The 23rd Nordic Congress of Gerontology (23 NKG) takes place on 19–22 June 2016 in Tampere, Finland.

On behalf of the Nordic Gerontological Federation (Nordisk Gerontologisk Förening), we invite you to share with your colleagues the most recent findings, ideas and innovations about ageing. Our ageing society urgently needs scientific knowledge to enable longer lives to reach their full potential. Better ageing means a better society for all. The theme of the congress is therefore ‘Good ageing – better society’.

The Nordic congresses traditionally emphasise multidisciplinary perspectives on ageing and the life course. 23 NKG is a meeting place for all researchers and professionals, whether they are in social sciences, health research, medicine, nursing, biology, humanities, services research or any other field of scientific enquiry.

The main track of the congress will include scientific sessions on all aspects of ageing. Our special aim is to create sessions at which experts from different core disciplines can meet and learn from each other.

23 NKG is also a place for meeting old and new friends, for enjoying the conference’s social programme and Tampere’s many cultural attractions. Read more about 23NKG at pages 3-4 in this issue!
Dear Colleagues and friends in the Nordic Gero Community,

The Nordic Gerontological Federation, NGF is the umbrella organization for all Nordic national societies in the aging field. In this respect we serve both our own national organizations and position ourselves in the broader Nordic context. In the bylaws it is stated that:

- NGF, shall support, organize and expand gerontological research, development and education within the Nordic countries
- the primary medium of communication is newsletters and the NGF’s website
- NGF arranges Nordic Gerontological Congresses every other year (following the sequence of Denmark, Sweden, Finland, Norway, Iceland)

I remember when older people said that years go faster with age. I have to admit that I never understood that when I was younger. Nowadays I surely do and when I realize that we now have to prepare ourselves for the next Nordic congress in Tampere. More information from Marja Jylhä and Kirsi Lumme-Sandt about the upcoming 23rd Congress of Gerontology is found in this Newsletter. Check deadlines for submissions! I have with great interest continuously followed the planning of the congress on the homepage (www.23nkg.fi) which have convinced me that we in June next year can attend another great congress.

Don’t forget to check information about 23nkg prizes, awards, and grants in this newsletter. It’s time to nominate and to apply – don’t miss the deadlines! NGF provides unique opportunities in this respect. The NGF’s prize for a promising researcher in gerontology is only reserved for a candidate from Norway (next organizing country) while the nominations for our most prestigious prize, the Sohlberg prize is open for candidates from all Nordic countries.

We have now updated our list of experts in the various fields of gerontology and geriatrics in all countries. They are expected to help the local organizers in reviewing submitted congress abstracts but also to act as experts upon other requests. Help us to distribute the Newsletter to everyone interested in aging and aging research and make sure that you also take the advantage of the newsletter in announcing various activities, keeping the meeting calendar updated, inform others about calls for new positions etc.

Contact NGF secretary Anna Siverskog anna.siverskog@liu.se whenever you would like to include something in the Newsletter.

I wish you all a Happy New Year although we are not yet at the end of 2015. But, as I said times fly very fast and I’ve already initiated our planning for the 9th IAGG-ER Congress to be held in May 23-25, 2019 in Gothenburg (http://www.iagg-er.net/)

Boo Johansson, prof.
President of NGF
Good Ageing – Better Society

The 23rd Nordic Congress of Gerontology (23 NKG) takes place

Tampere, Finland, 19–22 June 2016.

www.23nkg.fi

Registration for the congress and submission of free papers are now open at www.23nkg.fi

23NKG is a Nordic, but also an international, congress with speakers and participants from all the Nordic countries, several other European countries, from the US, Canada and Australia. All scientific sessions are in English.

23NKG will be a meeting place for researchers and experts on aging policy and elderly care. Most recent research findings, ideas and innovations will be shared in keynote talks, symposia and free papers and posters. During the breaks, receptions and conference dinner old friendships will be strengthened and new networks created. Special program for young researchers helps them to meet each other as well as leading senior researchers. In the exhibition companies, publishers, and societies display their products and activities. In addition, there will be a one-day program in Finnish for experts in elderly care, with a possibility to present posters on programs, practices and innovations.

Our keynote speakers include world leaders in different fields of aging research. Call for symposia is now closed and we received an astonishing number of over 70 submissions. At present, we invite submissions for free papers (both oral and poster presentations). Also, the registration is now open on our web page at www.23nkg.fi
In the social program, we invite you to join us for morning runs or walks, to enjoy the long day and short night at the midnight outdoor scientific session, and to take a pre-conference day trip to the acclaimed art museums in Mänttä.

The congress is arranged by the Nordic Gerontological Federation (Nordisk Gerontologisk Förening) in collaboration with the Gerontology Research Center, the Finnish Society for Growth and Ageing Research, Societas Gerontologica Fennica and Finnish Geriatricians.

All information on the 23NKG, including interviews with the keynote speakers, is available on the web page at www.23nkg.fi. Follow also our facebook at www.facebook.com/23nkg.

For further information, please contact the secretary general Dr. Kirsi Lumme-Sandt at scientific.secretary (at)23.nkg.fi

We are looking forward to meeting you in Tampere in June!

"Science and fun under the midnight sun!"

Marja Jylhä
President of the 23NKG

Kirsi Lumme-Sandt
Secretary General of the 23 NKG

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**Important dates**

- **Deadline for abstract submission**: January 16, 2016
- **Notification of abstract acceptance/rejection**: February 27, 2016
- **End of early bird registration with lower fee**: March 15, 2016
23NKG Prizes, awards and grants - Announcements

Announcement - the Sohlberg Prize

General terms

NGF invites for nominations of candidates for the most prestigious Nordic Prize in Gerontology, the Sohlberg prize.

