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Father time is not always a hard parent, and, though he tarries for none of his children, often lays his hand lightly upon those who have used him well, making them old men and women inexorably enough, but leaving their hearts and spirit young and in full vigour. With such people the grey head is but the impression of the old fellow's hand in giving them his blessing, and every wrinkle but a notch in the quiet calendar of a well-spent life.

(Charles Dickens)

Forward

Few of us were not affected in some way by the terrorist attacks on New York, Washington and Pennsylvania just days after the distribution of our last newsletter. I spoke of change in that newsletter, not knowing that we would all be involved in change in the days to follow. As we each integrated our subjective emotional experience of the tragic events, our view of the world changed to a greater or lesser degree. Although they have been the catalysts of other events, those terrorist attacks are now over. And for the majority of us the initial shock, the feelings of rage or of insecurity, and the avoidance of activities (such as air travel) have given way to some level of acceptance of the new world in which we live. But for others, especially those who were already suffering from psychological ill health, their experience of identity and of the world continues to be based upon expectations of harm. Although not light notes to start on, the following two cases illustrate just how far-reaching the effects of such a disaster can

be and highlight the importance of our role as psychologists working in the area of gerontology.

As part of my Ph.D. research I recently asked older people (who consented to information they provided being published) about their view of the nature of psychological dependency. One woman suggested that a single event could trigger psychological dependency. She attributed her "complete reliance" on others to the terrorist attacks on America. Her ability to integrate her personal experience of the events was overwhelmed so she adapted by staying in her home. Prior to the attacks she drove a car and did her own banking and shopping. Now her daughter carries out those tasks for her. Her immediate reaction to the attacks was an "indescribable fear". She feels that it is no longer safe for her to leave the sanctuary of her home. Another older woman now lives in fear of her unit being attacked by terrorists. Though she understands that this is not likely, she is not able to manage her anxiety. She reports several PTSD adaptations. For this

woman, even her home is not her sanctuary.

It was not the events that caused these women's trauma. It was their individual subjective experience that determined whether the events were traumatic. The attacks on America came at a time when these women were already struggling to cope with age-associated changes. Among other things, one had lost her husband only months before and the other had recovered from a broken hip but feared falling again. It is therefore not surprising that the perceived coping capacities of these women were overwhelmed and they adapted the best way that they knew how.

Thanks to everyone who has contributed to this sixth issue of the Psychology and Ageing Interest Group Newsletter. Our three feature articles come from people who have contributed in previous issues. Kaarin Anstey's (Australian National University) abstract describes her (and her co-authors', M Luszcz and G. Andrews) research on the psychosocial determinants of longevity and Ian Johnston (Richmond ACAT, NSW) outlines the role of the clinical geropsychologist in a rural ACAT team. Nancy Pachana (University of Queensland), along with co-authors Y.Hamilton and C. Stephens (Massey University, New Zealand) contribute a report on the use of HRT and everyday memory. A special thank you goes to Nancy Pachana who has worked tirelessly for the group throughout the year. Nancy took the role of the Group's Chair-elect this year with the intention of becoming Chair next year. She also started up a very active branch group in Queensland and volunteered to look after the Group's pages on the APS web site. For those of you who have not seen our pages on the web – it is worth a look. Nancy has done a great job. The links to other sites will be particularly useful to many of us. (www.psychsociety.com.au/units/interest_groups/ageing/).

Thanks also to Ed Helmes, our Interest Group Chair, who has continued in the role this year to make for a smooth transition.

Deborah Gardner
Editor

Feature Articles

Psychological wellbeing predicts longevity in older Australians

Kaarin Anstey, Ph.D.
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Much research in ageing focuses on understanding factors contributing to cognitive and physical decline and adaptation to changing life circumstances. Psychological factors such as depression and cognitive decline have been associated with mortality in both clinical and population based studies. Unfortunately, less attention has been paid to psychological factors that may protect from negative aspects of ageing, or even influence longevity.

