Omsorgsforskning i Norge

Notat
Litteratursøk med sortering
April 2010

kunnskapssenteret

Bakgrunn: Omsorgsforskning i Norge dekker forskning på mange ulike områder innenfor dette svært omfattende temaet. Kunnskapssenteret ble bedt om å utarbeide en litteraturoversikt, sortert tematisk, som et grunnlag for Hagenutvalgets arbeid med å identifisere særskilte forskningsbehov. Oppdragsgiver ønsket å vite hvilke felt som er godt eller dårlig dekket innen norsk og nordisk forskning på omsorg og pleie- og omsorgtjenester. Hvis det var mulig ønsket de også å vite i hvor stor grad annen internasjonal forskning kan kompensere for de feltene som er svakt dekket. • **Metode:** Vi utarbeidet et systematisk litteratursøk etter omsorgsforskning i Norge. Det ble søkt i Ovid MEDLINE, Ovid Nursing Database, EMBASE, PsycINFO, British Nursing Index and Archive, Cochrane Library, CRD Databases, SveMed. Hilde H. Holte og Gunn E. Vist gikk uavhengig av hverandere gjennom identifiserte publikasjoner/referanser og vurderte relevans i forhold til inklusjonskriteriene. • **Resultat:** I alt ble det identifisert 2710 unike referanser i det systematiske litteratursøket. Vi inkluderte 588 artikler. Referansene er sortert i fire hovedgrupper, Internasjonale sammenligninger eller

(fortsetter på baksiden)

Nasjonalt kunnskapssenter for helsetjenesten
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N-0130 Oslo
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www.kunnskapssenteret.no
Notat: ISBN 978-82-8121-333-3

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kunnskapssenteret

(fortsettelsen fra forsiden) betraktninger, Forvaltning, Brukergrupper og Betydning for ansatte.

Tittel	Omsorgsforskning i Norge – Litteratursøk med sortering
Institusjon	Nasjonalt kunnskapssenter for helsetjenesten
Ansvarlig	John-Arne Røttingen, *direktør*
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ISBN	978-82-8121-333-3
Notat	Litteratursøk med sortering
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Rapporttype	Notat - Litteratursøk med sortering
Antall sider	15 (139 med vedlegg)
Oppdragsgiver	Helse- og omsorgsdepartementet, Hagen-utvalget
Nøkkelord	Omsorgsforskning, Norge
Sitering	Holte HH, Kirkehei I, Vist GE. Omsorgsforskning i Norge. Notat 2010. Oslo: Nasjonalt kunnskapssenter for helsetjenesten, 2010.

Nasjonalt kunnskapssenter for helsetjenesten fremskaffer og formidler kunnskap om effekt av metoder, virkemidler og tiltak og om kvalitet innen alle deler av helsetjenesten. Målet er å bidra til gode beslutninger slik at brukerne får best mulig helsetjenester. Senteret er formelt et forvaltningsorgan under Helsedirektoratet, uten myndighetsfunksjoner. Kunnskapssenteret kan ikke instrueres i faglige spørsmål.

Nasjonalt kunnskapssenter for helsetjenesten
Oslo, mars 2010

Sammendrag

Nasjonalt kunnskapssenter for helsetjenesten fikk i oppdrag fra Hagenutvalget, Kommuneavdelingen i Helse- og omsorgsdepartementet å utføre et systematisk litteratursøk med påfølgende sortering.

Metode

Vi utarbeidet et systematisk litteratursøk etter omsorgsforskning i Norge. Det ble søkt i Ovid MEDLINE, Ovid Nursing Database, EMBASE, PsycINFO, British Nursing Index and Archive, Cochrane Library, CRD Databases, SveMed. Hilde H. Holte og Gunn E. Vist gikk uavhengig av hverandere gjennom identifiserte publikasjoner/referanser og vurderte relevans i forhold til inklusjonskriteriene.

Resultater

Søket identifiserte 2710 unike referanser. Vi leste gjennom titler og abstrakt uavhengig av hverandre og vurderte om dette var forskning som gjaldt pleie og omsorg og satt igjen med 588 referanser. Vi la vekt på at intervensjonen skulle berøre feltet omsorgsforskning, og skulle ikke være behandlingsforskning eller forskning som knyttet seg til utvikling av en fagdisiplin. Grenseoppgangene mellom disse områdene er vanskelig. Med tanke på den tidsrammen vi hadde for prosjektet var oppdragsgiver klar på at vi skulle heller inkludere for mange enn for få.

Referansene er sortert i fire hovedgrupper; **Internasjonale sammenligninger eller betraktninger:** referanser hvor norske forhold er sammenlignet med tilsvarende forhold i minst et annet land, eller betraktninger om norsk pleie- og omsorg i forhold til internasjonale forskjeller eller vurderinger, **Forvaltning**: referanser som berører hele sektoren på en eller annen måte sortert, som økonomiske analyser, beregninger av hvem som trenger pleie- og omsorgstjenester, rekruttering av personell, organisering av tjenester både på institusjonsnivå og for ulike grupper av ansatte, **Brukergrupper**: omfatter de viktigste gruppene vi har identifisert, enten fordi det er grupper som er store innenfor pleie- og omsorgssektoren, som hoftebruddspasienter og demente, eller fordi de er unike og ulike som barn, ungdom og døende, samt at vi forsøkt å skille det som spesifikt retter seg mot eldre og det som omtaler pasienter noe mer generelt, og **Betydning for ansatte**. Både for referansene om flere av brukergruppene og med fokus på de ansatte har antallet referanser vært stort, og vi har ytterligere sortert etter om dette har vært knyttet til hva som skjer i pasientens hjem eller på sykehjem.

Executive summary

Norwegian Knowledge Centre for the Health Services was commissioned by the Department of Municipal Health Care Services in the Ministry of Health and Care Services in Norway to perform a systematic literature search with subsequent sorting.

Methods

We searched systematically for literature on research on care and nursing in Norway in the following data bases: Medline, EMBASE, PsycINFO, British Nursing Index and Archive, Cochrane Library, CRD Databases, SveMed. Hilde H. Holte and Gunn E. Vist independently assessed the references for relevance according to the inclusion criteria.

Results

The search identified 2710 unique references. We read the titles and abstracts independently and assessed that 588 references were on research on care or nursing. We focused on inventions about research on care and nursing, and not treatment or development of a profession. The borderlines between these topics are unclear. Within the short timeframe we included references that might be potentially irrelevant, rather than leaving them out.

References are sorted into four main categories: **International comparisons or reflections** where Norwegian situations are compared with similar situations in at least one other country or reflections on Norwegian care and nursing according to international variations or assessments; **Administration**, references that touches the whole sector, e.g. economic analyses, calculations on the need for care or nursing services, recruiting staff, organization of services; **Patient groups**, the most important groups either because they comprise a large number of people like demented persons or because they are different from one another like children, adolescents or dying persons, and we tried to separate elderly and patients more generally; **Importance for staff**, both for several of the patient groups and for the importance for staff the number of references has been large, and we have in addition sorted according to if the intervention had taken place in the home of the patient or in a nursing home.

Innhold

Forord

Nasjonalt kunnskapssenter for helsetjenesten fikk i oppdrag fra Hagenutvalget, Kommuneavdelingen i Helse- og omsorgsdepartementet å utføre et systematisk litteratursøk med påfølgende sortering av mulig relevante publikasjoner. Oppdraget var å finne litteratur/forskning om omsorgsforskning i Norge.

Prosjektgruppen har bestått av:

- Prosjektleder: Hilde H. Holte, Kunnskapssenteret, seniorforsker
- Gunn E. Vist, Kunnskapssenteret, seniorforsker, seksjonsleder
- Ingvild Kirkehei, Kunnskapssenteret, forskningsbibliotekar

Anne Karin Lindahl	Gunn E. Vist	Hilde H. Holte
Avdelingsdirektør	*Seksjonleder*	*Prosjektleder*

Innledning

Omsorgsforskning i Norge dekker forskning på mange ulike områder innenfor dette svært omfattende temaet. Hagenutvalget har blant annet fått i mandat: ”Med henblikk på planlegging av framtidas omsorgstilbud, skal utvalget identifisere særskilte forskningsbehov, komme med forslag som kan styrke forsknings- og utviklingsarbeidet i de kommunale omsorgstjenesten. På eget initiativ kan utvalget også reise spørsmål og foreslå tiltak med sikte på å styrke innovasjon og forskning i sektoren.”

Kunnskapssenteret ble bedt om å utarbeide en litteraturoversikt, sortert tematisk, som et grunnlag for utvalgets arbeid med å identifisere særskilte forskningsbehov.

Oppdragsgiver ønsket å vite hvilke felt som er godt eller dårlig dekket innen norsk og nordisk forskning på omsorg og pleie- og omsorgtjenester. Hvis det var mulig ønsket de også å vite i hvor stor grad annen internasjonal forskning kan kompensere for de feltene som er svakt dekket.

Populasjonen som kunne være grunnlaget for forskningen var alle som i dag mottar kommunale omsorgstjenester (hjemmehjelp, hjemmesykepleie, aktivitetstilbud, avlastning, omsorgsbolig, sykehjem), uavhengig av alder, diagnose, problem, eller årsak til nedsatt funksjonsevne, samt de som mottar familieomsorg fra nære pårørende.

Styrken ved dette søket er at det omfatter alle referanser i de inkluderte databasene som omhandler omsorg eller pleie- og omsorgstjenester som er registrert med forfattere som har adresse i Norge eller om har norsk eller Norge i teksten i tittel eller abstract. Databasene vi har søkt i omfatter de viktigste databasene for fagfellevurderte tidsskrifter.

Svakheten ved dette søket er at pleie ofte oversettes med care, og at dette er et begrep som inngår i svært mange sammensatte begrep som omfatter også behandlingsforskning og evalueringer av institusjoner. Vi har derfor måttet gjøre noen begrensninger i søket som gjør at det er mulig at vi ikke fanger opp studier som skjer mellom pasientens hjem og sykehjem, f eks rehabiliteringsinstitusjoner og dagsentre.

Styrker og svakheter ved litteratursøk med sortering

Sorteringen er basert på tittel og eventuelt sammendrag. Artiklene innhentes ikke i fulltekst. Manglende innhenting av artikler i fulltekst gjør at vi kan ha inkludert titler som vil vise seg ikke å være relevante ved gjennomlesning av fulltekst. Vi benytter kun databaser for identifisering av litteratur og kan derfor ha gått glipp av potensielt relevante studier. Andre måter å identifisere studier på som søk i referanselister, kontakt med eksperter på fagfeltet og upublisert litteratur er ikke utført i dette oppdraget. Vi har ikke gjennomført en kvalitetsvurdering av artiklene.

Når denne sorteringen ble foretatt kan det se ut som at referanser som knytter seg til forskning på det som skjer i pleie- og omsorgssektoren i settinger mellom pasientens hjem og sykehjemmet er dårlig dekket. Men innenfor tidsrammen er det ikke mulig å gjøre et ytterligere søk som kunne dekke rehabiliteringstjeneste eldresentre, aktivitetssentre, barnehjem etc.

Begrunnelse for valg av søkestragi

Det ble søkt i Ovid MEDLINE In-Process & Other Non-Indexed Citations and Ovid MEDLINE, Ovid Nursing Database, EMBASE, PsycINFO, British Nursing Index and Archive, Cochrane Library, CRD Databases, SveMed. Vi har ikke søkt etter rapporter og notater på hjemmesidene til de forfatterne eller institusjonene som vi har oppfattet som sentrale.

Det ble gjennomført to søk i alle databaser, en var basert på bruk av begreper som ville inkludere all omsorgsforskning (emnesøk), et annet var basert på forskere som arbeidet ved institusjoner som ble identifisert som spesielt sentrale innenfor området av oppdragsgiver (forfattersøk). I forfattersøket begrenset vi oss ikke til en bestemt periode. I møtet med oppdragsgiver ble vi enige om at en måte å gripe an prosjektet var å fokusere på de forskerne som jobbet ved de institusjonene i Norge som har omsorgsforskning som et av sine hovedområder. Oppdragsgiver oppga da disse institusjonene:

- Omsorgsforskningssenteret på Gjøvik
- Omsorgsforskningssenteret i Bergen
- Rokkansenteret
- NOVA, særlig aldersforskning
- NIBR
- SINTEF, flere avdelinger
    - byggforskning
    - helseforskning
    - hjelpemiddel

- SSB
- INOMED
- UiO, medisinsk fakultet, herunder også seksjon for sykepleieforskning
- FAFO
- Høgskolene i
    - Oslo
    - Bodø
    - Volda

Hilde H. Holte søkte på hjemmesidene til disse institusjonene og listet alle forskere som arbeidet på de relevante avdelingene. Siden dette var et begrenset antall forskere ønsket vi å kunne presentere alt vi fant av referanser om omsorgsforskning fra dem.

Emnesøket ble gjennomført av flere grunner, og er den tradisjonelle arbeidsformen ved Kunnskapssenteret.

For både forfattersøket og emnesøket ble det inkludert at en av forfatterne kunne ha adresse Norge, eller Norge eller norsk eller stedene Oslo, Bergen og Trondheim kunne inngå som tekstord.

I utformingen av emnesøket var det vanskelig å finne begreper som dekket omsorgen utenfor spesifikke institusjoner. Oppdragsgiver var spesielt interessert i litteratur om kommunene, derunder hjemmetjenester og sykehjemstjenester. Når vi ønsket å inkludere begrep som omfattet pleieaspektet mer generelt møtte vi problemet med at vi da får treff på veldig mye sykehusforskning fordi dette på engelsk omfatter begrepet care. Vi valgte derfor å ikke la begrepet care alene inngå i søket, men kun i sammenheng med andre begreper som health care service eller health care research.

Problemstilling

Pleie- og omsorgsforskning gjennomført i Norge om norske forhold eller av norske forskere. Perioden som ønskes belyst er 2000 – 2010, men for søket etter litteratur fra spesifikke forfatter ønsker vi ingen begrensning i tid på hva de har skrevet om omsorgsforskning.

Metode

Litteratursøk

Vi utarbeidet et systematisk litteratursøk. Det ble søkt i

- Ovid MEDLINE(R) In-Process & Other Non-Indexed Citations and
- Ovid MEDLINE(R) 1950 to Present,
- Ovid Nursing Database 1950 to February Week 4 2010,
- EMBASE 1980 to 2010 Week 08,
- PsycINFO 1806 to March Week 1 2010,
- British Nursing Index and Archive 1985 to February 2010,
- Cochrane Library,
- CRD Databases,
- SveMed.

Vi har ikke søkt etter rapporter og notater på hjemmesidene til de forfatterne eller institusjonene som vi har oppfattet som sentrale. Alle søk ble gjennomført 4.3.2010 av forskningsbibliotekar Ingvild Kirkehei.

Det ble gjennomført to søk i alle databaser, en var basert på bruk av begreper som ville inkludere all omsorgsforskning (emnesøk), et annet var basert på forskere som arbeidet ved institusjoner som ble identifisert som spesielt sentrale innenfor området av oppdragsgiver (forfattersøk). I forfattersøket begrenset vi oss ikke til en bestemt periode.

For begge søkene ble det inkludert at en av forfatterne kunne ha adresse Norge, eller Norge eller norsk kunne inngå som tekstord eller stedene Oslo, Bergen og Trondheim kunne inngå. Den fullstendige søkestrategien er presentert i vedlegg 1.

Inklusjonskriterier

Populasjon:	Alle som mottar kommunale omsorgtjenester
Tiltak (intervensjon):	Alle
Setting	Norge og Norden, men vi inkluderte også andre steder

	hvis innholdet i artikkelen ble vurdert som omsorgsforskning
Studiedesign:	Ingen begrensninger
Tid	Fra og med år 2000 og nyere for emnesøket, ingen begrensning for forfattersøket

Artikkelutvelging

Hilde H. Holte og Gunn E. Vist gikk uavhengig av hverandere gjennom alle identifiserte referanser og vurderte relevans i forhold til inklusjonskriteriene. Der det var uenighet om vurderingene, diskuterte vi oss fram til enighet.

Utvelgelse av litteratur ble kun gjort basert på tittel og sammendrag. Vi bestilte ikke fulltekst av artiklene.

Sortering

I sorteringen har det også blitt klart at det er en del referanser som ikke opplagt skulle være inkludert. Det viser seg at et av tidsskriftene har adresse Oslo, Norge, og har dermed blitt inkludert. Det er også noen andre tidsskrifter som enten har Scandinavian eller Acta i navnet som sannsynligvis en perioder har hatt adresse Oslo, som også er fanget opp. I tillegg er det minst et tilfelle hvor en av forfatterne arbeider i en by hvor Bergen inngår i navnet. For noen referanser som dreier seg om afrikanske eller sør-amerikanske forhold kan man tenke seg at det er slike forhold som ligger til grunn for at den omfattes av søket. Vi har vurdert det som for tidkrevende å undersøke om alle forfattere i referanser vi har vært i tvil om faktisk har adresse i Norge. Hvis vi har funnet at referansen ser ut til å være relevant, har vi inkludert den.

I møtet med oppdragsgiver ble det fremsatt et forslag om at referansene kunne sorteres i disse hovedgruppene: uformell omsorg, forvaltning (herunder økonomi, ledelse og organisering), behandlingstyper, brukergrupper og profesjoner. Det ble også fremsatt et forslag som tok utgangspunkt i settingen det forskes og på hvilken gruppe det forskes. Men det ble åpnet for at man tillempet disse kategoriene når man hadde identifisert referansene.

Med et så stort antall referanser var det nødvendig å kunne sortere dem i grupper som ville det gjøre mulig for en leser å kun ta for seg en mindre mengde. I dette arbeidet vil det være mange vurderinger som er åpne for diskusjoner, som hvor går grensen for behandling og pleie, hvor går grensen for når samhandling er en del av det som medfører livskvalitet for en pasient og når det er en del av arbeidsoppgavene til pleiepersonalet. Noen av referansene som gjelder behandling dreier seg om grupper som er store innenfor pleie- og omsorgssektoren, som hoftebruddspasienter og demente. I sorteringen har vi derfor sortert ut referanser som omfatter spesielle pasient/brukergrupper som barn, ungdom, demente og døende. I tillegg har vi forsøkt å skille det som spesifikt retter seg mot eldre og det som omtaler pasienter noe mer generelt. Slike skiller er vanskelig å gjennomføre uten å lese artiklene i fulltekst.