- The Sohlberg prize of €10,000 is sponsored by the Päivikki and Sakari Sohlberg Foundation and will be awarded at the Opening Ceremony of the 23rd Congress.
- The prize is relevant for all aging sciences and is awarded to a scientist active in a Nordic country who is a leader in gerontology with a major influence on the development of her/his field in aging research.
- To be considered the candidate should have built a strong research group or initiated research of major importance for developments in gerontology.
- The nomination must include reasons for the nomination (described on a half to a full A4 page), in addition to a curriculum vitae and a publication list of the candidate. Self-applications are not accepted.
- The prize will be awarded by a jury including the president and the two vice presidents of NGF and the two most recent prize-winners.
- The nomination should be sent electronically to the NGF president Professor Boo Johansson by e-mail: boo.johansson@psy.gu.se no later than December 14, 2015.

Previous winners of the Sohlberg prize

Carl-Gerhard Gottfries (Jönköping 1994) for studies of the changes in brain signalling molecules, the neurotransmitters, with ageing and in Alzheimer’s disease.
Eino Heikkinen (Helsinki 1996) for his studies on the epidemiology of ageing
Birgitta Odén (Trondheim 1998) for her studies of historical aspects of ageing
Reijo Tilvis (Reikjavik 2000) for establishing academic geriatrics and gerontology at the University of Helsinki
Bengt Winblad (Aarhus 2002) for his studies on dementia, especially Alzheimer’s disease from a multidisciplinary angle.
Stig Berg (Stockholm 2004) for his studies of the psychological and social psychological aspects of ageing
Knut Engedal (Jyväskylä 2006) for his research on dementia and development of dementia care in Norway
Yngve Gustafsson (Oslo, 2008) for his research in clinical geriatric medicine about delirium and how to prevent it, and other important care pathways for acute ill elderly and hip fracture patients
Laura Fratiglioni (Rejkjavik, 2010) for her research primarily in dementia epidemiology
Kaisu Pitkälä (Copenhagen, 2012) for her influence on how geriatric and gerontological scientific achievements are incorporated into general practice.
Timo Strandberg (Gothenburg, 2014) for his work in geriatric medicine about lipid metabolism and its relevance to vascular diseases.
NGF’s prize for promising researcher in gerontology

General terms

At the 23rd Congress of Gerontology in Tampere the NGF prize for promising researcher in gerontology will be handed out for the 2nd time. The prize is intended for a researcher from one Nordic country. At the Congress in Tampere the prize will be offered to a candidate from the country that will host the next Nordic Congress of Gerontology, namely Norway (Oslo, 2018). Thus, only candidates from Norway are applicable this time.

- The proposed candidate shall not hold a senior position but should preferably have concluded a PhD.
- A member association of NGF can nominate the candidate to the prize. Argumentation and a CV must follow. No direct applications will be accepted.
- The nomination with all relevant information shall be sent to the president of NGF (Boo.Johansson@psy.gu.se).
- The jury consists of the three presidents of the NGF and the chairs of the scientific committees in the current and for the next congress.
- The prize-winner will receive an amount of 20,000 SEK and give a lecture at a ceremony during the congress.
- The prize-winner will not pay any registration fee at the 23rd congress. Expenses for travel (in economy if by flight) and accommodation during the congress will be paid by NGF.
- Nominations of Norwegian candidates should be sent electronically to the NGF president Dr. Boo.Johansson@psy.gu.se no later than December 14, 2015.

Grants for 23NKG Participation

General terms

The Nordic Gerontological Federation (NGF) offers 13 grants for congress participation, two grants for each Nordic country and one each for the three Baltic countries.

- The grants are aimed for those who have difficulties raising funds to cover their cost of attending. The grants can only be applied for by PhD Candidates and non-senior researchers in gerontology and geriatrics.
- The application must include the following information: name, age, education, employment, and reason for applying.
- The application will be evaluated by the local scientific committee, the president of the congress and the president of the NGF.
- Applicants also need to submit an abstract (even if the official deadline for abstract submission is passed). Grants are not awarded without an approved abstract.
- Each grant is SEK 5,000. In addition, those who are selected do not need to pay the congress registration fee.
- Applications should be sent to scientific.secretary@23nkg.fi.
Successful international conference on ageing and health in Stockholm

A manifestation of strength and national collaboration, with more than 300 researchers participating. The international conference “Horizons for Comparative and Integrative Research on Ageing and Health” was held in Stockholm, October 7-8. Attracting senior and junior researchers from various disciplines and different countries across Europe.

- The aim was to facilitate knowledge exchange, new collaborations and a broad scientific discussion on ageing and health. The conference attracted senior and junior researchers from various disciplines and different countries across Europe. The high level of PhD students, one third of the participants, was mentioned several times as a success, Scientific Program Coordinator Cecilia Winberg said.

The organizers of the conference were the National Graduate School for Competitive Science on Ageing and Health (SWEAH) and three Swedish national centers of excellence for ageing research. It was the first time the Centre for Ageing and Health (AgeCap, Gothenburg University), Centre for Ageing and Supportive Environments (CASE, Lund University), and Aging Research Centre (ARC, Karolinska Institutet) joined forces in this kind of event. A workshop for PhD students was also arranged, October 9, in connection with the conference (see separate article). These three days of scientific exchange were commissioned and financed by the Swedish Research Council.

The conference included keynote speakers as well as parallel sessions with invited conveners. Professor Asghar Zaidi, University of Southampton (UK) shared the latest insights from his work with the Active Ageing Index (AAI). The index compiles statistics from 28 EU-countries concerning the conditions for the ageing population and experiences of men and women in diverse policy, institutional and economic contexts. The comparative AAI scales can help policymakers to identify specific areas in which further progress could be made and where gains could be expected.

- Not even the top ranked countries score max in all scales. All countries have things to learn, and can improve. For example we surprisingly found Germany in the middle of the ranking according to the index, Asghar Zaidi pointed out.

Professor Martin Knapp, from London School of Economics and Political Science (UK), also presented an analysis of compiled data but with the focus on health economic studies. His comparisons between different interventions aim at identifying the most potent ways to handle the present demographic challenge.

