

# Generations Review

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- Safe driving and cognition
- Subjective Cognitive Impairment
- Age Friendly Europe
- Ageing and physical activity



**BRITISH SOCIETY OF GERONTOLOGY**

# EDITORIAL

March 2015

I've just visited the European Summit on Innovation for Active and Healthy Ageing in Brussels with a delegation from Wales including the Older People's Commissioner, people representing Ageing Well in Wales, the Welsh Government and fellow academics from the OPAN (Older People and Ageing Research and Development) Network. It is great to

be connected to such innovative and dedicated people and to be able to create a channel for our research work to touch practice and policy in such a way. I've said it before, I didn't want my research to sit on a dusty shelf or to be read by just dusty old academics. I wanted it to have real life impact (though I don't know if I used to use such a word before it was claimed by the research councils and the Research Excellence Framework in the UK). Such collaborations are vital if we are going to improve the lives of older people. Practice and policy directly impacts on older people and is far more successful if based on evidence. The trip cemented our relationship and in addition helped establish ourselves as serious players in the European ageing society agenda. It is absolutely vital to involve people from a wide range of perspectives when carrying out research, including older people themselves as well of course. The British Society of Gerontology continues to be a great vessel for sharing research across the UK, Europe and the world, helping it to have greater impact.

Isaiah Oluremi Durosaiye discusses the importance of European connections through his work with the Age Platform and highlights how this initiative supports promoting design-for-all and accessibility, poverty reduction and employment, quality health and long-term care and protection of older customers and rights. In turn this links to work which many British Society of Gerontology members are taking part in including solidarity between generations, promoting active ageing, older people's rights and a decent and dignified life in older age. Cassandra Phoenix introduces an ESRC seminar series that highlights this; she is part of a wider team looking at ageing and physical activity, but look how the themes cover other areas too: accessibility for all, rights, exclusion and inclusion, for example and of course the relationship with practice. I add an article addressing how to promote independence in the form of driving in later life can be fostered through the use of cognitive and physical screening tests and training. PhD student Amy Jenkins introduces her PhD on the important area of subjective cognitive impairment and the relationship of that to Mild Cognitive Impairment.

Enjoy the read and send in your articles for the next edition!

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March 2015



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# 44<sup>TH</sup> ANNUAL BSG CONFERENCE 2015 NEWCASTLE UPON TYNE

WEDNESDAY 01 – FRIDAY 03 JULY 2015



## AGEING IN CHANGING TIMES: CHALLENGES AND FUTURE PROSPECTS

### CONFERENCE THEMES

- Health and wellbeing
- Age-friendly communities
- Methodological approaches to researching later life
- Society and economy
- Arts and culture
- Technologies for ageing

### KEYNOTE SPEAKERS

#### **Professor Tom Kirkwood OBE**

Associate Dean for Ageing, Institute for Ageing and Health,  
Newcastle University, UK

#### **Professor Bren Neale**

Professor of Life Course and Family Research, University of Leeds, UK

#### **Professor Yngve Gustafson**

Professor, head of department of Geriatric medicine at  
Umeå University and Consultant at Umeå University Hospital, Sweden

### VENUE

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# Towards an Integrated Platform for an Age-friendly Europe

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## About the author...

*Isaiah Durosaiye is a researcher at the University of Central Lancashire, Preston, UK. Isaiah's area of interest is the built environment; in particular, how to make the built environment age-friendly through enhanced accessibility forms the core of his research expertise. Isaiah is in the final year of his PhD research study, which is examining how the design, management and use of the workplace influence older workers' health and wellbeing and their work ability within the built environment.*

Ageing and demographic changes is presenting modern societies with unprecedented challenges and opportunities. In a global world, understanding how societies may benefit from innovations and best practices elsewhere is no longer a luxury, but an imperative. The British Society of Gerontology (BSG) has, for decades, provided a platform where researchers, academics, practitioners, industries, policymakers, the community and, last but not the least important, older people themselves, may collaborate to support the health and wellbeing of an ageing population. The provision of an integrated platform for various stakeholders both at national and European levels has been fundamental in the operation of BSG for decades. One such platform is AGE Platform Europe (AGE). While the work of BSG is known to most of its members at home, some of its involvement in the shaping of ageing issues in continental Europe have not been widely publicised. As a member of AGE Platform Europe, BSG has been instrumental in driving some key initiatives targeted at addressing the problems of an ageing population.

AGE Platform Europe is a pan-European, nonpartisan, not-for-profit organisation, representing the interests of older people in Europe, particularly the 50+ age group. Based in Brussels, AGE Platform Europe counts 150 corporate members, altogether representing Europe's 40 million older people, which accounts for more than a quarter of the continent's 190 million older people. AGE is thus the single largest civil organisation that represents the interests of older people within the European Union. In this capacity, AGE is an interface between policy-formation and the grassroots community engagement with multiple stakeholders on a European level. It undertakes formal dialogues on cross-cutting issues affecting older people on regional, national and European levels. Through various collaborative initiatives, AGE influences policies within the European Parliament in a diverse number of issues, including intergenerational solidarity, pension reforms, anti-discrimination, employment of older workers, social protection, elderly abuse, research, the built environment and ICT.



An important vehicle of dialogue between civil society and the European Parliamentary members are the thematic intergroups; established and supported by the widest political spectrum of the European Parliament, the Intergroups provide a platform for dialogue between the civic societies and legislative arm of the European Union. AGE acts as a bridge between the thematic intergroup on ageing, established by elected European Parliament Members and the national civic societies of its corporate members. AGE has been very instrumental in the work of the Intergroup on Ageing during the EU Parliamentary period that ended in May 2014. On 11th December 2014, the European Parliament formally gave its approval of the various operating intergroups for the new parliamentary term, including the 'Intergroup on Active Ageing, Intergenerational Solidarity and Family Policies'. AGE played a crucial role in the acceptance and establishment of this new intergroup by actively campaigning across the political spectrum of the European Parliament. This new Intergroup will work within the European Parliament with other civil societies, including AGE, to face the challenges of an ageing population.

In order to gather and collate expert inputs from its members, at the operational level, AGE members are organised into thematic taskforces that advise and contribute to the shaping of current issues affecting older people within the European Union. As an expert member of the taskforce on Employment of Older People, I have been actively involved in the work of AGE in the last one year. On 2nd and 3rd December 2014, AGE Platform Europe held its General Assembly. This occasion offers delegate members of AGE the opportunity to voice their views on ageing and

older people's related issues, which might be of European level benefits to other members. The General Assembly is a members-only plenary and it is a forum for members to seek the promotion of older people's rights and interests at the national and European Union levels within the applicable legislative frameworks. A practical format of debate and engagement at the General Assembly are the breakout sessions. There were four breakout workshop sessions on day two of the General Assembly in December 2014, that provided delegates the opportunities to converge into smaller thematic groups to debate some of the most pressing issues affecting older people in Europe. It is with great pleasure that I present the readers of the current edition of Generations Reviews some of the key issues discussed at the December 2014 General Assembly of AGE.