Når denne sorteringen ble foretatt kan det se ut som at referanser som knytter seg til forskning på det som skjer i pleie- og omsorgssektoren mellom pasientens hjem og sykehjemmet er dårlig dekket eller det kan være at det er mindre forsket på. Men innenfor tidsrammen er det ikke mulig å gjøre et supplerende søk som kunne ytterligere dekke rehabiliteringstjeneste, eldresentre, aktivitetssentre, barnehjem etc.

Resultat

Resultat av søk

I alt ble det identifisert 2092 treff i emnesøket, og 1439 i forfattersøket. Etter at dubletter fra begge søk var fjernet omfattet emnesøket 1359 treff, mens forfattersøket omfattet 1351.

Etter at Hilde H. Holte og Gunn E. Vist hadde lest gjennom titler og abstract uavhengig av hverandre og vurdert om dette var forskning som gjaldt pleie og omsorg satt vi igjen med 655 referanser. Hvis vi var uenige om vi skulle inkludere en referanse diskuterte vi oss fram til enighet. Vi la vekt på at intervensjonen skulle berøre feltet slik vi oppfattet oppdragsgiver, og skulle ikke være behandlingsforskning eller forskning som knyttet seg til utvikling av en fagdisiplin som sådan. Grenseoppgangene mellom disse områdene er vanskelig, og siden vi kun hadde tittel og abstrakt vil det være flere referanser som det vil være tvil om skulle inkluderes. Med tanke på den tidsrammen vi hadde for prosjektet var oppdragsgiver klar på at vi skulle heller inkludere for mange referanser enn for få.

Ved ytterligere gjennomlesning for å danne grunnlaget for en sortering ble det funnet ytterligere dubletter, slik at dette notatet omfatter 588 referanser.

Resultat av sorteringen

Referansene er sortert i fire hovedgrupper, Internasjonale sammenligninger eller betraktninger, Forvaltning, Brukergrupper og Betydning for ansatte. Under internasjonale sammenligninger og betraktninger har vi sortert referanser hvor det fremgår at norske forhold er sammenlignet med tilsvarende forhold i minst et annet land, eller hvor det er betraktninger om norsk pleie- og omsorg sett i forhold til internasjonale forskjeller eller vurderinger. Under overskriften Forvaltning er referanser som berører hele sektoren på en eller annen måte sortert. Dette kan gjelde økonomiske analyser eller betraktninger, eller beregninger av hvem som trenger pleie- og omsorgstjenester, rekruttering av personell, organisering av tjenester både på institusjonsnivå og for ulike grupper av ansatte. Brukergruppene omfatter de viktigste gruppene vi har identifisert. Til slutt har vi sortert referanser som fokuserer sterkere på de ansatte som gruppe. Både for referansene om flere av brukergruppene og med fokus på de ansatte har antallet referanser vært stort, og vi har ytterligere sortert etter om dette har vært knyttet til hva som skjer i pasientens hjem eller på sykehjem.

I vedlegg 2 presenterer vi referansene fordelt i kategoriene og alfabetisk etter førsteforfatter. Vi oppgir forfattere, tittel på publikasjonen, publikasjonssted og sammendrag av artikkelen slik de fremkom i de elektroniske databasene.

Kategorier (antall referanser) **Side**

Vedlegg 1 – søkestrategi

Alle søk gjennomført 04.03.2010.

Emnesøk

Treff totalt inkludert dubletter: 2092
Unike treff totalt: 1359

Ovid MEDLINE(R) In-Process & Other Non-Indexed Citations and Ovid MEDLINE(R) 1950 to Present, Ovid Nursing Database 1950 to February Week 4 2010

Søketreff emnesøk: Medline 621, Ovid Nursing 96

1. (norway* or norwe* or norge* or norsk* or oslo or bergen or trondheim or tromso or tromsoe).mp,kw,pa,kf,au,cp,in,lg.
2. exp Norway/
3. 1 or 2
4. (study or studies or trial* or research*).mp. or controlled clinical trial.pt. or randomized controlled trial.pt. or case reports.pt. or clinical trial.pt. or comparative study.pt. or evaluation studies.pt. or meta-analysis.pt. or multicenter study.pt. or validation studies.pt. or (cohort or time series or qualitative analys* or qualitative evaluation* or case control or randomi?ed or randomly or random* allocat* or control group* or questionnaire* or interview* or focus group* or meta-analys* or metaanalys* or systematic* review*).tw. or (review.pt. and (Research/ or research.tw. or medline.tw. or pubmed.tw. or cinahl.tw. or embase.tw.)) or (theory or theories).hw.
5. epidemiologic studies/ or exp case-control studies/ or exp cohort studies/ or cross-sectional studies/ or feasibility studies/ or intervention studies/ or sampling studies/ or cross-over studies/ or qualitative research/ or Questionnaires/ or Interview/ or exp Interviews as Topic/ or exp Nursing Research/ or exp Ethical Analysis/
6. exp "Costs and Cost Analysis"/ or (analysis and (cost* or economic*)).tw.
7. or/4-6

8. exp home care services/ or Home Health Aides/ or exp home nursing/ or homemaker services/ or exp Nursing Homes/ or exp Housing for the Elderly/ or exp Homes for the Aged/ or residential facilities/ or assisted living facilities/ or group homes/ or Community Health Aides/
9. (home care* or home nurs* or homebase* or home-base* or home treatment* or (home adj2 rehabilitat*) or nursing home* or group home* or assisted living* or living facilit* or homes or homecare* or day* center* og day* centre* or day care cent* or homemaker* or home health* or home visit* or domestic health* or domestic care* or domiciliary health* or domiciliary care* or home service* or home help or respite care*).tw.
10. Health Services for the Aged/
11. community health nursing/ or primary nursing care/ or Public Health Nursing/
12. community health services/ or community mental health services/ or ambulatory care/ or primary health care/ or (community care or community health care or community healthcare or community health service* or community mental health* or primary care or primary health care or primary healthcare or ambulatory care or ambulatory health care or ambulatory healthcare or ambulatory health service* or ambulatory service* or ambulatory setting*).tw.
13. rehabilitation/ or nursing/ or nursing care/ or nursing research/ or rehabilitation centers/ or occupational therapy/ or "physical therapy (specialty)"/ or exp Nurses' Aides/ or Caregivers/ or family nursing/ or geriatric nursing/ or exp maternal-child nursing/ or exp pediatric nursing/ or psychiatric nursing/ or transcultural nursing/ or (nursing or nurse or nurses or welfare worker* or rehabilitation* or physical therap* or physiotherap* or occupational therap*).tw. or (care worker* not (health care worker* or social care worker*)).tw. or ((professional* or clinical*) adj2 caregiver*).tw. or healthcare giver*.tw.
14. 12 and 13
15. (community nurs* or community health nurs* or community rehabilitation or primary nursing care or ambulatory care nurs* or community care worker* or community health care worker* or community healthcare worker* or community carer*).tw.
16. ((community adj (cent* or home*)) or (service cent* adj3 (aged or elder* or senior* retired or old people*)) or (daycare and (elder* or senior* or retired or over 67 or old people*)) or cent* for the aged).tw.
17. ((community health* adj2 worker*) or community carer*).tw.
18. (or/8-11,14-17) and 3 and 7
19. limit 18 to yr="2000 -Current"
20. (comment or editorial or letter).pt.
21. 19 not 20
22. animal/ not human/
23. 21 not 22

EMBASE 1980 to 2010 Week 08

Søketreff: 731

1. Norway/
2. (norway* or norwe* or norge* or norsk* or oslo or bergen or trondheim or tromso or tromsoe).tw,au,in,pb,ad,cp,lg,cz,sl.
3. or/1-2
4. (study or studies or trial* or research*).mp.
5. exp research/ or exp "types of study"/
6. exp meta analysis/ or exp outcomes research/ or exp "systematic review"/
7. (cohort or time series or qualitative analys* or qualitative evaluation* or case control or randomi?ed or randomly or random* allocat* or control group* or questionnaire* or interview* or focus group* or meta-analys* or metaanalys* or systematic* review*).tw. or (review.pt. and (research or medline or pubmed or cinahl or embase).tw.) or (theory or theories).hw.
8. exp economic evaluation/ or ((economic* or cost*) and analysis).tw.
9. exp interview/ or exp observational method/ or exp questionnaire/
10. or/4-9
11. exp home care/
12. exp *elderly care/
13. nursing home/
14. nursing home patient/ or nursing home personnel/
15. home for the aged/
16. exp assisted living facility/ or exp community mental health center/
17. exp community based rehabilitation/ or exp community health nursing/ or home rehabilitation/ or home physiotherapy/
18. exp ambulatory care nursing/ or health visitor/
19. (home care* or home nurs* or homebase* or home-base* or home treatment* or (home adj2 rehabilitat*) or nursing home* or group home* or assisted living* or living facilit* or homes or homecare* or day* center* og day* centre* or day care cent* or homemaker* or home health* or home visit* or domestic health* or domestic care* or domiciliary health* or domiciliary care* or home service* or home help or respite care*).tw.
20. (community nurs* or community health nurs* or community rehabilitation or primary nursing care or ambulatory care nurs* or community care worker* or community health care worker* or community healthcare worker* or community carer*).tw.
21. ((community adj (cent* or home*)) or (service cent* adj3 (aged or elder* or senior* retired or old people*)) or (daycare and (elder* or senior* or retired or over 67 or old people*)) or cent* for the aged).tw.
22. ((community health* adj2 worker*) or community carer*).tw.
23. or/11-22
24. community care/ or community program/ or ambulatory care/ or primary health care/ or (community care or community health care or community healthcare

or community health service* or community mental health* or primary care or primary health care or primary healthcare or ambulatory care or ambulatory health care or ambulatory healthcare or ambulatory health service* or ambulatory service* or ambulatory setting*).tw.
25. rehabilitation/ or occupational therapy/ or exp nursing/ or physiotherapy/ or (nursing or nurse or nurses or welfare worker* or rehabilitation* or physical therap* or physiotherap* or occupational therap*).tw. or exp residential home/ or exp elderly care/ or (care worker* not (health care worker* or social care worker*)).tw. or ((professional* or clinical*) adj2 caregiver*).tw. or healthcare giver*.tw.
26. 24 and 25
27. 23 or 26
28. 3 and 10 and 27
29. limit 28 to yr="2000 -Current"
30. (editorial or letter).pt.
31. 29 not 30
32. animal.hw. not human/
33. 31 not 32

PsycINFO 1806 to March Week 1 2010
Søketreff: 201

1. (norway* or norwe* or norge* or norsk* or oslo or bergen or trondheim or tromso or tromsoe).pl,au,cq,lg,ot,lo,ca,in.
2. exp experimental design/
3. exp methodology/ or causal analysis/ or cohort analysis/ or content analysis/ or data collection/ or empirical methods/ or grounded theory/ or meta analysis/ or qualitative research/ or quantitative methods/ or self report/
4. exp experimentation/
5. (study or studies or trial* or research* or experimental).mp.
6. "costs and cost analysis"/
7. (cohort or time series or qualitative analys* or qualitative evaluation* or case control or randomi?ed or randomly or random* allocat* or control group* or questionnaire* or interview* or focus group* or meta-analys* or metaanalys* or systematic* review* or (review and (research or medline or pubmed or cinahl or embase))).tw. or (theory or theories).hw.
8. (analysis and (cost* or economic*)).tw.
9. or/2-8
10. home care/ or exp home care personnel/ or exp home visiting programs/ or exp homebound/ or exp respite care/
11. elder care/
12. residential care institutions/ or halfway houses/ or exp nursing homes/ or exp group homes/ or Day Care Centers/
13. public health service nurses/

14. housing/ or assisted living/ or retirement communities/
15. (home care* or home nurs* or homebase* or home-base* or home treatment* or (home adj2 rehabilitat*) or nursing home* or group home* or assisted living* or living facilit* or homes or homecare* or day* center* og day* centre* or day care cent* or homemaker* or home health* or home visit* or domestic health* or domestic care* or domiciliary health* or domiciliary care* or home service* or home help or respite care*).tw.
16. (community nurs* or community health nurs* or community rehabilitation or primary nursing care or ambulatory care nurs* or community care worker* or community health care worker* or community healthcare worker* or community carer*).tw.
17. ((community adj (cent* or home*)) or (service cent* adj3 (aged or elder* or senior* retired or old people*)) or (daycare and (elder* or senior* or retired or over 67 or old people*)) or cent* for the aged).tw.
18. ((community health* adj2 worker*) or community carer*).tw.
19. community services/ or community mental health services/ or public health services/ or primary mental health prevention/ or exp Primary Health Care/ or outpatient treatment/ or (community care or community health care or community healthcare or community health service* or community mental health* or primary care or primary health care or primary healthcare or ambulatory care or ambulatory health care or ambulatory healthcare or ambulatory health service* or ambulatory service* or ambulatory setting*).tw.
20. exp rehabilitation/ or nursing/ or nurses/ or psychiatric nurses/ or caregivers/ or (nursing or nurse or nurses or welfare worker* or rehabilitation* or physical therap* or physiotherap* or occupational therap*).tw. or (care worker* not (health care worker* or social care worker*)).tw. or ((professional* or clinical*) adj2 caregiver*).tw. or healthcare giver*.tw.
21. 19 and 20
22. or/10-18,21
23. 1 and 9 and 22
24. limit 23 to yr="2000 -Current"

British Nursing Index and Archive 1985 to February 2010
Søketreff: 89

1. (norway* or norwe* or norge* or norsk* or oslo or bergen or trondheim or tromso or tromsoe).tw.
2. community care/ or exp community health services/ or exp community nursing/ or exp home care services/ or exp mental health : community care/
3. primary health care/
4. community nursing/ or exp community nursing : education/ or exp community nursing : management/ or exp community psychiatric nursing/ or exp midwifery : community/ or exp paediatric community nursing/

5. (home care* or home nurs* or homebase* or home-base* or home treatment* or (home adj2 rehabilitat*) or nursing home* or group home* or assisted living* or living facilit* or homes or homecare* or day* center* og day* centre* or day care cent* or homemaker* or home health* or home visit* or domestic health* or domestic care* or domiciliary health* or domiciliary care* or home service* or home help or respite care*).tw.
6. exp nursing homes/ or exp elderly : housing/
7. exp elderly : nursing/ or exp rehabilitation nursing/
8. elderly : services/
9. (community care or community health care or community healthcare or community health service* or community mental health* or primary care or primary health care or primary healthcare or ambulatory care or ambulatory health care or ambulatory healthcare or ambulatory health service* or ambulatory service* or ambulatory setting*).tw.
10. (community nurs* or community health nurs* or community rehabilitation or primary nursing care or ambulatory care nurs* or community care worker* or community health care worker* or community healthcare worker* or community carer*).tw.
11. ((community adj (cent* or home*)) or (service cent* adj3 (aged or elder* or senior* retired or old people*)) or (daycare and (elder* or senior* or retired or over 67 or old people*)) or cent* for the aged).tw.
12. ((community health* adj2 worker*) or community carer*).tw.
13. or/2-12
14. 1 and 13
15. limit 14 to yr="2000 -Current"

Cochrane Library

Søketreff: Cochrane Reviews 21, DARE 9, Central 104, Economic Evaluations 3

#1 MeSH descriptor Norway explode all trees
#2 (norway* or norwe* or norge* or norsk* or oslo or bergen or trondheim or tromso or
tromsoe)
#3 (#1 OR #2)
#4 MeSH descriptor Home Care Services explode all trees
#5 MeSH descriptor Home Health Aides explode all trees
#6 MeSH descriptor Home Nursing explode all trees
#7 MeSH descriptor Homemaker Services explode all trees
#8 MeSH descriptor Nursing Homes explode all trees
#9 MeSH descriptor Housing for the Elderly explode all trees
#10 MeSH descriptor Homes for the Aged explode all trees
#11 MeSH descriptor Residential Facilities explode all trees
#12 MeSH descriptor Community Health Aides explode all trees
#13 ((home next care*) or (home next nurs*) or homebase* or (home next base*) or

(home next treatment*) or (home near/2 rehabilitat*) or (nursing next home*) or (group next home*) or (assisted next living*) or (living next facilit*) or homes or homecare* or ((welfare or day*) near/2 (center* or centre* or facilit*)) or homemaker* or (home next health*) or (home next visit*) or (domestic next health*) or (domestic next care*) or (domiciliary next health*) or (domiciliary next care*) or (home next service*) or (home next help) or (respite next care*)):ti,ab,kw

#14 (((community next cent* or home*) or (service next cent*)) near/3 (aged or elder* or senior* retired or (old next people*)) or (daycare and (elder* or senior* or retired or "over 67" or (old next people*))) or (cent* next "for the aged")):ti,ab,kw

#15 MeSH descriptor Health Services for the Aged explode all trees

#16 MeSH descriptor Community Health Nursing explode all trees

#17 MeSH descriptor Primary Nursing Care explode all trees

#18 MeSH descriptor Public Health Nursing explode all trees

#19 MeSH descriptor Community Health Services, this term only

#20 MeSH descriptor Community Mental Health Services explode all trees

#21 MeSH descriptor Ambulatory Care explode all trees

#22 MeSH descriptor Primary Health Care, this term only

#23 ("community care" or "community health care" or "community healthcare" or (community next health next service*) or (community next mental next health*) or (primary next care) or "primary health care" or "primary healthcare" or "ambulatory care" or "ambulatory health care" or "ambulatory healthcare" or (ambulatory next health next service*) or (ambulatory next service*) or (ambulatory next setting*)):ti,ab,kw

#24 (#19 OR #20 OR #21 OR #22 OR #23)

#25 MeSH descriptor Rehabilitation, this term only

#26 MeSH descriptor Nursing, this term only

#27 MeSH descriptor Nursing Care, this term only

#28 MeSH descriptor Nursing Research explode all trees

#29 MeSH descriptor Rehabilitation Centers explode all trees

#30 MeSH descriptor Occupational Therapy explode all trees

#31 MeSH descriptor Physical Therapy (Specialty) explode all trees

#32 MeSH descriptor Physical Therapy Modalities, this term only

#33 MeSH descriptor Nurses' Aides explode all trees

#34 MeSH descriptor Caregivers explode all trees
#35 MeSH descriptor Specialties, Nursing explode all trees
#36 (nursing or nurse or nurses or (welfare next worker*) or rehabilitation* or (physical next therap*) or physiotherap* or (occupational next therap*) or ((care next worker*) not ((health next care next worker*) or (social next care next worker*))) or ((professional* or clinical*) near/2 caregiver*) or (healthcare next giver*)):ti,ab,kw
#37 (#25 OR #26 OR #27 OR #28 OR #29 OR #30 OR #31 OR #32 OR #33 OR #34 OR #35 OR #36)
#38 (#24 AND #37)
#39 ((community next nurs*) or (community next health next nurs*) or (community next rehabilitation) or (primary next nursing next care) or (ambulatory next care next nurs*)):ti,ab,kw
#40 ((community next health*) near/2 worker*):ti,ab,kw or (community next carer*):ti,ab,kw
#41 (#4 OR #5 OR #6 OR #7 OR #8 OR #9 OR #10 OR #11 OR #12 OR #13 OR #14 OR #15 OR #16 OR #17 OR #18 OR #38 OR #39 OR #40)
#42 (#3 AND #41), from 2000 to 2010

