coli* were collected from residents of 26 nursing homes in Ireland between January and June 2010. PCR was performed on all isolates using primers specific to the *pabB* (specific to the 025b-ST131 clone) and *trpA* genes. Pulsed field gel electrophoresis (PFGE) was performed with XbaI by the Pulse-Net protocol. An amplicon specific to the *trpA* gene was identified in all isolates and the *pabB* gene was identified in 46 isolates. PFGE identified 39 individual pulsed field profiles (PFPs) and 6
major clusters (A-F) among the 48 isolates examined based on a similarity of >85 per cent. With the exception of 2 isolates (both cluster F from the same nursing home) all PFPs were closely related with a similarity of >71 per cent. These 2 isolates were negative for the pabB gene. In conclusion, this data provides evidence that the 025b-ST131 clone of E. coli is widely disseminated in nursing homes in one region of Ireland and accounts for the vast majority of CTX-M E. coli isolates. Supporting ageing in the community should be considered a central part of the global effort to contain the spread of acquired antimicrobial resistance. Additional research is urgently needed.

Ref no: A.157

Ms Trudy Corrigan
School of Education Studies
Dublin City University, Ireland.
trudy.corrigan@dcu.ie

Dr Cathy Fowley and Dr Kate Irving
School of Nursing, Dublin City University, Ireland

Title: “I have realised that I still have a brain!”: reflections of older people who participated in a pilot study in Dublin City University in order to acquire information technology competences and skills

This paper evaluates the reflections of older people who participated in a recent study in Dublin City University (DCU). This study evaluates the concept of using information technology as a learning tool that enables older people to be more fully involved in the knowledge society. Through this study, the research findings found that the acquisition of information technology competences and skills facilitates the mental stimulation of many older people who participate in the knowledge society. This is through the use of the internet and, in some cases, through engagement in social network spaces. It was achieved through the creation of a teaching and learning space which began in 2008 in DCU. The paper discusses the significance of current emerging research on the benefits of a stimulated mind in ageing (Stern & Cartensen, 2000; Winston, 2003; Snowdon, 2007; Whitehouse, 2008). It contends that engaging older people in the use of information technology has the potential to contribute to the overall health and well-being of older people, in Ireland and in a wider global context. This paper evaluates the importance of the concept of the benefits of a stimulated mind in ageing. It advocates that this concept should be adopted by policy-makers since the benefit has potentially major implications in delivering a greater quality of life for older people. This could be an essential factor in the shaping of health and education policies for older people now and in the future.

Ref no: A.161

Dr Joe Larragy
Department of Applied Social Studies
National University Ireland Maynooth, Ireland.
Joe.Larragy@nuim.ie

Mr Adam Larragy
National University Ireland Maynooth, Ireland.

Title: Ageing and Sustainability in the Irish Welfare State

The tone of the “ageing crisis” discourse may have moderated somewhat due to scholarly criticism of the World Bank’s (1994) grim diagnosis. Despite this, demographic ageing is still portrayed as something working-age generations will not be able to support, in view of rising dependency rates, unsustainable pension bills, increased morbidity and rising medical, nursing and long-term care costs. Consequently, solutions are often cast in much the same terms as before. This paper critically explores the logic of this “weaker” demographic imperative thesis by focusing on ageing-related debates and policy direction in Ireland. The Irish case is suitable because its proportion of older people is quite low and projected ageing is comparatively moderate. Moreover, Ireland’s public pensions, health care and long-term care expenditures are lower by virtue of their roots in a low-cost welfare-state model. One might therefore expect a less panicked and more balanced debate and policy perspective on pensions, health and long-term care. However, things are not that simple: much of the Irish policy on ageing is shaped by a stubbornly ideological
frame of reference that has little to do with actual demography. The paper examines this frame of reference, questions its efficacy in addressing age-related policy challenges and outlines an alternative perspective.