### **Breakout Session 1: Improving accessibility and promoting design-for-all**

This workshop underlined the importance of mainstreaming the concept of barrier-free and age-friendly environment within the EU. Based on the premise that both the EU and its members states have ratified the UN Convention on the rights of persons with disabilities, members at this workshop brought to bear the very different ways stakeholders' engagement will improve accessibility of the built and natural environments and support design-for-all in Europe. Most particularly, experts stressed the importance of engaging manufacturers and designers of goods and services, so that all will appreciate the benefits of accessibility and design-for-all, rather than relying on the use of legislative instruments. It



## Towards an Integrated Platform for an Age-friendly Europe cont...

was suggested that while the UN Convention on the rights of persons with disabilities and the applicable EU directives provide a legislative framework, it is in the interest of the whole society if compliance is voluntary and not necessarily due to the risk of retribution.



## Towards an Integrated Platform for an Age-friendly Europe cont...

One of the flagship projects of AGE that is contributing to the novelty of accessibility and design-for-all is the AFE INNOVNET initiative (a thematic network on innovation for Age-friendly Environment). AFE INNOVNET is a network of local and regional authorities aimed at developing innovative solutions to support active ageing and independent living among older people (for more information please visit: [www.afeinnovnet.eu](http://www.afeinnovnet.eu)).

### Breakout Session 2: Supporting Europe 2020 social objectives on poverty reduction and employment

Poverty reduction and employment is one of the headline objectives of Europe 2020 Strategy. However, the lingering effects of the financial crisis has slowed down recovery and impeded the effectiveness of this goal. The Europe 2020 Strategy is currently under review to assess and reorient this objective for the period 2015-2020.

AGE has been highly critical on the lack of this EU objective to translate into workable national level action plans, with effective results at the grassroots. During this workshop members debated how best AGE could facilitate the development of key actions in the review of the Europe 2020 Strategy with regard to ageing and poverty of older people. In this respect members discussed issues around pension and extending the work life of older workers. While there has been an arbitrary and inconsistent increase in retirement age across members states, very little has been done to tackle ageism at work for the 50+, and even far less has been achieved in ensuring workplaces are accommodating to people of all ages, by creating a barrier-free work environment and reducing intergenerational conflicts.

Members also explored the possibility of introducing some minimum social standards in areas such as minimum wages, minimum pension, and universal access to healthcare and long-term care and social services. Such actions will help reduce the effects of poverty, should be member state-specific and account for differences in regions.



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## Towards an Integrated Platform for an Age-friendly Europe cont...

### Breakout Session 3: How to ensure access to quality health and long-term care

It is appreciated that while the restriction posed by the physical barriers in the built and natural environment may have reduced in varying degrees across the EU member states, psychosocial barriers are some of the most potent impediments older people face today. Due to their more pronounced need for healthcare services, accessibility to quality health and hindrances, thereto, has a greater impact on the health and wellbeing of older people. Multiple -discrimination is becoming more prevalent among some minorities of older people in Europe, including people with ethnical backgrounds, older women, older LGBTI and older Roma. There are problems around abuse in form of physical, financial, psychological, deprivation and isolation among older people.



Debate at this workshop revolved around two key areas. First, AGE members shared their experiences at national levels on how concrete actions have helped alleviate some of these problems, emphasising the need to provide legislative footing for the right to long-term care for older people in the member states.

Secondly, it was widely appreciated that the use of robotics and artificial intelligence may contribute to the support of care for older people. However, integrating medical innovation into the conventional care provision for older people is still not widespread. AGE members acknowledged the dimension of progress that has been made in the improvement of healthcare services to older people in some of the member states, with the aid of robotics and artificial intelligence. Experts, however, highlighted their concerns over how some older people have been excluded from the benefits of medical technology in other parts of Europe.

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### Breakout Session 4: How to enhance the protection of older consumers

The growing size and importance of the silver economy is acknowledged across Europe. Nevertheless, older people continue to suffer exclusion and age discrimination in the use of some goods and services on a daily basis. Older consumers experience 'age-ceiling', inaccessible and inadequate information and market exploitation in their attempts to purchase goods and services, compared to other members of the society. While some market players promote fair consumer-producer relationships and build on the potentials of the silver economy, others subject older consumers to undignified situations and compromising exposure.

AGE experts highlighted the importance of tourism as part of active ageing within the EU for senior citizens. Members cited instances whereby tourists in the older age cohort were denied access to car-hire and insurance protection policies in other countries, usually on age grounds alone. This kind of age discrimination reduces older people's mobility and their ability to continue to be economically active. There are issues around the accessibility of financial services also. Older people are at a higher risk of falling prey to misinformation and scams in the daily management of their financial affairs.

AGE is currently working on various initiatives that are targeted towards the protection of Europe's grey consumers. Some of these initiatives have addressed areas such as the right to information, financial services regulation (including pension funds protection), and the protection of economic and social rights of consumers.

The action points agreed at the workshops are expected to set the tone and inform AGE's action plan for the period 2015-2017. Being aware of the key issues affecting older people in Europe should inform researchers and academics and help support the forming of research interests and designing academic curriculum in higher education. It has been a great honour for me to have had the opportunity time to follow and participate in the work of AGE through the BSG in the last 12 months; and it is with great enthusiasm that I look forward to the challenges of the year ahead.

\*END\*



# Attending to subjective cognitive decline: a blended approach

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In 2013 over 815,000 individuals in the UK were recorded to have had a diagnosis of dementia. Alzheimer's disease (AD) is the most common cause of dementia which accounted for approximately 62% of this figure (Alzheimer's Society, 2014). By 2051 the number of individuals living with dementia in the UK is predicted to rise to 2,092,945 (Alzheimer's Society, 2014). Inevitably this increase is going to create further social and economic challenges.