CRD Databases

Søketreff: DARE 14, NHS EED 16, HTA 8

#1 norway OR norwegian OR oslo OR bergen OR trondheim OR tromso OR tromsoe
#2 MeSH Norway EXPLODE 1
#3 #1 or #2
#4 MeSH Home Care Services EXPLODE 1 2
#5 MeSH Home Health Aides EXPLODE 1 2
#6 MeSH Home Nursing EXPLODE 1 2 3 4
#7 MeSH Homemaker Services EXPLODE 1
#8 MeSH Nursing Homes EXPLODE 1
#9 MeSH Housing for the Elderly EXPLODE 1 2
#10 MeSH Homes for the Aged EXPLODE 1
#11 MeSH Residential Facilities EXPLODE 1
#12 MeSH Community Health Aides EXPLODE 1 2
#13 home OR domestic OR domiciliary OR homecare OR homes OR homebase*
#14 MeSH Health Services for the Aged EXPLODE 1

#15 MeSH Community Health Nursing EXPLODE 1 2
#16 MeSH Primary Nursing Care EXPLODE 1
#17 MeSH Public Health Nursing EXPLODE 1
#18 MeSH Community Health Services
#19 MeSH Community Mental Health Services EXPLODE 1 2 3
#20 MeSH Primary Health Care
21 "community nurs*" OR "community health nurs*" OR "community rehabilitation" OR "primary nursing care" OR "ambulatory care nurs*" OR "community care worker*" OR "community health care worker*" OR "community healthcare worker*" OR "community carer*"
#22 (("community cent*" OR "service cent*" OR "day care" OR daycare) AND (aged OR elder* OR senior* AND retired OR "old people*"))
#23 #4 or #5 or #6 or #7 or #8 or #9 or #10 or #11 or #12 or #13 or #14 or #15 or #16 or #17 or #18 or #19 or #20 or #21 or #22
#24 #3 and #23

SveMed
Søketreff: 179 (publisert f.o.m. 2000)

S1 omsorgsforskning$
S3 omsorgstjeneste$
S5 eldreomsorg$
S6 omsorgsarbeider$
S7 eldresenter$
S8 hjemmetjeneste$
S11 kommune$ omsorg$
S12 kommunal$ omsorg$
S15 sykehjem$ or pleiehjem$
S1 or S3 or S5 or S6 or S7 or S8 or S11 or S12 or S15

Navnesøk

OVID: British Nursing Index, EMBASE, Ovid MEDLINE(R), Ovid Nursing Database, PsycINFO
Søketreff totalt: 1439
Søketreff etter dublettkontroll mot emnesøket:

British Nursing Index and Archive 1985 to February 2010: 69 treff
EMBASE 1980 to 2010 Week 08: 675 treff

Ovid MEDLINE(R) In-Process & Other Non-Indexed Citations and Ovid MEDLINE(R) 1950 to Present: 685 treff
Ovid Nursing Database 1950 to February Week 4 2010: 5 treff
PsycINFO 1806 to 1966: 5 treff

1. (Brevik Ivar or Backe-Hansen Elisabeth or Bakketeig Elisiv or Daatland Svein Olav or Nergard Trude Brita or Nergaard Trude Brita or Sandbaek Mona or Sandbak Mona or Grodem Anne Skevik or Groedem Anne Skevik or Skevik Grodem Anne or Skevik Groedem Anne or Skevik Anne or Halvorsen Rune or Hvinden Bjorn or Hvinden Bjoern or Dahle Rannveig or Elstad Jon Ivar or Eriksen John or Lima IAA or Lima IA or Vabo Mia or Vaboe Mia or Slagsvold B or Bogen Hanne or Gautun Heidi or Veland Geir or Huser Anne or Lodemel Ivar or Loedemel Ivar or Bjornskau Torkel or Bjoernskau Torkel or Stene Reid or Kleppe Per or Dahl Espen or Hoyland Karin or Hoeyland Karin or Wago Solv* Irene or Waagoe Solv* Irene or Huseby Beate M or Paulsen Baard or Paulsen Bard or Holbo Kristine or Holboe Kristine or Unstad Marit or Norvoll Reidun or Kalseth Birgitte or Kvinge Torunn or Ostnor Bjorg or Oestnor Bjorg or Ostor Bjoerg or Ostnoer Bjoerg or Bergh Steinar or Martens Britta or Romoren Tor Inge or Romoeren Tor Inge or Magnussen Siv or Odegard Kjos Bente or Kjos Bente O or Kjoes Bente O or Oedegaard Kjoes Bente or Raknes Sogstad Maren Kristine or Sogstad Maren Kristine R or Roth Gjevjon Edith or Gjevjon Eedith R or Kvale Havig Anders or Havig Anders K or Hamran Torunn or Damsgard Elin or Damsgaard Elin or Knudsen Liv Berit or Larsen Toril Agnete or Torvik Karin or Brataas Hilfrid or Hellzen Ove or Okstad Asbjorn or Okstad Asbjoern or Jacobsen Frode F or Mekki Tone or Holmas Tor or Holmaas Tor or Kjerstad Egil or Lindeboom Maarten or Monstad Karin or Askildsen Jan Erik or Christensen Karen or Arntsen Bjornulf or Arntsen Bjoernulf or Sundsli Kari or Soderhamn Olle or Soederhamn Olle or Bakken Runar or Tomstad Solvei* or Kjeldstad Randi or Brunborg Helge or Ahlsen Birgitte or Altunsoy Lill or Bakke Eva or Bjorbaekmo Wenche or Bjorbakmo Wenche or Bjork Ida Torunn or Bjoerk Ida Torunn or Bragstad Line or Bredal Inger or Bruun-Olsen Vigdis or Braten Alexandra or Braaten Alexandra or Bunch Eli Haugen or Dagfinrud Hanne or Ellefsen Bodil or Engebretsen Eivind or Engelsrud Gunn or Fagermoen May or Foss Ingrid or Fransson Elisabeth or Groven Karen or Hagen Kaare Birger or Hagen Kare Birger or Haglund Svein or Halvorsen Silje or Hauge Solveig or Heggen Kristin or Helleso Ragnhild or Hellesoe Ragnhild or Hem Marit or Holm Inger or Huglen Erlend or Hummelsund Eirin or Juritzen Truls or Kirkevold Marit or Kyte Fjellstad Ingrid or Fjellstad Ingrid or Mengshoel Anne Marit or Moen Anne or Nord Randi or Robinson Hilde or Rugseth Gro or Ruland Cornelia or Roe Ellen-Cecilie or Roee Ellen-Cecilie or Treu Roe Ellen-Cecilie or Smeby Nina or Aarhus Smeby Nina or Solbrekke Tone or Solbraekke Kari or Solbrakke Kari or Stokke Knut or Svarholt Gerd or Lindstad Svarholt Gerd or Thielemann Marit or Thoresen Lisbeth or Vikne Harald or Vollestad Nina or Voellestad Nina or Wahl Astrid Klopstad or Wahl Klopstad Astrid or Halvorsen Knut or Harslof Ivan or Harsloef Ivan or Innvaer Simon or Innvar Simon or Johansen Sissel or Malmberg-Heimonen Ira or Lorentzen Thomas or Natland Sidsel or Rugkasa

Marianne or Rugkaasa Marianne or Saltkjel Therese or Stjerno Steinar or Stjernoe Steinar or Van Der Wel Kjetil or Wel Kjetil Arne or Wel Kjetil van der or Oltedal Siv or Ryen Anne or Sandvin Johan* or Folleso Reidun or Follesoe Reidun or Otterlei Jill or Fossestol Knut or Fossestoel Knut or Enehaug Heidi or Alm Andreassen Tone or Andreassen Tone or Skarpaas Ingeborg or Grut Lisbeth or Amble Nina or Gjerberg Elisabeth or Svare Helge or Widding Steinar or Dons Finsrud Henrik or Finsrud Henrik or Basberg Neumann Cecilie or Neuman Cecilie Basberg or Egeland Cathrine or Gullvag Holter O or Holter O Gullvag or Gullvaag Holter O or Holter O Gullvaag or Halrynjo Sigtona or Klemsdal Lars or Borri P* or Bugge P* or Fjermestad T* or Kjos B*O* or Botten G* or Nakrem S* or Vinsnes A*G* or Harkless G*E* or Seim A* or Blekeseaune M*).fa.

2. (Brevik I or Backe-Hansen E or Bakketeig E or Daatland SO or Nergard TB or Nergaard RB or Sandbaek M or Sandbak M or Grodem AS or Groedem AS or Skevik Grodem A or Skevik Groedem A or Skevik A or Hvinden B or Elstad JI or Lima IAA or Lima IA or Vabo M or Vaboe M or Slagsvold B or Bogen H or Gautun H or Veland G or Huser A or Lodemel I or Loedemel I or Bjornskau T or Bjoernskau T or Stene RJ or Kleppe P or Hoyland K or Hoeyland K or Wago SI or Waagoe SI or Huseby BM or Holbo K or Holboe K or Unstad M or Norvoll R or Kalseth B or Kvinge T or Ostnor B or Oestnor B or Martens B or Romoren TI or Romoeren TI or Magnussen S or Odegard Kjos B or Kjos BO or Kjoes BO or Oedegaard Kjoes B or Raknes Sogstad MK or Sogstad MKR or Roth Gjevjon E or Gjevjon ER or Kvale Havig A or Havig AK or Hamran T or Damsgard E or Damsgaard E or Torvik K or Brataas H or Hellzen O or Okstad A or Jacobsen FF or Mekki TE or Holmas TH or Holmaas TH or Kjerstad E or Lindeboom M or Monstad K or Askildsen JE or Arntsen B or Sundsli K or Soderhamn O or Soederhamn O or Bakken R or Tomstad S or Kjeldstad R or Brunborg H or Ahlsen B or Altunsoy LK or Bjorbaekmo WS or Bjorbakmo WS or Bjork IT or Bjoerk IT or Bragstad LK or Bredal IS or Bruun-Olsen V or Braten A or Braaten A or Bunch EH or Dagfinrud HS or Ellefsen B or Engebretsen E or Engelsrud G or Fagermoen MS or Foss IC or Fransson E or Groven KS or Haglund S or Heggen KM or Helleso R or Hellesoe R or Hem MH or Holm I or Huglen E or Hummelsund EB or Juritzen TI or Kirkevold M or Kyte Fjellstad I or Fjellstad IK or Mengshoel AM or Moen A or Nord R or Robinson HS or Rugseth G or Ruland C or Roe ECT or Roee ECT or Treu Roe EC or Smeby NA or Aarhus Smeby N or Solbrekke TD or Solbraekke KN or Solbrakke KN or Stokke KT or Svarholt GL or Lindstad Svarholt G or Thielemann M or Thoresen L or Vikne H or Vollestad NK or Voellestad NK or Wahl AK or Harslof I or Harsloef I or Innvaer S or Innvar S or Malmberg-Heimonen I or Lorentzen T or Natland ST or Rugkasa M or Rugaasa M or Saltkjel T or Stjerno S or Stjernoe S or Van Der Wel KA or Wel KA or Wel K van der or Oltedal S or Ryen A or Sandvin J or Folleso R or Follesoe R or Otterlei JB or Fossestol K or Fossestoel K or Enehaug H or Alm Andreassen T or Andreassen TA or Skarpaas I or Grut L or Amble N or Gjerberg E or Svare H or Widding S or Dons Finsrud H or Finsrud HD or Basberg Neumann C or Neuman CB or Egeland C or Gullvag Holter O or Holter OG or Halrynjo S or Klemsdal L or Borri P or Bugge P or Fjermestad T or Kjos BO or

Botten G or Nakrem S or Vinsnes AG or Harkless GE or Seim A or Blekeseaune M).au.
3. 1 or 2
4. remove duplicates from 3
5. (comment or editorial or letter).pt.
6. 4 not 5
7. (animal/ or animals/) not (human/ or humans/)
8. 6 not 7

Legg inn søkestrategi for de ulike databasene.

Vedlegg 2 – sorterte refanser

Internasjonale sammenligninger

1. Cooper C, Katona C, Finne-Soveri H, Topinkova E, Carpenter GI, Livingston G. Indicators of Elder Abuse: A Crossnational Comparison of Psychiatric Morbidity and Other Determinants in the Ad-HOC Study. The American Journal of Geriatric Psychiatry 2006;14(6):489-97.
   Abstract: Objective: The objective of this study was to determine crossnationally the prevalence of indicators of elder abuse and their relationship to putative risk factors, particularly depression, dementia, and lack of service provision. Method: Nearly 4,000 people aged 65 + receiving health or social community services in 11 European countries were interviewed using the minimum dataset homecare (MDS-HC) interview, which includes an abuse screen used previously in elder abuse studies and questions about demographic, physical, psychiatric, cognitive, and service factors. Results: One hundred seventy-nine (4.6%) people assessed had at least one indicator of abuse. The proportion screening positive increased with severity of cognitive impairment, presence of depression, delusions, pressure ulcers, actively resisting care, less informal care, expressed conflict with family or friends, or living in Italy or Germany, but not with having a known psychiatric diagnosis. Conclusion: Severity of cognitive impairment, depression, and delusions predicted screening positive for abuse in older adults, but having a known psychiatric diagnosis did not, indicating that screening for psychiatric morbidity might be rational strategies to combat elder abuse. People in Italy and Germany were most likely to screen positive for indicators of abuse, and the authors suggest that this might relate to higher levels of dependency in the participants looked after at home in these countries as a result of cultural and service provision differences.

2. Dijkstra A, Brown L, Havens B, Romeren TI, Zanotti R, Dassen T, et al. An international psychometric testing of the care dependency scale. J Adv Nurs 2000;31(4):944-52.
   Abstract: In an international study, psychometric properties of the Care Dependency Scale (CDS) were examined by analysing data gathered in Dutch, Canadian, Italian and Norwegian nursing homes. For that purpose, from these countries a convenience sample was developed consisting of 525 patients with dementia. The English, Italian and Norwegian research instruments were translations of the original Dutch CDS. Psychometric evaluations of the CDS were carried out for each country separately as well as for the four countries combined. High alpha coefficients between 0.94 and 0.97 were calculated. Subsequent test-retest and inter-rater reliability revealed moderate to substantial Kappa values. Factor analysis resulted in a one-factor solution. The scalability of the CDS was demonstrated by means of Mokken scale analysis. One of the main outcomes of the cross-cultural comparison was that the findings in the four countries show more similarities than differences, so that the scale can be used appropriately in nursing home practice

3. Dijkstra A, Coleman M, Dassen TW, Romoren TI, Valimaki M, Zanotti R. [Care dependency of nursing home patients with dementia: assessment from European perspective]. Tijdschr Gerontol Geriatr 2000;31(6):245-51.
   Abstract: In an international, study psychometric properties of the Care Dependency Scale (in Dutch shortened as: ZAS) were examined by analysing data gathered in nursing homes in Germany, Finland, Italy, The Netherlands, Norway and Wales (UK). For that purpose, from these countries a convenience sample was developed consisting of 832 patients with dementia. The English, Finnish, German, Italian and Norwegian research instruments were translations of the original Dutch ZAS. Psychometric evaluations of the ZAS were carried out for each country separately as well as for the countries combined. High alpha coefficients between 0.93 and 0.97 were calculated. Subsequent interrater and test-retest reliability revealed moderate to substantial kappa values. Factor analysis resulted in a one-factor solution. One of the main outcomes of the cross-cultural comparison was that the findings in the six countries show more similarities than differences, so that the scale can be used appropriately in nursing home practice and for international comparison of care dependency

4. Daatland SO, Herlofson K. 'Lost solidarity' or 'changed solidarity': A comparative European view of normative family solidarity. Ageing & Society 2003;23(5):537-60.
   Abstract: This paper discusses filial norms, personal preferences for care, and policy opinions about the proper role of the family and the welfare state in elder care, by drawing from a comparative study of urban populations in Norway, England, Germany, Spain and Israel. Support for filial norms has a north-south

dimension in Europe, and is highest in Spain and Israel and lowest - but still substantial - in Norway, England and Germany. National differences in preferences and policy opinions are more substantial, and more or less congruent with national family and social policy traditions. Filial solidarity is, however, not incompatible with generous welfare state arrangements, nor do filial obligations necessarily imply that the family is seen as the 'natural' care provider. In fact, many in the countries with the highest scores for filial responsibility still find the welfare state to be the main source of care provision. Normative familism is correlated with expressed familism in individuals' preferences and in policy opinions, but the correlations are weak, implying that while filial solidarity may be resilient, as circumstances alter its expressions change.

