



NICE NEWS

JANUARY 2007

VOLUME 2, ISSUE 2



DIRECTOR'S MESSAGE

INSIDE THIS ISSUE:

DIRECTOR'S MESSAGE

THE INFORMATION AGE AND THE AGE OF INTERNET INFORMATION SEEKING BEHAVIOURS

COMMUNITY CORNER:

THE CANADIAN GERIATRIC SOCIETY (CGS)

NICE IN THE NEWS:

AN ARTICLE WITH PETER DONAHUE IN THE CALGARY HERALD

THE DEPTHS OF DEPRESSION: UNDERSTANDING THE EXPERIENCE AND MEANING OF DEPRESSION FROM THE CLIENT'S PERSPECTIVE

SOUND BITES: MEDIA ALERTS

MEMBER PROFILE:

DR. MARIE BEAULIEU

Rarely a day passes when we – those working with the elderly and the issues affecting them – are not painfully aware of just how under serviced this group is and how unprepared we are to meet the increased demand of an aging population. Despite our collective efforts and advocacy over the years there still exists a sense of discovery each time the issues affecting the elderly are presented in the media. I am familiar with the expression what's old is new again – but when will the media acknowledge that our aging population and the concerns this raises is not a new phenomenon or one that is going away?

One of the goals of NICE is to raise awareness. To that end, I would encourage our members and partner organizations to use whatever media connections they have at their disposal to get the word out – about what we're doing as individual researchers, practitioners, policy makers or advocates and

what we're trying to accomplish collectively with the NICE Network. Included in this edition of NICE News is an article written in the Calgary Herald featuring Peter Donahue representing NICE. This is exactly the kind of coverage we need to keep the public informed and increase the pressure to move forward with comprehensive policies addressing an aging population.

In that same vein, we are also including a new section highlighting press coverage related to the elderly and aging. When possible, this will feature members and partner organizations. Full stories related to these highlights will be available, for the most part, on our website under the "In the News" link. The content attached to this link is updated daily so please check our website frequently for current media coverage.

NICE's Annual Knowledge Exchange meeting will be held in Toronto on April 26th-27th. This two-day meeting is open to any

NICE members. The focus is on sharing knowledge from the Theme Teams (dementia, end-of-life issues, caregiving and mental health). We will hear updates from the teams on current work in their areas as well as the development of practitioner tools and resources related to the thematic areas. International and Canadian experts will also be sharing their insights on knowledge transfer and best practices for knowledge transfer. More details will be available soon on our website.

I hope to see many of you at our meeting in April. Until then, please keep sending us comments and suggestions for NICE and NICE News.

Sincerely,

Sincerely,

IMPORTANT DATES

March 4-6: Advances in Memory Research. Toronto. Baycrest 17th Annual Rotman Research Institute Conference.
www.rotman-baycrest.on.ca

April 19-21: 2007 Annual General & Scientific Meeting of the Canadian Geriatrics Society, Fairmont Banff Springs Hotel, Banff, Alberta
www.canadiangeriatrics.com

April 26-27: NICE Annual Knowledge Exchange, Toronto
www.nicenet.ca

May 2-5: Canadian Gerontological Nursing Association's 14th National Conference, Manitoba
www.cgna.net



THE INFORMATION AGE AND THE AGE OF INTERNET INFORMATION SEEKING BEHAVIOURS

"WHEN DO OLDER ADULTS TURN TO THE INTERNET FOR HEALTH INFORMATION? FINDINGS FROM THE WISCONSIN LONGITUDINAL STUDY"

Using data collected from the Wisconsin Longitudinal Study, Flynn and colleagues (2006) examined if, how and when older adults use the internet to obtain health information. Prior to this study, it had been demonstrated that the internet is becoming an important source of health information within the general population but it was unclear if this applied to older adults. The current study concluded that one-third of older adults from this survey had used the internet to look for information about their own health.

Flynn and colleagues (2006) were interested in how patient characteristics are related to using the internet for health information and the timing of these searches vis a vis doctor visits. They hypothesized that information seeking prior to a doctor visit may help the patient make decisions during

the visit whereas looking for information following a visit may indicate that the patient required more help and support than they received during their visit. The most problematic internet health seeking would be that done instead of visiting a doctor given the lack of control over internet information and consequently its quality.

Data for the study was collected using the 2004 wave of the Wisconsin Longitudinal Study. Mail or phone surveys were successfully completed with 6,279 (70% of the entire sample) adults aged 63-66 years old. Approximately one-third of all respondents had searched for health information online regardless of internet access in their own home. Of those who did have access

to the internet at home 47% had searched for health information online. Over half of all respondent health searches were unrelated to a doctor visit, one-third of these searches followed a visit and the final one-sixth preceded a doctor visit.

