

**Australian**

**Psychological**

**Society**

**Special Interest Group**

**in**

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*A young person knows the rules but the old person knows the exceptions.  
(unknown)*

### **Forward**

Besides death, change appears to be the only certainty in life yet many of us resist, or are not well enough equipped to cope with the frequent changes that occur in our lives. Change presents special challenges for many older people who are experiencing losses associated with ageing. An ability to adapt to, and cope with the inevitable changes that occur in their lives, particularly those resulting from losses, is a major key to the positive ageing experience of older people.

As psychologists with a special interest in ageing we share the goal of improving the experience of ageing for Australian people. This, our fifth issue of the Psychology and Ageing Interest Group newsletter presents some of the work being done by dedicated people around Australia who are interested in the effects that specific changes have on the lives of older people. Nancy Pachana's (Queensland University) article is concerned with the psychosocial and health effects that driving cessation has on older people while Kaarin Anstey's (Prince of Wales Medical Research Institute, NSW) work has the potential to assist in keeping competent older drivers on the roads longer. Carol Snellgrove's (Repatriation General Hospital, South

Australia) current research project examines the difference in burden between caregivers of patients with Alzheimer's Disease and Vascular Dementia. Many thanks to these people for sharing their work with us.

This issue also brings news of change for the Psychology and Ageing Interest Group. Ed Helmes reports that his second term as National Convenor will end in October when a new Convenor will be selected at the Interest Group's Annual General Meeting. Sincere thanks to Ed for his unwavering dedication to promoting the goals of the group during his two terms. Thanks also to Joan Klinger, our previous newsletter editor, for producing our newsletter in previous years.

*There are two ways of spreading light: to be the candle, or the mirror that reflects it.*

*(Edith Wharton)*

To all those who contributed to the production of this issue: thank-you for being the candles. Without you this mirror would have nothing to reflect.

**Deborah Gardner**  
*Editor*

## *Feature Articles*

### *Driving Cessation in Older Adults*

Nancy A. Pachana, Ph.D.  
Lecturer, School of Psychology  
University of Queensland  
Brisbane

The ability to drive a car is an activity many take for granted, offering a measure of independence. This is true for people of all ages, including older drivers. Australia is not unique in having a “greying” population that will see older adults figure as an increasingly significant portion of automobile drivers. This in turn raises questions about issues surrounding the transportation and mobility requirements of older adults, and what effects driving cessation has on individuals from a psychosocial perspective. While much literature has focused on the dangers of impaired older drivers continuing to drive, changes in the psychological and social status of older drivers who are not driving is a more recent line of inquiry.

In the extant research literature few studies have looked at the psychosocial and health effects of driving cessation for older adults. For many older adults, driving ability is linked to access to health services and social contacts, which contribute to physical and psychological well-being. A large community-based study of older adults in the United States found that individuals who had stopped driving exhibited substantial increases in social isolation and depressive symptoms. Depression and depressive symptoms are associated with disability and mortality. Social isolation and loneliness also have been associated with the development of depressive symptomatology. Depression has also been shown to contribute to declines in physical health, as well as health problems contributing to depressive symptomatology, in older individuals. Furthermore, inability to drive may lead to decreased utilisation of health care resources due to decreased mobility. Thus the potential for a downward spiral of declining health and depression in older adults exists, and may well be exacerbated

by decreased mobility and independence due to cessation of driving. Decreased independence may also negatively impact self-esteem.

### *Very old drivers – a cause for concern?*

Dr Kaarin Anstey  
NHMRC Australian Clinical Research  
Fellow  
Prince of Wales Medical Research  
Institute

Are very old drivers a road hazard?  
How do they compare to under 25 –year  
old males! What makes someone  
dangerous or safe on the road?

Because older drivers spend less  
time on the road and make up a small  
(though growing) proportion of total  
drivers, overall, they don’t account for a  
lot of crashes.