AD is a progressive neurodegenerative disease which is present for decades before a clinical diagnosis of dementia is made (Jack Jr. et al, 2013; Morris and Price, 2001). Earlier on this pathological pathway is mild cognitive impairment (MCI) which is characterised by objective changes in memory and cognition without the presence of dementia or significant changes to activities of daily living (Petersen, 2004). Approximately 5-20% of older adults in the UK are currently believed to have MCI (Alzheimer's Society, 2014). Much research has focused on MCI being a pre-AD stage, however not all individuals with MCI will go on to develop dementia. Furthermore, irreversible neuronal dam-

age will have already occurred by the time someone develops MCI (Sperling, Jack Jr, and Aisen, 2011; Jack Jr et al., 2013; Aizenstein et al., 2008; Kryscio et al., 2014). Therefore the targeted area for research, treatment and intervention should also now be at the earlier pre-clinical stage of subjective cognitive impairment (SCI) where cognitive functioning is relatively intact compared to its status in MCI. Approximately 25% to 56% of older adults in the UK are currently believed to be experiencing SCI (Alzheimer's Society, 2014; Reisberg et al, 2010). An individual is said to have SCI when they express concerns about cognitive difficulties which are unidentifiable on standardised cognitive measures. No neuropsychological, formal, objective cognitive measures can identify such subtle changes in cognition. A proportion of individuals experiencing SCI may be in the early pre-symptomatic stages of the neurodegenerative AD pathway. Research suggests that people with SCI are 4.5 times more likely to develop MCI than people without, thus suggesting SCI could be a pre-MCI stage, and therefore possibly a harbinger to AD (Reisberg et al, 2010). However, for some people SCI may just be a normal ageing response, thus changes are





## Attending' to subjective cognitive decline: a blended approach

considered to be 'senior moments' (Desai and Schwarz, 2011). Furthermore, SCI may have numerous other explanations, for instance a person may be experiencing cognitive difficulties due to a medical problem, medication they are taking, the menopause, a psychiatric illness, chronic fatigue etc... (Jessen et al, 2014). Despite what is causing SCI it is nevertheless a likely concern for the person experiencing it, and also a concern for their loved ones. Therefore, when researching SCI it is important to think broadly about what is causing it prior to narrowing focus on AD.

The concept of SCI is unspecific and there is a lack of consensus regarding terminology, therefore the terms SCI, subjective cognitive decline (SCD), subjective memory complaints (SMC), subjective cognitive complaints (SCC) etc...are frequently used interchangeably (Jessen et al, 2014). Jessen et al (2014) suggested the use of a more appropriate term 'subjective cognitive decline' (SCD) to reflect the neurodegenerative decline associated with AD, thus the preferred term that will be employed hereafter. SCD is aetiologically heterogeneous and unspecific, therefore the Subjective Cognitive Decline Initiative



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# Attending' to subjective cognitive decline: a blended approach

(SCD-I) has been created to help develop a common research framework for characterising SCD (Jessen et al, 2014).

Research in this area has predominantly focused on higher level processes such as memory, language, executive functioning, cognition, and visual perception (Tales and Porter, 2008). However, standardised measures of these processes are not sensitive or specific enough to pick up the subtle cognitive changes in SCD (Tales and Porter, 2008). A wider range of brain functions such as fundamental lower level of processing should receive more clinical and research focus (Tales et al, 2014). Specifically, 'attention' is a suggested cognitive process requiring research focus as a possible characteristic of SCD. Attention is a process which enables us to adequately function in a highly perceptual stimulus-

driven world. We are able to selectively attend to what we want and need to, and inhibit our attention from irrelevant stimuli. Attention can be consciously paid to something but can also be involuntarily diverted, for instance to a sudden loud noise. Attention related processes are crucial for e.g. walking, engaging with the environment, and performing activities of daily living. Furthermore, deterioration in attention related processes has been linked to an increase in the likelihood of falls (Chiu et al, 2004), and can have an impact on driving capability (Frittelli et al, 2009). An individual's quality of life and well-being are likely to be negatively impacted on if such features of everyday life are impaired. Justifiably, researching 'attention' and cognitive decline is essential for the characterisation of SCD however it may also turn out to be a measurable construct for identifying the early signs of AD.

## Me and my PhD—Amy Jenkins

I am a second year PhD student within the Department of Psychology at Swansea University supervised by Professor Andrea Tales and Dr Jeremy Tree. Prior to starting my research doctorate I co-ordinated the Cognitive Function and Ageing Study (CFAS) in the Centre for Innovative Ageing (CIA). I remain a proud associate member of the CIA and working there has undoubtedly impacted on my PhD focus. I have carved out a blended multi-disciplinary approach to my PhD, thus a gerontological consideration to health and social care, ageing, cognitive decline and dementia, which is equally weighted with a scientific cognitive neuropsychological approach. Also, the impact of my research in clinical practice is of considerable importance. Regular contact with memory team clinicians help facilitate the sharing and transfer of knowledge between research and practice. Being a member of the British Society of Gerontology is an honour and it will without a doubt continue to facilitate this blended multi-disciplinary approach. Please see my Research Gate and personal website links below for recent conference presentations, including BSG 2014, and published commentary work.

Research Gate link: [https://www.researchgate.net/profile/Amy\\_Jenkins2/info](https://www.researchgate.net/profile/Amy_Jenkins2/info)

Twitter link: <https://twitter.com/Amyjenkins6565>





## References

- Aizenstein, H.J., Nebes, R.D., Saxton, J.A., et al (2008). Frequent amyloid deposition without significant cognitive impairment among the elderly. *Archives of Neurology*, 65, pp. 1509–1517.
- Alzheimer's Society (2014). [http://www.alzheimers.org.uk/site/scripts/documents\\_info.php?documentID=412](http://www.alzheimers.org.uk/site/scripts/documents_info.php?documentID=412) (Accessed on 06/11/2014)
- Chiu, Y.C., Algate, D., Whall, A., et al (2004). Getting lost: Directed attention and executive functions in early Alzheimer's disease patients. *Dementia and Geriatric Cognitive Disorders*, 17, pp.174–180.
- Desai, A.K., and Schwarz, L. (2011). Subjective cognitive impairment: When to be concerned about 'senior moments'. *Current Psychiatry*, 10(4), pp. 31–45
- Frittelli, C., Borghetti, D., Iudice, G., et al (2009). Effects of Alzheimer's disease and mild cognitive impairment on driving ability: a controlled clinical study by simulated driving test. *International Journal of Geriatric Psychiatry*, 24(3), pp. 232–238.
- Jack Jr, C.R., Knopman, D.S., Jagust, W.J., et al (2013). Tracking pathophysiological processes in Alzheimer's disease: an updated hypothetical model of dynamic biomarkers. *Lancet Neurology*, 12, pp.207–216.
- Jessen et al (2014, in press). A conceptual framework for research on subjective cognitive decline in preclinical Alzheimer's disease. *Alzheimer's and Dementia*, 1–9.
- Kryscio, R.J. et al (2014). Self-reported memory complaints: Implications from a longitudinal cohort with autopsies. *Neurology*, 83(15), pp. 1359–1365.
- Morris, J.C., and Price, J.L. (2001). Pathologic correlates of nondemented aging, mild cognitive impairment, and early-stage Alzheimer's disease. *Journal of Molecular Neuroscience*, 17(2), pp.101–118.
- Petersen, R.C. (2004). Mild cognitive impairment as a diagnostic entity. *Journal of Internal Medicine*, 256(3), pp.183–94.
- Reisberg, B., Shulman, M.B., Torossian, C., Leng, L., and Zhu, W. (2010). Outcome over seven years of healthy adults with and without subjective cognitive impairment. *Alzheimer's and Dementia*, 6, pp. 11–24
- Sperling, R.A., Jack Jr, C.R., and Aisen, P.S. (2011). Testing the right target and right drug at the right stage. *Science Translational Medicine*, 3(111), p.111cm33.
- Tales, A., and Porter, G. (2008). Visual attention-related processing in Alzheimer's disease. *Reviews in Clinical Gerontology*, 18(03), pp. 229–243
- Tales, A., Wilcock, G.K., Phillips, J.E., and Bayer, A. (2014). Is there more to Subjective Cognitive Impairment than meets the eye? A perspective. *Journal of Alzheimer's Disease*, 41(3), pp. 655–661.