5. Ellefsen B. Health visiting in Scotland and Norway: commonalties and differences. Public Health Nurs 2001;18(5):318-26.
   Abstract: This investigation compared health visiting in Scotland and Norway by focusing on health visitors' influence on management matters, work tasks and work conditions. The data are based upon in-depth interviews with nine health visitors from Scotland and 12 health visitors from Norway. The results showed more similarities than differences between the Scottish and Norwegian health visitors. Both groups experienced autonomy at work. The hardships of work were the lack of visibility for their work and an inability to demonstrate in measurable ways the effect of their work. Issues related to lack of time and priority of the newborn and young children were also similar as well as the experience of insecurity and strain at work. The differences were mostly within the area of organizational structure and its influence on management matters. While the Norwegian HV participated in plans for the service, employment and budget proposals, the Scottish HV was involved in these matters to a lesser degree. All in all, the similarity of the themes and the comparable units suggest the core of health visiting extends beyond the limits of cultural and national boundaries

6. Fialova D, Topinkova E, Gambassi G, Finne-Soveri H, Jonsson PV, Carpenter I, et al. Potentially inappropriate medication use among elderly home care patients in Europe. JAMA 2005;293(11):1348-58.
   Abstract: CONTEXT: Criteria for potentially inappropriate medication use among elderly patients have been used in the past decade in large US epidemiological surveys to identify populations at risk and specifically target risk-management strategies. In contrast, in Europe little information is available about potentially inappropriate medication use and is based on small studies with uncertain generalizability. OBJECTIVE: To estimate the prevalence and associated factors of potentially inappropriate medication use among elderly home care patients in European countries. DESIGN, SETTING, AND PARTICIPANTS: Retrospective cross-sectional study of 2707 elderly patients receiving home care (mean [SD] age, 82.2 [7.2] years) representatively enrolled in metropolitan areas of the Czech Republic, Denmark, Finland, Iceland, Italy, the Netherlands, Norway, and the United Kingdom. Patients were prospectively assessed between September 2001 and January 2002 using the Minimum Data Set in Home Care instrument. MAIN OUTCOME MEASURES: Prevalence of potentially inappropriate medication use was documented using all expert panels criteria for community-living elderly persons (Beers and McLeod). Patient-related characteristics independently associated with inappropriate medication use were identified with a multiple logistic regression model. RESULTS: Combining all 3 sets of criteria, we found that 19.8% of patients in the total sample used at least 1 inappropriate medication; using older 1997 criteria it was 9.8% to 10.9%. Substantial differences were documented between Eastern Europe (41.1% in the Czech Republic) and Western Europe (mean 15.8%, ranging from 5.8% in Denmark to 26.5% in Italy). Potentially inappropriate medication use was associated with patient's poor economic situation (adjusted relative risk [RR], 1.96; 95% confidence interval [CI], 1.58-2.36), polypharmacy (RR, 1.91; 95% CI, 1.62- 2.22), anxiolytic drug use (RR, 1.82; 95% CI, 1.51-2.15), and depression (RR, 1.29; 95% CI, 1.06-1.55). Negatively associated factors were age 85 years and older (RR, 0.78; 95% CI, 0.65-0.92) and living alone (RR, 0.76; 95% CI, 0.64-0.89). The odds of potentially inappropriate medication use significantly increased with the number of associated factors (P<.001). CONCLUSIONS: Substantial differences in potentially inappropriate medication use exist between European countries and might be a consequence of different regulatory measures, clinical practices, or inequalities in socioeconomic background. Since financial resources and selected patient-related characteristics are associated with such prescribing, specific educational strategies and regulations should reflect these factors to improve prescribing quality in elderly individuals in Europe

7. Finne-Soveri H, Sorbye LW, Jonsson PV, Carpenter GI, Bernabei R. Increased work-load associated with faecal incontinence among home care patients in 11 European countries. Eur J Public Health 2008;18(3):323-8.
   Abstract: The plurality of definition of faecal incontinence (FI) complicates the cross-national comparisons between studies conducted in the area. The aim of the study was to investigate work-load and subjective care-giver burden associated with FI, among home-care patients, in Europe. Design and methods: In this cross-sectional retrospective study, a random sample of 4010 RAI-HC assessments were collected during 2001-02 from home care patients aged 65 years and over (74% females; age 82.8 +/- 7.2 years) in Czech Republic, Denmark, Finland, France, Germany, Iceland, Italy, The Netherlands, Norway, Sweden and United Kingdom. RESULTS: Of the 4010 individuals, 411 (10.3%) suffered from FI (range 1.1-30.8% from site to site). The factors significantly associated with faecal incontinence were diarrhoea [odds ratio (OR) 10.3, 95% confidence interval (CI) 6.590-15.96], urinary incontinence (OR 3.99, 95% CI 2.991-5.309) and pressure ulcers (OR 3.15, 95% CI 2.196-4.512) together with severe impairments in physical (OR 4.25, 95% CI 2.872-6.295) and cognitive (OR 3.76, 95% CI 2.663-5.304) functions. High use of working hours of the visiting nurses (OR 2.04, 95% CI 1.221-3.414) and home health carers (OR 2.40, 95% CI 1.289-4.470) were additionally associated with faecal incontinence. Use of five or more medications was an inversely associated with FI (OR 0.62, 95% CI 0.473-0.820). CONCLUSIONS: The additional work load associated with faecal incontinence comprises considerable numbers of formal health care hours and should be taken into account when planning home health services for the older in home care patients

8. Heslin JM, Soveri PJ, Winoy JB, Lyons RA, Buttanshaw AC, Kovacic L, et al. Health status and service utilisation of older people in different European countries. Scand J Prim Health Care 2001;19(4):218-22.
   Abstract: OBJECTIVE: Care of elderly demands more and more resources. The purpose of this study

was to compare the health of the elderly and the differences in utilisation of services. DESIGN: Health status was measured using the Short Form 36, the Barthel Index of Activities of Daily Living, the Abbreviated Mental Test and the Hospital Anxiety and Depression Scale. Information was also obtained on health and social service utilisation. SETTING: Eight European districts. SUBJECTS: 4004 elderly aged 70-94 years were studied. RESULTS: General health perception measured with SF-36 was significantly better in men than in women and in elderly living outside institutions. Measured with the Barthel scale, the elderly living in the southern districts were more disabled. Women were more disabled than men. Depression and anxiety were common, but inadequately treated and strongly linked with disability. There was a north-south difference also in mental disability, people in the north feeling healthier. CONCLUSION: Cultural differences probably explain most of the differences observed. However, treating depression and anxiety more adequately could help elderly people to avoid early institutionalisation

9. Hill R, Ryan P, Hardy P. Situational levels of burnout among staff in six European inpatient and community mental health teams. J Mental Health Workforce Development 2006;1:(1):12-21.
Abstract: Research comparing stress in inpatient and community mental health staff in Denmark, Finland, Norway, Poland and the UK. Levels of stress, burnout, emotional exhaustion, depersonalisation and personal accomplishment were measured using the Maslach Burnout Inventory before staff received a training intervention and at 6 and 12 months afterwards. The results were compared between sites and between inpatient and community settings. 25 refs

10. Lofqvist C, Nygren C, Szeman Z, Iwarsson S. Assistive devices among very old people in five European countries. Scand J Occup Ther 2005;12(4):181-92.
Abstract: The aim of this study was to investigate the use and need of assistive devices (ADs) in a cross-national European sample of very old persons, focusing on national similarities and differences as well as similarities and differences according to age and level of health status. Data from the ENABLE-AGE research project were utilized involving very old persons in Sweden, Germany, Latvia, Hungary, and the United Kingdom (UK). Personal interviews with single-living old persons were conducted (n=1918). Of the total sample 65% reported that they had and used one or more ADs, and 24% reported unfilled need. The most commonly used ADs were devices for communication, followed by devices for mobility. Participants in Hungary and Latvia used a lower total number of ADs. Comparisons among sub-groups according to age between the Western and the Eastern European national samples showed significant differences. The result can to some extent be explained by different welfare systems and presumably differences in knowledge and awareness of ADs, and further research is called for. However, the result can serve as input for future planning and development of information, services, and community-based occupational therapy, to improve healthcare and social services for older people.

11. Routasalo P, Wagner L, Virtanen H. Registered Nurses' perceptions of geriatric rehabilitation nursing in three Scandinavian countries. Scand J Caring Sci 2004;18(2):220-8.
Abstract: This study describes Registered Nurses' perceptions of geriatric rehabilitation nursing as well as their experiences of working in the rehabilitation of older patients in Denmark, Finland and Norway. The aim was to gain deeper insights into how Registered Nurses think about geriatric rehabilitation nursing and how their perceptions differ in these countries. The data were collected among 600 Registered Nurses using a structured questionnaire with five background items and 88 geriatric rehabilitation nursing items. The response rate was 65%. Data analysis was with SPSS statistical software. Geriatric rehabilitation nursing was experienced as something that required knowledge and experience, patience and creativity, as well as professional skills. The nurses talked with their patients about their rehabilitation goals, but not all nurses were aware of those goals. Progress in the rehabilitation process was evaluated on a daily basis and results were noted in the patients' records. The nurses motivated patients by giving them positive feedback, by preventing pain, by pausing to share with the patients their joy about progress, and by giving the patients the opportunity to cope with daily activities. The Registered Nurses in Denmark were more team oriented and they set out the goals in the patient's records more often than their colleagues did in Finland and Norway.

12. Suominen-Taipale AL, Koskinen S, Martelin T, Holmen J, Johnsen R. Differences in older adults' use of primary and specialist care services in two Nordic countries. Eur J Public Health 2004;14(4):375-80.
Abstract: BACKGROUND: The aim of the study was to compare elderly persons' self-reported use of physician services and associated sociodemographic factors and self-rated health in two Nordic countries with different health care systems, Finland and Norway. METHODS: Population based, cross-sectional surveys conducted in Norway (1995-97) and in Finland (1997) were employed. In the Norwegian data a total of 7,919 individuals, and in the Finnish data 1, 500 individuals, aged 65-74 years old were included in the samples. The outcome variables were having visited a general practitioner, a specialist or both during the past 12 months. Associations between utilization of physician's services and sociodemographic factors and self-rated health were analysed by multiple logistic regression. RESULTS: Approximately the same proportion of elderly in Norway and Finland reported having visited a physician during the previous 12 months. Finnish elderly more often visited a specialist compared to Norwegians. Self-rated health was strongly associated with visits to a specialist in both countries and to a GP in Norway. In Finland visits to a GP were only weakly connected with self-rated health. The use of specialist services increased with increasing education in both countries and in Finland the association was steeper than in Norway. Marital status was not consistently associated with visiting a physician. CONCLUSIONS: Higher rates of specialist care among the elderly in Finland may indicate a more efficient gate-keeping role among Norwegian general practitioners or inducement caused by two overlapping service sectors. Inconsistent associations between utilization and health variables may be due to cultural differences

13. Suominen-Taipale AL, Martelin T, Koskinen S, Holmen J, Johnsen R. Gender differences in health care use among the elderly population in areas of Norway and Finland. BMC Health Serv Res 2006;6:110.
Abstract: BACKGROUND: The aim of the study was to examine gender differences in the self-reported use of health care services by the elderly in rural and metropolitan areas of two Nordic countries with

slightly different health care systems: Finland and Norway. METHODS: Population based, cross-sectional surveys conducted in Nord-Trondelag Norway (1995-97) and in rural and metropolitan areas of Finland (1997) were employed. In the Norwegian data, a total of 7,919 individuals, aged 65-74 years old were included, and the Finnish data included 1,500 individuals. The outcome variables comprised whether participants had visited a general practitioner or a specialist, or had received hospital care or physiotherapy during the past 12 months. Gender differences in the use of health care services were analysed by multiple logistic regression, controlling for health status and socio-demographic characteristics. RESULTS: In Norway, elderly women visited a specialist or were hospitalised less often than men. In Finland, elderly women used all health care services except hospital care more often than men. In Norway, less frequent use of specialist care by women was not associated with self-reported health or chronic diseases. CONCLUSION: The findings revealed differences in self-reported use of secondary care among different genders in areas of Norway and Finland

Internasjonale betraktninger

14. Carpenter I, Gambassi G, Topinkova E, Schroll M, Finne-Soveri H, Henrard J-C, et al. Community care in Europe. Aging - Clinical and Experimental Research 2004;16(4):259-69.
    Abstract: Background and aims: Community care for older people is increasing dramatically in most European countries as the preferred option to hospital and long-term care. While there has been a rapid expansion in Evidence-Based Medicine, apart from studies of specific interventions such as home visiting and hospital at home (specialist visits or hospital services provided to people in their own homes in the community), there is little evidence of characteristics of the recipients of community care services or the organisation of services that produce the best outcomes for them and their informal carers. The AdHOC Study was designed to compare outcomes of different models of community care using a structured comparison of services and a comprehensive standardised assessment instrument across 11 European countries. This paper describes the study and baseline data. Methods: 4,500 people 65 years and older already receiving home care services within the urban areas selected in each country were randomly sampled. They were assessed with the MDS-HC (Minimum Data Set-Home Care) instrument, containing over 300 items, including socio-demographic, physical and cognitive characteristics of patients as well as medical diagnoses and medications received. These data were linked to information on the setting, services structures and services utilization, including use of hospital and long-term care. After baseline assessment, patients were re-evaluated at 6 months with an abbreviated version of the instrument, and then at the end of one year. Data collection was performed by specially-trained personnel. In this paper, sociodemographics, physical and cognitive function and provision of hours of formal care are compared between countries at baseline. Results: The final study sample comprised 3,785 patients; mean age was 82+/-7.2 years, 74.2% were females. Marital and living status reflected close family relationships in southern Europe relative to Nordic countries, where 5 times as many patients live alone. Recipients of community care in France and Italy are characterised by very high physical and cognitive impairment compared with those in northern Europe, who have comparatively little impairment in Activities of Daily Living and cognitive function. The provision of formal care to people with similar dependency varies extremely widely with very little formal care in Italy and more than double the average across all levels of dependency in the UK. Conclusions: The AdHOC study, by virtue of the use of a common comprehensive standardised assessment instrument, is a unique tool in examining older recipients of community care services in European countries and their widely varied organisation. The extreme differences seen in dependency and hours of care illustrate the probable contribution the study will make to developing an evidence based on the structure, quantity and targeting of community care, which will have major policy implications.

15. Daatland SO, Herlofson K. Den evige krise? Eldreomsorgen og velferdsstaten i europeisk sammenheng. Aldring og Livslöp 2003;20(3):16-23

16. Daatland SO, Lowenstein A. Intergenerational solidarity and the family-welfare state balance. European Journal of Ageing 2005;2(3):174-82.
    Abstract: The article addresses the strength and character of intergenerational family solidarity under different family cultures and welfare state regimes in order to answer the following two questions: (1) Is intergenerational solidarity stronger under the more collectivist southern family tradition than under the more individualist northern tradition? (2) Is more generous access to social care services a risk or a resource for family care? These questions are explored with data from the OASIS project, a comparative study among the urban populations aged 25+ (n = 6,106) in Norway, England, Germany, Spain, and Israel. The findings indicate that the welfare state has not crowded out the family in elder care, but has rather helped the generations establish more independent relationships. Intergenerational solidarity is substantial in both the northern and southern welfare state regimes, and seems to vary in character more than in strength

17. Daatland SO. Age identifications. European perspectives for an aging world; 2007.
    Abstract: (from the chapter) The empirical questions that guide this chapter are how people experience aging, what their subjective age identities are, and what the causes and consequences of these self-definitions are. The main data source for the chapter is the first wave of the Norwegian Life Course, Age-

ing, and Generation Study, which was carried out by Norwegian Social Research. Personal interviews (n = 5,559), supplemented by postal questionnaires (n = 4,169), were collected in 2002-2003 among people aged 40-79, living in their own homes in 30 communities all over Norway. Added to this are descriptive findings from a second data set, the Norwegian Monitor Study in 2005, with data restricted to the 40-79 yr age bracket. Results show that people indeed sensitive to age, both to their own and to that of others. This sensitivity is probably a universal response to the internal and external changes that are associated with aging. One's body changes and so does one's role in family and society, and one's status in the eyes of others and one's self. In response people may try to protect a sense of true and stable self behind these changes, and feel "forever young" or "without age" behind the bodily or societal caricatures that are imposed on them. An alternative scenario and strategy is that of change, to develop a more "mature" self and personality, integrated, but still different from one's younger self. The author suggests a more general image, that of an "age-sensitive self", which is confronted by internal and external changes with increasing age, and struggles to maintain continuity, meaning, and self-respect.

18. Hurst SA, Forde R, Reiter-Theil S, Slowther AM, Perrier A, Pegoraro R, et al. Physicians' views on resource availability and equity in four European health care systems. BMC Health Serv Res 2007;7:137.
    Abstract: BACKGROUND: In response to limited resources, health care systems have adopted diverse cost-containment strategies and give priority to differing types of interventions. The perception of physicians, who witness the effects of these strategies, may provide useful insights regarding the impact of system-wide priority setting on access to care. METHODS: We conducted a cross-sectional survey to ascertain generalist physicians' perspectives on resources allocation and its consequences in Norway, Switzerland, Italy and the UK. RESULTS: Survey respondents (N = 656, response rate 43%) ranged in age from 28-82, and averaged 25 years in practice. Most respondents (87.7%) perceived some resources as scarce, with the most restrictive being: access to nursing home, mental health services, referral to a specialist, and rehabilitation for stroke. Respondents attributed adverse outcomes to scarcity, and some respondents had encountered severe adverse events such as death or permanent disability. Despite universal coverage, 45.6% of respondents reported instances of underinsurance. Most respondents (78.7%) also reported some patient groups as more likely than others to be denied beneficial care on the basis of cost. Almost all respondents (97.3%) found at least one cost-containment policy acceptable. The types of policies preferred suggest that respondents are willing to participate in cost-containment, and do not want to be guided by administrative rules (11.2%) or restrictions on hospital beds (10.7%). CONCLUSION: Physician reports can provide an indication of how organizational factors may affect availability and equity of health care services. Physicians are willing to participate in cost-containment decisions, rather than be guided by administrative rules. Tools should be developed to enable physicians, who are in a unique position to observe unequal access or discrimination in their health care environment, to address these issues in a more targeted way

19. Husebo S, Husebo BS. The weakest elderly in Europe: Care at the end of life or active euthanasia? Tidsskr Nor Laegeforen 2005;125(13-14):1848-9.
    Abstract: Estimates for the next 50 years indicate that the number of European citizens above 65 will increase from today's 15-20% to 30-40%. In the same period the number of patients suffering from dementia wills more than double. Norway has the largest percentage of beds in nursing facilities per capita in Europe, more than twice that of most European countries. The dramatic decrease in birth rates in most European countries, with women seeking education and employment, will make proper care for the majority of the weakest elderly a major European challenge. Painful and unnecessary treatments violating basic human rights for weak elderly people suffering from dementia are widespread. The unnecessary life-prolonging medical treatment of the dying in acute wards incurs enormous costs. Options for euthanasia or palliative care are much debated poles regarding the terminally ill in Europe. If a European aim is to guarantee the frail old, that means us, dignity in their last years of life, several needs must be met. Resources now used on acute medicine must be shared with long-term care. These necessary changes will require strong medical and ethical involvement from all physicians

