

# Search Results

## Table of Contents

Search History .....	page 3
1. Reducing the health risks of severe winter weather among older people in the United Kingdom: An evidence-based intervention. ....	page 4
2. Early intervention prevents crises. ....	page 4
3. [Under pressure: tackling the financial challenge for councils of an ageing population] .....	page 5
4. Early response as predictor of final remission in elderly depressed patients. ....	page 5
5. Frailty: an emerging concept for general practice. ....	page 6
6. Dementia prevention: The discordance between observational and intervention studies and the search for more evidence. ....	page 6
7. Falls and fractures: effective interventions in health and social care .....	page 7
8. Frailty: an emerging concept for general practice .....	page 8
9. Improve care through a pathway to early diagnosis .....	page 8
10. Falls and fractures: developing a local joint strategic needs assessment .....	page 9
11. Substance use disorders and late-life depression .....	page 9
12. Early intervention in dementia care in an Asian Community. ....	page 10
13. Remote patient monitoring in home healthcare : lessons learned from advanced users. ....	page 10
14. Frailty : an emerging concept for general practice. ....	page 11
15. Working towards prevention in older people's services in social care. ....	page 12
16. Standardized or authentic assessment, that is the question. ....	page 12
17. Health disparity knowledge and support for intervention in Saskatoon. ....	page 13
18. Self-reported care needs of outpatients with a bipolar disorder in the Netherlands. ....	page 14
19. Onset of depression in elderly persons after hip fracture: Implications for prevention and early intervention of late-life depression. ....	page 15
20. Prevention of major depression: Early detection and early intervention in the general population. ....	page 15
21. Social work's partnership in community-based stroke prevention for older adults: a collaborative model. ....	page 16
22. Housing and self-neglect: the responses of health, social care and environmental health agencies. ....	page 17
23. Housing and self-neglect : the responses of health, social care and environmental health agencies. ....	page 18
24. Factors influencing the decision of older people living in independent units to enter the acute care system .....	page 18
25. How to promote early detection of Alzheimer's disease in the community. ....	page 19
26. Community mental health nursing and early intervention in dementia: developing practice through a single case history. ....	page 19
27. Early intervention screening for family caregivers of older relatives in primary care practices: establishing a community health service alliance in rural America. ....	page 20
28. Validation of the Short Cognitive Battery (Bsuperscript 2C). Value in screening for Alzheimer's disease and depressive disorders in psychiatric practice. ....	page 21
29. Comparison of Consumption Effects of Brief Interventions for Hazardous Drinking Elderly. ....	page 21
30. Early intervention in schizophrenia in the elderly. ....	page 22

31. The senior outreach program of Park Ridge Mental Health: An innovative approach to mental health and aging. ....	page 22
32. Strategies to improve the quality of oral health care for frail and dependent older people. ....	page 23
33. Ambulatory elderly patients of primary care physicians: Functional, psychosocial and environmental predictors of need for social work care management. ....	page 23
34. Prevention and early intervention for mental disorders of the elderly. ....	page 24
35. Does early intervention reduce the number of elderly people with dementia admitted to institutions for long term care? ....	page 24
36. The Alzheimer's Disease Assessment Scale (ADAS): An instrument for early diagnosis of dementia? ....	page 25
37. Economic and social benefits of psychological assistance. ....	page 25
38. Innovations in the care of the elderly ....	page 25

## Search History

---

1. MEDLINE; \*"EARLY INTERVENTION (EDUCATION)"/ [Limit to: (Age Groups Middle Age 45 to 64 years or Middle Aged 45 plus years or All Aged 65 and Over or Aged 80 and Over)]; 22 results.
2. MEDLINE; "early intervention".ti,ab [Limit to: (Age Groups Middle Age 45 to 64 years or Middle Aged 45 plus years or All Aged 65 and Over or Aged 80 and Over)]; 1365 results.
3. MEDLINE; (social AND care).ti,ab [Limit to: (Age Groups Middle Age 45 to 64 years or Middle Aged 45 plus years or All Aged 65 and Over or Aged 80 and Over)]; 14220 results.
4. CINAHL; \*"EARLY INTERVENTION (EDUCATION)"/ [Limit to: (Age Groups Middle Age 45 to 64 years or Middle Aged 45 plus years or All Aged 65 and Over or Aged 80 and Over)]; 0 results.
5. CINAHL; "early intervention".ti,ab [Limit to: (Age Groups Middle Age 45 to 64 years or Middle Aged 45 plus years or All Aged 65 and Over or Aged 80 and Over)]; 77 results.
6. CINAHL; (social AND care).ti,ab [Limit to: (Age Groups Middle Age 45 to 64 years or Middle Aged 45 plus years or All Aged 65 and Over or Aged 80 and Over)]; 1867 results.
7. CINAHL; 5 AND 6 [Limit to: (Age Groups Middle Age 45 to 64 years or Middle Aged 45 plus years or All Aged 65 and Over or Aged 80 and Over) and (Age Groups Middle Age 45 to 64 years or Middle Aged 45 plus years or All Aged 65 and Over or Aged 80 and Over)]; 7 results.
8. HMIC; "early intervention".ti,ab; 324 results.
9. HMIC; "Targeted prevention".ti,ab; 12 results.
10. HMIC; 8 OR 9; 336 results.
11. HMIC; elderly.ti,ab; 7920 results.
12. HMIC; exp OLDER PEOPLE/; 14167 results.
13. HMIC; 11 OR 12; 16798 results.
14. HMIC; 10 AND 13; 23 results.
15. PsycINFO; \*"EARLY INTERVENTION (EDUCATION)"/ [Limit to: (Age Groups Middle Age 45 to 64 years or Middle Aged 45 plus years or All Aged 65 and Over or Aged 80 and Over)]; 0 results.
16. PsycINFO; "early intervention".ti,ab [Limit to: (Age Groups Middle Age 45 to 64 years or Middle Aged 45 plus years or All Aged 65 and Over or Aged 80 and Over)]; 0 results.
17. PsycINFO; (social AND care).ti,ab [Limit to: (Age Groups Middle Age 45 to 64 years or Middle Aged 45 plus years or All Aged 65 and Over or Aged 80 and Over)]; 0 results.
18. PsycINFO; \*"EARLY INTERVENTION (EDUCATION)"/ [Limit to: (Age Groups Middle Age 45 to 64 years or Middle Aged 45 plus years or All Aged 65 and Over or Aged 80 and Over)]; 0 results.
19. PsycINFO; "early intervention".ti,ab [Limit to: (Age Groups Middle Age 45 to 64 years or Middle Aged 45 plus years or All Aged 65 and Over or Aged 80 and Over)]; 0 results.
20. PsycINFO; (social AND care).ti,ab [Limit to: (Age Groups Middle Age 45 to 64 years or Middle Aged 45 plus years or All Aged 65 and Over or Aged 80 and Over)]; 0 results.
21. PsycINFO; 19 AND 20 [Limit to: (Age Groups Middle Age 45 to 64 years or Middle Aged 45 plus years or All Aged 65 and Over or Aged 80 and Over) and (Age Groups Middle Age 45 to 64 years or Middle Aged 45 plus years or All Aged 65 and Over or Aged 80 and Over)]; 0 results.
22. PsycINFO; "early intervention".ti,ab; 6127 results.
23. PsycINFO; "Targeted prevention".ti,ab; 142 results.
24. PsycINFO; 22 OR 23; 6261 results.
25. PsycINFO; elderly.ti,ab; 37946 results.
26. PsycINFO; exp OLDER PEOPLE/; 0 results.
27. PsycINFO; 25 OR 26; 37946 results.
28. PsycINFO; 24 AND 27; 43 results.
29. PsycINFO; \*AGING/; 19033 results.
30. PsycINFO; 25 OR 26 OR 29; 52631 results.
31. PsycINFO; 24 AND 30; 51 results.
32. PsycINFO; \*EARLY INTERVENTION/; 5625 results.
33. PsycINFO; 30 AND 32; 15 results.
34. MEDLINE; "targeted prevention".ti,ab; 314 results.
35. MEDLINE; 2 OR 34 [Limit to: (Age Groups Middle Age 45 to 64 years or Middle Aged 45 plus years or All Aged 65 and Over or Aged 80 and Over)]; 1463 results.
36. MEDLINE; 3 OR 35 [Limit to: (Age Groups Middle Age 45 to 64 years or Middle Aged 45 plus years or All Aged 65 and Over or Aged 80 and Over) and (Age Groups Middle Age 45 to 64 years or Middle Aged 45 plus years or All Aged 65 and Over or Aged 80 and Over)]; 15641 results.
37. MEDLINE; 3 AND 35 [Limit to: (Age Groups Middle Age 45 to 64 years or Middle Aged 45 plus years or All Aged 65 and Over or Aged 80 and Over) and (Age Groups Middle Age 45 to 64 years or Middle Aged 45 plus years or All Aged 65 and Over or Aged 80 and Over)]; 42 results.