- Prevention is actually the most cost effective way to meet dementia today and should be priority one, Martin Knapp stated. He also stressed the lack of evidence supporting the use of telemedicine. Other interventions should be selected instead until the evidence base is strong enough.
The third key note speaker Professor Patrizia Mecocci, University of Perugia (Italy), gave a talk on ageing and biological mechanisms.

– Caloric restriction and exercise seems to work together in slowing down the biological clock, Patrizia Mecocci said.

The parallel sessions during the second day of the conference addressed ageing and health broadly. For example ageing and employment, pharmacological and non-pharmacological treatments, user participation in research, and capacity in brain and body.

The convener of each session was encouraged to creatively try to stimulate different opinions to generate a critical discussion that could broaden the debate on the topic chosen. As an example the audience in one session filled a web-survey in real-time with five statements about user participation in research. The results were presented and became the starting point of a vivid debate.

The concluding discussion was moderated by Asghar Zaidi. He started out with presenting the panel. Martina Axmin from Faculty of Law, Lund University, represented her discipline as well as the PhD student community of SWEAH.

– When it comes to elderly law research it is a new area within a European context. So for me as a PhD student it has been very inspiring to take part of this broad perspective of ageing and health. I could not help noticing that law is quite missing when it comes to gerontology and as a junior researcher I can see a spectrum of legal issues relating to ageing. Both in a wider and a more specific perspective concerning human rights, age discrimination, retirement, ethical issues about legal capacity and so on, Martina Axmin exemplified.

Karl-Erik Olsson, former minister of agriculture in Sweden (1991-1994) and member of the European parliament (1995-2004), represented the users of ageing research. Asghar Zaidi was curious about if he had any reflections on which policy lessons that could be drawn from the conferences integrative and comparative view.

– Why not abolish retirement due to age? Karl Erik Olsson replied.

Representatives of the three research centers also took part of the panel. Asghar Zaidi asked them to share their insights on how the conference will influence their future work. Professor Boo Johansson (AgeCap) started out.

– One thing to emphasize is the heterogeneity that we see in most manifestations related to ageing and health. Another important aspect is what do we really mean with ageing and health? We have various definitions depending on our disciplinary background. We tend to examine this differently, putting weight on certain aspects. So I think it is highly needed to bring people from different disciplines tighter together. Because then your own perspective has to be confronted with those of others.
Boo Johansson went on:
– And I think that we sometimes focus almost totally on the individual, missing the middle level, the household, the importance of living together with a partner. This seemed to be a lacking piece at the conference.

Janicke Andersson, postdoctoral researcher at CASE, continued:
– This type of conference makes it clear how hard it is to really do comparative, integrative research. It is challenging to go beyond your own discipline and try to reach a common understanding. Even though we have been doing this for years, it is still quite obvious that we are in the beginning of this work. But the conference makes it evident how important this research is to even begin to understand ageing.

She also raised the question of treating the ageing population as a problem and an economical threat.
– Instead we could see the ageing population as an economical contribution and a contribution to economic welfare. This could be one alternative within the integrative and comparative perspective, that is, to also discuss the positive outcomes of an ageing population.

Professor Johan Fritzell (ARC) was next.
– My first reflection is that we have a great future of research on ageing and health because I honestly believe that we are dealing with the most fundamental social change and challenge in this century. Not only in Sweden but around the globe. And I think this is becoming more and more evident for funders and policymakers, even if they may have a short perspective. But like all big questions there is a necessity of an interdisciplinary approach and I think the conference made it clear how much there is to be learned from different disciplines, which made it to a great event.

Johan Fritzell finished off:
– So the main thing is to try to highlight policymakers and funders on the enormous importance of our subject and that research really can make a difference which I have seen lots of examples of during these two days. And then we have only scratched on the surface so to speak. I think that we still are almost in infancy when doing integrative research. All of our centers are very multidisciplinary but there is still a lot more to do in the future.

Text and photo: Erik Skogh
For more information visit the conference website: http://bit.ly/1dBegum
Begin to discuss theories early in your academic career. It will boost both your scientific and personal development. That was one take-home message delivered at the workshop arranged by the National Graduate School for Competitive Science on Ageing and Health (SWEAH) as part of the graduate course “Theories of ageing”.

A workshop for SWEAH’s PhD students was held on October 9, in connection with the HICRAH-conference in Stockholm (see separate article). The workshop engaged not only PhD students affiliated with SWEAH but also those whom had responded to an open invitation to participate. In total 30 students attended. The theme was “Theories of ageing”.

Professor Thomas Scharf, Irish Center for Social Gerontology, had been invited as introductory lecturer. He described theory as a network of ideas helping the scientist to understand a particular phenomenon of interest.
- Theory is also important in terms of wider goals of shaping policy and practice. Having a solid idea of the explanation of something gives us the confidence we need to say this is how policy might be different, Thomas Scharf argued.
- He stressed the importance of an early engagement in theory as part of both the scientific and personal development. Which research questions and theories we find interesting is not random; it is tightly connected to our values and views of the world.
- The topics we choose reflect our own being, our own identity, Thomas Scharf concluded.

His presentation was the starting point of the following group discussions. Aiming at formulating central perspectives, themes and research questions on theories on ageing. Each group formulated a question which was later presented to a discussion panel. The panel consisted of Professor Gerd Ahlström, Professor Susanne Iwarsson and Associate Professor Torbjörn Svensson (Lund University), Professor Boo Johansson (Gothenburg University) and Professor Thomas Scharf.
The first group wondered how theory should be defined in an interdisciplinary context.

- Well, gerontology is an interdisciplinary field and it is an advantage as well as a challenge. We can use so many types of theories to explain or understand something better. But it is also a challenge with so many plausible theories. We have to find some that suite us and we feel comfortable with, Thomas Scharf said.

Another group raised the question of what makes a theory a theory of ageing.

- I do not have a straightforward answer, but as a social gerontologist you can see how theories relate to the ageing population. Are older people’s experiences different from those of the general population? Take poverty as an example. Several people in the population experience poverty, but there is a special dimension for older people since their opportunities to escape poverty are limited by their inability to access the labour market. So I think that ways of extending existing ideas, adding a gerontological focus to other theories is a perfectly sensible approach, Thomas Scharf replied.