20. Jonsson A, Gustafson Y, Scholl M, Hansen FR, Saarela M, Nygaard H, et al. Geriatric rehabilitation as an integral part of geriatric medicine in the Nordic countries. Dan Med Bull 2003;50(4):439-45.
    Abstract: Objectives: First, to outline the theoretical and practical framework for geriatric rehabilitation in the Nordic countries and second, to survey the scientific medical publications for evidence-based geriatric rehabilitation. Methods: Brainstorming on geriatric rehabilitation in a working group of Nordic teachers in geriatric medicine. Papers on scientific programmes for geriatric rehabilitation from Internet sources were collected and analyzed. All articles describing randomized studies in geriatric rehabilitation were selected for meta-analyses. The papers were divided into four groups according to diseases, infirmity and resource settings: stroke, hip-fractures, acute admissions and programmes conducted in nursing homes, day hospitals and home services. Results: The literature survey included 30 scientific studies (9496 patients) in randomized trials with valid endpoints. Geriatric rehabilitation programmes for stroke patients in geriatric settings (six papers, 1138 patients) reduced mortality and the need for nursing home placement, but the outcome for ADL function was not significantly changed. Function and length of stay varied between the studies. The outcome of geriatric rehabilitation was even more decisive in the randomized hip-fracture studies (seven articles, 2414 patients): the readmission rate and cost were significantly better. Ten studies were found, comparing the outcome of acute admissions of frail elderly patients (4683) with either geriatric (GEMU, GRU) of general medical wards. The effect of rehabilitation regarding mortality rate at one year, placement in a nursing home, physical function, contentment with services, readmission rate and cost was significant improvement in the geriatric settings. Internal comparisons of geriatric programmes in nursing homes, day hospitals and in-home services (seven studies, 1261 patient) revealed some differences in outcomes regarding function, contentment and costs. Conclusion: Specialized geriatric rehabilitation is complicated but effective when properly performed. Interdisciplinary teamwork, targeting of patients, comprehensive assessment and intensive and patient-targeted rehabilitation seem to characterize the most effective programmes. Rehabilitation of frail elderly people poses a major future challenge and has to be developed further for the sake of elderly people's quality of life as well as economic reasons

21. Kaasa S, Torvik K, Cherny N, Hanks G, de Conno F. Patient demographics and centre description in European palliative care units: A cross sectional survey of the European Association for Palliative Care (EAPC) Research Network. Palliat Med 2007;21(1):15-22.
    Abstract: Patients in palliative care are elderly, frail and in decline with multisystem disease. These and other factors make palliative care research particularly challenging, and has been one of several reasons why relatively little systematic research has been performed. The European Association for Palliative Care (EAPC) is seeking to emphasise the importance of research. The present project is the first empirical multicentre study organised by the EAPC Research Network, with the aim of identifying the patient population using specialised palliative care, and identifying a network of palliative care services across Europe, able to participate in a multicentre collaboration for research. During a designated week in the autumn of 2000, data on patients were recorded from 143 centres. The survey was carried out by means of two questionnaires, one centre questionnaire and one patient questionnaire. Data were submitted on 3013 patients from 22 different European countries. Almost all patients had cancer (94%), while some had neurological disease (3%). The majority (75%) had been referred to a palliative care service during the six to seven months before the survey was performed. Very few patients had less than one week of expected survival (6%), the majority were expected to live one to six months, while as many as 16% were expected to live more than one year. The majority of the patients (27%) were fully ambulatory - the ability to walk independently without any assistance. The majority of the patients (60%) received care as an outpatient, either at a traditional clinic in an outpatient cancer hospital (12%), in home-care programs from a specialised advisory service (24%), or external nursing care (24%). The population of patients included in this survey was not a sample of dying patients. There were a substantial number of patients with an anticipated life expectancy of more than six months. The study demonstrated a considerable enthusiasm for research in the palliative care community across Europe. The heterogeneity of the sample is evident, and this will need careful consideration for future clinical trials. This calls for an international consensus on how to report on patient characteristics within palliative care research. This is necessary in order to be able to evaluate the representativity of the study population, as well as to compare data between studies. The range of services encountered in the survey highlights the need for the organisational and clinical standards for palliative care, which can be audited.

22. Lofvander M, Dyhr L. Transcultural general practice in Scandinavia. Scand J Prim Health Care 2002;20(1):6-9.
    Abstract: During the past 20 years, many immigrants from all over the world have settled in Scandinavia. Primary care physicians today are therefore meeting patients from a variety of socio-cultural, religious, and ethnic backgrounds. In addition to endemic diseases, the new immigrants are exposed to Western illness and disease patterns and psychic reactions to life events, and the on-going adaptive process may add to the dilemmas of segregation in housing and work. During consultations, doctors and patients frame this ill health by culturally determined ideas of health, illness, and treatment. This paper deals with Scandinavian studies concerning transcultural issues in primary care by exploring the Scandinavian literature. Relatively few studies were found in the databases. Many of them were small, making it difficult to generalise the findings. Descriptive explorative studies suggest problems in communication, behaviour, mental ill health, physiotherapy, and organisation of care. No studies were found concerning issues such as genital mutilation, environmental diseases, family conflicts, or chronic disorders other than pain. From action research studies or randomised-controlled trials, it can be cautiously concluded that psychiatric care may be little accepted in many immigrant groups and that immigrants with non-specific pain are best handled in primary care where dialogue about pain is to be preferred to traditional treatment. Brief advice regarding communication and organisation of care is also given. In our opinion, studies using action research methods are to be preferred, since clinical transcultural care deals with complex illness patterns, including many emotional dilemmas

23. Onder G, Liperoti R, Soldato M, Carpenter I, Steel K, Bernabei R, et al. Case Management and Risk of Nursing Home Admission for Older Adults in Home Care: Results of the AgeD in HOme Care Study. J Am Geriatr Soc 2007;55(3):439-44.
    Abstract: Objectives: To explore the relationship between a case management approach and the risk of institutionalization in a large European population of frail, old people in home care. Design: Retrospective cohort study. Setting: Eleven European countries. Participants: Three thousand two hundred ninety-two older adults receiving home care (mean age 82.3 +or- 7.3). Measurements: Data on nursing home admission were collected every 6 months for 1 year. Results: One thousand one hundred eighty-four (36%) persons received a home care program based on case management, and 2,108 (64%) received a traditional care approach (no case manager). During the 1-year follow-up, 81 of 1,184 clients (6.8%) in the case management group and 274 of 2,108 (13%) in the traditional care group were admitted to a nursing home ($P < .001$). After adjusting for potential confounders, the risk of nursing home admission was significantly lower for participants in the case management group than for those in a traditional care model (adjusted odds ratio = 0.56, 95% confidence interval < 0.43-0.63). Conclusion: Home care services based on a case management approach reduce risk of institutionalization and likely lower costs.

24. Oswald F, Wahl HW, Schilling O, Iwarsson S. Housing-related control beliefs and independence in activities of daily living in very old age. Scand J Occup Ther 2007;14(1):33-43.
    Abstract: Control beliefs, i.e. a person's perceived control over his or her own behaviour, are important predictors of psychological functioning in old age. The aim of this study is to examine the mediating effect of housing-related control beliefs on the relationship between housing accessibility and independence in activities of daily living (ADL). Moreover, cross-national differences in five European countries were analysed, based on data from the ENABLE-AGE Project. Data were collected at home visits with 1 918 very old people aged 75-89 years, living alone at home in Swedish, German, British, Hungarian, and Latvian urban areas. Assessments were based on standardized instruments with good psychometric properties. Correlations showed small to medium relationships between accessibility, housing-related control beliefs, and ADL independence. Further, multi-group structural equation modelling revealed that not only housing accessibility but housing-related control beliefs explain unique portions of variation in the independent performance of daily activities. In particular, participants with lower external control beliefs performed

more independently in ADL. Though some differences among countries were observed, cross-national similarity in correlative patterns existed regarding control beliefs and independence in ADL. Introducing the concept of housing-related control beliefs into occupational therapy, comprehensively and cross-nationally, has the potential to increase our professional understanding of older people's housing situation.

25. Ranhoff AH. Italian geriatrics. Tidsskr Nor Laegeforen 2005;125(11):1528-30.

26. Saltman RB. Decentralization, re-centralization and future European health policy. Eur J Public Health 2008;18(2):104-6.

27. Salvini PG. Patient and family policies: The experience in Europe. G Gerontol 2003;51(5):449-52.
Abstract: Alzheimer Europe and 10 members: associations of Belgio, Danimarca, Germania, Spagna, Islanda, Irlanda, Italia, Lussemburgo, Norvegia e Inghilterra headed the Project EPOCH - Equality in the provision of care at home, funded by the European Commission. The project investigated the gender differences in the task of caring for someone with dementia at home. we were interested in finding out which factors had led to them not becoming the carer and also to find out their views about male and female carers. On the basis of the results of 585 returned questionnaires and examples of good practice we drew up a set of recommendations: Men and women cope with caring differently and one approach is not necessarily better than the other. A positive image of male carers should be promoted. Many male and female carers suffer from social exclusion. The social value attributed to caring for dependent/old people must be improved in order to encourage more men to take responsibility for the care of others. There is a need to investigate the taboos linked to caring and how specific aspects of care. Carers should be provided with relevant and free training and holiday. There should be a better coordination of opening hours of shops, schools, day care and centres and hospitals with working hours. Respite and day care should be readily available and affordable. Family-friendly policies (flexible hours, career breaks and job shares) should be further investigated and their applicability to both men and women promoted

28. Sorbye LW, Finne-Soveri H, Ljunggren G, Topinkova E, Garms-Homolova V, Jensdottir AB, et al. Urinary incontinence and use of pads--clinical features and need for help in home care at 11 sites in Europe. Scand J Caring Sci 2009;23(1):33-44.
Abstract: AIM: The aim of this study was to obtain evidenced-based knowledge about older persons in home care; we conducted a population-based study at 11 sites in Europe (2001/2002). This article focuses on urinary incontinence and need for help in home care. METHODS: A sample of 4010 respondents 65 years or older were assessed by the Resident Assessment Instrument for Home Care. Urinary incontinence was defined as leakage once a week or more including use of catheters. RESULTS: A total of 1478 individuals had urinary incontinence, 45% men and 47% women. The use of pads ran from 29% to 52% between the sites. The associates of urinary incontinence were: moderate or severe cognitive impairment, dependency in toileting and other activities of daily living compared with less impaired; urinary infections, obesity and faecal incontinence. Caregivers to persons with urinary incontinence reported burden or stress more often then carers to nonurinary incontinence individuals (OR = 2.2, 95% CI 1.8-2.7). CONCLUSIONS: To enable older people with incontinence to stay at home with a better quality of life, they need caring assistance during toileting on a regular basis

29. Sorbye LW, Garms-Homolova V, Henrard JC, Jonsson PV, Fialova D, Topinkova E, et al. Shaping home care in Europe: the contribution of the Aged in Home Care project. Maturitas 2009;62(3):235-42.
Abstract: OBJECTIVES: During the 1990s, use of home care sector has increased substantially in Europe. However, research on home care continues to be underreported. This article summarizes the findings from the "Aged in Home Care" (ADHOC) study - carried out from 2001 to 2004 in Europe - and women's situation in European Home Care. METHODS: The review is based on 4 book chapters as well as on 23 articles listed in PubMed and published from August 2004 to October 2008. ADHOC used a standardized data set collected with the Resident Assessment Instrument for Home Care (RAI-HC 2.0); this instrument was used to assess 4010 home care clients at 11 European sites. The included articles analyzed the sociodemographic and clinical characteristics, basic physical needs, provision of selected preventive measures, and medication data from the ADHOC sample. In addition home service provision, quality indicators, and selected outcomes of home care intervention during the course of 1 year were assessed. RESULTS: The mean subject age was 82.3 years; women were on average 2 years older than men and more frequently lived alone, 74% were women. Women suffered more frequently from pain, depression, and extreme obesity. There were marked regional differences in both the functional status of the clients and the characteristics and use of home care services. CONCLUSIONS: The implementation of a common assessment instrument for HC clients may help contribute the necessary wealth of data for (re)shaping home care in Europe. Policy makers and service providers may learn about best practices in the European context. [References: 36]

30. Sorgaard KW, Ryan P, Hill R, Dawson I. Sources of stress and burnout in acute psychiatric care: Inpatient vs. Soc Psychiatry Psychiatr Epidemiol 2007;42(10):794-802.
Abstract: Background: Professionals who work alone or in small teams often provide services for people with serious mental health problems in community settings. Stress is common in community teams and this may cause burnout and threaten the quality and stability of the services. This study compares levels of burnout and sources of stress among community and acute ward staff in six European centres. Methods: A total of 6 acute ward (N = 204) and community staff (N = 209) in 5 different European countries filled out the Maslach Burnout Inventory (MBI), the Mental Health Professional Scale (MHPSS) the Agervold Questionnaire for psychosocial work environment (QPWES) in addition to a comprehensive demographic questionnaire. Results: In the univariate analyses, except for Emotional Exhaustion (MBI), there were no differences in burnout between the two groups of staff. Community teams reported more organisational pro blems, higher work demands, less contact with colleagues, but also better social relations and more control over their work. The ward staff was more satisfied with the organisational structure and

access to colleagues, but complained about lack of control over operating conditions at work. The multivariate analyses identified four groups of staff: (1) a Control-dissatisfied and Contact satisfied group (N = 184) with 2/3 coming from the wards. (2) A Contact-satisfied and Work-demand dissatisfied group (N = 147) with 3/4 from the community staff. (3) A Control- and Contact dissatisfied group (N = 47) with a majority from community teams, and (4) a Contact- and Work demand satisfied group (N = 37) with a majority from the wards. Conclusion: Burnout as measured was not a serious problem among community and ward staff members, and did not differentiate between the two groups. Acute ward working implied lack of control but much contact with colleagues, whereas community work entailed more control but demanding work in terms of difficult task and hard-to-find-solutions.

Forvaltning

Økonomi, ressurser

31. Forde R, Pedersen R, Nortvedt P, Aasland OG. Care for the elderly in Norway still suffers from lack of resources. Tidsskr Nor Laegeforen 2006;126(15):1913-6.
Abstract: Background. The increasing numbers of elderly in need of basic medical and nursing care challenges prioritization and quality assurance within the Norwegian health care system. Material and methods. A questionnaire on health care to patients aged 75 years or older was sent to 2103 doctors and nurses employed in hospitals and primary community care. Results. 67 % returned the questionnaire. 92 % of the nurses and 79 % of the doctors stated that lack of resources related to all levels of medical and nursing care for ill elderly patients cause personal strain. Personnel shortage, lack of time and lack of money were the three most frequently mentioned causes of unsatisfactory coverage of basic needs. 29 % said they experience reduced quality of medical treatment weekly or daily, while 25 % stated that they meet reduced quality of diagnostics just as frequently. Even more often, the respondents experienced unsatisfactory coverage of hygiene and nutrition, but social needs and exercise were the most neglected areas. Nurses and doctors employed in nursing care institutions most frequently expressed that lack of resources have serious consequences for patients aged 75 years or older. Interpretation. Basic medical care for elderly ill patients is not sufficient with respect to diagnostics and medical treatment. In particular, nursing care and meeting the individuals' psychosocial needs are not prioritised highly enough. Both doctors and nurses frequently describe shortage of time as a problem. Poorly organized medical care, including lack of coordination, seems to be a continuous problem in health care for the elderly

32. Garåsen H, Magnussen J, Windspoll R, Johnsen R. Eldre pasienter i sykehus eller i intermediaeravdeling i sykehjem - en kostnadsanalyse. Tidsskrift for den Norske Laegeforening 2008;128(3):283-5

33. Heen O. [Care of the elderly in Oslo and Toulouse--all roads are leading to (one) Rome?]. Tidsskr Nor Laegeforen 2000;120(10):1218-23.

34. Höie J. Finansiering av legetjenester i sykehjem. Tidsskrift for den Norske Laegeforening 2004;124(1):85

35. Höyland K. Ny sykehjemsmodell gir "smådriftsfordeler". Nordisk Sosialt Arbeid 2003;23(1):37-43

36. Johansen G. An economic appraisal of two strategies in geriatric screening. Scand J Soc Med 1994;22(4):293-8.
Abstract: RECORD STATUS: This record was compiled by CRD commissioned reviewers according to a set of guidelines developed in collaboration with a group of leading health economists
HEALTH TECHNOLOGY: Screening to identify previously unreported needs for geriatric care
TYPE OF INTERVENTION: Screening
STUDY SELECTION - SPECIFIC INTERVENTIONS: To compare the cost-effectiveness of screening at a health clinic with initial screens by postal questionnaire
ECONOMIC STUDY TYPE: Cost-effectiveness analysis
STUDY SELECTION - PARTICIPANTS: Individuals over 70 years of age, from a coastal community who were not admitted to a hospital or nursing home. Most of the study population werepreviously associated with the fishing industry and educated only to primary school level
SETTING: Healthcare clinic/community. The economic study was carried out in SwedeDATES TO WHICH DATA RELATE: Not stated
SEARCHING: Single study
STUDY SELECTION - STUDY DESIGNS: Randomised control trial using a random age stratified method to allocate individuals to groups. The duration of the follow-up period was up to the point where patients identified as needing treatment accepted or declined that treatment. There was no loss to follow-up
MEASURE OF BENEFITS USED IN THE ECONOMIC ANALYSIS: Preventive interventions gained as a result of screening programme
DIRECT COSTS: Health care and social administration costs up to the offer of intervention were calculated. These included:expenses from planning and other preparatory work, screening, multi-disciplinary appraisal and any individual appraisal carried out according to need. These costs were primarily administration costs and wages, employers' taxes and holiday pay and telephone expenses. The dates to which the price data refer was not stated
CURRENCY: Norwegian Kroner (NOK)
STATISTICAL ANALYSIS OF QUANTITIES/COSTS: Not stated

ESTIMATED BENEFITS USED IN ECONOMIC ANALYSIS: The postal questionnaire group had a 6.1% greater proportion of its population which accepted preventive treatment for previously unreportedhealth-care needs
COST RESULTS: The total costs of the screening programme at the health care clinic were 7407.92 NOK. This compared with 7368.37 NOK for the postal questionnaire
SYNTHESIS OF COSTS AND BENEFITS: The cost per respondent in the health care screening programme was 154.33 NOK compared with 129.57 NOK for the postal questionnaire group. The cost of screening for each individual who accepted preventive treatment was 823.10 NOK for the health clinic programme and 491.22 NOK for the postal questionnaire
AUTHORS'S CONCLUSIONS: The postal questionnaire model was a more cost-effective method of identifying unreported healthcare needs of geriatric patients than a health clinic screening programme
CRD COMMENTARY: The study failed to mention the time period during which it was carried out or the dates to which prices relate. The sources of price information were not stated. The sizes of the samples were too small to detect statistically significant differences in the need for care. The author noted that the high level of non-response in both categories may affect the accuracy of results. These results may not apply to other communities of individuals
IMPLICATIONS OF THE REVIEW FOR PRACTICE AND RESEARCH: The author stated that there is a need for further studies comparing health care clinic screening in different situations with postal questionnaires and personal contact with non-respondents. This is particularly important given that the difference in the number of individuals receiving treatment was not statistically significant