# Training to prolong safer driving among older people

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There will be an increase in older drivers on the road over the next 20-30 years. On the whole older drivers are not a particular risk to road safety. Collisions involving older people as a casualty increase in later life across Great Britain, but much of this is due to frailty; they are more likely to become a statistic (Mitchell, 2013; see figure 1).

However, they are over represented in crashes resulting in injury and death that involve:

- junctions, in merging traffic, with turns across the road and in busy traffic (Clarke et al., 2009) esp. judgements of relative speed, time gap judgements (Oxley et al., 2006; Preusser et al., 1998)
- Navigating unfamiliar routes (Holland, 2001)
- Maintaining speed and tracking (Brendemuhl, Schmidt and Schenk, 1988; Mussewhite and Haddad, 2008, 2010; Schlag, 2003)
- Being distracted by radio, passengers, outside (Holland, 2001; Musselwhite and Haddad, 2008, 2010)
- An inability to see under poor lighting (glare, darkness, luminance) (Janke, 2004; Musselwhite and Haddad, 2008, 2010b)
- Slower reaction times (Musselwhite and Haddad, 2008, 2010)
- Tiredness/fatigue (Musselwhite and Haddad, 2008, 2010)

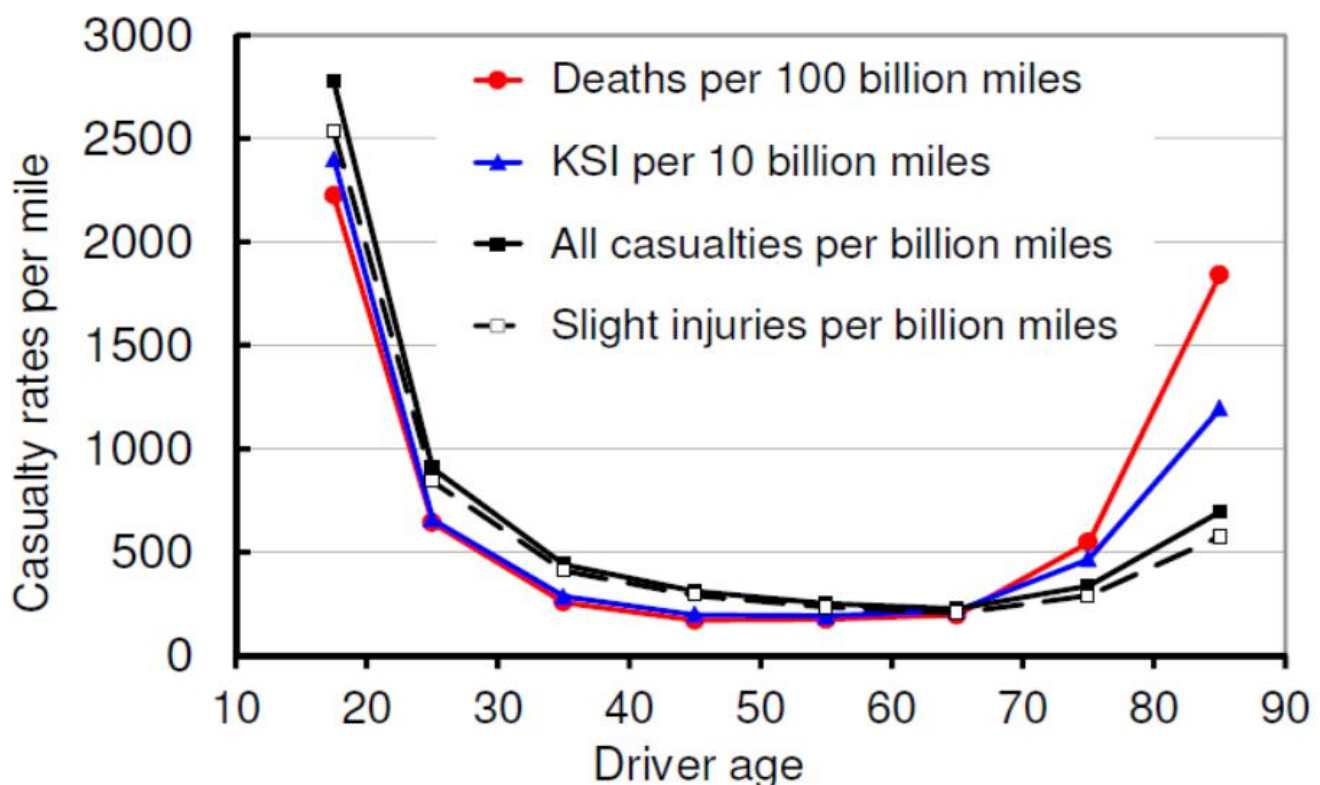


Figure 1: Casualty rates for drivers by age and types of casualty, Great Britain 2012 (Mitchell, 2013).





Research suggests that the following cognitive and physiological changes could account for these types of crash:

- Attention
- Cognitive Overload
- Cognitive processing speed
- Perceptual speed
- Working memory
- Task switching
- Eyesight
- Physiological changes in movement of neck.
- Physiological changes in muscular strength
- Changes in optical lobe functioning
- General physiological changes

Cognitive tests can be used to predict driver performance including being involved in a crash. Performance by older people on the following tests have been shown to predict driver collisions in older adults:

- Useful Field of View (UFOV), a computer based test that examines processing speed, divided and selective attention (Ball et al., 2010)
- Trail Making Test part A and B (TMT/A, TMT/B), consists of two tests, Part A (figure 3) requires a participant to join up numbered shapes in sequential order from 1 to 25 as quickly as possible. This measures visual search capability. Part B requires the participant to join numbers and letter together in order 1-A-2-B-3-C and so on. Part B measures working memory and task switching ability. Emerson et al (2012)
- Motor-Free Visual Perception Test, The Visual Closure subtest of the Motor-Free Visual Perception Test (MVPT/VC) is a multiple-choice



test that measures a person's ability to visualize incomplete figures when only fragments are presented (Staplin et al., 2003a,b).