## 1. Reducing the health risks of severe winter weather among older people in the United Kingdom: An evidence-based intervention.

<b>Citation:</b>	Ageing & Society, February 2010, vol./is. 30/2(275-297), 0144-686X;1469-1779 (Feb 2010)
<b>Author(s):</b>	Gascoigne, Claire; Morgan, Kevin; Gross, Harriet; Goodwin, James
<b>Correspondence Address:</b>	Morgan, Kevin: Division of Psychology, School of Sport, Exercise and Health Sciences, Loughborough University, Loughborough, United Kingdom, LE11 3TU, K.morgan@lboro.ac.uk
<b>Language:</b>	English
<b>Abstract:</b>	Excess winter morbidity and mortality among older people remain significant public health issues in those European countries which experience relatively mild winter temperatures, particularly the United Kingdom (UK), Ireland, Portugal and Spain. In the UK, episodes of severe winter weather, when ambient temperatures fall below 50 degreesC, are associated with peaks in general practitioner consultations, hospital admissions, and cardiovascular deaths among those aged over 65. While research indicates that such health risks could be substantially reduced by the adoption of appropriate behavioural strategies, accessible and credible advice on how older people can reduce risk during 'cold snaps' is lacking. This paper describes a programme of research that aimed: (a) to translate the relevant scientific literature into practical advice for older people in order to reduce health risk during episodes of severe winter weather; and (b) to integrate this advice with a severe winter weather 'Early Warning System' developed by the UK Met Office. An advice booklet was generated through a sequential process of systematic review, consensus development, and focus group discussions with older people. In a subsequent field trial, a combination of the Met Office 'Early Warning System' and the advice booklet produced behavioural change among older people consistent with risk reduction. The results also show that long-held convictions about 'healthy environments' and anxieties about fuel costs are barriers to risk reduction. (PsycINFO Database Record (c) 2010 APA, all rights reserved) (journal abstract)
<b>Country of Publication:</b>	HOLDER: Cambridge University Press; YEAR: 2009
<b>Publication Type:</b>	Journal; Peer Reviewed Journal
<b>Subject Headings:</b>	<a href="#">*Aging</a> <a href="#">*Atmospheric Conditions</a> <a href="#">*Early Intervention</a> <a href="#">*Health</a> <a href="#">*Morbidity</a> <a href="#">Evidence Based Practice</a> <a href="#">Risk Factors</a>
<b>Source:</b>	PsycINFO

## 2. Early intervention prevents crises.

<b>Citation:</b>	Community Care, 2010, vol./is. /1804(26-27), 0307-5508
<b>Author(s):</b>	Dunning, Jeremy
<b>Language:</b>	English
<b>Abstract:</b>	Save money and improve lives? The NHS and councils' early intervention scheme can, reports Jeremy Dunning. [Introduction]
<b>Publisher:</b>	2010
<b>Subject Headings:</b>	<a href="#">older people</a> <a href="#">Preventive measures</a> <a href="#">Cost effectiveness</a> <a href="#">health &amp; social care</a>
<b>Source:</b>	HMIC

**Full Text:** Available in *fulltext* at [EBSCO Host](#)

### 3. [Under pressure: tackling the financial challenge for councils of an ageing population]

**Citation:** , 2010

**Corporate/Institutional Author:** Audit Commission for Local Authorities and the National Health Service in England and Wales

**Language:** English

**Abstract:** Record in progress'Under Pressure' reviews the financial challenge faced by local authorities of an ageing population. A summary and recommendations begins, followed by five chapters, conclusions and five appendices. Reduced public spending increases challenges for local councils with different factors applying in different areas. Lower service demand will result from improved health and wellbeing and while a strategic long-term approach is necessary, quick results are crucial. There are three recommendations for all councils and four for those with social care responsibilities. Details follow of Audit Commission support. Chapter one traces the context of more older people and less money. Policy background and meeting the challenge follows, supplying demographic and expenditure statistics and policy initiatives since 2000. A strategic view in chapter two recognises local impacts involving more departments than those responsible for social care, using Tameside and the Isle of Wight as examples. Advice on strategic planning follows. Chapter three addresses managing costs, with four sections on strategy, understanding costs, the social care challenge and a conclusion. Chapter four focuses on prevention and early intervention with six sections, beginning with reducing demand. Health, mobility and rehabilitation problems follow, and social reasons for entry into the care system. Changing the market and collaboration are the next topics with a concluding summary. The fifth chapter explores the use of information, discussing what is already known, costs and outputs and future direction. The main conclusions explore ways of meeting the challenge and looking ahead. There are five appendices with references cited in appendix five.

**Publisher:** London - 1st Floor, Millbank Tower, Millbank, London SW1P 4HQ : Audit Commission, 2010

**Subject Headings:** [older people](#)  
[Local authorities](#)  
[Residential care](#)  
[Costs](#)  
[Preventive measures](#)

**Source:** HMIC

### 4. Early response as predictor of final remission in elderly depressed patients.

**Citation:** International Journal of Geriatric Psychiatry, November 2009, vol./is. 24/11(1299-1303), 0885-6230;1099-1166 (Nov 2009)

**Author(s):** Kok, Rob M; van Baarsen, Carljin; Nolen, Willem A; Heeren, Thea J

**Correspondence Address:** Kok, Rob M.: Department of Old Age Psychiatry, Parnassia Psychiatric Institute, Mangostraat 1, The Hague, Netherlands, 2552 KS, r.kok@parnassia.nl

**Language:** English

**Abstract:** Background: Several studies have attempted to predict the final response or remission based on improvement during the early course of treatment of major depression. There is however a great variation in cut offs used to define early response and in the optimal week to predict final results. Objective: To compare different cut offs at different time points early in the treatment of elderly depressed patients. Method: A 12 week randomised, controlled trial in 81 elderly inpatients with DSM-IV major depression comparing venlafaxine with nortriptyline. At least 20, 25, 30 or 50% improvement was analysed after 1, 3 and 5 weeks using the Hamilton Depression Rating Scale and the Montgomery Asberg Depression Rating Scale. We plotted sensitivity against 1-specificity and calculated areas under the curve (AUCs). Results: The highest percentage of correctly

classified patients is found using at least 50% decrease as cut off in week 5, with acceptable sensitivity (81.8%) and specificity (87.4%). In week 5, the AUCs were 0.891 (95% CI 0.798-0.984) and 0.866 (95% CI 0.789-0.983) for the HAM-D and MADRS, respectively. Conclusions: Combining the results from our study and the other studies addressing this issue, we suggest that the treatment should be changed in the elderly if after 3-4 weeks less than 30% improvement in depression score has been achieved. (PsycINFO Database Record (c) 2010 APA, all rights reserved) (journal abstract)

**Country of Publication:** HOLDER: John Wiley & Sons, Ltd.; YEAR: 2009

**Publication Type:** Journal; Peer Reviewed Journal

**Subject Headings:** [\\*Early Intervention](#)  
[\\*Geriatric Patients](#)  
[\\*Major Depression](#)  
[\\*Remission \(Disorders\)](#)  
[\\*Treatment](#)  
[Aging](#)

**Source:** PsycINFO

### 5. Frailty: an emerging concept for general practice.

**Citation:** British Journal of General Practice, May 2009, vol./is. 59/562(e177-82), 0960-1643;1478-5242 (2009 May)

**Author(s):** De Lepeleire J; Iliffe S; Mann E; Degryse JM

**Institution:** Katholieke Universiteit Leuven, Belgium. jan.delepeleire@med.kuleuven.be

**Language:** English

**Abstract:** Ageing of the population in western societies and the rising costs of health and social care are refocusing health policy on health promotion and disability prevention among older people. However, efforts to identify at-risk groups of older people and to alter the trajectory of avoidable problems associated with ageing by early intervention or multidisciplinary case management have been largely unsuccessful. This paper argues that this failure arises from the dominance in primary care of a managerial perspective on health care for older people, and proposes instead the adoption of a clinical paradigm based on the concept of frailty. Frailty, in its simplest definition, is vulnerability to adverse outcomes. It is a dynamic concept that is different from disability and easy to overlook, but also easy to identify using heuristics (rules of thumb) and to measure using simple scales. Conceptually, frailty fits well with the biopsychosocial model of general practice, offers practitioners useful tools for patient care, and provides commissioners of health care with a clinical focus for targeting resources at an ageing population.

**Country of Publication:** England

**Publication Type:** Journal Article

**Subject Headings:** [Aged](#)  
[Aged, 80 and over](#)  
[\\*Aging/ph \[Physiology\]](#)  
[\\*Family Practice](#)  
[\\*Frail Elderly](#)  
[\\*Geriatric Assessment](#)  
[Health Services for the Aged](#)  
[Humans](#)

**Source:** MEDLINE

**Full Text:** Available in *fulltext* at [National Library of Medicine](#)

### 6. Dementia prevention: The discordance between observational and intervention studies and the search for more evidence.