But when you look at accidents per  
kilometer driven, drivers aged 75 and older  
have higher rates of accidents than  
younger drivers. The main problem areas  
for older drivers are intersections and right  
hand turns. When involved in crashes,  
drivers aged 75 and older are more likely  
to experience serious injuries or fatalities.

Most of us would like to keep  
driving for as long as possible and do not  
want to be discriminated against on the  
basis of age. On the other hand, none of  
us would like to be the victim in an  
accident caused by a person with dementia  
who had been allowed to drive due to  
inadequate screening mechanisms.  
Validated and accurate assessment  
methods are necessary to ensure both that  
competent older drivers are not unfairly  
discriminated against and that unsafe  
drivers are identified.

Current assessments for older  
drivers are compulsory in most states and  
usually include a test of visual acuity and  
an annual medical assessment after the age  
of 80, but no cognitive assessment.

Recently, a multidisciplinary group  
of researchers in partnership with the  
NRMA and the RTA and the National

Health and Medical Research Council has begun preparing for a series of studies focusing on identifying risk factors for crashes among older drivers. This is part of a larger programme of research on injury in older persons based at the Prince of Wales Medical Research Institute, Queensland University of Technology, Wollongong University and the Monash Accident Research Centre. The long-term goal of the research is to develop a screening tool that could be used to identify potentially at risk drivers *of any age*. This test would form only one step in a model for dealing with potentially unsafe drivers. Other steps would include a full-length assessment, interventions, re-evaluation, and counseling.

The tests are being developed from basic gerontological research in the areas of applied physiology and cognition. Importantly, they will be validated by following up a very large representative sample to find out which tests are associated with crashes and what level of performance is an indicator of a potential problem – This will allow for the development of *informative* and *objective* estimates of risk and provide office-based instruments (as opposed to on road tests) to be used by health professionals. Normative data on the tests will also be obtained. This research may also be used to develop interventions to improve driver skills, adapt vehicles and roads.

Surprisingly, research into driving competence is in its infancy compared with research into other areas such as falls. We still don't know all the factors that make someone a safe or an unsafe driver. So don't expect a quick results! It will take at least 5 years before findings are available. In the mean time, I'll keep you posted on developments in this field.

### ***Alzheimer's Disease Versus Vascular Dementia: A Preliminary Examination Of Caregiver Burden***

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This abstract is intended as a summary of a study, presented to the Psychology and Ageing Interest Group, examining differences in burden, in terms of physical, psychological, social, and economic functioning, between caregivers of community-dwelling patients with Alzheimer's disease (AD) and vascular dementia (VaD). In our ageing society, a significant increase in the absolute number of elderly individuals with progressive irreversible dementias is taking place. AD is the most prevalent type of dementia, followed by VaD. The majority of demented elderly who reside in the community are informally cared for by their spouse. An implicit assumption in the dementia caregiver literature has been that all types of dementia impose the same burden on caregivers. To date, the only empirical examination of this assumption indicates that AD patients impose less overall burden in mild and moderate disease stages, but become a significantly greater overall burden in severe stages than their VaD counterparts. There remains a need for greater elucidation of the multiple dimensions associated with AD and VaD caregiver burden. The present study was designed as a retrospective cross-sectional comparison of two groups. Participants were co-resident spousal carers of community-dwelling patients with AD ( $n = 50$ ) or VaD ( $n = 50$ ). Data were collected in the carers' homes via a self-report booklet containing brief, standardised, psychometrically sound measures covering all of the known dimensions of carer burden: depression, satisfaction, neuroticism, problematic behaviour, mastery, activities of daily living, stress, support, overall burden, self-rated health, economic strain, health

service usage, and relevant patient and caregiver demographic information. Different correlates of specific dimensions of burden were identified for AD and VaD caregivers. Results may have substantive implications for the development and refinement of appropriate and useful psychological intervention strategies for AD and VaD caregivers.