The Australian Longitudinal Study of Ageing based at the Centre for Ageing Studies at Flinders University provides data on psychological well-being and psychosocial function of a large representative sample of older adults (65 and older at Wave 1) drawn from the electoral roll in Adelaide. The sample has been assessed six times since 1992, with 3 clinical assessments that involved measures of cognitive and physical performance. We recently examined how psychosocial functioning influenced longevity in this sample. We were particularly interested to see if the well-documented gender differences in longevity (i.e. women outliving men) could be explained by differences in psychosocial factors. Before controlling for physical function or self-rated health, measures of self-esteem, morale, perceived control and social participation all predicted longevity. That is, people who

had better scores on measures of psychosocial function also lived longer. One difficulty with a lot of gerontological research is that most aspects of physical and psychological function are interrelated so it is difficult to tease out causal relationships. Poor health and limitations in activities of daily living affect social participation and perceived control. For this reason, we also evaluated the effect of measures of psychosocial function after controlling for physical function and self-rated health; we found that for men, perceived control was still a positive predictor of longevity. For women, social participation, morale and perceived control all predicted longevity after controlling for self-rated health and physical function.

Even though the effects were small, they showed that psychological factors might affect physical outcomes over the lifespan in both positive and negative directions. We also found that limitations in physical function reduced the benefits of psychological wellbeing more strongly for men than for women. These findings from a population-based sample of Australian adults suggest that encouragement of social participation and activities that promote psychological wellbeing and perceived control will have tangible benefits for very old adults. These findings also highlight the role of psychologists in health promotion among older adults.

Anstey, K. J., Luszcz M. A. & Andrews G. (2002). Psychosocial factors, gender and late-life mortality, *Ageing International*, 27, 71-87.

HRT use and Everyday Memory: Pilot Data

Pachana, N.A., University of Queensland. Hamilton, Y., Stephens, C., Massey University, New Zealand.

Hormone replacement therapy (HRT) is prescribed as a treatment for estrogen deficiency in peri- and post-menopausal women, targeting many of the somatic symptoms of menopause (e.g. hot flashes)

as well as serving to reduce the risk in post-menopausal women for diseases such as osteoporosis (Stevenson & Whitcroft, 1992). HRT treatments have received a great deal of media attention recently, as the results of the Women's Health Initiative (WHI) study, recently published in JAMA (Rossouw et al., 2002), suggested elevated risks of coronary heart disease and invasive breast cancer to women taking a combined estrogen/progestin therapy. (For interesting comments on this study, see the Australasian Menopause Society webpages at <http://www.menopause.org.au/media/jamaindex.htm>.)

While empirical research to date has generally supported positive effects of estrogen on verbal memory performance in women, the literature examining specific effects of Hormone Replacement Therapy (HRT) on cognitive functioning in menopausal women is more equivocal. Difficulties in clarifying the role HRT may play in memory performance include the presence of confounding variables such as age, mood and general physical and psychological health variables. In addition, the majority of studies looking at the effects of estrogen on memory have consisted of traditional laboratory measures of short-term memory (largely list learning or paragraph recall tests).

The Rivermead Behavioural Memory Test-Extended Version (RBMT-E), a sensitive measure of everyday memory functioning in adults within an average range of cognitive functioning, was used alongside measures of physical and psychological well-being to examine the effects of estrogen on cognition in a sample of New Zealand women. The study was purely observational in nature, i.e. the women had been prescribed or not prescribed HRT based on their physician's advice and their own wishes. In the final sample, 104 mid-aged perimenopausal women (mean age 52) were assessed with the Rivermead Behavioural Memory Test-Extended Version (RBMT-E) (Wilson, Cockburn & Baddeley, 1985) and a variety of self-report measures of mood, stress,

general health and menopausal symptoms. The two groups of women (53 HRT users and 51 non-users) were then compared on the everyday memory measures, with age and education level as covariates. Results show significant differences ($p < 0.5$) between the groups for three sub-tests of the RBMT-E: 'Story Immediate', 'Story Delayed', and 'Message Delayed'. Women who used HRT scored higher on these subtests than those who did not use HRT. After calculation of a total profile score (adjusting for age and IQ), HRT users scored higher than non-HRT users on the RBMT-E overall measure of Everyday Memory. The data suggest that HRT use in this sample is related to verbal memory in everyday memory tasks. Limitations of the study included its observational nature and small sample size. A larger study on a cohort of 500 perimenopausal women at the Royal Woman's Hospital here in Brisbane is ongoing and seeks to clarify the relationship between HRT use, general cognitive status and everyday memory.

Rossouw, Anderson, Prentice et al. (2002). Risks and benefits of estrogen plus progestin in healthy post-menopausal women: Principal results from the Women's Health Initiative Randomized Controlled Trial. *JAMA*, *228*, 321-333.

Stevenson, J.C., & Whitcroft, S.I.J. (1992). Hormone replacement therapy: Risks and benefits. *Clinical Endocrinology*, *36*, 15-20.