Ref No: A.162

**Ms Elizabeth A. Mitchell**
Institute of Nursing Research
University of Ulster, Northern Ireland.
eamitchell@ulster.ac.uk

**Professor Vivien Coates**
Institute of Nursing Research, University of Ulster and Western Health & Social Care Trust, Northern Ireland.

**Ms Evie McCrum-Gardner**
School of Health Sciences, University of Ulster
Northern Ireland.

**Ms Margaret Armstrong**
Stroke Unit, Altnagelvin Area Hospital, Northern Ireland.

**Title:** An Evaluation of Hyperglycaemia Management in Stroke Care: implications for practice

Diabetes mellitus is a major risk factor for cardiovascular disease and stroke. Up to one-third of patients admitted to hospital with acute stroke have a history of diabetes mellitus. In addition, 58 per cent of patients with no history of diabetes mellitus may meet the World Health Organization criteria for diabetes mellitus or impaired glucose tolerance if screened 12 weeks after stroke. Stroke clinical guidelines recommend that glycaemia is monitored and hyperglycaemia is treated. This was a retrospective medical records review of 112 patients consecutively admitted with acute stroke to the three district general hospitals in one Health and Social Care Trust in Northern Ireland between 1 January and 15 April 2008. Data were extracted between 1 November and 22 December 2009. The dynamic of glycaemia was explored. The extent to which glucose was monitored and clinicians intervened to treat glycaemic excursions was ascertained. Rates and methods of screening for undiagnosed diabetes mellitus were determined. Forty-one (36.6 per cent) patients experienced glucose excursions ≥7.8mmol/l. in the first five days after hospital admission. Hyperglycaemia was a persisting trend, but was under-monitored and under-treated. Laboratory glucose results that indicated hyperglycaemia among patients with no history of diabetes failed to influence higher rates of glucose monitoring or screening tests for diabetes. In conclusion, hyperglycaemia is commonly observed in the acute phase of stroke, but glycaemia is under-monitored and under-treated after stroke. Stroke clinicians could play a significant role in cardiovascular disease protection by embracing enhanced monitoring and screening for undiagnosed diabetes mellitus and pre-diabetes syndromes, and the initiation of treatment and health protection plans.

Ref no: A.163

**Mr Dominic Trépel**
Department of Economics, University of Limerick, Ireland.
dominic.trepel@ul.ie

**Title:** A health economic study providing a valuation for the cost of informal care in dementia using a method known as the proxy-good valuation.

A health economic study providing a valuation for the cost of informal care in dementia using a method known as the proxy-good valuation (previously not applied in Ireland but now recommended standard in economic evaluations). The manuscript is currently under review with Economic and Social Review and the
250-word abstract follows. This paper provides informal costs of dementia care in Ireland based on recently agreed national costing framework. Using a survey of 270 Irish caregivers, the hours of informal care per day are estimated using explanatory variables related to individual effects, functional limitations and behavioural problems of dementia. Our estimates find that work-cohabitation status significantly predicts the total informal care available and that the increasing burden may alter overall welfare. Given conflict in carers' personal priorities, we apply market replacement value to inform an equitable distribution of burden. We value the average informal day of care by stage of dementia, ranging from €280 (early-stage) to €648 (late-stage), and the valuation increases by at least 15 per cent where associated disruptive behavioural necessitates psychiatric services as the proxy-replacement good. Policy interventions are required to reduce reliance on informal care by increasing technical and allocative efficiency in the formal sector.

Ref no: A.166

Mr Andrew McGlynn
Department of Electronic Engineering
Galway-Mayo Institute of Technology, Galway, Ireland.
g00173551@postgrad.gmit.ie

Dr Shaun O’Keeffe
Irish Centre for Social Gerontology
National University Ireland, Galway, Ireland.

Mr Paul Dunne
Department of Electronic Engineering
Galway-Mayo Institute of Technology, Galway, Ireland.