Some participant characteristics did seem to have an impact on internet health information seeking behaviours. Females, for instance, were more likely to search than males. Years of education and cognitive scores were also positively correlated with internet health information seeking. In terms of timing, those with multiple and/or more severe health conditions were more likely to seek information unrelated to a doctor visit. Conversely, those with some mental health issues were more likely to seek information before a doctor

visit.

An important next step in this study is examining the outcome of internet health information seeking. In the meantime, the internet can be a powerful tool in the health care of older adults if used as an educational supplement and as directed by the physician.

Flynn, K.E., Smith, M.A., & Freese, J. (2006). "When do Older Adults Turn to the Internet for Health Information? Findings from the Wisconsin Longitudinal Study." *Journal of General Internal Medicine*. 21(12):1295-301.

COMMUNITY CORNER:

THE CANADIAN GERIATRICS SOCIETY (CGS)

The Canadian Geriatric Society (CGS) is a non-profit, professional organization that was founded in 1981. It was initially called the Canadian Society of Geriatric Medicine. Membership in the CGS is open to physicians, medical students, postgraduate medical trainees, other health professionals and researchers in the field of aging.

The first objective of the CGS is to promote the excellence in the medical care of older Canadians. Other aims of the organization include:

- promoting a high standard of research in order to advance knowledge in the field of the medical care of older individuals;
- encouraging physicians and surgeons to devote a portion of their research efforts to the effect of aging on the physiological or pathological processes which they may be studying;
- promoting the dissemination

of knowledge about exemplary clinical care of older individuals by providing continuing medical education throughout Canada;

- improving education in the medical care of older individuals in Canadian medical schools at both undergraduate and postgraduate levels; and,

co-operating with other organizations concerned with the health care of older individuals.

The *Canadian Journal of Geriatrics* is the official journal of the CGS. Each year, the CGS hosts a joint Business and Scientific Meeting. This year, the meeting will be held at the Fairmont Banff Springs Hotel in Banff, Alberta from April 19-21. Abstracts for either a poster or podium presentation at the conference can be submitted until February 15, 2007 (please see

www.canadiangeriatrics.com for more information).

Benefits of being a member of the CGS include ongoing professional development opportunities, access to research and educational materials, public relations, advocacy, awards and fellowship opportunities.

In addition to our joint commitment to the health and wellbeing of the elderly, NICE and CGS also share the privilege of working under the leadership of Dr. Howard Bergman - President of CGS and Chair of NICE. For more information or membership inquiries please visit www.canadiangeriatrics.com.



**NICE IN THE NEWS:
AN INTERVIEW WITH PETER DONAHUE IN THE CALGARY HERALD
BY KAREN RUDOLPH DURRIE, THURSDAY JANUARY 18, 2007**

It's being called the Age Wave, and unless numerous experts, practitioners and governments get together with innovative strategies to take care of Canada's elderly population, the quality of care for seniors could be in jeopardy.

That warning is the driving force behind the National Initiative for the Care of the Elderly (NICE), a new network that will encourage the sharing of knowledge and information on the best practices for the care of Canada's seniors.

A well-rounded understanding of seniors' care issues will go a long way to increase the quality of care they get, says Dr. Peter Donahue, network manager for NICE and a professor of social work at the University of Calgary, currently on sabbatical to get NICE established.

Adults aged 65 and up are Canada's fastest-growing population group. Their numbers are expected to increase to 6.7 million by 2021, and to 9.2 million by 2041, when they will account for nearly one in four Canadians, according to the NICE website.

The fastest growth right now is happening in the population of adults aged 85 and up.

The challenges Canada will face in dealing with this accelerating age shift include a shortage of doctors specializing in the care of seniors, and not enough students enrolling in programs focused on elder care.

"We're aging (as a population) faster than ever before, and with that comes challenges in delivery of services and programs and the

development of policy," Donahue says.

"We have a lot of really good knowledge out there, but a lot of it exists in journal articles and research papers and is not in formats intended for people who provide the day-to-day care of older adults."

NICE will work to get practical information to people involved in older-adult care and to have it compiled in one place.

There will also be informational posters and pamphlets created and handed out to organizations and practitioners that deal with the care of the elderly.

The network aims to build a national partnership with university educators from gerontological nursing, geriatric medicine and gerontological social work programs, along with their community counterparts who are currently providing the educational component of these programs.

NICE has organized four "theme teams," focusing on dementia, end-of-life issues, caregiving and mental health.