- Delayed Recall. Performance on the test is related to working memory and requires participants to recall three words, once achieved delayed recall condition is added by allowing a certain amount of minutes (often 10 minutes in the first instance) to pass before repetition is required (participants are told they should remember them for recall). (Staplin et al., 2003a,b).
- Maze test. Participants complete trace a path through a computerised maze (Ott et al. 2003, 2008)

Performance on the UFOV and Maze test also predict general driver performance in older drivers. Training has been shown to improve performance on the UFOV, TMT A/B, Delayed Recall, Speed of Processing, and also two physical tests (general fitness and specific neck and shoulder training). Research has found training improving performance on the UFOV, Dual N, neck and shoulder and general fitness training translates into improved driver behaviour. The four tests combined cover all the

cognitive and physiological changes associated with increase in crash risk among older people noted above. It is therefore suggested these form the basis of any future training programme.

There are some promising examples of bringing together these cognitive and physical tests currently run at local driver assessment centres across the United Kingdom and also some at-home self-assessment style programmes. These are always very positively received by older people and there is tentative evidence they improve driver behaviour yet little evidence that crashes are reduced. There is also a tendency for drivers to disengage with learn-

ing after an initial intervention, so effects tend to be short-lived (for an overview see Korner-Bitensky, et al., 2009 , Hawley 2015 and St Louis et al., 2011) More research is needed about the best combination of training and tests and how to lock-in training benefits that translate to driver behaviour.

Recommendations for future training programmes for older people to improve driver behaviour should include the UFOV and the TMT A and B test, with potentially involving neck and shoulder and general fitness programmes too. A screening procedure linked to incremental training programmes with feedback akin to a game style package is suggested.



## References

- Ball, K., Edwards, J. D., Ross, L. A., & McGwin, G. (2010). Cognitive Training Decreases Motor Vehicle Collision Involvement Among Older Drivers. *Journal of the American Geriatrics Society*, 58(11), 2107–2113.
- Brendemuhl, D., Schmidt, U., & Schenk, N. (1988). Driving Behaviour of Elderly Motorists in Standardized Test Runs under Road Traffic Conditions” In J.A. Rothengatter & R.A. de Bruin (Eds.), *Road User Behaviour: Theory and Research* (pp. 310–318). Wolfeboro, NH: Van Gorcum
- Clarke, D. D., Ward, P., Truman, W., & Bartle, C. (2009) *Collisions involving older drivers: An in-depth study*. London, Department for Transport
- Emerson J, Johnson A, Dawson J, et al. (2012) Predictors of driving outcomes in advancing age. *Psychol Aging*. 27(3), 550–59
- Hawley, C. (2015). Evaluation of the Dorset Driver Gold Initiative. Report for Road Safety Team Dorset County Council. Available at [https://www.dorsetforyou.com/media/201019/Dorset-Driver-Gold-evaluation-Report---Jan-15/pdf/DORSET\\_GOLD\\_REPORT\\_Final\\_12\\_January\\_20151.pdf](https://www.dorsetforyou.com/media/201019/Dorset-Driver-Gold-evaluation-Report---Jan-15/pdf/DORSET_GOLD_REPORT_Final_12_January_20151.pdf) (last accessed 6/3/15)
- Holland, C. (2001). *Older Drivers: a Review*, London: Department for Transport
- Janke, M. (1994). *Age-related disabilities that may impair driving and their assessment: Literature review*. Department of Motor Vehicles, Sacramento, United States
- Korner-Bitensky, N., Kua, A., von Zweck, C., and van Benthem, K. (2009). Older driver retraining: An updated systematic review of evidence of effectiveness. *Journal of Safety Research*, 40, 105–111.
- Musselwhite, C.B.A. and Haddad, H. (2008). A Grounded Theory exploration into the driving and travel needs of older people. *Proc. 40th Universities Transport Study Group Conference*, University of Southampton, Portsmouth, January
- Musselwhite, C.B.A. and Haddad, H. (2010). Exploring older drivers' perception of driving. *European Journal of Ageing*, 7(3), 181–188.
- Ott, B.R., Festa E.K., Amick M.M., Grace, J. Davis, J.D. and Heindel W.C. (2008). Computerized maze navigation and on-road performance by drivers with dementia *Journal of Geriatric Psychiatry and Neurology*, 21 (1), 18–25
- Ott, B.R. Heindel, W.C. Whelihan, W.M. Caron, M.D. Piatt, A.L. and DiCarlo M.A. (2003) Mazes test performance and reported driving ability in early dementia *Journal of Geriatric Psychiatry and Neurology*, 16, 151–155
- Oxley, J., Fildes, B., Corben, B. and Langford, J. (2006) Intersection design for older drivers. *Transportation Research Part F: Traffic Psychology and Behaviour*, 9(5), 335–346.
- Preusser, D., Williams, A., Ferguson, S., Ulmer, R. & Weinstein, H. (1998). Fatal crash risk for older drivers at intersections. *Accident Analysis and Prevention*, 30(2): 151–159.
- Schlag, B. (1993). Elderly Drivers in Germany - Fitness and Driving Behavior. *Accident Analysis and Prevention*, 25, 47–55.
- Staplin, L., Lococo, K. H., Gish, K. W., Decina, L.E. (2003a). *Model Driver Screening and Evaluation Program. Volume 2: Maryland Pilot Older Driver Study*. Washington, D.C.: National Highway and Traffic Safety Administration. Available at: <http://www.nhtsa.dot.gov/people/injury/olddriver/modeldriver/> (last accessed 6/3/15)
- Staplin, L., Lococo, K. H., Gish, K. W., Decina, L.E. (2003b). *Model Driver Screening and Evaluation Program: Guidelines for Motor Vehicle Administrators*. Washington, D.C.: National Highway and Traffic Safety Administration. Available at: <http://www.nhtsa.dot.gov/people/injury/olddriver/modeldriver/> (last accessed 6/3/15)
- St. Louis, R., Zanier, N., Molnar, L.J. and Eby, D.W. (2011) *TRANSPORTATION IN MICHIGAN: OLDER ADULTS AND CAREGIVERS* A deliverable for project number OR09102: Low-cost, high-impact measures to meet the transportation needs of Michigan's aging population: Michigan.