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### ***Implementing Position Paper Recommendations***

Ed Helmes

The APS Position Paper on Psychology and Ageing that was published last year made a total of 42 recommendations. The paper was widely circulated, and various agencies have examined it with different degrees of interest. The Western Australian Office of Seniors Interests is examining it to see what actions it can adopt. The coming months should reveal the extent to which the Society adopts its own recommendations. The College of Clinical Psychologists asked a Task Force to look into things, and that appears to have been approved. Any members of the Interest Group who are also members of that College should be getting more information via the College.

We must remember, however, that organizations can only act through the activities of individuals. Several members have been active in encouraging the Society to adopt policies that recognize older people. The Position Paper represents a major accomplishment in this regard. Now the emphasis should shift to pushing for the implementation of the recommendations. Those members of the Interest Group who are also members of Colleges can press for action within the Colleges. Organizations will only respond if individuals take action. Members of the Interest Group are in good position to move things forward.

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### ***Awards***

#### ***Elsie Harwood***

The winner of the 2001 Elsie Harwood award is Eyal Gringart for his honours thesis: "Age Discrimination in Hiring Practices against Older Adults in Western Australia. The results of Eyal's research suggested that age discrimination is based on negative stereotypes that are held about older workers.

Eyal is now a Ph.D. (Psychology) student at Edith Cowan University in Western Australia. He is currently researching these stereotypes among employers and undergraduate students and is developing a psychological intervention to reduce age discrimination in hiring against older adults. Eyal can be contacted at (08) 9400 5631, or by e-mail at [e.gringart@ecu.edu.au](mailto:e.gringart@ecu.edu.au)

#### ***RM Gibson Scientific Research Fund***

Deborah Gardner, also from Edith Cowan University, was a recipient of the 2000 RM Gibson Scientific Research Fund Recognition Award (sponsored annually for beginning researchers by the Australian Association of Gerontology). The award supports her Ph.D. (Clinical Geropsychology) research project that aims to develop a measure of interpersonal dependency in older adults and to evaluate the measure in a health care setting. Deborah can be contacted by e-mail at [dk\\_gardner@hotmail.com](mailto:dk_gardner@hotmail.com)

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### ***National Convenor's Message***

Ed Helmes

This year brings news beyond the survival of society into the new millennium, as once again the accuracy of predictions of dire events by various prophets proved to be woefully inaccurate. One prediction that remains in force is the increasing numbers of older people in the population in Australia. Members of this Interest Group are more likely than many to be well aware of this, and to be familiar

with the current and pending life circumstances of older people.

Other aspects of modern society are also evident in the activities of the Interest Group. All State branches have experienced either changes in convenors or have had fewer than desired numbers of members attend meetings. My view is that these reflect the increased demands upon the time of both practitioners and academics. Voluntary activities such as attending branch meetings must compete with the increased demands of work for more time, responsibilities for families, and the need to take care of the basic necessities of life, such as sleep.

Related to the topic of current occupational pressures, this year will be the last one for my term as National Convenor. I have now served two terms, having taken over shortly after my arrival in Australia. The selection of a new Convenor will be one of the tasks to be accomplished at the Interest Group's Annual General Meeting at the national meeting in October. In compiling the annual report for the Group, I saw that we did not have the regular meetings that were needed. The telephone conferences in the previous year worked fairly well, and I would recommend that those be used in the future by the next Convenor.

On a positive note, it seems that a branch will be forming in Queensland, which will expand possibilities for members there to get together periodically.

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## ***Across the Nation***

### ***New South Wales Branch***

Sue Ferguson  
NSW Convenor

The Interest Group meets regularly to discuss and share knowledge pertaining to working with older adults. Meetings usually have a business component to discuss relevant issues such as notifying everyone of APS activities, upcoming conferences, workshops, talks and

publications of interest. The second part of each meeting includes a guest speaker who presents for 45 minutes on a topic highly relevant to clinicians working with the older clients.