**Citation:** Early Intervention in Psychiatry, February 2009, vol./is. 3/1(80-82), 1751-7885;1751-7893 (Feb 2009)

<b>Author(s):</b>	Sachdev, Perminder S
<b>Language:</b>	English
<b>Abstract:</b>	Comments on an article by Sharon L. Naismith et al. (see record 2009-01822-006). The paper by Naismith et al. once again brings into sharp focus the public health importance of cognitive disorders in the elderly, and the urgent need for strategies to prevent or delay their onset and/or slow their progression. The stated objective of the proposed strategies is to 'not only prevent onset but also slow the progress of cognitive decline'. The authors' reference to cognitive decline must therefore be qualified, as delaying or preventing 'normal' aging might be a different challenge from preventing disease, and different diseases might warrant different strategies. (PsycINFO Database Record (c) 2010 APA, all rights reserved)
<b>Publication Type:</b>	Journal; Peer Reviewed Journal
<b>Subject Headings:</b>	<a href="#">*Cognitive Impairment</a> <a href="#">*Dementia</a> <a href="#">*Early Intervention</a> <a href="#">*Risk Factors</a> <a href="#">Major Depression</a> <a href="#">Psychiatric Symptoms</a>
<b>Source:</b>	PsycINFO

## 7. Falls and fractures: effective interventions in health and social care

<b>Citation:</b>	, 2009
<b>Corporate/Institutional Author:</b>	Department of Health; Central Office for Information
<b>Language:</b>	English
<b>Abstract:</b>	This guide is part of the Department of Health's prevention package, a key component of the government's strategy for an ageing society. The package aims to raise the focus on older people's prevention services and encourage their use, ultimately improving older people's health, well-being and independence. This resource aims to inform local dialogue between health and social care commissioners and service providers about falls and fractures care, setting out the context and key interventions. Other stakeholders, including older people and their carers, may also use it to find out about services. There are tools to support this guide, including an economic case for developing falls and fracture services, a template to assess local need, model falls care pathways, references and practice examples. There are four key areas for intervention that commissioners, ideally working collaboratively across health and social care, should consider in the context of local services for falls, falls prevention and fractures The guide looks at developing services to achieve these four objectives, which are listed in priority order in terms of impact and evidence-base, although they each have a role for different risk groups. Objective 1: Improve patient outcomes and improve efficiency of care after hip fractures through compliance with core standards. Objective 2: respond to a first fracture and prevent the second . through fracture liaison services in acute and primary care settings. Objective 3: early intervention to restore independence . through falls care pathways, linking acute and urgent care services to secondary prevention of further falls and injuries. Objective 4: Prevent frailty, promote bone health and reduce accidents . through encouraging physical activity and healthy lifestyle, and reducing unnecessary environmental hazards.
<b>Publisher:</b>	London: Department of Health, 2009
<b>Subject Headings:</b>	<a href="#">Falling</a> <a href="#">Fractures</a> <a href="#">older people</a> <a href="#">Preventive measures</a> <a href="#">Health care</a> <a href="#">Social care</a> <a href="#">Hip surgery</a>



[Osteoporosis](#)  
[Accident prevention](#)

**Source:** HMIC

### 8. Frailty: an emerging concept for general practice

**Citation:** British Journal of General Practice, 2009, vol./is. 59/562, 0960-1643

**Author(s):** Lepeleire, Jan De; Iliffe, Steve; Man, Eva; Degryse, Jean Marie

**Language:** English

**Abstract:** Ageing of the population in western societies and the rising costs of health and social care are refocusing health policy on health promotion and disability prevention among older people. However, efforts to identify at-risk groups of older people and to alter the trajectory of avoidable problems associated with ageing by early intervention or multidisciplinary case management have been largely unsuccessful. This paper argues that this failure arises from the dominance in primary care of a managerial perspective on health care for older people, and proposes instead the adoption of a clinical paradigm based on the concept of frailty. Frailty, in its simplest definition, is vulnerability to adverse outcomes. It is a dynamic concept that is different from disability and easy to overlook, but also easy to identify using heuristics (rules of thumb) and to measure using simple scales. Conceptually, frailty fits well with the biopsychosocial model of general practice, offers practitioners useful tools for patient care, and provides commissioners of health care with a clinical focus for targeting resources at an ageing population. Cites 69 references. [Journal abstract]

**Publication Type:** Article

**Subject Headings:** [Frail elderly people](#)  
[Disabilities](#)  
[older people](#)  
[Ageing](#)  
[Health policy](#)  
[patient care](#)  
[Health promotion](#)  
[General practice](#)  
[primary care](#)  
[Tabular data](#)  
[Statistical data](#)

**Source:** HMIC

**Full Text:** Available in *fulltext* at [National Library of Medicine](#)

### 9. Improve care through a pathway to early diagnosis

**Citation:** Health Service Journal, 2009, vol./is. 119/6150, 0952-2271

**Author(s):** Shepherd, Stuart

**Language:** English

**Abstract:** The National Dementia Strategy sets out to improve millions of lives through early intervention, reports the author. [Journal abstract]

**Publication Type:** Article

**Subject Headings:** [older people](#)  
[Dementia](#)  
[Strategic planning](#)  
[Strategy](#)  
[Health policy](#)  
[Tabular data](#)  
[Statistical data](#)

**Source:** HMIC



**Full Text:** Available in *print* at [Bolton PCT](#)

## 10. Falls and fractures: developing a local joint strategic needs assessment

**Citation:** , 2009

**Corporate/Institutional Author:** Department of Health; Central Office for Information

**Language:** English

**Abstract:** This guide is part of the Department of Health's prevention package, a key component of the government's strategy for an ageing society. The package aims to raise the focus on older people's prevention services and encourage their use, ultimately improving older people's health, well-being and independence. This resource aims to inform local dialogue between health and social care commissioners and service providers about falls and fractures care, setting out the context and key interventions. Other stakeholders, including older people and their carers, may also use it to find out about services. There are tools to support this guide, including an economic case for developing falls and fracture services, a template to assess local need, model falls care pathways, references and practice examples. There are four key areas for intervention that commissioners, ideally working collaboratively across health and social care, should consider in the context of local services for falls, falls prevention and fractures. The guide looks at developing services to achieve these four objectives, which are listed in priority order in terms of impact and evidence-base, although they each have a role for different risk groups. Objective 1: Improve patient outcomes and improve efficiency of care after hip fractures through compliance with core standards. Objective 2: respond to a first fracture and prevent the second . through fracture liaison services in acute and primary care settings. Objective 3: early intervention to restore independence . through falls care pathways, linking acute and urgent care services to secondary prevention of further falls and injuries. Objective 4: Prevent frailty, promote bone health and reduce accidents . through encouraging physical activity and healthy lifestyle, and reducing unnecessary environmental hazards.

**Publisher:** London: Department of Health, 2009

**Subject Headings:** [Falling](#)  
[Fractures](#)  
[older people](#)  
[Preventive measures](#)  
[Health care](#)  
[Social care](#)  
[Hip surgery](#)  
[Osteoporosis](#)  
[Accident prevention](#)

**Source:** HMIC

## 11. Substance use disorders and late-life depression

**Citation:** , 2009

**Author(s):** Ward, E Nalan

**Language:** English

**Abstract:** This is the twelfth chapter of 19 in 'Mood Disorders in Later Life', covering substance use disorders and late-life depression. In the USA people requiring substance-abuse treatment numbered approximately 1.7 million in 2000, expected to double to 4.4 million by 2020. Alcohol is the most common primary substance of use among elderly people. The rate of substance use disorders is higher for older people with depression than the wider older population with most not receiving the treatment they need. There are nine major sections beginning with epidemiology covering alcohol use and illicit drug use. There are guidelines on safe alcohol use and it is noted that the baby boomer generation have higher lifetime rates of illicit drug use than previous generations. Section two examines comorbidity, with alcohol abuse and depression the most common combination. There are

six sub-sections in the following section on clinical presentation and diagnosis, beginning with alcohol use disorders and depression in older people. Psychologic dependence, substances taken in greater amounts than intended and giving up important social and occupational activities explores lifetime alcohol habits and late-onset alcoholism. Pain and drinking problems are included. Further sub-sections examine drug use disorders and depression, and benzodiazepines and sedative-hypnotics. Screening tools and other diagnostic instruments are assessment methods. Neuropsychological testing and neuroimaging reveal the effects of heavy drinking on brain tissue shrinkage, followed by treatment, and treatment of combined substance abuse and depression. Prevention/early intervention is reviewed, and the conclusion summarises the chapter's findings. Cites 48 references.