Boo Johansson continued:

- How do the theories handle fundamental ageing processes? For example change of resources, reserve capacity, vision, balance, cognitive ageing - something that is likely to occur? When you can link to these fundamental processes I think you have a more relevant ageing model or theory. But other theories could of course also be applied – so what makes it an ageing theory is a good question.

Susanne Iwarsson urged everyone to be critical of the idea of global, golden standard theories of ageing. Our knowledge about ageing is under development, and ageing as such is changing, she argued. New knowledge about how individuals age differently and social and political changes around the world continuously transform the concept of ageing.

Gerd Ahlström reflected upon this and previous workshops for the PhD students and the conference as parts of the postgraduate course “Theories of ageing”:

- This has been a unique chance to learn about a lot of different theories. But of course you need to also deepen in your own research project, finding the theories that you find applicable. And I think that you learn something extra when you meet other disciplines, you learn to discuss your own theories and your own research questions.

Text and photo: Erik Skogh
In the last issue of GeroNord, 1-2 2015, we began to map what is happening within the gerontological research in the Nordic countries. We wanted to know more about what is going on in the different research contexts; what is researched? Where and how is the research taking place? What do the different research milieus look like? We then got to know more about CASE (Lunds Universitet, Sweden), Norwegian National Advisory Unit on Ageing and Health, Institute of Gerontology, Jönköping and about the Swedish contribution to the newly started COST Action IS 1402 on Ageism in Europe. In this issue, we continue this overview by a presentation from the Danish Aging Research Center, and then we get a closer look at the gerontological and geriatric research in Finland - where Marja Jyhälä gives an overview over the field, and a closer introduction of the Gerontology Research Center (GEREC), followed by a presentation of The Center for Healthy Aging, University of Copenhagen, and lastly a presentation on the Memory Clinic, Landspitali University Hospital in Reykjavik, Iceland.

We hope that you as members, research centers and milieus would want to help us answer this question in upcoming issues of GeroNord where we hope to continue shed light on the research taking place.

The Danish Aging Research Center

The Danish Aging Research Center (DARC) promotes aging research in Denmark through a cooperation between the University of Southern Denmark (SDU), Aarhus University (AU) and University of Copenhagen (KU). The center is headed by Professor Kaare Christensen at SDU and is a multidisciplinary cooperation that conducts research into human aging processes in areas spanning from molecular biology to epidemiology and demography and social sciences. DARC is made possible through grants from the VELUX Foundation and consists of the following three research groups:

- The Danish Center for Molecular Gerontology, AU, led by Associate Professor Tinna Stevnsner. The Aarhus group is performing aging research at the molecular level, including extensive research in the areas of DNA repair and telomere biology and their possible relation to aging, particularly for persons who age early.
- The Gerontology Unit, University of Copenhagen, led by Professor Erik Lykke Mortensen and Associate Professor Rikke Lund, and the Research Center for Prevention and Health, Glostrup University Hospital, led by Professor Merete Osler. The Copenhagen group has access to unique cohorts with more than 50 years of follow-up time, including clinical, biological, and social data, which provides a strong basis for carrying out aging studies with a life course perspective.
- The Aging Research Center, University of Southern Denmark (SDU), led by Professor Kaare Christensen. Through studies of twins and the oldest-old, researchers at SDU study both genetic and environmental factors influencing human aging processes and longevity. The group at SDU has access to data and biological material from the Danish Twin Registry compiled since 1952, as well as cohorts of oldest-old Danes, including the longitudinal studies of the Danish 1895-96, 1905, 1910, 1911-12, and 1915 cohorts.
To stimulate and ensure collaborations between the three units in DARC, the collaboration is built around PhD/postdoc projects, each with at least two of the units directly involved in the research.

DARC has existed since 2008. During the first five years the research related to aspects of functional capacity, aging and lifespan, with the overarching research theme: “Why do we age so differently?”. Since 2012, the main research question has been: “Are the years that are added to life good years?”, with a focus on cognitive functioning in late life. Molecular, genetic and social aspects are considered, and life course perspectives and changes in cognitive abilities over cohorts are explored.

Since 2008, 16 PhD projects or postdoc projects have been launched in DARC, and the research has led to the publication of more than 200 scientific papers. A similar number of presentations have been made, and the research carried out in DARC has attracted considerable national and international interest – not only among scientists but among decision makers and lay people, as well as in the media.

Finally, DARC has stimulated and provided the basis for other research activities in each of the three units including extended national and international collaborations. The research groups in DARC are part of the teaching and supervising teams of study programs such as Medical School and Public Health as well as Molecular Biology and Molecular Medicine.

For more information please see www.sdu.dk/darc

Gerontontology and geriatric research in Finland

Marja Jylhä

Research on ageing in Finland has long traditions. The scientific association, Societas Gerontologica Fennica ( SGF- Finnish Gerontological Society) was founded as early as 1948, one year before the Gerontological Society of America was established. The SGF yearbook Geron, started in 1949 and continued with short breaks until 1985, was the first regular gerontological publication in the Nordic countries, only three years younger than the Journal of Gerontology in the US.

From the very start, gerontological research in Finland was multidisciplinary, although medical research was the strongest field, it was international, and, in the beginning, it was strongly influenced by three female researchers, “the founding mothers”. Eeva Jalavisto (1909-1966), was an extraordinary professor of physiology at the University of Helsinki but also a practicing geriatrician, the first Chair of the SGF, and a founding member of the International Association of Gerontology. Anitra Karsten (1902-1988) studied in Berlin in the group of the famous psychologist Kurt Lewin. She published mainly in German, e.g. on retirement, personality and satisfaction in old age, and the basic goals of gerontological research. Faina Jyrkilä (1917-2008), started her doctoral dissertation (Jyrkilä F. Society and Adjustment for Old Age. Transactions of the Westermarck Society. Vol VI Munksgaard Ltd, Copenhagen 1960) with an ASLA scholarship at Cornell University. Later she was professor at the University of Jyväskylä, being the first female professor in sociology in Finland.
Epidemiological and clinical studies in aging started mainly in 1950s and 1960s. Professor Ilmari Ruikka and his team, described living conditions, disease and functioning of a representative population sample (e.g. Ruikka I: “The health of the aged in Turku”. Ann Acad Sci Fenn, Series A, Medica 120, Helsinki 1966). The designs of these studies do not much differ from those conducted 30-40 years later and they provide valuable data for secular trend analyses.