Title: Developing a Computer-based Recreational Tool for Dementia Sufferers to Improve Quality of Life

Dementia is a neurodegenerative disorder. Research has shown that engaging in meaningful activities can improve quality of life for dementia sufferers. The needs and capabilities of the dementia sufferer need to be closely considered when designing recreational and creative activities, particularly when they are computer-based. The design and development of a bespoke computer system with a large, intuitive, multitouch interface for people with dementia is presented. Novel computer applications are described. A variety of techniques to gather human-computer interaction metrics in a non-intrusive fashion are described.

Ref no: A.167

Ms Claire O’Regan
TILDA (The Irish Longitudinal Study on Ageing)
Trinity College Dublin, Ireland.
oreganc1@tcd.ie

Dr Hilary Cronin and Professor Roseanne Kenny
TILDA (The Irish Longitudinal Study on Ageing)
Trinity College Dublin, Ireland.

Title: Prevalence and Impact of Depression in Older Irish Adults

The promotion and protection of good mental health in old age is becoming a major societal concern. Good mental health is associated with greater economic success, better social relationships and reduced risk of physical illness. In addition it has a significant impact on a person’s performance in the labour market. The aim of this study is to describe the current prevalence and impact of depression in older Irish adults. A nationally representative sample of 8,500 adults (of 50+ years) took part in wave 1 of The Irish Longitudinal Study of Ageing (TILDA). Structured interviews, conducted in the respondents’ homes using computer-aided personal interviewing (CAPI), included questions on social, economic and health domains. Respondents also completed a comprehensive health assessment. The presence of depression was assessed using the Center for Epidemiologic Studies (CES-D). Respondents also self-reported a doctor’s diagnosis of depression. Overall 10 per cent of respondents reported clinically significant depressive symptoms, while 18 per cent reported sub-threshold depression. In contrast, only 5 per cent of respondents reported a doctor’s diagnosis of depression. Depression was associated with increased levels of polypharmacy, disability and suicidal ideation. Economic consequences included low rates of labour force participation. In conclusion, a high
prevalence of undiagnosed and therefore untreated depression is observed in the older Irish population. This represents a serious public health concern as high levels of depression have a marked negative impact on measures of health, employment and health service utilisation.

Ref no: A.168

Mr Conan Donnelly
Northern Ireland Cancer Registry
Queen’s University Belfast, Northern Ireland.
conan.donnelly@qub.ac.uk

Dr Anna Gavin and Dr Finian Bannon
Northern Ireland Cancer Registry
Queen’s University Belfast, Northern Ireland.

Dr Sandra Deady and Dr Linda Sharp
National Cancer Registry, Cork, Ireland.

Title: Investigation of Prostate Cancer Treatment for Older Men on the Island of Ireland

Prostate cancer is the most commonly diagnosed cancer in men in Ireland. Some 55 per cent of cases diagnosed with, and 84 per cent of deaths from, prostate cancer occur in men aged 70 and over. European and US guidelines for treating prostate cancer recommend that life expectancy should be taken into consideration when recommending whether a man with prostate cancer should receive curative treatment. Our aim was to investigate and compare treatment of older (70 or over at diagnosis) and younger (under 70) men with prostate cancer on the island of Ireland. All prostate cancer patients diagnosed in the years 1996, 2001 and 2006 on the island of Ireland were identified from the national cancer registries (n=7,481). Patient information was collected from hospital medical charts. Missing data was imputed. Logistic and cox regression were used to compare likelihood of receiving curative treatment, being seen by a urologist and survival in older and younger men. Older men were more likely to present with a later stage of disease, and to be treated in a public hospital, and they were twice as likely to die from prostate cancer as younger men. After adjusting for stage and other covariates, older men were less likely to be assessed by a urologist (67 per cent vs 86 per cent), or to have radical prostatectomy (0.8 per cent vs 11 per cent), or radical radiotherapy (6 per cent vs 18 per cent). These differences, in many cases, are likely to be due to factors relating to the patient’s general health. Future audit and research would benefit from recording estimated life expectancy in medical records.