**Publication Type:** Book. Chapter-DH-HELMIS

**Subject Headings:** [Mood disorders](#)  
[Old age](#)  
[older people](#)  
[Depression](#)  
[Substance abuse](#)

**Source:** HMIC

## 12. Early intervention in dementia care in an Asian Community.

**Citation:** Quality in Ageing, 2009, vol./is. 10/4(29-36), 1471-7794

**Author(s):** Seabrooke, Viniti; Milne, Alisoun

**Language:** English

**Abstract:** The number of older Asians in the UK is increasing placing greater numbers at risk of developing dementia. The emerging need to address early diagnosis is especially prominent in areas where Asian communities are long established. This was the specific focus of a Dementia Collaborative Project in North West Kent. The project, working through a primary care practice, aimed to raise awareness of dementia and to facilitate early intervention and access to specialist dementia services. Using an evaluation methodology adopted by the Collaborative and working through a multiagency steering group, the pilot project successfully identified an appropriate primary care practice, established a link with a specially trained Asian nurse and devised a set of project materials. By inviting older Asian patients with memory problems to make an appointment with the nurse, and enclosing a culturally relevant information leaflet, older people were encouraged to come forward. Although the number of individual patients identified was small, the project outcomes include: significantly increased referral rates from black and minority ethnic communities to specialist services and greater awareness of dementia-related issues in both primary care and Asian care services. Overall, the evaluation suggests that by engaging with a committed primary care practice it is possible to engage a hitherto marginal group of older people in early intervention in dementia and raise awareness about its benefits. That this approach underpins the development of a larger scale five year project in the same area additionally endorses its relevance for the mainstream population. 1 fig. 1 table 23 refs. [Abstract]

**Publisher:** 2009

**Subject Headings:** [Asian people](#)  
[Dementia](#)  
[Diagnosis](#)  
[older people](#)  
[primary care](#)

**Source:** HMIC

**Full Text:** Available in *fulltext* at [EBSCO Host](#)

## 13. Remote patient monitoring in home healthcare : lessons learned from advanced users.

- Citation:** Journal of Management and Marketing in Healthcare, 2009, vol./is. 2/3(238-252), 1753-3031
- Author(s):** Darkins, Adam; Sanders, Jay H.
- Language:** English
- Abstract:** Most healthcare organisations will face the challenge of having to reengineer their legacy care delivery systems to accept health information technologies (HIT) that will improve their efficiency and effectiveness. Current facility-based healthcare provision that was designed to cope with acute exacerbations of disease and to undertake clinical procedures will need to adapt and restructure to cope with the logistic and economic burden of caring for aging populations with a preponderance of chronic healthcare needs related to conditions such as diabetes, heart failure, chronic obstructive pulmonary disease and high blood pressure. HIT is revolutionising the way in which healthcare is being provided and promises to make the home into the preferred place of care. The advantages of this new paradigm are high levels of patient satisfaction, early intervention for disease progression, support for care-givers, and economic benefits associated with reduced hospitalisation rates. This paper reviews the underlying drivers to adopt home telehealth, an advanced HIT application, and the related clinical, technological and business challenges this presents. It explains why this is an essential strategy that forward-thinking healthcare providers must adopt. Given the associated social and cultural changes the adoption of home telehealth will bring, a vision is outlined of how the routine monitoring of health indices will promote health and not simply stave off disease. 4 tables 19 refs. [Abstract]
- Publisher:** 2009
- Subject Headings:** [chronic disease](#)  
[Home care](#)  
[International perspectives](#)  
[older people](#)  
[telehealth](#)  
[Trends](#)
- Source:** HMIC
- Full Text:** Available in *fulltext* at [EBSCO Host](#)

#### 14. Frailty : an emerging concept for general practice.

- Citation:** British Journal of General Practice, 2009, vol./is. 59/562(364-369), 0960-1643
- Author(s):** De Lepeleire, Jan
- Language:** English
- Abstract:** Ageing of the population in western societies and the rising costs of health and social care are refocusing health policy on health promotion and disability prevention among older people. However, efforts to identify at-risk groups of older people and to alter the trajectory of avoidable problems associated with ageing by early intervention or multidisciplinary case management have been largely unsuccessful. This paper argues that this failure arises from the dominance in primary care of a managerial perspective on health care for older people, and proposes instead the adoption of a clinical paradigm based on the concept of frailty. Frailty, in its simplest definition, is vulnerability to adverse outcomes. It is a dynamic concept that is different from disability and easy to overlook, but also easy to identify using heuristics (rules of thumb) and to measure using simple scales. Conceptually, frailty fits well with the biopsychosocial model of general practice, offers practitioners useful tools for patient care, and provides commissioners of health care with a clinical focus for targeting resources at an ageing population. 1 table 69 refs. [Abstract]
- Publisher:** 2009
- Subject Headings:** [Disabilities](#)  
[frail older people](#)  
[General practice](#)  
[Models](#)

Preventive measures  
resource allocation  
Service provision

**Source:** HMIC

**Full Text:** Available in *fulltext* at [National Library of Medicine](#)

#### 15. Working towards prevention in older people's services in social care.

**Citation:** Community Care, 2009, vol./is. /1761, 0307-5508

**Language:** English

**Abstract:** This supplement of three articles looks at early intervention and prevention in older people's services. [KJ]

**Publisher:** 2009

**Subject Headings:** [older people](#)  
[Preventive measures](#)  
[Social care](#)

**Source:** HMIC

**Full Text:** Available in *fulltext* at [EBSCO Host](#)

#### 16. Standardized or authentic assessment, that is the question.

**Citation:** PsycCRITIQUES, 2008, vol./is. 53/28(No Pagination Specified), 1554-0138 (2008)

**Author(s):** Fu, Michi

**Language:** English

**Abstract:** Reviews the book, Authentic assessment for early childhood intervention: Best practices by Stephen J. Bagnato (see record 2007-14076-000). One of psychology's unique contributions to the field of mental health is psychological assessment. When master's-level psychotherapists require an evaluation, psychologists are often called upon for their expertise in evaluating children for special education placement, elderly for cognitive capacity, and so forth. Therefore, it is imperative that psychologists be able to conduct assessments that are relevant and valued by professionals in related fields. However, the majority of our assessment tools are norm referenced and may not be valid for use on populations that perform outside the norm. Such is the need for those who conduct evaluations with children who may not fall under the norm-referenced population for whom standardized tests are intended. In this book, Bagnato offers an alternative to the traditional forms of intellectual and personality testing that are expected of psychologists. He encourages us to obtain information from a variety of sources and to customize our assessment on the basis of the child's circumstances. Those who fully embrace traditional assessment methods may not agree with the radical departure from conventional tests and testing practices, however. The major drawback to the approach that the author offers is that it may be too idealistic. In a world where resources are limited (especially time and staffing), authentic assessment may be difficult to implement. Another potential barrier to the method described by the author is that other professionals may not recognize the approach. Caregivers, teachers, and other special resource specialists may question the validity of methods that are not norm based. Even if not appreciated in its entirety, the book is still a valuable resource for those working with preschoolers. Bagnato should be applauded for his comprehensive and individually tailored approach to assessment. This work is perhaps most relevant for those who will be involved in the evaluation of early childhood youth but critical for professionals assessing preschoolers with developmental delays. (PsycINFO Database Record (c) 2010 APA, all rights reserved)

**Publication Type:** Electronic Collection

**Subject Headings:** [\\*Early Intervention](#)  
[\\*Psychological Assessment](#)  
[\\*Test Norms](#)

[\\*Test Validity](#)  
[Educational Measurement](#)

**Source:** PsycINFO

### 17. Health disparity knowledge and support for intervention in Saskatoon.

**Citation:** Canadian Journal of Public Health. Revue Canadienne de Sante Publique, November 2007, vol./is. 98/6(484-8), 0008-4263;0008-4263 (2007 Nov-Dec)

**Author(s):** Lemstra M; Neudorf C; Beaudin G

**Institution:** Saskatoon Health Region, Saskatoon, SK, Canada.  
 mark.lemstra@saskatoonhealthregion.ca

**Language:** English

**Abstract:** BACKGROUND: A number of reports suggest that we need to determine public understanding about the broad determinants of health and also determine public support for actions to reduce health disparities in Canada. METHODS: A cross-sectional random survey of 5,000 Saskatoon residents was used to determine knowledge about health determinants and health disparity and then determine public support for various interventions to address health disparity. FINDINGS: Saskatoon residents understand most of the determinants of health except they understate the importance of social class and gender. Saskatoon residents do not have a good understanding of the magnitude of health disparity between income groups. A majority believe risk behaviours are mostly individual choices and are not associated with income status. Most residents believe even small differences in health status between income groups is unacceptable and a majority believe that something can be done to address health disparity by income status. Interventions proposed by residents to alleviate health disparity were evidence-based, including work-earning supplements and strengthening early intervention programs. Logistic regression revealed that greatest support for transferring money from health care treatment to health creation services (like affordable housing and education) came from young Aboriginal males with low income. INTERPRETATION: Saskatoon residents have knowledge of health determinants and have a strong desire to support health disparity intervention. More knowledge transfer is required on the magnitude of health disparity based on income status. Broad-based health disparity intervention in Saskatoon appears possible.