**Chairs in in gerontology and geriatrics**
The first professorship in gerontology in Finland, and in our knowledge the first in the Nordic countries, was established at the University of Tampere in 1975. The first holder of the position, Eino Heikkinen, is a major figure in gerontology in Finland and in the Nordic countries.

At present, there are professors in gerontology at the universities of Jyväskylä (one of three specifically in exercise gerontology) and Tampere, professor of social gerontology at the University of Helsinki and professor of social work, specifically gerontological social work at the University of Lapland. All the five universities with medical faculties, Helsinki, Eastern Finland, Oulu, Tampere and Turku, have professorships in geriatrics; in addition there is professor of geriatric pharmacotherapy at the University of Eastern Finland. Several professors of general medicine also are active in geriatric research. In addition to universities, several research institutes such as National Institute for Health and Welfare, KELA and the Age Institute also conduct aging-related research.

**Scientific societies and meetings**
Societas Gerontologica Fennica is a multidisciplinary association that also has been instrumental in promoting practical geriatric activity. The Finnish Society for Growth and Ageing Research was founded in 1980 with the idea of widening the scope of ageing studies to cover various life-stages and emphasizing the importance of social sciences. The first president of the society was Professor Eino Heikkinen.

There are also two other associations important in research and practice of ageing. Finnish Geriatricians, an association of the specialists in geriatrics, was established in 2009. The Finnish Psychogeriatric Association, founded in 1991, aims at promoting practice and research on mental health at old age.

The Finnish Society for Growth and Ageing Research started the peer-reviewed scientific journal *Gerontologia (Gerontology)* in 1987, and since 2011 it has been a collaboration with Societas Gerontologica Fennica and the Finnish Geriatricians. *Gerontologia* publishes original articles, reviews and commentaries on ageing in Finnish and Swedish languages. The societies also collaborate in organizing the national scientific meeting in gerontology (“Gerontologian päivät”) every three years since 1992.
The Gerontology Research Center (GEREC), established in 2012, is a collaboration between the University of Jyväskylä and University of Tampere in research on aging and the aging society. The basic idea of GEREC is to generate knowledge that can help make our longer lives healthier and promote an active and full life at any age. Also, GEREC aims to help policy makers and service providers meet the challenges of population aging. The center is jointly coordinated by the School of Health Sciences, University of Tampere and the Department of Health Sciences, University of Jyväskylä; other university departments in GEREC are School of Medicine and School of Social Sciences and Humanities at the University of Tampere and Department of Social Sciences and Philosophy at the University of Jyväskylä. The GEREC staff includes ca 20 professors or other seniors and almost 70 other researchers or doctoral students. At present Professor Taina Rantanen works as Director and Professor Marja Jylhä as Vice director. The activities of GEREC are supported by a National Steering group and an International Scientific Advisory Board.

GEREC is a genuinely multidisciplinary center, covering themes from cultural gerontology to epigenetics, and basic disciplines from epidemiology to sociology and health economics to geriatrics. Examples of the research projects are given below.

More information here: www.gerec.fi

Life-Space Mobility in Older People (LISPE)

LISPE is a prospective cohort study that started in 2011. It examines among older people how home and neighborhood characteristics, individuals’ health, functioning and personal goals influence physical activity, life-space mobility and quality of life. The primary outcome of the study is the Life-Space Assessment questionnaire.

The LISPE study includes a home interview at baseline and a phone interview at one and two years later. Data consist of the baseline survey among 848 community-dwelling people aged 75-90 years living in Jyväskylä and Muurame. Assessments included face-to-face interviews on perceived environmental mobility barriers and facilitators, health, mobility limitation, disability, participation restriction, motives for physical activity, personal goals and quality of life. In addition, the home visit included an observation of the home environment and a test of physical performance. Data on mortality and hospital care are collected from registers.
A subgroup of 174 people participated in a seven-day accelerometer recording while keeping a diary of places visited outside home. An additional 360 participants kept the 7-day diary on places visited outside home. Recent analyses have focused on the association of life-space area and physical activity, and the importance of life-space mobility to depressive symptoms.

Contact: Taina.Rantanen@jyu.fi

Mobility recovery after hip fracture: Physical activity and rehabilitation program among community-dwelling older men and women recovering from hip fracture (ProMo)

The purpose is to develop and investigate the effects of a year-long individually tailored and home-based rehabilitation program aiming to restore mobility and functional capacity after hip fracture. Study consists over 60-year-old community-dwelling men and women who suffered a hip fracture. Study is randomized controlled trial (n=81) including two study groups: home-based rehabilitation group and control (standard care) group.

ProMo investigates extensively e. g. mobility limitation, disability, physical functional capacity, residual pain and health of hip fracture patient. Findings on comparison of home-based rehabilitation program with standard care after hip fracture and secondary analysis on the effects of this rehabilitation program on physical disability have recently been published. Contact: Sarianna.Sipila@jyu.fi

Vitality 90+

The Vitality 90+ Study (in Finnish: Tervaskannot 90+) is a multidisciplinary project focusing on longevity and the oldest-old started in 1995. The research is motivated by the rapid increase in real longevity and the number of very old people. Major research themes include health and functioning and their time trends; social inequality in health and service use; very old age as a stage of life; subjective experiences of long life; and biology of longevity. Data include mailed surveys with whole cohorts of people aged 90+ in Tampere; face-to-face interviews on health and functioning, performance tests and blood samples, and free-form narrative interviews on life history and experiences of old age. Recent analyses focus e.g. on social class differences in mortality among nonagenarians, longitudinal changes in functional status, transcriptomic and epigenetic profiles of cells with inflammaging, and very old peoples’ own views of good old age.