The Ageing Interest Group (NSW) is having another very active year in 2001. We continue to meet every 3 months and hear 2 speakers each time, as well as doing some enjoyable networking with other psychologists interested in older adults. At our February meeting we heard papers by Kaarin Anstey and Jane Turner. Kaarin spoke on "Bias due to the healthy volunteer effect in ageing research: Implications for normative neuropsychological data and dementia prevalence estimates"; and Jane spoke on "Depression in dementia". At our May meeting we heard papers by Haley Bennett (Concord Hospital) on "Subcortical vascular disease- predictors of dementia"; & by Juliette Drobny (Prince of Wales Research Institute) on "Is neuropsychological testing valid in older people with sensory decline?"

Our meetings are held on Wednesdays from 2pm to 5pm, in the Board Room at Rozelle Hospital. All psychologists are always welcome to attend, and our meetings are free.

The next meeting is on the 28<sup>th</sup> of August. Speakers for this next meeting are Michael Howe from the University of New England, discussing his PhD research on nicotine in alzheimers interventions; and Jane Turner from Royal North Shore Hospital on a topic of clinical relevance yet to be announced. A later meeting will be held on November 28, 2001.

Our biggest activity for the year however, is our:

**"WORKSHOP ON ASSESSMENT & INTERVENTIONS WITH OLDER ADULTS" to be held on FRIDAY, SEPTEMBER 28, 2001 at Macquarie University** in building W5C room 220. This is a new workshop in for 2001 and is designed to complement our previous successful & well-attended full-day workshops (held in 1997 & 1999) & to

expand on the practical aspects of working with older Australians. Both post graduate students and registered psychologists are encouraged to attend. Speakers for the workshop will include clinicians working with the elderly. Plus, there will be the opportunity to participate in practically oriented case studies.

September Workshop Programme & Registration form can be obtained from:

**Sue Ferguson (ph: 9850 8001; email: [Sue.Ferguson@mq.edu.au](mailto:Sue.Ferguson@mq.edu.au)); or Michael Mc Mahon (ph: 0417 650 016; email: [cbdpsych@bigpond.com](mailto:cbdpsych@bigpond.com)).**

### ***South Australian Branch***

Lynn Ward  
SA Convenor

During the early part of the year the South Australian Branch met to discuss the format and content of the seminar program and to determine how best to meet the needs of our members; our group includes researchers and clinicians. Seminars involve informal networking and information sharing (over drinks and nibbles, of course) followed by branch business and a presentation and discussion of research or clinical work. This year our seminar program includes a presentation of research on caregiver burden (see Carol Snellgrove's abstract in this issue), a presentation by a clinical psychologist working with older people, a presentation of research by students and an end of the year dinner.

### ***Western Australian Branch***

Joan Klinger  
WA Convenor

Things have been fairly quiet on the Western front in 2001. So far this year we have convened only one meeting, but what may be missing in quantity is always accounted for in quality.

In March we were joined by a General Practitioner, Dr Jenny Sudbury, who in addition to her general practice, spends half of her working time as the

medical officer in a psychogeriatric service.

It is well documented that the first place of call for a troubled older person is their GP. An individual may present with somatic complaints for which the GP can find no apparent medical cause. Symptoms of anxiety and depression, for example, mimic symptoms of many physical complaints. Psychological interventions can play an important role in alleviating these symptoms. Is this option considered by GPs? Do Psychologists liaise appropriately with GPs?

Jenny spoke of her own experiences and opened the discussion for questions such as:

- What do GPs expect from Psychologists?
- What can Psychologists offer GPs?

Within the next month or two, we are hoping to spend an inspiring evening with a middle-aged lady diagnosed with Alzheimer's Disease, who has remarkable insight into her condition and the ability to express the changes, the fears – and the hopes – she has experienced over the past five years.

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### ***State Convenors***

#### ***New South Wales***

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