**Country of Publication:** Canada

**Publication Type:** Journal Article; Research Support, Non-U.S. Gov't

**Subject Headings:** [Adolescent](#)  
[Adult](#)  
[Aged](#)  
[Canada](#)  
[Cross-Sectional Studies](#)  
[Evidence-Based Medicine](#)  
[Female](#)  
[Health Behavior](#)  
[\\*Health Education](#)  
[\\*Health Knowledge, Attitudes, Practice](#)  
[\\*Health Policy](#)  
[Health Status](#)  
[\\*Health Status Disparities](#)  
[Humans](#)  
[Income](#)  
[Logistic Models](#)  
[Male](#)  
[Middle Aged](#)  
[Risk-Taking](#)  
[Saskatchewan](#)  
[Sex Factors](#)  
[Social Class](#)

[Socioeconomic Factors](#)  
[Young Adult](#)

**Source:** MEDLINE  
**Full Text:** Available in *fulltext* at [ProQuest \(Legacy Platform\)](#)

**18. Self-reported care needs of outpatients with a bipolar disorder in the Netherlands.**

**Citation:** Journal of Psychiatric & Mental Health Nursing, September 2007, vol./is. 14/6(549-57), 1351-0126;1351-0126 (2007 Sep)

**Author(s):** Goossens PJ; Knoppert-van der Klein EA; Kroon H; van Achterberg T

**Institution:** Quality Assurance, Innovation and Research, Adhesie Mental Health Care Midden-Overijssel, Deventer, The Netherlands. p.goossens@adhesie.nl

**Language:** English

**Abstract:** The care needs of patients with a bipolar disorder have not been studied to date. In the present research, the care needs, care received and unmet care needs for a population of outpatients with a bipolar disorder in the Netherlands are described. The participants (n = 157) completed the Need for Care Questionnaire and a questionnaire addressing various demographic and clinical characteristics. The results show the care needs to mainly involve the domains of psychological help, psychiatric help and social functioning. Unmet needs are frequently reported for all domains and found to be particularly frequent for needs on social functioning. Some significant associations between source of income, number of hospitalizations and involvement of community psychiatric nurses, on the one hand, and reported care needs, on the other hand, are identified and discussed. Incorporation of needs assessment into the treatment process is recommended in the form of structured questionnaires which can also then be used to guide and evaluate the treatment process. Future research should focus on the identification of the specific risk factors for particular care needs and thereby work to minimize the occurrence of such risk factors and promote early intervention efforts to reduce the burden on patients and their relatives.

**Country of Publication:** England

**Publication Type:** Journal Article

**Subject Headings:** [Adult](#)  
[\\*Attitude to Health](#)  
[Bipolar Disorder/pc \[Prevention & Control\]](#)  
[\\*Bipolar Disorder/px \[Psychology\]](#)  
[Community Health Nursing/og \[Organization & Administration\]](#)  
[Cost of Illness](#)  
[Cross-Sectional Studies](#)  
[Female](#)  
[Hospitalization](#)  
[Humans](#)  
[Income](#)  
[Male](#)  
[Middle Aged](#)  
[\\*Needs Assessment](#)  
[Netherlands](#)  
[Nurse's Role/px \[Psychology\]](#)  
[Nursing Assessment](#)  
[Nursing Methodology Research](#)  
[\\*Outpatients/px \[Psychology\]](#)  
[Patient Care Planning](#)  
[Psychiatric Nursing/og \[Organization & Administration\]](#)  
[Questionnaires](#)  
[Risk Factors](#)  
[Social Behavior](#)  
[Socioeconomic Factors](#)

**Source:** MEDLINE  
**Full Text:** Available in *fulltext* at [EBSCO Host](#)

### 19. Onset of depression in elderly persons after hip fracture: Implications for prevention and early intervention of late-life depression.

**Citation:** Journal of the American Geriatrics Society, January 2007, vol./is. 55/1(81-86), 0002-8614;1532-5415 (Jan 2007)

**Author(s):** Lenze, Eric J; Munin, Michael C; Skidmore, Elizabeth R; Dew, Mary Amanda; Rogers, Joan C; Whyte, Ellen M; Quear, Tanya; Begley, Amy; Reynolds, Charles F III

**Correspondence Address:** Lenze, Eric J.: Western Psychiatric Institute and Clinic, Room BT748, 3811 O'Hara Street, Pittsburgh, PA, US, 15213, lenzeej@upmc.edu

**Language:** English

**Abstract:** Objectives: To identify predictors of onset of major depressive disorder (MDD) and of depressive symptoms in subjects who suffered a hip fracture. Design: Prospective naturalistic study. Setting: University of Pittsburgh Medical Center--Shadyside, a large urban hospital in Pittsburgh, Pennsylvania. Participants: One hundred twenty-six elderly patients who received surgical fixation for hip fracture and who were not experiencing a major depressive episode at the time of the fracture; severely cognitively impaired persons were excluded. Measurements: Subjects were evaluated at the time of hospital discharge using a battery of clinical measures (including apathy measured using the Apathy Evaluation Scale (AES), delirium, cognitive measures, social support, and disability level). Depression was assessed at the end of the surgical stay, 2 weeks later, and then monthly for 6 months, using the Hamilton Rating Scale for Depression (Ham-D) to evaluate symptomatology and the Primary Care Evaluation of Mental Disorders to evaluate diagnosis of MDD. Results: Eighteen of 126 subjects (14.3%) developed MDD after hip fracture. Of these, 11 developed MDD by the end of the hospitalization, and seven developed MDD between 2 and 10 weeks later. Logistic regression showed that baseline apathy score, as measured using the AES, was the only clinical measure associated with the development of MDD (odds ratio=1.09, 95% confidence interval=1.03-1.16, P=.003); 46.2% of those with high AES scores developed MDD, versus 10.9% of those with lower scores. In contrast, cognitive variables, delirium, disability after hip fracture, and other factors related to the fracture (e.g., fracture type) were not associated with MDD. A repeated-measures analysis with Ham-D over time as a dependent variable generally confirmed these findings; depressive symptoms were highest immediately after the fracture, and apathy and delirium scores were associated with higher depressive symptom levels. Conclusion: The onset of MDD is common after hip fracture, and the greatest period of risk is immediately after the fracture. Individuals with clinical evidence of apathy are at high risk for developing MDD, and evaluation and close follow-up of such individuals is warranted. However, further research is needed to examine other candidate variables (e.g., clinical measures or biomarkers) to model adequately the risk for MDD after hip fracture and other disabling medical events. (PsycINFO Database Record (c) 2010 APA, all rights reserved) (journal abstract)

**Publication Type:** Journal; Peer Reviewed Journal

**Subject Headings:** [\\*Early Intervention](#)  
[\\*Geriatric Patients](#)  
[\\*Hips](#)  
[\\*Major Depression](#)  
[\\*Onset \(Disorders\)](#)  
[Injuries](#)  
[Psychiatric Symptoms](#)

**Source:** PsycINFO  
**Full Text:** Available in *fulltext* at [EBSCO Host](#)

### 20. Prevention of major depression: Early detection and early intervention in the general population.



**Citation:** Clinical Neuropsychiatry: Journal of Treatment Evaluation, February 2006, vol./is. 3/1(6-22), 1724-4935 (Feb 2006)

**Author(s):** Le, Huynh-Nhu; Boyd, Rhonda C

**Correspondence Address:** Le, Huynh-Nhu: Department of Psychology, George Washington University, 2125 G St., NW., Washington, DC, US, 20052, hnle@gwu.edu

**Language:** English

**Abstract:** This article reviews the existing literature on early screening efforts and preventive interventions of major depressive disorder in three developmental groups: children and adolescents, adults, and elderly persons. Risk factors for the development of depression are identified across the lifespan. Psychometrically sound screening instruments are available, although such measures have somewhat limited ability to predict future depression. Extensive variability in methodology, sampling, and research design exist in preventive interventions. In general, there is evidence demonstrating that interventions are more effective in preventing depression at the clinical level rather than the subsyndromal level for adult populations. Also, selective interventions are more effective than universal interventions in preventing major depressive disorder. More research is focused on and generally found support for cognitivebehavioral prevention programs than any other type of interventions. This review highlights the complexity and multidimensional nature of major depressive disorder in terms of early detection and interventions aimed at preventing major depression across the lifespan. (PsycINFO Database Record (c) 2010 APA, all rights reserved) (journal abstract)

**Publication Type:** Journal; Peer Reviewed Journal

**Subject Headings:** [\\*Early Intervention](#)  
[\\*Life Span](#)  
[\\*Major Depression](#)  
[\\*Prevention](#)  
[\\*Risk Factors](#)  
[Adolescent Development](#)  
[Adult Development](#)  
[Childhood Development](#)  
[Experimental Design](#)  
[Methodology](#)  
[Psychometrics](#)  
[Sampling \(Experimental\)](#)

**Source:** PsycINFO

## 21. Social work's partnership in community-based stroke prevention for older adults: a collaborative model.

**Citation:** Social Work in Health Care, 01 December 2005, vol./is. 42/2(57-71), 00981389

**Author(s):** Mjelde-Mossey LA

**Language:** English

**Abstract:** Stroke prevention includes public education and community- based screenings to identify stroke risks. Even though more than half of all strokes are preventable, the incidence has increased in recent years and remains the leading cause of adult disability. Age is highly associated with stroke and twice as likely to occur with each decade after age 55. Risks fall into one of two categories. One category, such as obesity and high blood pressure, are controllable through behavior change and/or preventive medical care. The other category of risks, such as age or race, are not controllable. Stroke risks tend to occur in multiples that interact to heighten individual effects, thus, interdisciplinary methods to identify and reduce risk may be required. Social workers can play a key role in these partnerships. Social work's skills base in gerontology, psychosocial interventions, and empowerment through community organization are ideal for early intervention and behavior change. This article describes a collaborative community-based model for screening older adults for stroke risk and lessons learned from a three-month risk reduction follow-up.