37. Jonsson L, Eriksdotter Jonhagen M, Kilander L, Soininen H, Hallikainen M, Waldemar G, et al. Determinants of costs of care for patients with Alzheimer's disease. Int J Geriatr Psychiatry 2006;21(5):449-59.
Abstract: BACKGROUND: Alzheimer's disease (AD), the most common cause of dementia, is a major cause of disability and care burden in the elderly. This study aims to estimate the costs of formal and informal care and identity determinants of care costs. MATERIALS AND METHODS: Two hundred and seventy-two (AD) patients and their caregivers were recruited among patients attending regular visits at six memory clinic in Sweden, Denmark, Norway and Finland. Patients with a diagnosis of AD and with an identifiable primary caregiver were eligible for inclusion. Data was collected by questionnaires at baseline, and at scheduled follow-up visits after 6 months and again after 12 months. Cognitive function was assessed with the Mini Mental State Examination (MMSE) and behavioural disturbances were measured using a brief version of the neuropsychiatric inventory (NPI). RESULTS: Total annual costs were on average 172,000 SEK, ranging from 60,700 SEK in mild dementia to 375,000 SEK in severe dementia. Costs for community care (special accommodation, home help, etc.) constituted about half of total costs of care and increase sharply with increasing cognitive impairment. Informal care costs, valued at the opportunity cost of the caregiver's time, make up about a third of total costs and also increased significantly with disease severity. Medical care costs (inpatient care, outpatient care, pharmaceuticals), on the other hand, were not significantly related to disease severity. Regression analysis confirmed a strong association between costs and cognitive function, between patients as well as within patients over time. There was also a significant influence on costs from behavioural disturbances. Sensitivity analysis showed that the method chosen to value informal care can have considerable impact on results. CONCLUSIONS: Costs of care in patient with AD are high and related to dementia severity as well as presence of behavioural disturbances. The cost estimates presented have implications for future economic evaluation of treatments for Alzheimer's disease

38. Petersen BM, Wallin G, Samuelsson SM. [Rehabilitation of discharged patients is beneficial: medical and economical analysis]. Tidsskr Nor Laegeforen 1997;117(26):3804-9.
Abstract: RECORD STATUS: This record was compiled by CRD commissioned reviewers according to a set of guidelines developed in collaboration with a group of leading health economists
HEALTH TECHNOLOGY: A rehabilitation unit for elderly patients who may be blocking beds while waiting to be discharged from completed hospital treatment
TYPE OF INTERVENTION: RehabilitatioSTUDY SELECTION - SPECIFIC INTERVENTIONS: The purpose of the study was to evaluate a rehabilitation programme for "bed blockers" waiting to be discharged from hospital for further social care with respect to costs and emergency in-hospital admissions. Patients admitted to the rehabilitation centre were compared to non-admitted patients. The comparator was justified as being standard care
ECONOMIC STUDY TYPE: Cost-effectiveness analysis
STUDY SELECTION - PARTICIPANTS: The patient population encompassed all elderly patients who blocked beds in an emergency care unit while waiting to be discharged for further care by the social services
SETTING: The setting was secondary care. The study was undertaken at a university hospital in Malmo, SwedeDATES TO WHICH DATA RELATE: The evaluation was carried out during the period March 1995 to February 1996, inclusive. Both costs and effectiveness data relate to this time period
SEARCHING: The evaluation was based on a single study
STUDY SELECTION - STUDY DESIGNS: The study was an observational study and patients were recruited from one university hospital to one rehabilitation ward. Allocation to treatment and control groups was non-randomised. Patients allocated to rehabilitation were followed for 18 months. The patients in the control group were followed for 12 months. Only those patients with a full 12-month follow-up were included in the cost comparisoMEASURE OF BENEFITS USED IN THE ECONOMIC ANALYSIS: This was a cost-consequences study and benefits were therefore not estimated
DIRECT COSTS: Resource quantities were collected from the observational study, but these were not reported separately from the unit costs. The resources reported were the cost of a day as a 'bed blocker' in an emergency hospital, and the cost of a day in the rehabilitation ward. The authors estimated the price of one day as a 'bed blocker' to be SEK 2,054 and the price of a day in the rehabilitation ward to be SEK 1,120. No justifications or sources were provided for these estimates. Discounting of costs was not relevant, and this was not done. Only average costs were reported, and a marginal analysis was not undertaken. The price year was not stated. The clinical consequence of the programme, readmission to hospital, was also costed, and this was costed at the same rate as a 'bed

blocking' day
PRODUCTIVITY COSTS: No indirect costs were included in the analysis
CURRENCY: Swedish kroner (SEK)
STATISTICAL ANALYSIS OF QUANTITIES/COSTS: A sensitivity analysis was not carried out
ESTIMATED BENEFITS USED IN ECONOMIC ANALYSIS: Not applicable
COST RESULTS: The mean cost of care per patient allocated to the rehabilitation ward was SEK69,521. The mean cost of care per patient in the comparison group was SEK4,788. The mean cost of readmissions was SEK14,991 in the rehabilitation group and SEK 62,307 in the control group
SYNTHESIS OF COSTS AND BENEFITS: Costs and benefits were not synthesised
AUTHORS'S CONCLUSIONS: The authors concluded that "the rehabilitation of the patient group was cheap and effective"
IMPLICATIONS OF THE REVIEW FOR PRACTICE AND RESEARCH: The authors recommend an improved and better organisation of municipal care for elderly patients waiting to be discharged from hospital after care at an emergency unit. Although there were methodological limitations in this paper, the value of the data on effectiveness and resource use could be increased by further analysis, for example by adjusting for confounding

39. Randers J. Sammenligning av kostnadene ved stasjonaer og mobil röntgenundersökelse av sykehjemspasienter. Michael 2005;2(2):151-9

40. Sahlen K-G, Lofgren C, Mari HB, Lindholm L. Preventive home visits to older people are cost-effective. Scand J Public Health 2008;36(3):265-71.
    Abstract: Aims: There is ongoing debate over the effectiveness of preventive home visits (PHVs) for the elderly. A municipality in the north of Sweden carried out a controlled trial of such visits. Healthy seniors aged 75 years and over received two PHVs per year over 2 years. The aim of this study was to do a cost utility analysis of the intervention. Methods: The intervention group (n=196) was compared with a control group (n=346), and a cost utility analysis was performed. The analysis was carried out with three different time perspectives. Data were sourced from official documents and medical and social records. Results: From a societal perspective, using a time period of 4 years, the analysis of PHVs to healthy seniors showed net savings. When including estimated future costs for health and elderly care during gained life years, the result changed from a net saving to a cost of Euro 200,000. A lifetime perspective also resulted in net savings if the costs of future health and elderly care were not included in the analysis. In this case, the total costs rose to approximately Euro 900,000. The cost could also be expressed as Euro 14,200 per quality-adjusted life year gained if future costs for elderly care and healthcare were included. Conclusions: PHVs represent a cost-effective intervention in this setting. The costs are justified by the outcomes.

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42. van Balen R, Steyerberg EW, Cools HJM, Polder JJ, Habbema JD. Early discharge of hip fracture patients from hospital: transfer of costs from hospital to nursing home. Acta Orthop Scand 2002;73(5):491-5.
    Abstract: Hip fracture patients occupy more and more hospital beds. One of the strategies for coping with this problem is early discharge from the hospital to institutions with rehabilitation facilities. We studied whether early discharge affects outcome and costs. 208 elderly patients with a hip fracture were followed up to 4 months after the fracture. First, a group of 102 patients stayed in our hospital for the usual period (median 18 days). Then, 106 patients were assigned to a group for early discharge (median 11 days). We measured disabilities, health-related quality of life and cognition at 1 week, 1, and 4 months after hospitalization. To calculate total societal costs, inpatient days, the efforts of professionals in- and outside institutions, and interventions/examinations were recorded during this 4-month period. At 4 months, we found no differences in mortality, ADL level, complications, quality of life, and type of residence. More patients in the early discharge group were discharged to nursing homes with rehabilitation facilities (76% versus 53%), but the median total stay in hospital and nursing home was the same (26 days). Early discharge from hospital did not substantially reduce the total costs (conventional management Euro 15,338 per patient and early discharge Euro 14,281 per patient), but merely shifted them from the hospital to the nursing home

43. Vossius C, Nilsen OB, Larsen JP. Parkinson's disease and nursing home placement: the economic impact of the need for care. Eur J Neurol 2009;16(2):194-200.
    Abstract: BACKGROUND AND PURPOSE: To examine the relative risk (RR) for living in nursing homes for patients with Parkinson's disease (PD) compared with the general population and to ascertain society's costs related to nursing home placement for this patient group. METHODS: We evaluated the frequency of admission to nursing homes in a cross-sectional study and during a 12-year follow-up study of 108 patients with PD and 864 controls who were matched for age and sex. The RR for living in a nursing home was calculated at baseline and during follow-up. On the basis of 2007 prices, we estimated the costs per person year of survival for patients with PD and controls. RESULTS: The RR for living in a nursing home at baseline was 5.0 for patients with PD and 4.8 during follow-up. Patients with PD caused 4.8 times higher costs for nursing home placement with euro 18 875 versus euro 3978 per individual and year. The annual costs for institutional care of patients with PD in Norway were euro 132 million. CONCLUSION: Patients with PD have a substantially higher risk for living in nursing homes than the general population. This causes high costs to society. Therapeutic interventions to prevent or delay nursing home admissions are therefore important

44. Winslow JH, Borg V. Resources and quality of care in services for the elderly. Scand J Public Health 2008;36(3):272-8.
    Abstract: Aims: To investigate the association between resources of the workplace and the quality of care in municipal long-term care. At the municipal level, the resources comprised the proportion of care workers with a long period of professional training and the relative availability of care-giving manpower. At

the level of the organizational unit, the resources comprised aspects of the psychosocial working environment. Methods: A survey of 7,500 care workers in 36 municipalities in Denmark was performed. Quality of care was measured by seven standardized questions in a questionnaire. Data on the psychosocial resources of the workplace were aggregated responses from the care workers to questions from the Copenhagen Psychosocial Questionnaire. Data on the training and relative availability of care workers were derived by combining information from payroll lists and data available from government databases. Results: There was a positive association between psychosocial resources at the level of the organizational unit and the quality of care provided by the individual care worker. There was no association between the level of professional training of the municipal workforce of care-givers and the quality of care provided by the individual care worker. There was a complex relationship between the relative availability of care-giving manpower at the municipal level and the quality of care provided by the individual care worker. Conclusions: Improving the psychosocial working environment of care workers is one key to securing sufficient caring staff for the long-term care sector; increasing manpower or increasing the proportion of highly trained staff are not in themselves such keys.

Hvem er de som har behov for omsorg og pleie, hva påvirker behovet?

45. Faerden A. Rehabilitation of the severely mentally ill. Tidsskr Nor Laegeforen 2001;121(29):3375-9.
    Abstract: Background. In Norway, the follow-up of patient with severe mental illness was redefined in the early 1990s. The number of impatient beds in psychiatric hospitals was reduced and new methods for rehabilitation and follow-up tried out. In 1994, Vindern community psychiatric centre set up a special out-patient team for the follow-up of this group of patients. The aim of this study is to give an account of the status of these patients and to evaluate the rehabilitation programme. Material and methods. All 181 patients admitted for follow-up by the team were included in the study. Data were drawn from yearly questionnaire surveys conducted between 1994 and 1999. Results. 118 (65%) patients were diagnosed with schizophrenia: 32 (18%) had a personality disorder. 93 (51%) were readmitted to hospital during the five years of follow-up. Drug abuse was a problem for 58 (32%). 114 (63%) received a disability pension. Over the period, 39 patients were transferred to follow-up in primary care. Interpretation. Chronic mentally ill patients are a heterogeneous population. Though they have a long history of contact with psychiatric health services, they continue to live with a heavy burden of symptoms and dysfunction. The number of patients with personality disorders was greater than expected. The course, duration and severity of their illness was much like that of the schizophrenics

46. Fjelltun AMS, Henriksen N, Norberg A, Gilje F, Normann HK. Carers' and nurses' appraisals of needs of nursing home placement for frail older in Norway. J Clin Nurs 2009;18(22):3079-88.
    Abstract: AIMS AND OBJECTIVES: The aim of this paper was to explore carers' and nurses' appraisals concerning if and when nursing home placement for frail older people awaiting placement was needed and to illuminate ethical issues involved in decisions regarding nursing home placement. BACKGROUND: Requesting nursing home placement can be a complicated decision for carers, causing feelings of failure, anxiety and guilt. After the necessity of nursing home care is determined, the names of the older people are put on waiting lists. While waiting, home health care provides support services. Even with this care, many of the older people and their carers face difficult life situations. DESIGN: This is a descriptive and comparative cross-sectional study using qualitative methods. METHODS: The convenience sample (n = 36) comprised 11 carers of older people on a nursing home placement waiting list in Norway and 11 nurses caring for these older people. Every one willingly participated in interviews that were transcribed and analysed by qualitative content analysis. RESULTS: Various similarities and differences between nurses' and carers' appraisals were found. Complex ethical issues of justice, equality, autonomy, beneficence and justifiability in nursing were involved in decision making concerning nursing home placement. Four categories constructed were: 'appraising nursing home to be the level of care needed', 'appraising the older people as able to continue living at home', 'being ambivalent about nursing home placement' and 'being sceptical about use of coercion regarding nursing home placement'. CONCLUSIONS: Not all of the older people awaiting nursing home placements could be placed in nursing homes when beds became available. The situations were complex and involved ethical issues. RELEVANCE TO CLINICAL PRACTICE: Despite insufficient resources in home health care, providing appropriate support for older people and their carers means that nurses have to consider individual concerns in each situation, cooperate with carers, respect their appraisals of needs and argue for the timely nursing home placement of older people

47. Iwarsson S, Horstmann V, Slaug B. Housing matters in very old age - yet differently due to ADL dependence level differences. Scand J Occup Ther 2007;14(1):3-15.
    Abstract: In order to support the development of optimal housing options for older people, we need to increase our understanding of relations between aspects of housing and aspects of health in old and very old age. The objective of this cross-sectional study was to explore whether and how aspects of housing are related to life satisfaction and perceived health among very old, single-living Swedish people. Based on survey study data from the ENABLE-AGE Project (n = 397), correlation and regression analyses were performed with sub-groups of participants defined according to different levels of ADL dependence. The results showed that the aspects of housing related to life satisfaction and perceived health were different in the three ADL sub-groups. Among objective aspects of housing, accessibility problems influenced life satisfaction as well as perceived health, yet differently among the sub-groups. As concerns perceived aspects of housing, aspects of meaning of home (MOH) were influential on perceived health in several sub-groups, while only among persons dependent in I-ADL were social aspects of MOH related to life satisfaction. Among persons dependent in I-ADL, external housing-related control beliefs also played a role. In

conclusion, the results indicate that housing matters in very old age, yet differently due to ADL dependence-level differences. Most importantly, different aspects of housing seem to play a role in different phases of the trajectory of disability in very old age, while longitudinal studies are needed to verify these indicative results

48. Keysor JJ, Jette AM, Haley SM. Development of the Home and Community Environment (HACE) instrument. J Rehabil Med 2005;37(1):37-44.
Abstract: Objective: To develop and pilot test the Home and Community Environment instrument (HACE), a self-report measure designed to characterize factors in a person's home and community environment that may influence level of participation. Design: A cross-sectional survey. Subjects: Sixty-two adults recruited from community organizations and an outpatient rehabilitation center. Methods: Six environmental domains were assessed: (i) home mobility; (ii) community mobility; (iii) basic mobility devices; (iv) communication devices; (v) transportation factors; and (vi) attitudes. Descriptive statistics, Kappa statistics and Kruskal-Wallis tests were used to ascertain whether persons were capable of assessing characteristics of their environment, could do so reliably and whether the distribution of environmental factors differed by type of living situation. Results: Participants were capable of characterizing their home environment and most aspects of their community with acceptable reliability. The median percent agreement of the 6 environmental domains ranged from 75% to 100% (median Kappa values ranged from 0.47 to 1.0). Percent agreement for individual RACE items ranged from 58% to 100%. The lowest reliability values were observed in the community mobility domain. As hypothesized, individuals who lived in private homes characterized home and community mobility factors differently from those who lived in multi-unit complexes; evidence of HACE's validity. Conclusion: HACE is a promising self-report instrument for assessing characteristics of an individual's home and community environments. Additional research is needed to assess its utility for rehabilitation research.

49. Kirsch NR. Elder abuse: Detection and protection. Topics in Geriatric Rehabilitation 2009;25(4):346-54.
Abstract: Abuse of the elderly is a relatively new phenomenon, at least in terms of the dialogue becoming public. It is not as easy as child abuse to recognize and it takes a variety of forms including overt physical abuse, self-abuse, neglect, verbal abuse, and emotional behavior. There are several evaluation assessments. Not all of them are effective, and even the more accurate tools cannot definitively determine for certain whether there is abuse. They can only suggest the possibility that there may be abuse and therefore circumstances should be further investigated to determine whether there is reason to report suspected abuse. The inherent ethical conflicts associated with reporting are also investigated. In addition, the issue of confidentiality is explored particularly with reference to privacy laws. There are 2 cases presented, and the ethical considerations are embedded throughout the cases and the summary passages.

50. Kvaal K, Laake K, Engedal K. Psychometric properties of the state part of the Spielberger State-Trait Anxiety Inventory (STAI) in geriatric patients. Int J Geriatr Psychiatry 2001;16(10):980-6.
Abstract: Background: A conspicuously high score on the state part of the State-Trait Anxiety Inventory (STAI) has been observed among the geriatric inpatients who are neither demented nor critically ill; 43% of them had a sumscore that, according to Spielberger's criteria, would reflect clinically relevant anxiety symptoms. Objectives: To explore the reasons for this high score. Methods: 101 geriatric inpatients and 68 healthy controls of similar age, living at home and recruited through senior citizen centres participated in a controlled cross-sectional study. Results: High item-scores were more frequent on the symptom-negative items than on the symptom-positive items. Multi-group factors analysis produced two factors termed 'well-being' and 'nervousness', which had a moderate correlation (0.61). The intercept was much higher on 'well-being' than on 'nervousness', showing that a lack of well-being contributes significantly to the high score on the STAI. This confounds the sumscore. However, the geriatric inpatients nevertheless had a high score on the factor 'nervousness'. Female controls scored higher than males on both factors, whereas among the geriatric patient neither age or gender related to them. Conclusions: The STAI state sumscore is a biased indicator of anxiety in geriatric inpatients owing to confounding by well-being. The most important cause for the observed high score on the STAI state instrument in geriatric patients relates to a reduced well-being.