Wilson, B., Cockburn, J. & Baddeley, A. (1985). *The Rivermead Behavioural Memory Test*. UK. Bury St. Edmonds.

The role of a clinical geropsychologist in a rural Aged Care Assessment Team (ACAT)

Ian F. Johnston
Richmond ACAT NSW

ACAT's provide an important service in both the assessment and placement of elderly adults. Some adults present for placement in residential aged

care facilities (RACF's) and some for community aged care packages (CACP's). The teams are structured to be multidisciplinary and provide a holistic evaluation model of elderly adults.

The Northern Rivers Area of NSW has three ACAT teams and broadly my role within the teams is assessment, management and education. My referrals are directed to the ACAT teams from several sources, RACF's (about 50 at last count), the regional geriatrician, GP's and from a Dementia Outreach Service and regular Memory Clinic's both of which are conducted throughout the region.

Assessment is conducted at several levels:

- a) Cognitive assessment at the regular regional memory clinics to which both GP's and other health professionals are encouraged to refer patients. Here a nurse, social worker and myself complete a multidisciplinary assessment. The target group is those elderly who are concerned about memory loss (Age Related Cognitive Decline (ARCD)).
- b) Behavioural and mood assessments are conducted for residents in the community, usually those being serviced by specialty services (e.g. A challenging behaviour program, CACP's or community nurses). The target group here is people with mild/moderate cognitive impairment.
- c) Behavioural, cognitive and mood assessments are conducted at RACF's for residents. These may be required for both therapeutic strategies that are under consideration for implementation for residents (e.g. Small group therapy programs) and for also problematic behaviour. The target group is residents with identified moderate/severe cognitive impairment.

Management is also provided at similar levels:

- a) At the ARCD level specific feedback is provided to the referee and in such areas as, internal/external memory enhancement procedures and relaxation strategies.
- b) In the mild/moderate impairment group behavioural recommendations are normally provided to GP's in consultation with the service provider.
- c) For RACF residents the problematic behaviour and mood related intervention recommendations usually encompass the components of environmental, behavioural and pharmacological management.

Finally education is provided to a wide range of health professionals, regional service providers and the general public on a regular basis. Topics covered include assessment procedures, managing challenging behaviour and topical mental health issues concerning the elderly.

I firmly believe that both the commitments by our regional ACAT teams to the welfare of the elderly together with an excellent community support network has ensured that a 'proactive' rather than a 'reactive' model of care for our elderly residents has ensued.

Elsie Harwood Award

The APS Interest Group on Ageing awards the Elsie Harwood Award to the best honours thesis completed on an older adult topic. The prize given is \$500. This year it has been decided to give the award annually. A 2000 word abstract is submitted electronically in application for the award. The APS has agreed to make available free registration to the APS national conference to the winner for him or her to present the winning thesis data.

This year's winner of the Elsie Harwood Award is Christina Feldman from the University of Western Australia. Her topic was "An over-reliance on gist memory and a deficit in verbatim memory

in old age: Evidence from false memories". Her advisor was Jonathan Foster.

Thanks go out to the reviewers of the seven applications this year: Kaarin Anstey, Lydia Hohaus, and Peter Rendell,

Nancy Pachana
Ed Helmes

Programs at James Cook University

There are several developments in the area of geropsychology under development at James Cook University. For applicants with a four-year degree in psychology, it is now possible to obtain additional training in work with older people through either a Post Graduate Certificate in Geropsychology or a Post Graduate Diploma in Geropschology. The Certificate requires one semester of full-time study, equivalent to 12 units of the first year of a Masters course. The Diploma requires two semesters of full-time study and includes the bulk of the material in the first year of a Clinical Psychology Masters degree. Those who wish a more ambitious set of credentials can apply for a Doctor of Psychology in Clinical Geropsychology. At the level of entry into psychology, in 2003 there will be a Certificate in Ageing and Mental Health that will be offered by distance education at the level of first year subjects. It can be credited toward several of the undergraduate degrees at James Cook University.

Ed Helmes

APS Conference Message

A reminder to all IG members that at the APS Conference on the Gold Coast, our IG is co-sponsoring (with DRAT) a forum on "The Importance of post-graduate training in geropsychology: Practice and research implications." The forum is Saturday the 28th from 8:30-10am.

The APS has organised a time slot on Saturday 28th September, from 1.15 to 2.00pm for the Psychology of Ageing Interest Group AGM at the APS Conference. Please check your program upon registering or with the conference organisers for the location of the AGM meeting room.