The teams will work together to develop tools that can be used by medical personnel, social workers, nurses and other practitioners.

For example, right now, the caregiving group is developing a poster to be used in long-term care facilities to help staff deal with difficult behaviour in

elderly residents.

Simplified tips on contending with behaviours like agitation or wandering will also help non-professional caregivers, such as family members, understand the best ways to deal with difficult situations.

"Most people don't have the time to digest a research paper or synthesize information.

"Each team will come up with various strategies depending on the target audience and the tools used," Donahue says.

NICE teams will help organize "knowledge transfer" events -- taking information to nursing homes or other community services and organizations and showing them how to implement the ideas.

Among other issues, NICE is also concerned with the inadequate training and supply of nurses, social workers and doctors in the field of gerontology.

NICE will push for the inclusion of information on aging in these programs, as well as working to encourage students to consider specializing in the field of older adult care.

NICE will also develop policy briefs aimed at various levels and departments of government, based on research gathered from a network of people who work in the field of older adult care.

Finally, NICE would not be complete without seniors themselves being part of the process, so there is a seniors' advisory group being created, Donahue says.

"These are the end recipients of these tools and this knowledge transfer. They can evaluate how appropriate or useful they are."

The quality of care for older adults and knowledge of the issues facing them should concern everyone in this country, says Donahue, because nearly all of us have an older adult in our lives.

Canada is just starting to come to terms with the fact that it has an aging population, and it's in a position to prepare now, rather than wait and react as some other countries have found themselves doing, says Donahue.

"Right now, there is a deficiency, but we have a chance to address that issue and change it. Ultimately, we're hoping at the end of the day it'll mean you're provided with quality service.

"Aging is not a lone event. Seniors are connected to families and spouses and children supporting them in the aging process, and we'd like to improve the care these people and their families are receiving."

For more information on NICE, visit www.nicenet.ca.



THE DEPTHS OF DEPRESSION: UNDERSTANDING THE EXPERIENCE AND MEANING OF DEPRESSION FROM THE CLIENT'S PERSPECTIVE

"A MIXED-METHODS APPROACH TO UNDERSTANDING LONELINESS AND DEPRESSION IN OLDER ADULTS"

Depression is a well-understood and highly researched mental illness. Medical definitions of depression and scales to detect its presence are de rigeur for health care practitioners. But what of the experience and language of depression from the client's perspective? After examining the literature Barg and colleagues (2006) determined that quantitative studies (the majority of studies dealing with depression) might be missing contextual elements and differential language of depression in elderly adults.

Using a mixed-methods approach Barg and colleagues (2006) were able to develop a more nuanced understanding of depression in older adults. Specifically, they found that whereas the term depression might have little meaning for older adults, speaking about loneliness was highly salient in terms of eliciting depressive symptoms, anxiety and hopelessness.

Understanding depression in this context is important. As predicted by the World Health Organization, depression will be the

highest cause of disability after heart disease in all countries by 2020. Although the rates of depression that meet the criteria for Major Depressive Disorder decline with age the rates of depressive symptoms including suicide increase. Therefore, being able to understand depression within the context of aging will supplement current, and often inadequate, diagnostic criteria. This, in turn, will increase practitioners' ability to detect and treat depression.

The current study was designed using a mix of quantitative and qualitative methods iteratively in design, interview strategy, analysis, and inference with equal weighting. A sample of 2,560 adults aged 63-66 were screened for depression in their primary care doctors' offices. Of these, 773 were asked to participate and 355 agreed. Study measures were taken in person at baseline and twelve months later. Telephone measures were taken three months after baseline.

From the qualitative component of their

mixed-methods study, Barg and colleagues (2006) were able to isolate the concept of loneliness as a major correlate with depressive symptoms and as an entry point to discussing depression with older adults. Unfortunately, the DSM-IV criteria and definition for depression does not include loneliness. Furthermore, loneliness may be seen as a normal part of the aging process and may not, therefore, alert primary care physicians to the possible presence of depression among older adults. By using a mixed-methods approach, this study provides a context and texture to understanding depression among older adults that quantitative studies alone may not.

Barg, F.K., Huss-Ashmore, R., Winnink, M.N., Murray, G.F., Bogner, H.R. & Gall, J.J. (2006). "A Mixed-Methods Approach to Understanding Loneliness and Depression in Older Adults". *The Journals of Gerontology*, 61B (6): S329-S339.

SOUND BITES: MEDIA ALERTS

FOR THE FULL ARTICLES AND MORE ON ELDERLY AND AGING ISSUES IN THE MEDIA VISIT "IN THE NEWS" AT: WWW.NICENET.CA

ACTIVE MINDS MAY KEEP ALZHEIMER'S AT BAY

By Amanda Gardner, Healthday Reporter, CBC, January 23, 2007.