The British Society of Gerontology's (BSG) Emerging Researchers in Ageing (ERA) provides students, early career academics, researchers, and practitioners with opportunities for learning, networking, and mentor support. We also welcome academics, researchers, and practitioners who are making a mid-career change to ageing studies. ERA co-chairs develop programmes and events informed by the suggestions and stated needs of our members.

### Emerging Researchers in Ageing (ERA) Conference: Opening the Door to Challenging Ideas

30th June 2015  
Newcastle Upon Tyne

- **3rd April 2015** Closure of all Abstract Submissions
- **13th April 2015** Announcement of Accepted Abstracts

#### Guidelines for the Submission of Abstracts

All abstracts will be reviewed by an ERA Committee

- **Name and affiliation.** (name, affiliation, position, contact information)
- **Presentation Title**
- **Abstracts word limit is 250 words**
- **Keywords** (max 3)

Abstracts should be sent as an attachment and emailed to [naomi.woodspring@uwe.ac.uk](mailto:naomi.woodspring@uwe.ac.uk) and [k.wimpenny@coventry.ac.uk](mailto:k.wimpenny@coventry.ac.uk). A confirmation e-mail will be sent to your e-mail address soon after your submission.

Further information:

[naomi.woodspring@yahoo.ac.uk](mailto:naomi.woodspring@yahoo.ac.uk) or  
[k.wimpenny@coventry.ac.uk](mailto:k.wimpenny@coventry.ac.uk)

PLEASE NOTE: The deadline for early bird registration to the British Society of Gerontology annual conference is 17 April 2015

### ERA in partnership with the Alzheimer's Society is presenting a funding workshop

Join us for the day at Coventry University

19th May 2015, 9:30 – 4:30

#### Learn about the funding opportunities offered through the Alzheimer's Society

Dr Jacqui-Ann Hanley, Research Grants Officer Alzheimer's Society, will present an overview of the funding opportunities for postgrad and postdoc researchers. She will cover the specifics of how to apply, what the Society is seeking from potential grantees, as well as other aspects of the funding process.

Dr Jacqui-Ann Hanley is a Research Grants Officer at Alzheimer's Society, supporting their research funding programme. The role involves supporting prospective grant applicants, processing applications and selecting peer reviewers, and assisting the Grant Advisory Boards. She is also seconded to support Brains for Dementia Research as Operations Officer. This is a varied role including finance, administration and science communication.

**For more information or to register, please contact:**  
[k.wimpenny@coventry.ac.uk](mailto:k.wimpenny@coventry.ac.uk) or [naomi.woodspring@uwe.ac.uk](mailto:naomi.woodspring@uwe.ac.uk)

**Travel bursaries are available for this event to BSG ERA members.**

## ESRC Seminar Series

### **‘More of the same is not enough’: New directions in ageing and physical activity**

Cassandra Phoenix

[C.Phoenix@exeter.ac.uk](mailto:C.Phoenix@exeter.ac.uk)

#### **Introducing a new ESRC Seminar Series (2014 – 2017):**

There are currently more people over the age of 60 than ever before. The Office of National Statistics have projected that the number of people age 60 years and over will increase by 50% in the next 25 years. These demographic changes are important because people generally become less physically active as they grow older. This can be detrimental to their health and well-being and has subsequent health and social care costs.

Researchers have been investigating the relationship between physical activity and health for a long time. Consequently, much is known about which diseases can be prevented through physical activity, and how much and how often activity should be undertaken. This information is useful, but it does not negate the fact that there are still lots of older people who are inactive.

Recently, leading scientists have said that if we are to encourage people to integrate health behaviours like physical activity into their everyday life, conducting research to reconfirm that physical activity is beneficial is not enough. Instead, they say that we need to know more about the different environments, which can enable or deter physical activity in older age and shape how it is experienced. This includes people's physical environments (e.g. their access and proximity to woodlands, parks etc.) and also their social and cultural environments (e.g. the impact of their ethnicity, gender, interaction with healthcare etc.). Social scientists are well qualified to investigate issues like these.

Our seminar series will bring together academics from different subject areas (e.g. sociology, psychol-



ogy, geography, sport and health sciences), policy makers, health and social care practitioners, physical activity and sport providers, and those working within the voluntary and statutory sectors. Each seminar will focus on a specific issue relevant to the physical, social and cultural environments that can impact upon physical activity in older age. Specifically; (i) physical activity during life course transitions, (ii) competitive sport in later life, (iii) ageing masculinities and physical activity, (iv) experiences of physical activity amongst hard to reach groups



## ESRC Seminar Series: 'More of the same is not enough'

(e.g. ethnic minorities), (v) community based initiatives to promote physical activity, (vi) –health for active living, (vii) physical activity in the outdoor natural environment, (viii) the process of using research to inform policy and practice.

### Seminar 1: Physical activity as a 'career': A life-course perspective

On the 4th December, Noreen Orr from the University of Exeter introduced the seminar series to an audience of academics, health professionals, charity representatives, and physical activity programme participants. Drawing on the ESRC funded research project 'Moving Stories', she highlighted some of the factors that influenced physically active older adults to establish a lifestyle in which physical activity was an integral part.

This was followed by a number of presentations from researchers and practitioners working within this field. Specifically, Professor Gertrud Pfister from the University of Copenhagen discussed key findings from ongoing research in Denmark including (auto) ethnographic work into older women's changing

sport/physical activity practices over time. She concluded that knowledge of health recommendations does not always lead to compliance, that physical activity such as jogging and fitness are not necessarily rewarding per se, and that groups which are not socialised into sport and have never adopted a sporting lifestyle face barriers, which they may not be able to overcome.

Following a short discussion, David Terrace shifted the focus to AgeUK's wellbeing projects such as Fit for the Future (2013-2015), Dementia Friendly (2013-2015), Cascade Training (2013-2015), Get Going Together (2013-2016) and Inspire and include (2013-2016), noting how the organisation are working to influence policy and practice and using case studies to illustrate how participants in AgeUK's exercise programmes had benefitted. The discussion that ensued revolved around an issue that was to be recurrent theme throughout the day; - the challenges in evaluating and sustaining such programmes. David called for an improved interface between academics/researchers and charities and the need to work together on evaluations from the outset of project planning.