**Publication Type:** journal article

**Subject Headings:** [Stroke](#)  
[Collaboration](#)  
[Community Networks](#)  
[Health Promotion](#)  
[Social Workers](#)  
[Aged](#)  
[Aged, 80 and Over](#)  
[Stroke](#)  
[Stroke](#)  
[Convenience Sample](#)  
[Descriptive Statistics](#)  
[Female](#)  
[Health Behavior](#)  
[Health Fairs](#)  
[Health Screening](#)  
[Interviews](#)  
[Life Style Changes](#)  
[Male](#)  
[Middle Age](#)  
[Professional Role](#)  
[Prospective Studies](#)  
[Social Work Practice](#)  
[Human](#)

**Source:** CINAHL

## 22. Housing and self-neglect: the responses of health, social care and environmental health agencies.

**Citation:** Journal of Interprofessional Care, August 2005, vol./is. 19/4(317-25), 1356-1820;1356-1820 (2005 Aug)

**Author(s):** Lauder W; Anderson I; Barclay A

**Institution:** School of Nursing and Midwifery, University of Dundee, Dundee, Scotland, UK.  
w.lauder@dundee.ac.uk

**Language:** English

**Abstract:** Substantiated cases of elder self-neglect have been reported to be more common than either elder abuse or neglect. It is a problem that often requires the active involvement of a whole range of health, social, housing, police and voluntary agencies. The ways in which these various agencies respond to self-neglect and how they interact with one another is not known. This research explored the ways in which different health and social care organizations respond to the problems associated with self-neglect. Research methods involved qualitative in-depth interviews with housing, healthcare, environmental health and social workers and a sample of their clients who were described as living in self-neglecting circumstances. This study revealed a lack of joint working across the relevant professions in relation to self-neglect. Better co-ordinated intervention could improve effectiveness and help make available resources go further. The study also suggests a need for a preventative approach to self-neglect, although further work would be required to develop indicators for early intervention.

**Country of Publication:** England

**Publication Type:** Journal Article; Research Support, Non-U.S. Gov't

**Subject Headings:** [Aged](#)  
[\\*Community Health Aides/og \[Organization & Administration\]](#)  
[\\*Environmental Health](#)  
[\\*Home Care Services/og \[Organization & Administration\]](#)  
[Humans](#)  
[Hygiene](#)  
[\\*Needs Assessment/og \[Organization & Administration\]](#)  
[\\*Self Care](#)

[Social Support](#)  
[\\*Social Work/mt \[Methods\]](#)

**Source:** MEDLINE  
**Full Text:** Available in *fulltext* at [EBSCO Host](#)

### 23. Housing and self-neglect : the responses of health, social care and environmental health agencies.

**Citation:** Journal of Interprofessional Care, 2005, vol./is. 19/4(317-325), 1356-1820  
**Author(s):** Lauder, William; Anderson, Isobel; Barclay, Aileen  
**Language:** English  
**Abstract:** Substantiated cases of elder self-neglect have been reported to be more common than either elder abuse or neglect. It is a problem that often requires the active involvement of a whole range of health, social, housing, police and voluntary agencies. The ways in which these various agencies respond to self-neglect and how they interact with one another is not known. This research explored the ways in which different health and social care organizations respond to the problems associated with self-neglect. Research methods involved qualitative in-depth interviews with housing, healthcare, environmental health and social workers and a sample of their clients who were described as living in self-neglecting circumstances. This study revealed a lack of joint working across the relevant professions in relation to self-neglect. Better co-ordinated intervention could improve effectiveness and help make available resources go further. The study also suggests a need for a preventative approach to self-neglect, although further work would be required to develop indicators for early intervention. 25 refs. [Abstract]  
**Publisher:** 2005  
**Subject Headings:** [Health care](#)  
[Housing](#)  
[Interagency collaboration](#)  
[Mental health](#)  
[older people](#)  
[Self neglect](#)  
[Service provision](#)  
[Social care](#)  
**Source:** HMIC  
**Full Text:** Available in *fulltext* at [EBSCO Host](#)

### 24. Factors influencing the decision of older people living in independent units to enter the acute care system

**Citation:** International Journal of Older People Nursing, 2005, vol./is. 14/, 0962-1067  
**Author(s):** Cheek, Julianne; Ballantyne, Alison; Roder Allen, Gerda  
**Language:** English  
**Abstract:** This South Australian-based study explored and described the factors influencing the decision of older people living in the community in independent living units to enter the acute care system. Community-based older Australians, an increasing population segment, make choices about support needed to optimise health and well-being. This includes when to enter the acute care system. Entering this system has potential risks as well as benefits. The current South Australian Department of Human Services policies of 'keeping the older people out' of the acute care system has implications for prevention and early intervention measures and requires an understanding of how and why older people enter the acute care system. The method was in-depth interviews were conducted with older people (N = 31) and their families (N = 10), drawn from three South Australian aged care organisations providing independent living unit accommodation, and focus groups (N = 14) were conducted with stakeholders to identify factors influencing the decision of older people living in independent living units to enter the acute care system. Analysis of the data revealed eight facets influencing this group of older people's decision-making with respect to entering the acute care system; they were: expectations

of support in the independent living unit not being met; the presence/absence of safety nets; lack of after-hours support; the desire to remain independent; the general practitioner as pivotal; the influence of others; perceptions of the emergency department; and having access to information. These facets provide insights into entry processes, links and relationships that form an interface between primary care, community care, the aged care industry and the acute system. Analysis of these insights highlight prevention and early intervention response that can promote the health and well-being of older people, potential ways to streamline services, as well as gaps in current services. Cites numerous references. [Journal abstract]

**Publication Type:** Article

**Subject Headings:** [older people](#)  
[Acute care](#)  
[Decision making](#)  
[Independent living](#)

**Source:** HMIC

**Full Text:** Available in *fulltext* at [EBSCO Host](#)

## 25. How to promote early detection of Alzheimer's disease in the community.

**Citation:** Psychogeriatrics, December 2004, vol./is. 4/4(147-148), 1346-3500;1479-8301 (Dec 2004)

**Author(s):** Homma, Akira

**Correspondence Address:** Homma, Akira: Department of Psychiatry, Tokyo Metropolitan Institute of Gerontology, 35-2 Sakae-cho, Itabashi-ku, Tokyo, Japan, 173-0015, ahomma@tmig.or.jp

**Language:** English

**Abstract:** Early detection of people with dementia in the community will play a major role in promoting the appropriate care for such people and in increasing the skill level of caregivers as well. The number of options for the management of people with moderate or severe dementia will be more limited compared to those for people with mild dementia. However, it is not easy to identify people with dementia in the community. Unless people recognize that dementia is an illness, they will not seek help from the medical facilities when family members show symptoms. Thus, poor awareness of dementia symptoms in families caring for elderly people is the first obstacle in the detection of dementia in the community. (PsycINFO Database Record (c) 2010 APA, all rights reserved)

**Publication Type:** Journal; Peer Reviewed Journal

**Subject Headings:** [\\*Alzheimer's Disease](#)  
[\\*Caregivers](#)  
[\\*Dementia](#)  
[\\*Early Intervention](#)

**Source:** PsycINFO

## 26. Community mental health nursing and early intervention in dementia: developing practice through a single case history.

**Citation:** Journal of Clinical Nursing, 02 September 2004, vol./is. 13/6b(57-67), 09621067

**Author(s):** Keady J; Woods B; Hahn S; Hill J

**Language:** English

**Abstract:** This paper reports on a single case history taken from the 'Dementia Action Research and Education' project, a 15-month primary care intervention study that was undertaken in North Wales in the early part of 2000. The study sought to address the meaning, context and diversity of early intervention in dementia care and employed a community mental health nurse and a psychiatric social worker to undertake early and psychosocial interventions with older people with dementia (aged 75 years and over) and their families. The workers tape-recorded, documented and analysed their interventions with 27 older people with dementia and their families over the 15-month duration of the study. Clinical

supervision was also undertaken during the intervention phase. One case history is presented in this paper to illustrate the work of the community mental health nurse and to identify areas of practice development. Greater role transparency, collaborative working and improvement in educational preparation for practice are called for.