This article reports on recent findings in studies of mice that demonstrate the slowing effects learning can have on the build-up of the protein plaques and tangles in the brain that are the signature of Alzheimer's disease.

The researchers believe that the findings are transferable to humans.

The study by Kim Green was published on January 24th issue of the Journal of Neuroscience.

SPEAKING TWO LANGUAGES MAY HELP STAVE OFF DEMENTIA

E Canada Now, January 12, 2007.

Researchers at Baycrest Centre for Geriatric Care in Toronto found that speaking a second language delayed the onset of dementia in older adults.

In this study, the ability to speak a second language delayed the onset of dementia by six years in men and four years in women.

This study will be published in the February issue of *Neuropsychologia*.





WE CARE TOGETHER

NICE NEWS

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The Last Word is yours...

We hope that you have enjoyed this issue of NICE News. And we want to remind you that our main goal is to provide you with useful, applicable information for your practice. Being a multidisciplinary network it's hard for us behind the scenes to keep on top of the latest developments and happenings in everyone's specialties. We hope that you will help us out by sending us your feedback, suggestions, articles, important dates, exciting news etc... so that we can better meet our goal. You can contact us at:

nicenetadmin@utoronto.ca.

MEMBER PROFILE: DR. MARIE BEAULIEU



Dr. Beaulieu is a full professor in the Department of Social Services at the University of Sherbrooke. She is also a senior researcher at the Research Centre on Aging at the Sherbrooke Geriatric University Institute. This Research Centre hosts 36 researchers from different disciplines looking at aging from a range of perspectives: from cell to society! Being part of this institution gives her the chance to contribute to building new knowledge on aging from a variety of perspectives (epistemology, theory and methodology). She describes herself as a constructivist researcher using qualitative methods but she is also more and more involved in mixed methods approaches. Currently, she is the P.I. on a mixed approach project on Insecurity of Older Adults funded by SSHRC.

Marie Beaulieu is also the co-director of the *Social Support* axis of the *Quebec Research Network on Aging* funded by the FRSQ (Québec Research Fund in Health). Again, she works with colleagues from different disciplines. Being from a francophone background, she works and publishes both in French and English. Beside her work in North America, she is active in European and International projects. Her teaching is more concentrated on Social gerontology and Qualitative research methods at the Master's and Ph.D. level in Gerontology, as well as at the master's and bachelor's level in Social Work. She is very happy to be part of the team that implemented, 4 years ago, the Ph.D. in Gerontology at U. of Sherbrooke – which is known as being the unique Francophone one in the world.

Dr. Beaulieu came to social gerontology via her research and practice interest in Criminology. In the early '80, while a student in Criminology at University of Montréal, she was part of the emerging field in victimology. It was then identified that older adults were different than others: they were least victimised, when victimised they encountered more impacts and they expressed more fear of crime. After a master's degree in Criminology and a few years of practice (as a probation and parole officer and after, as a research professional in different agencies), she completed an interdisciplinary Ph.D. in Applied Human Sciences at University of Montréal. Her thesis was on elder abuse in nursing homes. Since then, social gerontology has been her main research area. Dr. Beaulieu's research is focused on 4 main topics: older adult mistreatment, security, end-of-life care and social participation or civic engagement of older adults. For each of these topics, she is mainly interested in psychosocial and ethical issues raised by practice, understanding the dynamics, social context (including legal and social policy issues), and social support.

Dr. Beaulieu values direct contact with older adults, the work with practitioners who are in contact with "reality" and the exchange with other researchers or policy specialists in the field of social gerontology. She views her involvement in NICE as a great opportunity to build on different local knowledge perspectives and to create, via different activities, more transferable meta knowledge to enhance better practice and services that respect the values and needs of older adults.

Here is a list of a few recent English publications:

Beaulieu, M., & Leclerc, N. (2006). Ethical and psychosocial issues raised by the practice in cases of mistreatment of older adults. *Journal of Gerontological Social Work* 46 (3/4), 161-186.

Beaulieu, M. (2006). Training in Gerontology: An Assessment of the Work Undertaken at Sherbrooke University, Quebec, Canada. *Les cahiers de la FIAPA*, 5, The transfert of knowledge, 101-116.

Beaulieu, M., Gordon, R. M., & Spencer, C. (2005). The Abuse and Neglect of Older Canadians: Key Legal and Related Issues. In A. Soden (Ed). *Advising the Older Client*. Toronto, LexisNexis, Butterworths, 196-250.