Nancy Pachana

Electronic Newsletter

This is the last year that you will receive a hard copy of the Interest Group Annual Newsletter. In future, the newsletter will be e-mailed to you if you register an e-mail address with the APS for that purpose. So please let the APS know if you would like to be registered on a contact e-mail list.

You will also be able to find each new newsletter and some back issues on our Interest Group's publications page on the APS web site.

Deborah Gardner

Across the Nation

New South Wales

Michael McMahon
NSW Co-ordinator

The NSW Branch of the APS Interest Group on Psychology and Ageing currently organises four three-hour meetings per year. The longer meeting times enable more topics to be discussed, hopefully making it more attractive for members to take time out from their busy schedules to make their way to Rozelle Hospital for the afternoon. The typical agenda has been two or three presenters, discussion of upcoming events and feedback from attendees to various conferences. The highlight of 2001 was the successful full-day Workshop held at Macquarie University in September. It was very well attended and enabled the many

Masters students present to be exposed to battle-hardened clinicians and academics, hopefully engendering student interest in working with the elderly in addition to renewing the enthusiasm of the older hands. Topics of discussion so far in 2002 have included:

- Personality Disorders and how to deal with them in later life (Suzan de Bakker)
- Pain Management Groups: Modification for older persons (Molly Williams)
- The role of the psychologist in working with patients with Prostate Cancer (Jessica Medd).

The upcoming meeting (26 August) is to be held at the headquarters of the Alzheimer's Association. There, we hope to be brought up to speed with the increasing range of services and resources available through this organisation, important information that we can pass on to clients and their carers.

The final meeting each year is generally set aside as a welcome opportunity for members to socialise at a local cafe.

Queensland

Nancy Pachana
Qld Co-ordinator

The QLD branch has met consistently every month for the last nine months, and our lecture series is thriving. Guest speakers have included the IG chair Ed Helmes speaking about the history and accomplishments of the IG, Jonathan Chalk speaking on recent MRI findings and their implications for the ageing brain, and Professor Helen Bartlett, Foundation Director of the University of Queensland's Australasian Centre on Ageing, speaking on ageing policy in Australia. This month our convenor Nancy Pachana is speaking on the recent HRT trial results from the Women's Health Initiative study, trying to shed light on the meaning of these results apart from the unfortunate media hype.

The QLD branch also has a new website up - please check it out! We'd love to have feedback. The address is:

http://216.33.240.250/cgi-bin/linkrd?_lang=EN&lah=3938f3a5d89596d793841bc5e8049c50&lat=1028615535&hm___action=http%3a%2f%2fwww2%2epsy%2euq%2eedu%2eau%2fageing%2f

Victorian Branch

Yvonne Wells
Vic Co-ordinator

Following a period of little activity in the Interest Group in Victoria, the group recently re-formed. In 2001, a questionnaire was sent to all members of the Interest Group, asking for their suggestions for activities. A committee was convened at the end of 2001 to plan a program of meetings for 2002. Yvonne Wells is the Victorian convenor.

So far this year, the group has held two meetings. At the first of these in April, Bernie McCarthy led a discussion on managing disturbed behaviour in older adults. Bernie's talk comprehensively described the reasons for disturbed behaviour and approaches that psychologists might take in dealing with it.

The second meeting in July was led by a panel of three speakers, with the theme; 'Psychologists working with older people: Exploring new ground'. Ann Bruce described a project to support nursing staff in an acute hospital setting when dealing with older people who were dementing; Linda Jurjevic described her work in a pain clinic and a falls clinic; and Bruce Rumbold challenged the group to take account of a spiritual perspective in working with older people.

Attendance was very good at both meetings, and included a wide variety of practitioners working with older people as well as psychologists in academic and research positions. A third meeting is planned for November, with the topic

'Women growing older; Ageing as a feminist issue'.

Western Australian Branch

Deborah Gardner
WA Co-ordinator

The Interest Group in Western Australia met in April to listen to Dr Penny Flett (Brightwater Care Group Chief Executive and Chair of the WA Advisory Council on Ageing) talk about the proposed activities of the newly formed WA Advisory Council on Ageing. The Council is charged with analysing health and aged care services in Western Australia and with developing a 5-10 year State Aged Care Plan (including a WA dementia care plan). Dr Flett invited the Group to make a submission to the Council about issues we felt should be addressed. In May the Group met again to prepare its submission.

Later this month this year's Elsie Harwood Award winner, Christina Feldman, will talk to the Group about her thesis "An over-reliance on gist memory and a deficit in verbatim memory in old age: Evidence from false memories".

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