Ref no: A.171

Dr Margaret Richardson
Department of Management Communication
University of Waikato, Hamilton, New Zealand.
margie@waikato.ac.nz

Dr Mary Simpson
Department of Management Communication
University of Waikato, Hamilton, New Zealand.

Title: Engaging with Change: a report on research into positive ageing at the elder-organisation interface

Significant research has examined homes and cities as important environments for the creation of safe, healthy and stimulating spaces in which individuals can age positively. Another setting, the elder-organisation interface, remains under-researched. Yet it is in these everyday situations in which older people interact with organisational representatives in banks, supermarkets and so on that global and local factors, including changing economic conditions, legislative frameworks, cultural norms and organisational policies and practices, intersect with the expectations and experiences of individuals to produce complex communicative spaces that enable or shut down opportunities to age positively. This paper draws on research conducted as part of a three-year study in New Zealand that sought to identify and map behaviours and practices that impede and facilitate interactions between older people and organisations and to develop a set of guidelines that facilitate their engagement. Seventy-one people over 65 years of age, recruited from seniors’ centres and community groups, were invited to observe and record their experiences with organisations, to recount and reflect on these observations in interviews or elders-only workshops, to meet
with organisational representatives in joint workshops, and to co-construct with the researchers a framework of practices that would enhance elders’ interactions with organisations. Discussions, to date, indicate that the framework of organisational practices will encompass elders’ preferences for respect, consideration and pro-active helpfulness, as well as age-friendly built environments, systems and technologies. Guidelines for elders will include asking for assistance and information if needed, speaking out rather than walking out, and being open to change.

Ref no: A.173

Professor Paddy Hillyard  
Queen’s University Belfast, Northern Ireland.  
p.hillyard@qub.ac.uk

Dr Demi Patsios  
University of Bristol, England.

Title: The Recession - North and South: living standards and older people

The aim of this paper is to describe the development of a Living Standards Index (LSI) which covers both the North and South of Ireland and then to use it to explore the impact of the recession on older people both sides of the border. It will build on the work first carried out by the New Zealand Ministry of Social Development (NZ-MSD) to develop non-monetary indicators of living standards of older people as a way of informing government policy (Fergusson et al., 2001). The NZ-MSD programme of work led to the construction of a living standard index for all New Zealanders called the Economic Living Standard Index or ELSI. Based our project on this innovative work, we developed a living standard index for NI (NILSI) using data from the Poverty and Social Exclusion Survey – Northern Ireland (PSENI) 2002/3 (Hillyard, Patsios and Scullion, 2007). This new work attempts to develop an index for both parts of Ireland.

Ref No: A.174

Professor Yueh-Ching Chou  
Institute of Health and Welfare Policy  
National Yang-Ming University  
Taiwan.  
chouyc@ym.edu.tw

Professor Teppo Kröger  
Department of Social Sciences & Philosophy  
University of Jyväskylä  
Finland.

Title: Models of long-term care service use and social capital among older people

The four primary models of LTC used in Taiwan are family care, live-in migrant care worker, institutional care and community care. This study aims to examine the relationship between social capital and the four above-mentioned models of service use among older people. Data from the 2005 National Taiwanese Health Interview Survey (n=30,680) included 630 persons over 65 who also require personal care with daily life. The independent variables include sociodemographic variables, self-reported health and social capital (i.e., family networks, social interaction, social participation and social trust). The results revealed 74% of 630 frail older people were cared by family, 11.7% employed live-in migrant care workers, 9.8% used institutional care and 4.4% community care services. Controlling sociodemographic data, ANCOVA analyses indicated those older people with higher level of social capital were more likely to be cared by family members or live-in migrant care workers instead of using institutional care. Logistic regression showed that older people’s marital status (single or living with spouse), level of disability, education, family income, and social capital were significantly associated with the model of LTC service use. Results suggest policies to increase social capital of older people and efforts to provide more accessible community care services, particularly for older people with intensive care needs but without social networks, could be viable and necessary ways to reorganize social and health care in the community for older people.