51. Larsson K, Thorslund M. Chapter 8: Old people's health. Scand J Public Health 2006;34(SUPPL. 67):185-98.

52. Lillesveen B, Braekhus A, Breien AT. Demensutredning i primaerhelsetjensten. Kartleggingsverktöy til bruk i pleie- og omsorgstjenesten. Tidsskriftet Sykepleien 2002;90(21):34-6

53. Ostman M, Hansson L. The burden of relatives of psychiatric patients. Nord J Psychiatry 2000;54(1):31-6.
Abstract: As part of an ongoing study of the quality of the mental health services in two Swedish county councils, relatives of both voluntarily and compulsorily admitted patients were interviewed with regard to family burden. The aims of this part of the study were to investigate differences in burden between subgroups of relatives, differences in family burden between 1986 and 1991, and differences between relatives of voluntarily and compulsorily admitted patients. The relatives investigated consisted of 79 spouses, 118 parents, and 31 grown-up children. The results showed that relatives of severely mentally ill persons have a considerable amount of burden, of both an external and a psychologic internal nature. Subjective burden was generally more pronounced than objective external burden. Spouses had to a greater extent external burdens. Relatives experienced more internal burden in 1986 and more external burden in 1991. There were no differences between relatives of voluntarily and compulsorily admitted patients. It is concluded that the psychiatric services in their work with relatives have to consider the specific burden of different subgroups of relatives

54. Otterstad HK, Austrått BS, Sorteberg K. Behovene for pleie- og omsorgstjenster i en större kommune. Tidsskriftet Sykepleien 2002;90(1):51-3

55. Ottersrad HK, Frantzen L, Sorteberg K. Sykehjemsbeboernes funksjonsevne og hjelpebehov. Aldring og Livslöp 2006;23(3):20-4

56. Otterstad HK, Sorteberg K. Hvort stort er behovet for sykehjemsplasser? Aldring og Livslöp 2004;21(3):2-4

57. Otterstad HK, Tönseth H. Hvordan unngå sykehjemskö? Aldring og Livslöp 2007;26(4):20-4

58. Otterstad HO, Tönseth H. Behovet for sykehjem öker. Sykepleien 2005;93(13):58-9

59. Rosen M, Haglund B. From healthy survivors to sick survivors - Implications for the twenty-first century. Scand J Public Health 2005;33(2):151-5.
    Abstract: Background: Hypotheses concerning compression of morbidity have gained support, particularly due to improved lifestyles from 1950 to date, but now the increase is largely due to improvements in healthcare. Methods: Survey data from Sweden were used to test whether the older population aged 65-84 years during 1995-2002 had more longstanding illnesses than the older population of 1980-87 or 1988-94. Results: There was an increased prevalence of many longstanding illnesses among the elderly in Sweden between 1988-94 and 1995-2002. The increase was especially pronounced among those with at least three longstanding illnesses. For diabetes, heart disease, and hypertension, the prevalence among elderly men increased by over 20%. However, those reporting these kinds of longstanding illnesses perceive improved health and are less restricted in their daily activities. Conclusions: Results from Sweden indicate that many countries approaching Sweden's life expectancy will have an increased need for care for the oldest population in the future. The compression-of-morbidity hypothesis is being challenged, probably due to improvements in healthcare.

60. Saevareid HI, Thygesen E, Nygaard HA, Lindstrom TC. Does sense of coherence affect the relationship between self-rated health and health status in a sample of community-dwelling frail elderly people? Aging Ment Health 2007;11(6):658-67.
    Abstract: BACKGROUND: The objective of this study was to examine the association between self-rated health (SRH) and physical, functional, social and mental health measures in community dwelling elderly people needing nursing care. Of special interest was how coping resources (SOC) influenced this relationship. Self-rated health is a good predictor of future health status as measured by mortality and morbidity, decline of functional abilities, use of healthcare, and nursing home placement. The high mean age and the relatively high level of care-dependency in this sample, make this investigation important. METHODS: A hierarchical regression analysis was applied in a cross sectional sample of 242 elderly (mean age 84.6 years). RESULTS: Subjective health complaints (SHC) in both sexes, and psychological distress (only in men), was associated directly with SRH. Coping resources associated with SRH directly, and indirectly through subjective perceived health (SHC and GHQ) but only in men. The influence of registered illness was mediated through the effects of subjectively perceived health in both women and men. Sex differences moderated the effects of SOC on SRH. CONCLUSION: Subjectively perceived health was more important in the perception of SRH than objective health measures. Men, in contrast to women, tend to convert physical illness into emotional distress

61. Sorteberg K, Otterstad HK, Austråt BS. Forholdet mellom behov og forbruk av pleie- og omsorgstjenester. Tidsskriftet Sykepleien 2002;90(2):50-2

62. Svingen EM, Lie J. Aldersrelaterte syns- og hörselsvansker - en utfordring i eldreomsorgen. Tidsskriftet Sykepleien 2003;91(20):39-42

63. Waaler HM. Degree of disability among old people receiving care. Tidsskr Nor Laegeforen 2005;125(8):1012-4.
    Abstract: Background. We aimed at investigating whether disabled old people can get sufficient care in residential facilities for the elderly. Materials and methods. All residents in our community's care facilities for the elderly in 2001 were registered. Those living in their own homes with a substantial need for care were also registered. Burden of care was assessed by six items measuring activities of daily life and two items measuring cognitive decline. Results. 309 persons were registered; mean age was 84. Those living in residential care facilities staffed 24 hours a day represented the highest average burden of care, though many elderly living in their own homes also need a great deal of care. In our community, the number of nursing home beds set aside for short-term stays has decreased from 24 to 11 over a eight-year period. The burden of care has increased since 1992 in nursing homes as well as in other residential care units. Interpretation. Group-dwelling unit staffed around the clock can be a good alternative to nursing homes for many demented patients. While a high number of such units have been built, the local authorities have found it increasingly difficult to provide a sufficient number of nursing home beds for short-term stays. Most changes observed can be related to the growing number of inhabitants above 80 years of age

Rekruttering, arbeidsmiljø

64. Astrom S, Karlsson S, Sandvide A, Bucht G, Eisemann M, Norberg A, et al. Staff's experience of and the management of violent incidents in elderly care. Scand J Caring Sci 2004;18(4):410-6.
    Abstract: Violence towards staff has become an important issue, since it has been reported to be com-

mon in various health care settings. This study aimed to describe emotional reactions among staff being exposed to violence in residential community care for the elderly: to investigate consequences from violent incidents and to describe the management of violent incidents. Data were collected by telephone interviews with nursing staff reporting incidents of violence. During the period of investigation, 97 of 848 staff (11.4%) reported that they had been exposed to violence. More than one-third of them reported subsequent wound and bruises from the incident and two of the exposed staff consulted a doctor because of the violent incident. The most frequently reported reactions among the staff were aggression, astonishment, and antipathy against the perpetrating care recipient, as well as insufficiency, powerlessness, insult and fear. A majority of the incidents were judged as intentionally perpetuating from the care recipient. Most of the violent incidents were managed by informal discussions in the working team. A low number of the reported incidents of violence involved formal discussions with nurse managers.

65. Dellve L, Karlberg C, Allebeck P, Herloff B, Hagberg M. Macro-organizational factors, the incidence of work disability, and work ability among the total workforce of home care workers in Sweden. Scand J Public Health 2006;34(1):17-25.
Abstract: Aims: To investigate the importance of macro-organizational factors, i.e. organizational socio-demographic and socioeconomic preconditions, of the municipal incidence of long-term sick leave, disability pension, and prevalence of workers with long-term work ability among home care workers. Methods: In an ecological study design, data from national databases were combined by record linkage. Descriptive and analytical statistics were used to estimate and interpret macro-organizational factors (economic resources, region, unemployment, employment, occupational rehabilitation, return to work, age structures of inhabitants and home care workers). Results: The incidence of long-term sick leave among female home care workers was twice as high as that of male home care workers, and incidence of disability pension was about four times as high for the women. A great variation in municipal incidence of long-term sick leave, disability pension, and long-term work ability (101-264, 0.6-19.6, and 913-1,279 per 1,000 full-time equivalent workers and year) was also found. The strongest single factor for long-term work ability was a high proportion of part-time or hourly paid employees, which explained 35% of the municipal variation. Macro-organizational factors explained long-term work ability (47-62% explained variance) better than long-term sick leave (33% explained variance). There was a low rehabilitation activity; only 2% received occupational rehabilitation and 5% of those on sick leave longer than 2 weeks returned to work within 30 days. Conclusions: The differences in the municipal proportion of work ability incidence indicate a preventive potential, especially related to employment and return to work after sick leave.

66. Di Tommaso ML, Strom S, Saether EM. Nurses wanted. J Health Econ 2009;28(3):748-57.
Abstract: When entering the job market, nurses choose among different kind of jobs. Each of these jobs is characterized by wage, sector (primary care or hospital) and shift (daytime work or shift). This paper estimates a multi-sector-job-type random utility model of labor supply on data for Norwegian registered nurses (RNs) in 2000. The empirical model implies that labor supply is rather inelastic; 10% increase in the wage rates for all nurses is estimated to yield 3.3% increase in overall labor supply. This modest response shadows for much stronger inter-job-type responses. Our approach differs from previous studies in two ways: First, to our knowledge, it is the first time that a model of labor supply for nurses is estimated taking explicitly into account the choices that RN's have regarding work place and type of job. Second, it differs from previous studies with respect to the measurement of the compensations for different types of work. So far, it has been focused on wage differentials. But there are more attributes of a job than the wage. Based on the estimated random utility model we therefore calculate the expected value of compensation that makes a utility maximizing agent indifferent between types of jobs, here between shift work and daytime work. It turns out that Norwegian nurses working shifts may be willing to work shift relative to daytime work for a lower wage than the current one.

67. Elstad JI, Vabo M. Job stress, sickness absence and sickness presenteeism in Nordic elderly care. Scand J Public Health 2008;36(5):467-74.
Abstract: AIMS: Nordic elderly care has been restructured to obtain more efficiency. Among workers caring for the elderly, levels of perceived job stress could vary, due to understaffing and resource scarcity. This study examines how sickness absence and sickness presenteeism are associated with perceived job stress. METHODS: Data were obtained by posting questionnaires to lower-level care staff in Sweden (n=483), Denmark (n=704), Finland (n=597), and Norway (n=663). Self-reports about job stress (four items), sickness absence and sickness presenteeism were analysed by cross-tabulations and logistic regression. RESULTS: Each item of job stress was associated with sickness absence and sickness presenteeism in the samples from all four countries. With low levels of job stress, levels of reported sickness absence and sickness presenteeism were relatively moderate. With increasing levels of job stress, the level of sickness presenteeism rose more sharply than that of sickness absence. CONCLUSIONS: The results can be interpreted in the light of features inherent in care work. Owing to professional norms and moral obligations, care workers could lower their thresholds for taking sick leave when care organizations are understaffed, because absences will be particularly critical for care recipients in such circumstances. Thus, while increasing job stress tends to be accompanied both by more sickness absence and by more sickness presenteeism, sickness presenteeism rises particularly in cases of high levels of job stress. Owing to cross-sectional data and self-reported information, conclusions are tentative

68. Flackman B, Sorlie V, Kihlgren M. Unmet expectations: Why nursing home staff leave care work. International Journal of Older People Nursing 2008;3(1):55-62.
Abstract: Background: The shortages of healthcare professionals have been a common topic in care of older people. Aim and objectives. The aim of the present study was to illuminate what caused the nursing home caregivers to decide to leave their employment. Design: A two-year intervention study was performed in three nursing homes in Sweden. Method: This qualitative interview study was conducted with 18 caregivers who decided to leave their employment during the first year. Content analysis was the method used to analyse the interviews. Result. The caregivers' decisions to leave their work in care of older people could be encompassed in one main category: `Unmet Expectations'. Their experiences were

lack of encouragement and trust and professional development. Feelings of insecurity, different opinions on the care delivered, being disregarded and betrayed followed as did thoughts of leaving work and pursing other opportunities. Conclusion: The main findings indicated that organizational work pressure with information about pending financial cutbacks caused the caregivers to leave the nursing homes. Relevance to clinical practice: The study's results show the value of meeting the needs of caregivers, as caregivers consider that they meet the needs of the older people. Optimal use of caregivers' skills, experiences, competence and respect for their aspirations is also likely to result in cost-efficient care.

69. Forssen ASK, Carlstedt G, Mortberg CM. Compulsive Sensitivity--A Consequence of Caring: A Qualitative Investigation Into Women Carer's Difficulties in Limiting Their Labours. Health Care Women Int 2005;26(8):652-71.
Abstract: Women are expected to care, both in public and private life, for the sick as well as the healthy. Some women have difficulties in limiting their caring, despite being deeply careworn. In this life-course study, based on in-depth interviews with elderly women in Sweden, the concept "compulsive sensitivity" presents a way toward understanding their difficulties. Compulsive sensitivity denotes the compulsion to see and respond to other people's needs, whatever one's own situation.

70. Isaksson U, Graneheim UH, Richter J, Eisemann M, Astrom S. Exposure to violence in relation to personality traits, coping abilities, and burnout among caregivers in nursing homes: A case-control study. Scand J Caring Sci 2008;22(4):551-9.
Abstract: Background: Although violence toward caregivers occurs often and caregivers' ability to interact and deal with difficult situations is relevant in preventing such violence, few studies have been conducted that focus on caregivers' characteristics. Aim: This study explores the relationship between perceived exposure to violence and demographical factors, parental rearing, personality traits including coping abilities, defence styles, and burnout among caregivers working in nursing homes. Method: A total of 196 caregivers working in nursing homes were included. They were asked to complete questionnaires concerning demographical factors and exposure to violence. One group of female caregivers reporting no exposure to violence (n = 20) was matched with one group of exposed to violence (n = 20). Both groups were asked to complete questionnaires concerning parental rearing, personality traits, coping abilities, and burnout. Result: Around 68.4% of the caregivers had been exposed to violence during the previous year and 22.4% several times a week. Caregivers 50 years of age or younger and employed in geriatric care for more than 3 years were more frequently exposed to violence. Inter-group differences were found regarding 'maternal rejection' and 'burnout'. No statistical differences could be found concerning defence styles, coping ability, temperament, or character aspects. Conclusion: Violence toward caregivers occurs frequently and appears to be influenced by several factors. 'Maternal rejection' and 'burnout' among caregivers exposed to violence might influence the communication between caregivers and residents, rendering more violence. However, personality traits among caregivers do not seem to be associated with exposure to violence.

71. Johannessen A. Rekruttering av sykepleiere til sykehjem - sykepleieres tanker og erfaringer. Vård i Norden 2004;24(4):45-7

72. Kloster T, Hoie M, Skar R. Nursing students' career preferences: a Norwegian study. J Advanced Nursing 2007;59:(2):155-62.
Abstract: Longitudinal research in Norway into the career preferences of student nurses at the start and end of their preregistration programme. Students were asked to give reasons for their preferences and their specific reasons for decisions on whether or not to work in elderly care, mental health or home care nursing are discussed. 25 refs

73. Lewin S, Dick J, Pond P, Zwarenstein M, Aja GN, van Wyk BE, et al. Lay health workers in primary and community health care. Cochrane Database Syst Rev 2005;(1):CD004015.
Abstract: BACKGROUND: Lay health workers (LHWs) are widely used to provide care for a broad range of health issues. However, little is known about the effectiveness of LHW interventions. OBJECTIVES: To assess the effects of LHW interventions in primary and community health care on health care behaviours, patients' health and wellbeing, and patients' satisfaction with care. SEARCH STRATEGY: We searched the Cochrane Effective Practice and Organisation of Care and Consumers and Communication specialised registers (to August 2001); the Cochrane Central Register of Controlled Trials (to August 2001); MEDLINE (1966- August 2001); EMBASE (1966-August 2001); Science Citations (to August 2001); CINAHL (1966-June 2001); Healthstar (1975-2000); AMED (1966-August 2001); the Leeds Health Education Effectiveness Database and the reference lists of articles. SELECTION CRITERIA: Randomised controlled trials of any intervention delivered by LHWs (paid or voluntary) in primary or community health care and intended to promote health, manage illness or provide support to patients. A 'lay health worker' was defined as any health worker carrying out functions related to health care delivery; trained in some way in the context of the intervention; and having no formal professional or paraprofessional certificated or degreed tertiary education. There were no restrictions on the types of consumers. DATA COLLECTION AND ANALYSIS: Two reviewers independently extracted data onto a standard form and assessed study quality. Studies that compared broadly similar types of interventions were grouped together. Where feasible, the results of included studies were combined and an estimate of effect obtained. MAIN RESULTS: Forty three studies met the inclusion criteria, involving more than 210,110 consumers. These showed considerable diversity in the targeted health issue and the aims, content and outcomes of interventions. Most were conducted in high income countries (n=35), but nearly half of these focused on low income and minority populations (n=15). Study diversity limited meta-analysis to outcomes for five subgroups (n=15 studies) (LHW interventions to promote the uptake of breast cancer screening, immunisation and breastfeeding promotion [before two weeks and between two weeks and six months post partum] and to improve diagnosis and treatment for selected infectious diseases). Promising benefits in comparison with usual care were shown for LHW interventions to promote immunisation uptake in children and adults (RR=1.30 [95% CI 1.14, 1.48] p=0.0001) and LHW interventions to improve outcomes for selected infec-

tious diseases (RR=0.74 [95% CI 0.58, 0.93) p=0.01). LHWs also appear promising for breastfeeding promotion. They appear to have a small effect in promoting breast cancer screening uptake when compared with usual care. For the remaining subgroups (n=29 studies), the outcomes were too diverse to allow statistical pooling. We can therefore draw no general conclusions on the effectiveness of these subgroups of interventions. AUTHORS' CONCLUSIONS: LHWs show promising benefits in promoting immunisation uptake and improving outcomes for acute respiratory infections and malaria, when compared to usual care. For other health issues, evidence is insufficient to justify recommendations for policy and practice. There is also insufficient evidence to assess which LHW training or intervention strategies are likely to be most effective. Further research is needed in these areas. LAY HEALTH WORKERS IN PRIMARY AND COMMUNITY HEALTH CARE: Consumers, who are not certified health care professionals, may be trained to promote health and provide health care services. To determine whether these 'lay health worker' programmes are effective, 43 studies were found and analysed. The studies took place mostly in USA, Canada and the UK. Overall, lay health worker programmes appear to be effective for some kinds of healthcare, but there is not yet enough evidence to say that this is true for all or most kinds of healthcare. Compared to usual care,lay health worker programmes to increase immunization (vaccination) in children and adults and programmes to improve health in people with lung infections and malaria may be effective. These programmes may also be effective in increasing breastfeeding, and in decreasing death in the elderly through providing home aide services. They may also have a small effect in increasing the uptake of breast cancer screening. There is not enough evidence to show whether lay health worker programmes are effective for other health care problems (for example, for managing high blood pressure or supporting alcoholics or mothers of sick children). It is also not known how best lay health workers should provide services and how much training they need to be effective

74. Lundstrom M, Graneheim UH, Eisemann M, Richter J, Astrom S. Personality Impact on Experiences of Strain Among Staff Exposed to Violence in Care of People With Intellectual Disabilities. Journal of Policy and Practice in Intellectual Disabilities 2007;4(1):30-9.
Abstract: Explored are the relationships among personality and emotional reactions, work-related strain, and experiences of burnout among staff exposed vs. not exposed to violence when caring for people with intellectual disabilities (ID). Questionnaires measuring personality, emotional reactions, strain and burnout, and exposure to violence were distributed to staff (n = 112) working in 22 group homes for people with ID aged 18 years and older in a community in northern Sweden. The results did not show evidence of a direct influence of personality variables on exposure to violence when working with people with ID and no direct relationships were found between exposure to violence and the staff members' personality traits as measured with the Temperament and Character Inventory and Rosenberg's Self-Esteem Scale. Although the influence of personality traits on how the staff members experienced violence could not be clearly determined, the authors found an association between personality and strain and the risk of burnout in that certain staff exposed to violence felt more emotionally exhausted than did staff who were not exposed. The knowledge of the relationships among violence, personality, and risk of burnout may be important for the understanding which staff need special supports when working with people with ID.