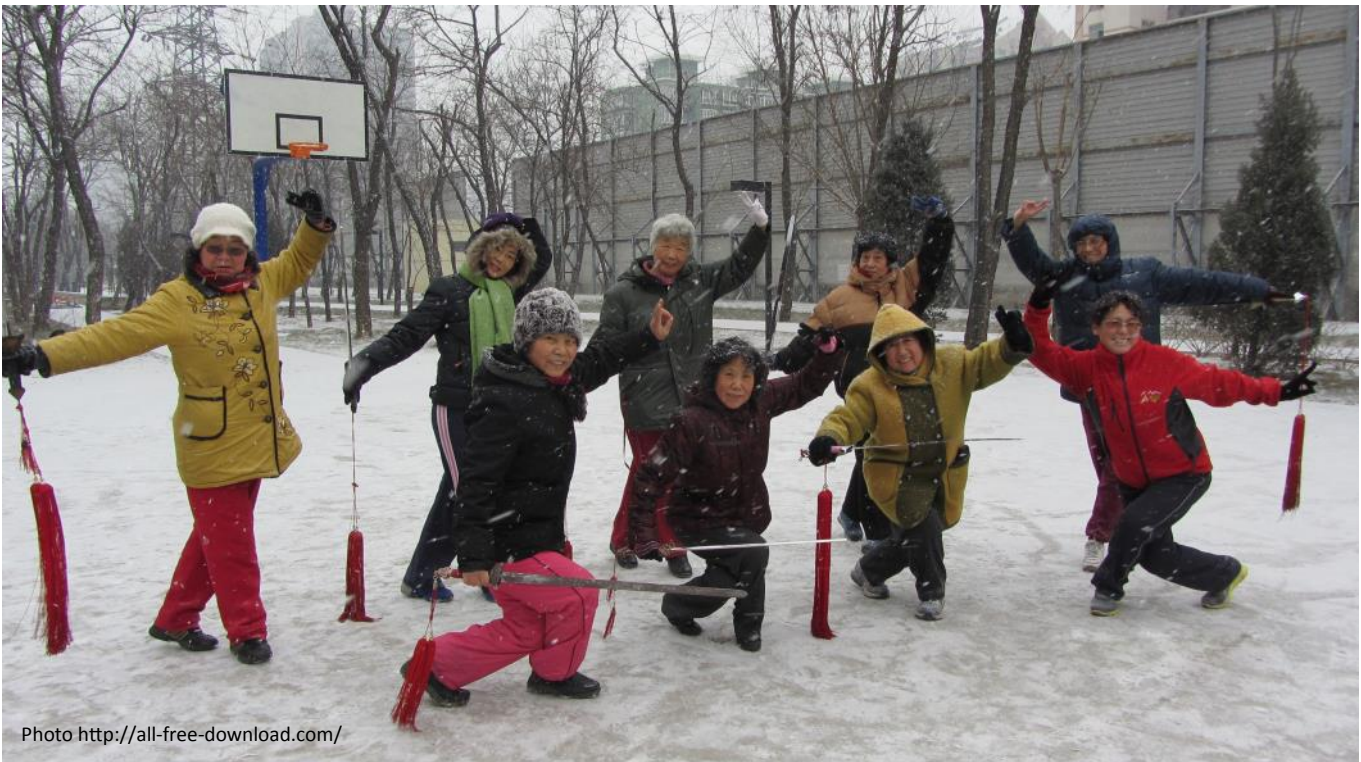


Photo <http://all-free-download.com/>





Tasty treats and lively chatter were enjoyed throughout the lunch break, after which Barbara Humberstone from New Bucks University spoke of 'learning to be in the body' and the manner in which active older bodies come to tell stories that don't always resonate with the narrative of decline. To illustrate this, Barbara drew on both her own experiences as a committed recreational windsurfer and from research examining older adults' experiences of yoga. In doing so, she was able to emphasise the importance of the senses in appreciating the exercise environment and feelings of enjoyment in later life.

The perspective of Cornwall based General Practitioner Rupert Manley were a welcomed addition to the programme. Highlighting what he felt was a 'cycle of inactivity' that emerged across childhood, adolescence and adulthood, Rupert described what he saw as the potential of lifestyle interventions and the use of the community as a health resource within the context of a health care system characterised by spiralling workloads and financial constraints. Returning to the topic of evaluation, the challenge for the General Practitioner is, explained Rupert, to refer patients on to non-medical programmes and activities.

Sarah Jarvis from ReActive, a specialised fitness company in Cornwall, gave the community practitioner's perspective on physical activity with older adults for the final formal presentation of the day. She outlined ReActive's propriety 'Ready STEADY Go!' Exercise programme which focuses on improved mobility and the early intervention and management of risk factors that lead to falls. One of her 'clients' gave a first-hand account of her experience of Sarah's classes. Sarah concluded that motivation and adherence is vital for older people participating in physical activity and called for more collaboration between services, i.e. physiotherapists and the qualified fitness professional.

Janice Thompson from the University of Birmingham had the somewhat challenging task of summa-

rising the key points that had arisen throughout the day. Here are the soundbites!

### **'Build it and they will come!' (won't they?)**

Much discussion took place regarding underlying assumptions that leisure time physical activity is attractive and interesting to people. In other words, just because there are opportunities and knowledge regarding the benefits of physical activity, it would be unwise to assume that this translates into behaviour change. Given this, there may be gains to be made by focusing attention more on (active) daily living (stair climbing, getting out the house etc.) as opposed to engagement in sport or organised physical activity.

### **A holistic, participatory approach to healthy ageing across the life course**

Some of the most successful programs (e.g. 'Movers and Shakers', Buckinghamshire) are those that do not limit themselves to physical activity alone, but incorporate other aspects of healthy ageing (e.g. nutritional advice, social interaction). They are also generated and led from within the community for whom it's intended to benefit. It was noted that activity centres with top-down design and delivery have not attracted people from lower socioeconomic groups, nor migrant populations.

### **From research... to practise (and back again).**

End users benefit when quality, mutually beneficial relationships exist between the research team and the stakeholder community. Methods by which to optimise this include; secondments, networking events to exchange information (such as the current seminar series!), and involving representatives from key user groups at the planning stage of any research project (as opposed to after the funding has been awarded).

**Cont....**



## ESRC Seminar Series: 'More of the same is not enough'

### Innovation and evidence

There is a real appetite for new models of access, delivery and intervening to enhance the opportunities that people have to be active in older age to be explored and, most importantly, evaluated (the Penwith Pioneer Project, Newquay Cornwall, with AgeUK, being one such example). Programme eval

uation which is planned from the outset, appropriately financed, independent, and incorporates a divergent range of approaches and methodologies, is imperative to the continued delivery and, where appropriate, expansion of community based initiatives.