Contact: Marja.Jylha@uta.fi
**Epigenetics and aging**

Epigenetic mechanisms (such as DNA methylation) mediate the effects of environmental and life-style factors to gene expression. Now it has been shown that aging as such is associated with dramatic changes in the epigenome, but the functional consequences are largely still uncharacterized. Our group has characterized in detail the genome-wide epigenetic changes between 30 and 90 years of age (genomic location, effect on gene expression and the possible functional pathways affected) (Marttila et al. BMC Genomics 16, 179, 2015). This study demonstrated that the gene expression might not be the only target of epigenetic regulation. At present, we try to find out other possible targets (e.g. differential regulation of splice variants, rate of point mutations and retrotransposonal activation). It has been speculated that epigenetic changes can be transmitted to the next generation(s) (i.e. epigenetic inheritance explaining the “missing genetics” ). Now we have been able to show that this is true also in the case of longevity (Marttila et al. Oncotarget, epub 2015). This approach will be extended to larger cohorts containing several generations (i.e. to find evidence for a real transgenerational epigenetic inheritance). Contact: [Mikko.A.Hurme@uta.fi](mailto:Mikko.A.Hurme@uta.fi)

**MANage – a research project on men and aging**

The project aims to explore how cultural ideals of manhood create models and limits for men’s experiences of their own ageing. Among the crucial questions of the components are how men interpret various ailments and symptoms in relation to age, and which kinds of effects the physical ageing has for men both in the labor-market and outside of it. Another topic is the ways in which age and ageing organize relationships between men of different ages. Data include individual and focus group interviews with metal workers and technical managers, who are either approaching retirement, or have already retired, researchers’ study diaries, ethnographic material (observations, interviews, photographs etc.) , and a collection of articles from newspapers and journals.

Contact: [Ilkka.Pietila@uta.fi](mailto:Ilkka.Pietila@uta.fi)
The Center for Healthy Aging is an interdisciplinary research center at the University of Copenhagen. The Center studies aging and aging processes from cell to society and is a network of research units, most of which are currently located at the Faculty of Health and Medical Sciences. The other research units are based at the Faculties of Humanities and Social Sciences as well as at a number of hospitals. Since August 2009, Professor Lene Juel Rasmussen has been the Managing Director. More than 200 researchers are associated with the Center.

The research is organised under three interdisciplinary themes:

- **Health-promotion innovations in local communities**
  The researchers are investigating the significance of the local community in order to identify potential opportunities for promoting health and energy in people in the later stages of life. They are also interested in exploring how historical and social changes have affected the relationships between people and between generations.

- **Life course aging processes**
  The researchers are looking at aging processes throughout the life span. They are also conducting an intervention project focusing on physical activity to counter age-related changes in musculature and brain. They are focusing on how individuals can be motivated to a more energetic and active lifestyle. They are doing so by investigating the interaction between cognitive and physical function in middle-aged individuals who have been treated with preventive medication.

- **Energy levels in humans**
  Basic research into cells and genes is important for understanding how we decline throughout life and become more liable to disease. Having this knowledge means we might be able to postpone the point in life at which illnesses associated with old age typically occur. The focus of research in this theme is on the inability of the body to repair damage to our cells, tissues and organs as we age.

The Center for Healthy Aging is also engaged in outreach activities designed to foster interaction between the research community in the Center and the Danish society at large. The Center wants citizens, public authorities and health professionals to engage with healthy aging research and to learn more about the Center’s activities.
Active and respected research center
In 2014, Center for Healthy Aging published 180 scientific articles and 8 book chapters and participated actively with talks and posters at scientific conferences, symposia, workshops and seminars both in Denmark and abroad. The Center for Healthy Aging is part of a variety of international collaborations and networks including IARU and EIT Health. IARU (International Alliance of Research Universities) is a prestigious alliance that includes the University of Copenhagen. IARU is a valuable networking opportunity for the Center, which arranges meetings and workshops and utilizes IARU as a mechanism for enhancing collaboration and future research activities.

EIT Health is a private-public collaboration aimed at promoting entrepreneurship and developing innovation in healthy living and active aging, providing the EU with new opportunities and resources. This will be achieved by delivering products, services and concepts designed to improve quality of life and contribute to the sustainability of healthcare across the EU. More than 50 core partners and their 90 associate organizations, including leading businesses, public partners, research centers and universities from nine EU countries, take part in this consortium.

Education of the next generation of aging researchers
An important goal for the Center is to educate the next generation of aging researchers. To this end, scientists make concerted efforts to provide high quality educational resources to students and to recruit junior and senior scientists with appropriate research interests and/or expertise to the Center’s faculty. For the past five years the Center has hosted an international and interdisciplinary Summer School. In 2016, a new summer school is launched in relation to EIT Health called “Alive and KICking – Innovative Solutions to aging related challenges”. The objective is to make the students familiar with analytical tools/approaches to develop innovative solutions to aging-related challenges.

Community involvement
Much of the research is done in dialogue with the people who are directly affected, citizens as well as all the professionals who are working to create a good framework for the healthy aging of the public. Municipalities are one of the natural collaborative partners for our research since they have political responsibility for many of the areas that affect healthy aging. Therefore the Center participates in a series of intervention projects in municipalities. The Center also does the utmost to regularly communicate results so that they can be quickly put into practice. In this way, the Center achieves one of its most important goals: for the Center’s research to be taken up directly by those it is all about – our citizens who should hopefully live long, healthy lives.

The Center for Healthy Aging is funded by the Nordea-fonden with a grant of DKK 300 million for a period of 10 years (2009-2018).