**Publication Type:** journal article

**Subject Headings:** [Attitude to Illness](#)  
[Community Mental Health Nursing](#)  
[Dementia](#)  
[Early Intervention](#)  
[Honesty](#)  
[Spouses](#)  
[Truth Disclosure](#)  
[Adaptation, Psychological](#)  
[Aged](#)  
[Aged, 80 and Over](#)  
[Clinical Assessment Tools](#)  
[Experimental Studies](#)  
[Female](#)  
[Funding Source](#)  
[Male](#)  
[Marriage](#)  
[Neuropsychological Tests](#)  
[Nursing Role](#)  
[Outpatients](#)  
[Primary Health Care](#)  
[Random Sample](#)  
[Social Work, Psychiatric](#)  
[Wales](#)  
[Human](#)

**Source:** CINAHL

**Full Text:** Available in *fulltext* at [EBSCO Host](#)

## 27. Early intervention screening for family caregivers of older relatives in primary care practices: establishing a community health service alliance in rural America.

**Citation:** Family & Community Health, 01 October 2003, vol./is. 26/4(319-328), 01606379

**Author(s):** Kaye LW; Turner W; Butler SS; Downey R; Botton A

**Language:** English

**Abstract:** The Maine Primary Partners in Caregiving project provides a prime example of how disparate community health, social service, and higher education institutions can build a successful rural service alliance for the purposes of screening for family members experiencing stress during the provision of care to impaired older relatives. Community primary care practices are featured as prime sites for the early identification of elder caregivers experiencing stress and burden. Initial project results and implementation challenges as well as recommended strategies for nurturing such community partnerships are presented.

**Publication Type:** journal article

**Subject Headings:** [Caregivers](#)  
[Coalition](#)  
[Community Health Services](#)  
[Primary Health Care](#)  
[Stress, Psychological](#)  
[Adult](#)  
[Aged](#)  
[Aged, 80 and Over](#)  
[Female](#)  
[Maine](#)

Male  
Middle Age  
Rural Areas

**Source:** CINAHL  
**Full Text:** Available in *fulltext* at [EBSCO Host](#)

## 28. Validation of the Short Cognitive Battery (Bsuperscript 2C). Value in screening for Alzheimer's disease and depressive disorders in psychiatric practice.

**Original Title:** Validation de la batterie cognitive courte (Bsuperscript 2C). Interet pour le depistage precoce de la maladie d'Alzheimer. et des troubles depressifs en pratique psychiatrique.

**Citation:** L'Encephale: Revue de psychiatrie clinique biologique et therapeutique, May 2003, vol./is. 29/3(266-272), 0013-7006 (May-Jun 2003)

**Author(s):** Robert, P. -H; Schuck, S; Dubois, B; Lepine, J. -P; Gallarda, T; Olie, J. -P; Goni, S; Troy, S

**Language:** French

**Abstract:** The aim of the present study was to validate a sensitive and specific screening battery designed to improve the discrimination between patients with Alzheimer's disease (AD), patients with depression, and healthy elderly subjects. The specific screening battery was administered to 123 ambulatory subjects (mean age 76.4 +or- 2.3 years), divided in three groups of subjects. The specific screening battery consists of four individual tasks derived from classical neuropsychological tests. Multivariate analysis was performed using a forced model of all four tests. The time taken to perform the tests was significantly higher for the AD group when compared with both the control and depressive group. Multivariate analysis was performed using a forced model of all four tests which provided correct classification of a high percentage of subjects. Response operating characteristics (ROC) analysis of the specific screening battery showed - 93.8 % sensitivity and 85 % specificity for discriminating AD from control patients, and 63 % sensitivity and 96 % specificity for discriminating AD from depressive patients. The results clearly demonstrate that AD patients were significantly impaired in all four tests of the specific screening battery compared with the control group. (PsycINFO Database Record (c) 2010 APA, all rights reserved)

**Publication Type:** Journal; Peer Reviewed Journal

**Subject Headings:** [\\*Alzheimer's Disease](#)  
[\\*Early Intervention](#)  
[\\*Major Depression](#)  
[\\*Psychological Assessment](#)  
[\\*Screening](#)  
[Neurophysiology](#)

**Source:** PsycINFO

## 29. Comparison of Consumption Effects of Brief Interventions for Hazardous Drinking Elderly.

**Citation:** Substance Use & Misuse, 2003, vol./is. 38/8(1017-1035), 1082-6084;1532-2491 (2003)

**Author(s):** Gordon, Adam J; Conigliaro, Joseph; Maisto, Stephen A; McNeil, Melissa; Kraemer, Kevin L; Kelley, Mary E

**Correspondence Address:** Gordon, Adam J.: Center for Health Equity Research and Promotion, VA Pittsburgh Healthcare System, Section of General Internal Medicine (130-U), Room 1 le-118-U, University Drive C., Pittsburgh, PA, US, 15240, adam.gordon@med.va.gov

**Language:** English

**Abstract:** We sought to determine if Brief Interventions [BIs, Motivational Enhancement (ME), and Brief Advice (BA)] reduced alcohol consumption among hazardous alcohol drinking elderly (65 years or older) and whether the elderly responded similarly to younger populations. In 12 primary care offices from October 1995 to December 1997, we screened 13,438 patients of whom 2702 were elderly (180 were hazardous drinkers).

Forty-five elderly enrollees were randomized to receive ME (n=18), BA (n= 12), and Standard Care (SC, n= 12). At baseline, the elderly drank more alcohol and abstained fewer days than the younger cohort ( $p<0.05$ ). During the year, the elderly in ME, BA, and SC intervention arms increased the number of days abstained, decreased the number of drinks per day, and reduced the number of total days per month drinking. There were trends toward decreases in the alcohol consumption measures in the ME and BA treatment arms compared to SC. The elderly's response to all interventions was similar to that of the younger cohort. This study suggests that hazardous alcohol consumption in the elderly is common and that BIs reduce alcohol consumption in the elderly similar to younger populations. (PsycINFO Database Record (c) 2010 APA, all rights reserved) (journal abstract)

**Publication Type:** Journal; Peer Reviewed Journal

**Subject Headings:** [\\*Age Differences](#)  
[\\*Alcohol Abuse](#)  
[\\*Alcohol Rehabilitation](#)  
[\\*Early Intervention](#)

**Source:** PsycINFO

### 30. Early intervention in schizophrenia in the elderly.

**Citation:** Australian and New Zealand Journal of Psychiatry, December 1998, vol./is. 32/6(809-814), 0004-8674;1440-1614 (Dec 1998)

**Author(s):** Burke, David; Shome, Sushmita

**Language:** English

**Abstract:** Briefly reviews the literature on early intervention in schizophrenia in the elderly, and presents 6 cases of schizophrenia in the elderly which highlight the need for assertive management of the type encouraged widely for early onset illness in younger patients. Six case histories are presented. All 6 patients (aged 69-77 yrs) were diagnosed with Diagnostic and Statistical Manual of Mental Disorders-IV (DSM-IV) schizophrenia, all were single and all were socially isolated. They required involuntary admission, treatment with depot antipsychotics, extensive psychosocial intervention and community treatment orders. The use of these treatment strategies led to a positive outcome in each case. The authors argue that assertive treatment of elderly patients with schizophrenia should be pursued with the enthusiasm often reserved for younger, early onset patients, and that therapeutic optimism is required and warranted. (PsycINFO Database Record (c) 2010 APA, all rights reserved)

**Publication Type:** Journal; Peer Reviewed Journal

**Subject Headings:** [\\*Early Intervention](#)  
[\\*Geriatric Patients](#)  
[\\*Geriatric Psychiatry](#)  
[\\*Schizophrenia](#)

**Source:** PsycINFO

**Full Text:** Available in *fulltext* at [EBSCO Host](#)

### 31. The senior outreach program of Park Ridge Mental Health: An innovative approach to mental health and aging.

**Citation:** Journal of Gerontological Social Work, 1997, vol./is. 29/1(95-104), 0163-4372;1540-4048 (1997)

**Author(s):** Russell, Richard

**Language:** English

**Abstract:** Through innovative case finding, programming and funding arrangements, the Senior Outreach program of Park Ridge Mental Health in Rochester, New York, has proven effective in identifying and providing outreach mental health services to elderly individuals. The core mission of the program is to provide a program of prevention and early intervention outreach mental health services to at-risk older adults who have been



either unable or reluctant to access traditional clinic-based services due to financial and clinical restrictions, physical limitations, or long-standing stigma. The program utilizes a human services agency model, yet operates within a large health care system as part of a continuum of psychogeriatric services. This article focuses on the caregiver component, funding, staffing and the program's impact thus far. (PsycINFO Database Record (c) 2010 APA, all rights reserved)

**Publication Type:** Journal; Peer Reviewed Journal

**Subject Headings:** [\\*At Risk Populations](#)  
[\\*Early Intervention](#)  
[\\*Mental Health Services](#)  
[\\*Outreach Programs](#)  
[\\*Primary Mental Health Prevention](#)