### Want to know more?

The slides from the seminars, forthcoming seminar dates, information about how to apply for an early career researcher travel / accommodation bursary to support your attendance, and other key resources are available from our seminar series website: [www.seminars.ecehh.org](http://www.seminars.ecehh.org)

**Twitter feed:** #esrcAgePA

**Seminar Team:** Cassandra Phoenix (PI), Benedict Wheeler, Noreen Orr (University of Exeter Medical School), Emmanuelle Tulle (Glasgow Caledonian University), Janice Thompson (University of Birmingham), Christina Victor (Brunel University), Brendan Gough (Leeds Beckett University), Joe Piggin (Loughborough University).

**Partners:** British Heart Foundation National Centre for Physical Activity and Health, Birmingham City Council, Sporting Equals.

### Next Seminar

'Learning from the Masters: The relationship between sport and physical activity in later life'

Glasgow Caledonian University, 13<sup>th</sup> April, 2015

## The Future of Ageing Research (FAR)

### 11th November 2015

A major one day event, organised by the BSG, to be held at the Wellcome Collection in London on Wednesday 11th November, 2015.

The Future of Ageing Research (FAR) will ask the questions:

- Is social gerontology in Britain making the social research contribution it should be?
  - How can its impact & influence be improved in the future?
  - Where will research funding be found?

To find out more, read Professor Sheila Peace's article in the latest issue of the BSG Members Bulletin April 2015—[available here](#)



## Who's Who

Rita Newton,

Environmental Gerontologist

**SURFACE inclusive Design Research Centre, the University of Salford**

### **Describe yourself in three words.**

Honest, control freak, passionate (about research!)

### **How did you get here today (i.e. career/research)?**

I began my career training to be a chartered quantity surveyor (the numbers person in a construction project in case you are wondering). I worked for 12 years in the design and construction industry before moving into academia. I spent my first 2 weeks immersed in the library because I couldn't believe that you got paid to read, think and discover – I still pinch myself each day to remind myself of this wonderful opportunity. I've spent the last 15 years immersed in inclusive design (aka design for all, intergenerational design) as part of the age friendly cities agenda. Most recently I'm bringing a built environment perspective to the work of the Salford Institute for Dementia.

### **What's the best piece of advice you've received?**

Open a bottle of champagne when you submit a research bid, rather than when you win it, you'll drink more champagne that way! (Emeritus Professor Peter Brandon)



### **Who is or has been the most influential person in your career?**

Two people: Prof Marcus Ormerod, my partner in crime at SURFACE because he puts up with my whacky research ideas and works out how to implement them in practice. Emeritus Prof Peter Lansley who through his work in both the EPSRC EQUAL and SPARC initiatives has inspired people to become involved in ageing research, and he was recently awarded an MBE in recognition of this.





## Who's Who—Rita Newton, SURFACE, Salford

### What's the best book you've ever read?

'Now we are Six' by A A Milne – because it was the first book that I can remember reading by myself and it started a journey of adventure and discovery through reading – thank you Winnie the Pooh!

### Best or most influential paper you have read, you'd recommend to others to read?

The Guardian, the Times etc because research has to start by understanding real world problems and you learn so much by reading about others real life experience. For example, Terry Pratchett shares his experience of his journey with dementia, and you start to realise how design can make a difference to people affected by dementia.

### What do you do when you are not doing ageing research?

Good question! Walking the dog – a red and white border collie called Findlay

### Best research project you have been involved with and why?

Our MRC LLHW project Go Far: Going Outdoors – Falls, Ageing and Resilience, because we were a wonderful collaborative interdisciplinary team, and research is as much about who you work with, as it is about the research process and outcomes.

### What's the future for ageing research?

Understanding the real world problems by working with / observing / listening to real people about their daily lives and experiences and then thinking about how to solve some of these messy and indeterminate problems, whilst enjoying it, having fun, and making a difference. For example, working with Kilburn older voices exchange has been a joy and this sort of work is important to continue in the future.

## DESIGN FOR WELLBEING: INNOVATIVE RESEARCH METHODS FOR UNDERSTANDING OLDER PEOPLE'S EVERYDAY MOBILITY

One-day seminar, Tuesday 21 April  
2015, 9.30-5pm

Oxford Brookes University, Headington  
Campus, John Henry Brookes Building,  
OX3 0BP

There is wide recognition that the design of our environment can contribute to promoting independent mobility, healthy activity and social engagement among an ageing population.

A growing corpus of research is focusing on how design influences older people's mobility and how this directly and indirectly impacts wellbeing. This seminar will bring together projects funded under the Lifelong Health and Wellbeing (LLHW) cross-council ageing research programme (see <http://www.epsrc.ac.uk/funding/calls/designforwellbeing/>) with other researchers and practitioners to discuss innovative methods (and challenges) for understanding older people's mobility and wellbeing and the implications for design.

The day will include presentations from leading researchers involved in the LLHW projects on their latest progress and thinking, along with in-depth workshop discussions, networking and a delicious lunch. presentation:

To book: <https://www.eventbrite.co.uk/e/design-for-wellbeing-innovative-research-methods-for-understanding-older-peoples-everyday-mobility-registration-16100851079>



# JOIN THE BSG TODAY!

Ageing research is increasingly high profile, nationally and internationally.

Consequently, those in universities and in organisations working with older people, will benefit from joining the British Society of Gerontology. The Society gives members access to a multidisciplinary forum and network of like minded people dedicated to applying the knowledge gained through research and practice to improving quality of life in old age.



Membership of the BSG brings you into a community of academics and practitioners interested in a wide range of issues related to ageing. In particular, membership:

- Facilitates access to dynamic and up-to date debates about ageing and ageing studies - our members are involved in cutting edge research, policy and practice and are very willing to share their perspectives with you
- Members have access to a number of social media platforms – blog **Ageing Issues**; twitter account; YouTube channel **Ageing Bites**; LinkedIn Group; and soon a photo-sharing page on Flickr
- Entitles you to significantly reduced rates at the Annual Conferences of the British Society of Gerontology
- Gives students access to our vibrant group of Emerging Researchers in Ageing (ERA), which includes students, postdoctoral researchers and people new to careers in ageing, meet regularly to discuss research, policy and practice and support one another in their careers
- Access to our mailing list (BSGmail) to enable you to keep up-to-date about conferences, seminars, teaching courses, and research about ageing and ageing studies
- If you are a student, postdoctoral or unwaged member, you are entitled to apply for a conference bursary, for example, to cover costs to attend our annual conference
- Entitles you to substantially reduced subscription rates to the following peer reviewed journals: *Ageing and Society* and *Journal of Population Ageing*
- Provides you with access to all areas of the BSG website, including the Membership Directory and Members Only pages

## How can I join?

Visit the website and fill in the registration form online and we will do the rest!

[www.britishgerontology.org/join](http://www.britishgerontology.org/join)