For more information please visit our website: http://healthyaging.ku.dk/
Scientific work at the Memory Clinic, Landspitali University Hospital in Reykjavik

Introduction:
In this short summary, only projects conducted in the Memory Clinic are presented. The Memory Clinic, established in 1995, is the only academic clinic of its kind in the country. Around 500 individuals are seeking the clinic for diagnosis each year. Each patient is going through a systematic evaluation, to some extent individualised based primarily on extent of cognitive impairment at the first visit. Full evaluation contains extensive neuropsychologic evaluation, MRI of the brain, qEEG and CSF analysis of beta-amyloid and tau proteins. Patients, diagnosed with AD or other specific neurodegenerative disorder are offered follow up at the clinic.

Current and recent Research:
Currently and during the last years, the research has been conducted in collaboration with other partners in three fields, genetics, sleep apnea and physiological biomarkers:

Genetic Research has been conducted in collaboration with DeCode Genetics in Reykjavik. This has resulted in important new knowledge published in high-ranking journals. The first and only mutation leading to protection of AD was published in Nature in 2012 (1). The publication of this project revitalized the amyloid hypothesis that was on the brink of being discarded at this time following failure of several amyloid active agents in treatment of AD. In 2013, a mutation with high odds ratio for AD was published in New England Journal of Med. (2) and this has been confirmed in many publications since then. The collaboration continues and we hope to be able to look closer into the biology of the mutations.

Sleep apnea in MCI and mild AD. Two studies have been finalized, one studying possible fluctuation in relation to sleep apnea and sleep quality and one intervention study on the effects on cognition by treatment with BPAP in sleep apnea as well as on AD biomarkers in the disorder. Results indicate that sleep apnea is prevalent in MCI and mild AD, thereby verifying other groups but the novelty is in the effect of fluctuation of sleep apnea on cognition.

Novel biomarkers. Two different kinds of biomarkers have been evaluated: qEEG with Statistical Pattern Recognition (SPR). This is a novel statistical method analysing data from conventional EEG, an old and robust technique. It has shown promising results in diagnosing AD and Lewy body dementia in a Memory Clinic. The method is simple to use and cheap and could be used in many different settings. It involves a regular EEG registration to be sent electronically and by automatic analysis to receive a reply in seconds.

This method has been evaluated in projects in collaboration with a RDC in Reykjavik, Mentis Cura (www.mentiscura.com), published in 2012 (3) and in a multi-centre study published in 2015 (4). Furthermore, a functional marker of the cholinergic system in the brain has been developed by this same method (qEEG with SPR technique) and it has now been postulated that this method could be a prognostic marker for treatment with cholinesterase inhibitors (5).

Oxygen saturation in arterioles and venules in the retina of the eye. This is a novel technique, developed by scientists at Department of Ophthalmology at the same hospital (Landspitali University Hospital). A project evaluating this method in mild dementia has recently been published (6).
Project to be financed
Two projects have started and or are in the planning stage that address the novel biomarkers mentioned above:

A prospective MCI study: Inclusion of participants for four years with two-year follow up. Started in Q2 in 2014. Individuals clinically diagnosed with Mild Cognitive Impairment are invited to participate. Initial EEG is evaluated in relation to other biomarkers (Medial Temporal Lobe Atrophy in MRI and CSF biomarkers) and in relation to conversion to AD or other dementia. Patients are also participating in an ophthalmologic evaluation with tomography of retina (OTC) and oxygen saturation, both methods analysed in relation to other biomarkers and to conversion.

A prospective evaluation of cholinergic index in EEG. The project is starting in Nov. 2015 as it has received approval of REC and is to some extent financed. Patients with newly diagnosed AD or Lewy body dementia that have an indication for therapy with cholinesterase inhibitors are invited to participate. Every patient is evaluated clinically and with EEG after 3 and 6 months. The cholinergic index is calculated (physicians blinded to the outcome) and afterwards, the method is evaluated regarding clinical response. A third point of evaluation, after 12 months is planned but not funded as yet. The main objective for this project is the fact that a third of patients using this type of medication are not responding clinically but are nevertheless having side effects to the same extent as those that are responding. This is a well known problem world-wide but currently there is no way in knowing beforehand who is going to benefit and who not.

References

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Professor in Geriatric Medicine
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Nationale Konference om Aldring og Samfund


På den nationale konference præsenterer vi forskning og diskuterer aktuelle tendenser fra forskellige perspektiver – også kritiske. Og det ser ud til, at vi har ramt et væsentligt behov hos både forskere og undervisere, praktikere (især ledere og konsulenter fra kommuner og hospitaler) og NGO’er. Sidste år var der 180 deltagere og i år var der 240, der deltog i den todages konference, og vi får mange positive tilkendegivelser og evalueringer. Næste år er temaet Aldring og tværfaglighed, og med det lægger vi op til både grundlæggende gerontologiske og praksisrettede diskussioner.

Læs mere om konferencen her:

Hvis andre gerontologiske selskaber ønsker at høre mere om vores erfaringer, er I velkomne til at kontakte næstformand Jette Thuesen, thuesen@sdu.dk
Prize to Faroese aging research


Afhandlingen vidner om særlige kvaliteter i ÁRs forskning: Hun formår at forbinde almindelige menneskers oplevelser og erfaringer med strukturelle og disciplinære aspekter på en tilgængelig måde. Hun er optaget af, at samfundsønskede forhold og udviklingen af gerontologisk viden spiller sammen og understøtter konkrete menneskers hverdagsliv. Og hun er optaget af, at viden skal give mening og kunne formidles til de fagpersoner, der er en væsentlig målgruppe for ÁRs aktiviteter. Samtidig skal den producerede viden være på et højt fagligt niveau, hvilket afhandlingen afspejler.