**Source:** PsycINFO

### 32. Strategies to improve the quality of oral health care for frail and dependent older people.

**Citation:** Quality in Health Care, 1997, vol./is. 6/3(165-169), 0963-8172

**Author(s):** Steele, J. G.; Walls, A. W. G.

**Language:** English

**Abstract:** The dental profile of the population of most industrialised countries is changing. For the first time in at least a century most elderly people in the United Kingdom will soon have some of their own natural teeth. This could be beneficial for the frail and dependent elderly, as natural teeth are associated with greater dietary freedom of choice and good nutrition. There may also be problems including high levels of dental disease associated with poor hygiene and diet. New data from a national oral health survey in Great Britain is presented. The few dentate elderly people in institutions at the moment have poor hygiene and high levels of dental decay. If these problems persist as dentate younger generations get older, the burden of care will be substantial. Many dental problems in elderly people are preventable or would benefit from early intervention. Strategies to approach these problems are presented. 4 tables 36 refs. [Abstract]

**Subject Headings:** [Dental health](#)  
[Hygiene](#)  
[older people](#)  
[Oral health](#)  
[Survey results](#)

**Source:** HMIC

**Full Text:** Available in *fulltext* at [National Library of Medicine](#)

### 33. Ambulatory elderly patients of primary care physicians: Functional, psychosocial and environmental predictors of need for social work care management.

**Citation:** Social Work in Health Care, 1996, vol./is. 22/3(1-20), 0098-1389;1541-034X (1996)

**Author(s):** Berkman, Barbara; Shearer, Susan; Simmons, W. June; White, Monika; et al

**Language:** English

**Abstract:** Developed and refined a questionnaire as a screening tool to identify elderly outpatients in primary care settings who were at high risk for psychological, social or environmental needs. Of the 3,018 questionnaires mailed to patients aged 65+ yrs, 816 were returned completed. Chi-square, t-test, ANOVA, linear regression, and relative risk ratios were used to analyze differences between those patients who were identified as high risk vs those who were not, and the strength of predictors in accounting for variance. The mean age of respondents was 76.3 yrs; 69% were women. Overall, 461 patients were assessed by care coordinators as needing intervention. The indicators of the need for further intervention were problems with fatigue, sleeping, memory, walking, hearing, incontinence, vision, pain, unhappiness/depression, and limitations in daily functioning.

Implications for social work practice are discussed. (PsycINFO Database Record (c) 2010 APA, all rights reserved)

**Publication Type:** Journal; Peer Reviewed Journal

**Subject Headings:** [\\*Early Intervention](#)  
[\\*Geriatric Assessment](#)  
[\\*Needs Assessment](#)  
[\\*Questionnaires](#)  
[\\*Test Construction](#)  
[Health Care Delivery](#)  
[Social Services](#)

**Source:** PsycINFO

#### 34. Prevention and early intervention for mental disorders of the elderly.

**Citation:** Emerging issues in mental health and aging., 1995(163-182) (1995)

**Author(s):** Smyer, Michael A

**Language:** English

**Abstract:** (from the chapter) summarizes some of the current strengths and weaknesses of the research literature on prevention and early treatment of older adults' mental disorders / focuses on a conceptual framework for prevention and early intervention recently developed by the Institute of Medicine / this framework includes assumptions about causality of mental disorders, methods of identifying cases with a disorder, and appropriate measures of success or failure following an intervention reviews the research literature on 3 categories of preventive interventions: universal, selective, and indicated / 2 illustrative disorders are emphasized: (a) dementias and cognitive impairment and (b) depression / the intervention research literature on each disorder is reviewed briefly, with attention to 2 elements: what do we know about effective early interventions, and what do we need to know (PsycINFO Database Record (c) 2010 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** [\\*Early Intervention](#)  
[\\*Geriatrics](#)  
[\\*Mental Disorders](#)  
[\\*Prevention](#)  
[Dementia](#)  
[Major Depression](#)  
[Primary Mental Health Prevention](#)

**Source:** PsycINFO

#### 35. Does early intervention reduce the number of elderly people with dementia admitted to institutions for long term care?

**Citation:** BMJ, 1991, vol./is. 302/6781(871-875), 0959-8138

**Author(s):** O'Connor, D. W.

**Language:** English

**Abstract:** The objective of the study described in this article was to test whether early diagnosis and practical help reduced the number of elderly people with dementia admitted to institutions. The authors conclude that some people with moderate or severe dementia who lived alone and were at serious risk may have been identified earlier by the resource team. Without the team these people would not have become known to the responsible authorities until families, neighbours, and wardens became unable to cope. The study was conducted during the team's formative period, and greater experience might have allowed some subjects to remain at home for longer. 3 tables 21 refs. [Abstract amended]

**Subject Headings:** [Alzheimers disease](#)  
[Long stay units](#)  
[older people](#)

[Patient admission](#)  
[Survey results](#)

**Source:** HMIC

**Full Text:** Available in *fulltext* at [Highwire Press](#)  
 Available in *fulltext* at [Highwire Press](#)  
 Available in *fulltext* at [National Library of Medicine](#)

### 36. The Alzheimer's Disease Assessment Scale (ADAS): An instrument for early diagnosis of dementia?

**Citation:** International Journal of Geriatric Psychiatry, January 1988, vol./is. 3/1(45-53), 0885-6230;1099-1166 (Jan-Mar 1988)

**Author(s):** Schwarb, Susanne; Koberle, Suse; Spiegel, Rene

**Language:** English

**Abstract:** 94 elderly Ss (aged 62-81 yrs) participating in a long-term study of dementia diagnosis were evaluated using the ADAS developed by W. G. Rosen et al (see record 1985-08430-001). Data from intelligence tests administered during the long-term study were also analyzed. Findings indicate that the 7 Ss classified as clearly or possibly demented obtained significantly poorer scores on the ADAS than did the 87 Ss classified as normal. The cognitive section of the ADAS was effective in distinguishing between normal and demented Ss. There were significant correlations between Ss' scores on the ADAS and their previous scores on the Wechsler Adult Intelligence Scale (WAIS) and the Mini-Mental State Examination. (PsycINFO Database Record (c) 2010 APA, all rights reserved)

**Publication Type:** Journal; Peer Reviewed Journal

**Subject Headings:** [\\*Alzheimer's Disease](#)  
[\\*Dementia](#)  
[\\*Early Intervention](#)  
[\\*Psychodiagnosis](#)  
[\\*Rating Scales](#)  
[Wechsler Adult Intelligence Scale](#)

**Source:** PsycINFO

### 37. Economic and social benefits of psychological assistance.

**Original Title:** Economische en maatschappelijke baten van psychologische hulpverlening.

**Citation:** Psycholoog, March 1987, vol./is. 22/3(137-142), 0033-3115 (Mar 1987)

**Author(s):** Diekstra, Rene F; Methorst, Gerda J; Bekker, Frits J; Lankamp, Theo G; et al

**Language:** Dutch

**Abstract:** Discusses the possibility of reducing the social and financial costs of medical health care by making psychotherapy available early to patients with psychosomatic disorders, elderly patients, and other patients (e.g., chronically ill and surgical patients) whose emotional problems may inhibit effective coping with or recovery from illness. A 3-component model of primary psychological health care is proposed: thorough psychological examination; short-term, goal-directed, structured therapy; and focused referral system. (English abstract) (PsycINFO Database Record (c) 2010 APA, all rights reserved)

**Publication Type:** Journal; Peer Reviewed Journal

**Subject Headings:** [\\*Early Intervention](#)  
[\\*Primary Mental Health Prevention](#)  
[Costs and Cost Analysis](#)

**Source:** PsycINFO

### 38. Innovations in the care of the elderly

<b>Citation:</b>	, 1984
<b>Author(s):</b>	ISAACS, Bernard; EVERS, Helen
<b>Language:</b>	English
<b>Abstract:</b>	<p>This book describes some of the innovations in the care of the elderly in and around Birmingham in the late 1970s and 1980s. The areas covered include hospital based geriatric and psychogeriatric services, changes in the public housing sector, development of domiciliary physiotherapy services, community nursing, teams for the terminally ill, home help services, sheltered housing volunteer stroke scheme, continence advisory services, residential and day care services, including services for the mentally infirm, early intervention in general practice and local government funding of innovations and education in the care of the elderly.</p>
<b>Publisher:</b>	London: Croom Helm, 1984
<b>Publication Type:</b>	Book
<b>Subject Headings:</b>	<a href="#">older people</a> <a href="#">Social care services</a> <a href="#">health services</a> <a href="#">Innovations</a> <a href="#">West Midlands</a> <a href="#">Birmingham</a> <a href="#">Geriatric care</a> <a href="#">Geriatrics</a> <a href="#">Geriatric services</a> <a href="#">Geriatric nursing</a> <a href="#">NHS</a> <a href="#">Patients</a>
<b>Source:</b>	HMIC