ÁR har ved siden af forskningen været en afgørende drivkraft i udviklingen af gerontologisk grund-, efter- og videreuddannelse i Færøerne. Hun har undervist i gerontologi både på sygeplejerskeuddannelsen og på suppleringsuddannelsen BSc i sygepleje og har udviklet tværfaglige kurser i gerontologi. ÁR har udviklet de kurser, hun har ansvar for, så de er godt funderet i de færøske forhold i sundhedssektoren – specielt ældreområdet, samtidig, som hun har sikret et højt akademisk og pædagogisk indhold og en levende og involverende undervisning. (…) ÁR arbejder nu med at udvikle et kursus i gerontologi på 15 ECTS på masterniveau, der vil blive udbudt til foråret 2016. Kurset er udviklet i samarbejde med gerontologiske videnmiljøer på tværs af landegrænser og er endnu et eksempel på den høje kvalitet, som kendetegner ÁRs arbejde, og som også fremover ventes at berge forsknings- og uddannelsesmiljøet nationalt og internationalt. (…)

Prisen er en forskningspris, men vi synes det er værd at præmiere ÁR for at hun både mestrer forskningen og samtidig er optaget af at omsætte viden til uddannelsen og til samfundsdebatten generelt.

Kontaktdata til Ása Roin: asa.roin@skulin.fo


Read more about Ásas dissertation at page 24!
Patterns of care in the last two years of life. Care transitions and places of death of old people

16th of October 2015, the dissertation Patterns of care in the last two years of life. Care transitions and places of death of old people, was defended by Mari Aaltonen for the Degree of Doctor of Health Sciences.

In old age and close to death people use more care services than in earlier phase of life. The type of services used and the transitions from one place to another, such as hospitalizations have an effect on the quality of life. Yet very little is known about the places of care, the transitions be, and the places of death of older people. This thesis aimed to identify the patterns of care in last two years of life, described by frequency and type of different care transitions and places of death, and the factors influencing these patterns. The data were collected from several national administrative registers. The use of different care services was followed for the 730 last days of life for each individual who died at the age of 70 or older in 1998-2008 in Finland (N 316 639).

The care patterns, including the care transitions and places of death, varied extensively between individuals. This variation was dependent on multiple factors such as age at death, gender, dementia diagnosis, municipality of residence, and the care sites were people stayed. Yet people mainly lived at home until the final months, when the frequency of care transitions usually increased. Moving from home to a care facility, or between different care facilities, was most frequent during the last month of life. This was true regardless of age, gender or dementia diagnosis. However, those who died at very old age, women, and those with dementia diagnosis moved to long term care at earlier stage than others, and had less care transitions from one care facility to another. People suffering from dementia who lived at home two years before death had more care transitions in last two years than others. This implies that people with dementia had more complex care pathways in last two years than those without dementia diagnosis. Increasing longevity, the frequency of dementia at the end of long lives and their impact on the changes in care patterns should be acknowledged when future services are designed.

Keywords: care transition; place of death; old age; dementia; health and social care services

School of Health Sciences, University of Tampere


On the making of age: A constructionist study on ageing and later life in the Faroe Islands

24th of September 2015, the dissertation On the making of age: A constructionist study on ageing and later life in the Faroe Islands was defended by Ása Róin for the degree of Doctor of Ageing and Later Life, Linköpings universitet, Institutionen för samhälls- och välfärdsstudier, NISAL – National Institute for the Study of Ageing and Later Life.

The aim of this thesis is to explore how older people living in the Faroe Islands make sense of ageing, how political intentions and strategies resonate with the lived reality of ageing and how theories on ageing compare with this reality.

This thesis builds on two data sets. The first set is derived from interviews with women aged 60 to 65 years old who suffer from long-term urine incontinence, a disorder commonly associated with old age. The second set is derived from group and individual interviews with community-dwelling men and women aged 68 to 91 years old.

The results are presented in four papers, each of which addresses aspects of ageing. Health, which appeared to be a strong determinant for how old age was constructed and negotiated, was one aspect considered. The meaning of home or one’s affiliation to a place of living was another important aspect studied. The results of that study indicated the necessity of understanding home as a multifaceted notion that goes beyond a house of residence. In particular, for participants living in small island villages, the notion of home was found to embrace a whole community or island rather than a house of residence, which should promote new thinking about services in remote regions. These results compare with gerontological theories on ageing. However, the findings demonstrate the importance of acknowledging that the concepts of ageing and old age do not carry any predefined meanings but should be understood as contingent on social, cultural, historical and geographical conditions.
Vacant position

Position of university lecturer in gerontology at the School of Health Sciences, University of Tampere

A fixed term position of university lecturer, until 2009, is open at the School of Public Health, University of Tampere. Nordic and other international candidates are welcome to apply. Both teaching and research in expected. The position belongs also to the Gerontology Research Center, GEREC.

For more information, please contact Professor Marja Jylhä at marja.jylha@uta.fi.

Read more here: https://uta.rekryointi.com/paikat/?o=A_RJ&jgid=1&jid=650
Upcoming conferences

GSA Annual Scientific Meeting 2015
Gerontological Society of America
18-22 November, 2015, Orlando, FL, USA
https://www.geron.org/meetings-events/gsa-annual-scientific-meeting/future-meetings

American Society on Aging (ASA) 2016 Aging in America Conference
20-24 March, 2016, Washington, DC, USA
http://asaging.org/future-aging-america-conferences

23rd Nordic Congress of Gerontology
Nordic Gerontological Federation
19-22 June, Tampere, Finland
http://23nkg.fi/

21th IAGG World Congress of Gerontology and Geriatrics
International Association of Gerontology and Geriatrics
23-27 July, 2017, San Francisco, CA, USA

Share your activities!

GeroNord, and the website for NGF, are resources for the members within the member organization of NGF, aiming to work as a platform for news in the gerontological area. This is however based on the members to share news, activities and events. Therefore, we would like to encourage you to send information to us about new PhD's, upcoming seminars, conferences, books, courses, education and other activities within your member organizations. We would like you to use these resources as ways to spread information to the many persons working within the gerontological field that are reached by this newsletter.

The website is currently containing basic information about NGF but can also be used as a resource for spreading information about your activities. We would like your ideas and thoughts about what you wish to see on the website, and if you submit material for GeroNord, we are happy to share this on the website too if you wish.

Anna Siverskog, Secretary of NGF
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We wish you a nice fall!