75. Magnusson A, Hogberg T, Lutzen K, Severinsson E. Swedish mental health nurses' responsibility in supervised community care of persons with long-term mental illness. Nurs Health Sci 2004;6(1):19-27.
Abstract: The aim of the present study was to describe psychiatric nurses' experience of how the changing focus of mental health care in Sweden, from in-patient treatment to community-based care, has influenced their professional autonomy. Eleven psychiatric nurses were interviewed and a qualitative content analysis was used to identify major themes in the data. Three main themes were found: pattern of responsibility, pattern of clinical judgement, and pattern of control through support and supervision. All themes were related to the nurse's identity, moral responsibility and the feelings of loneliness and independence in his/her daily work. Together, the three themes were found to constitute a process. This study shows the complexity involved in nursing care provided in the patient's home. Achieving control over the patient's everyday life through support and supervision does not imply taking over the patient's autonomy, but rather reducing the stigma attached to mental illness and facilitating the process of rehabilitation

76. Nordam A, Torjuul K, Sorlie V. Ethical challenges in the care of older people and risk of being burned out among male nurses. J Clinical Nursing 2005;14:(10):1248-56.
Abstract: Qualitative research in Norway investigating male nurses' experiences of being in ethically difficult situations while caring for older people which may lead to burnout. A phenomenological hermeneutic method was used to analyse the narratives of 5 nurses, interpreting their views on caring and barriers to it, and emotional strain.

77. Romören TI. Jakten på de mange hendene. Rekruttering av personale til kommunale omsorgstjenester. Aldring og Livslöp 2008;25(3):2-10

78. Romören TI. Leder i pleie- og omsorgstjenesten: kompetanse, yrkeskarrierer og lokal tilhörighet. Aldring og Livslöp 2006;23(2):8-15

79. Saether EM. Nurses' labour supply with an endogenous choice of care level and shift type: A nested discrete choice model with nonlinear income. Applied Health Economics and Health Policy 2004;3(4):273-80.
Abstract: It is argued that increasing wages will not only attract more nurses to the health sector, but also increase the number of hours worked for those already there. This article focuses on the response of registered nurses employed in the public sector when they are allowed to endogenously choose between jobs in hospitals and primary care and between day and shift work. A structural labour supply model is estimated on Norwegian micro-data with job-specific wages and hours. The simulation of an overall public wage increase indicates a reduction in total hours. Thus, in contrast to the claim, the income effect seems to dominate in the labour supply of health sector employees. copyright 2004 Adis Data Information BV. All rights reserved

80. Saksvik PO, Nytro K, Dahl-Jorgensen C, Mikkelsen A. A process evaluation of individual and organizational occupational stress and health interventions. Work and Stress 2002;16(1):37-57.
Abstract: There is reason to believe that many health and stress interventions fail due to inattention to the effects of intervention implementation processes, but evaluations of these processes are found only rarely in the literature. The objective of the present study was to explore the issue of obstacles to implementation that may occur when stress and health interventions are introduced in work organizations. The study was conducted as a process evaluation of seven different individual and organizational interventions. Interviews were conducted in 22 post offices, 12 organizational units (such as care homes and local administrative units) of a Norwegian municipality, and in 10 shops in a shopping mall. The interviews took place before and after the interventions. The following key process factors were identified: (1) the ability to learn from failure and to motivate participants; (2) multi-level participation and negotiation, and differences in organizational perception; (3) insight into tacit and informal organizational behaviour; (4) clarification of roles and responsibilities, especially the role of middle management; and (5) competing projects and re-organization. For improved studies of interventions in the future we recommend that qualitative and quantitative methods be combined, that researchers build more on natural interventions that occur naturally within the organization, and that a pilot study be undertaken in order to investigate the cultural maturity of the organization.

81. Sæterstrand TM, Tingvoll WA. Omstilling i eldreomsorgen, en krevende prosess. Nordisk Tidsskrift for Helseforskning 2007;3(1):15-22

82. Svebak T. Humor som virkemiddel i eldreomsorgen. Tidsskriftet Sykepleien 2001;89(21):52-5

83. Vinje HF, Mittelmark MB. Deflecting the Path to Burn-out among Community Health Nurses: How the Effective Practice of Self-Tuning Renews Job Engagement. The International Journal of Mental Health Promotion 2006;8(4):36-47.
Abstract: Interviews with eleven community nurses with reputations for high job engagement revealed that nine had earlier been near burn-out but had managed to recapture job engagement. For these nine nurses, the path to burn-out was set by perfectionism and devotion to nursing as a calling, coupled with inability to meet arduous self-standards. The nurses' desire to regain job engagement triggered deep introspection and reflection, which in turn enabled coping, including solving emotional problems, striving to be a realistic idealist, making changes in the work situation and preserving time for contemplation. These processes underpin the Self Tuning Model, presented for the first time in this paper. This study suggests that the self-tuning exhibited by these nurses is salutogenic, supporting mental health and recapture of job engagement. Teaching self-tuning skills to people in stressful professions may provide skills that are critical to recapturing job engagement that may fade over time because of unremitting professional strain.

84. Vinje HF, Mittelmark MB. Job engagement's paradoxical role in nurse burnout. Nurs Health Sci 2007;9(2):107-11.
Abstract: Interviews were undertaken with 11 community health nurses and qualitative analysis sought to illuminate the ways in which job engagement was connected to their health and functioning. High job engagement followed from the nurses' deep feeling of calling to the nursing profession and contributed to a strong sense of duty and strict self-demand regarding one's own and other's levels of performance. In nine cases, perceived failures to live up to their own performance demands contributed to the nurses' near-burnout. This triggered extensive introspection and reflection, leading to positive coping and avoidance of burnout. The nurses coped by using their well-honed skills in introspection and reflection, which they had practiced habitually all their careers, to help them determine which personal and professional changes were required to maintain job engagement and satisfaction. Paradoxically, job engagement can not only promote thriving on the job, but also contribute to negative processes leading to poor functioning

Arbeidsinnhold, tjenestetilbud

85. Clancy A, Svensson T. ‘Faced’ with responsibility: Levinasian ethics and the challenges of responsibility in Norwegian public health nursing. NURS PHILOS 2007;8(3):158-66.
Abstract: This paper is concerned with aspects of responsibility in Norwegian public health nursing. Public health nursing is an expansive profession with diffuse boundaries. The Norwegian public health nurse does not perform ‘hands on’ nursing, but focuses on the prevention of illness, injury, or disability, and the promotion of health. What is the essence of ethical responsibility in public health nursing? The aim of this article is to explore the phenomenon based on the ethics of responsibility as reflected upon by the philosopher Emanuel Levinas (1906-1995). From an ethical point of view, responsibility is about our duty towards the Other, a duty we have not always chosen, are prepared for, or can fully explain; but it is nevertheless a demand we have to live with. Interviews with five experienced Norwegian nurses provide the empirical base for reflection and interpretation. The nurses share stories from their practice. In interpreting the nurses’ stories, the following themes emerge: personal responsibility; boundaries; temporality; worry, fear, and uncertainty; and a sense of satisfaction. As the themes are developed further, it becomes apparent that, despite their diversity, they are all interrelated aspects of ethical responsibility. Responsibility for the Other cannot be avoided, ignored, or transferred. The nurses’ responsibility is personal and infinite. Levinasian ethics can help nurses understand the importance of accepting that being a responsive carer can involve not only contentment in the predictable, but also the fear, worry, and uncertainty of the unpredictable

86. Eriksen W. Practice area and work demands in nurses’ aides: a cross-sectional study. BMC Public Health 2006;6:97.
Abstract: BACKGROUND: Knowledge of how work demands vary between different practice areas

could give us a better understanding of the factors that influence the working conditions in the health services, and could help identify specific work-related challenges and problems in the different practice areas. In turn, this may help politicians, and healthcare administrators and managers to develop healthy work units. The aim of this study was to find out how nurses' aides' perception of demands and control at work vary with the practice area in which the aides are working. METHODS: In 1999, 12,000 nurses' aides were drawn randomly from the member list of the Norwegian Union of Health–and Social Workers, and were mailed a questionnaire. 7478 (62.3 %) filled in the questionnaire. The sample of the present study comprised the 6485 nurses' aides who were not on leave. Respondents working in one practice area were compared with respondents not working in this area (all together). Because of multiple comparisons, 0.01 was chosen as statistical significance level. RESULTS: Total quantitative work demands were highest in somatic hospital departments, nursing homes, and community nurse units. Physical demands were highest in somatic hospital departments and nursing homes. Level of positive challenges was highest in hospital departments and community nurses units, and lowest in nursing homes and homes or apartment units for the aged. Exposure to role conflicts was most frequent in nursing homes, homes or apartment units for the aged, and community nurse units. Exposure to threats and violence was most frequent in psychiatric departments, nursing homes, and institutions for mentally handicapped. Control of work pace was highest in psychiatric departments and institutions for mentally handicapped, and was lowest in somatic hospital departments and nursing homes. Participation in decisions at work was highest in psychiatric departments and community nurse units, and was lowest in somatic hospital departments and nursing homes. CONCLUSION: The demands and control experienced by Norwegian nurses' aides at work vary strongly with the practice area. Preventive workplace interventions should be tailored each area

87. Kjos BO, Botten G, Romoren TI. Quality improvement in a publicly provided long-term care system: the case of Norway. Int J Qual Health Care 2008;20(6):433-8.
Abstract: OBJECTIVE: To explore the extent to which quality improvement activities are implemented in the Norwegian long-term care system for older people, and to determine if variations in the extent and scope of quality improvement activities are associated with the characteristics of the first-line care leaders, the sector or the size of the municipality. DESIGN: A cross-sectional telephone survey supplemented with information from public records and official municipal websites. Data were organized according to six total quality management components, and a sum score was developed to measure quality improvement. Variations in the extent of quality improvement activities were analysed using multivariate analysis. SETTING: Thirty-two Norwegian municipalities stratified according to region and population size. PARTICIPANTS: Sixty-four first-line leaders in nursing homes and home-based care. MAIN OUTCOME MEASURE: A sum score has been used as a measure of quality improvement activities. RESULTS: The unit's quality improvement activities varied by quality improvement components and by municipality. The technical component that requires training in tools and techniques was low; the general components as 'leader's involvement' and 'employee participation' were more common. The size of the populations of the municipalities showed a significant independent association with the scope of quality activities. CONCLUSIONS: The six quality improvement components varied from high to extremely low, and the large municipalities had more quality activities than small- or medium-sized municipalities

88. Laerum F, Eik-Nes S, Fonnebo V, Heilo A, Johnsen R, Stray-Pedersen B, et al. Use of ultrasonography in the primary health care setting. 2001. (SMM-Report 4/2001.)
Abstract: RECORD STATUS: This is a bibliographic record of a published health technology assessment from a member of INAHTA. No evaluation of the quality of this assessment has been made for the HTA database
AUTHOR'S OBJECTIVES: To assess the available evidence on the use of ultrasonography in the primary health care settting
TYPE OF INTERVENTION: Diagnosis
STUDY SELECTION – STUDY DESIGNS: Systematic review
AUTHOR'S CONCLUSION: - Ultrasound has in recent years become much more available. High quality apparatus are becoming cheaper and smaller which means that diagnostic ultrasound can be more widely used in primary health care. – Ultrasound has the potential of becoming an integrated support function during the clinical patient examination. However, the report shows that there is very limited documentation about the diagnostic validity and clinical benefit from using diagnostic ultrasound in primary health care. – There is an abundance of literature regarding the use of diagnostic ultrasound in specialist health services (incl. hospitals), but the literature lacks documentation on diagnostic and therapeutic consequences compared to alternatives. The transfer value is uncertain regarding experiences from the specialist health services to the primary health care service. – The present study raises questions about the use of diagnostic ultrasound in primary health care regarding: - use of ultrasound in a population where the prevalence of a disease is low – problems concerning false positive and false negative findings related to ultrasound examinations – consequences experienced by the specialist health services (due to an increase in referrals because of false positive ultrasound examinations and uncertain results, or fewer referrals) – The result of the examination depends very much on the education and experience of the examiner – If general practitioners are to use ultrasound in their practice, it is essential to look into: - basic medical education – further education in general medical practice – certification procedures (accreditation) and documented continued learning (re-certification) – The use of ultrasound in primary health care services will entail increased costs, depending on the number of general practitioners who use the method. The cost-effectiveness is not known. – There is a need for clinical studies based on general practice which can say something about the diagnostic value and clinical effect (including the cost-effectiveness) of ultrasonography use

89. Pedersen R, Nortvedt P, Nordhaug M, Slettebo A, Grothe KH, Kirkevold M, et al. In quest of justice? Clinical prioritisation in healthcare for the aged. J Med Ethics 2008;34(4):230-5.
Abstract: BACKGROUND: A fair distribution of healthcare services for older patients is an important challenge, but qualitative research exploring clinicians' consideration in daily clinical prioritisation in healthcare services for the aged is scarce. OBJECTIVES: To explore what kind of criteria, values, and

other relevant considerations are important in clinical prioritisations in healthcare services for older patients. DESIGN: A semi-structured interview-guide was used to interview 45 clinicians working with older patients. The interviews were analysed qualitatively using hermeneutical content analysis and template organising style. PARTICIPANTS: 20 physicians and 25 nurses working in public hospitals and nursing homes in different parts of Norway. RESULTS AND INTERPRETATIONS: Important dilemmas relate to under-provision of community care and comprehensive approaches, and over-utilisation of certain specialised services. Overt ageism is generally not reported, but the healthcare services for the aged seem to be inadequate due to more subtle processes, for example, dominating considerations and ideals and operating conditions that do not pay sufficient attention to older patients' needs and considerations of justice. Clinical prioritisations are described as being dominated by adapting traditional biomedical approaches to the operating conditions. Many of the clinicians indicate that there is a potential for improving end of life decisions and for reducing exaggerated use of life-prolonging treatment and hospitalisations. CONCLUSION: The interviews in this study indicate that considerations of justice and patients' perspectives should be given more attention to strike a balance between specialised medical approaches and more general and comprehensive approaches in healthcare services for older patients

90. Pros C, Kjellberg A. Supervision in occupational therapy regarding rehabilitation of elderly people in Sweden. Scand J Occup Ther 2008;15(4):221-9.
Abstract: The aim of this study was to investigate occupational therapists' supervision of healthcare workers regarding rehabilitation of elderly people in Swedish municipal elderly care. Data were collected through a self-report questionnaire developed for this study. In total, 238 occupational therapists working with supervision of healthcare workers in the field of municipal elderly care participated in the study. Data were analysed using descriptive statistics. For supervising healthcare workers, the participants rated highly the importance of cooperation and communication. Many of the participants considered both the time available for one supervision session and the number of supervision sessions to be insufficient. The result also demonstrated that the participants supervised healthcare workers more frequently in P-ADL than in I-ADL. A majority of the participants supervised other groups of people in addition to healthcare workers. The lack of research work in supervision specific to occupational therapy indicates a need for more studies in this area

91. Ribu E, Haram R, Rustoen T. Observations of nurses' treatment of leg and foot ulcers in community health care. J Wound Ostomy Continence Nurs 2003;30(6):342-50.
Abstract: OBJECTIVE: The aim of the study was to obtain knowledge about leg and foot ulcer care performed by nurses in community health care. DESIGN: This is a descriptive observational study. SETTINGAND SUBJECTS: The sample consisted of Norwegian home care nurses (n = 31), student nurses (n = 30), and patients with leg and foot ulcers (n = 32). Thirty-five ulcer treatments were observed in the patients' homes. METHODS: A structured observation form with space for additional notes and assessments was used. Photographs were taken of the ulcers. Information on background variables for patients and nurses was collected, and descriptive and interpretive analyses were performed. Nursing students made the observations. RESULTS: In 16 situations the patients had no ulcer diagnosis, and most of the patients (79.9%) had other serious chronic diseases. The home care nurses were uncertain about their assessment of the ulcers, and the treatment principles were not always current; for example, dry dressings and normal saline were used for cleansing. Twenty-eight different dressing combinations were used on the 35 ulcers. Compression was used on undiagnosed ulcers, sometimes incorrectly. Hand-washing routines were poor, and the treatment was often poorly documented. Poor working conditions were also observed, such as bad lighting in the room. The majority of the ulcer treatments lasted 20 to 30 minutes. CONCLUSION: The study identifies areas where leg and foot ulcer treatment by home care nurses can be improved with respect to technique and documentation.

92. Rustoen T, Begnum S. Quality of life in women with breast cancer: a review of the literature and implications for nursing practice. Cancer Nurs 2000;23(6):416-21.
Abstract: This article discusses the gap between an ever-increasing interest in research on the quality of life in patients with breast cancer and the lack of impact this research has had in the actual care of these women. A critical review of the literature is used to answer the question of how much can be accepted as established knowledge despite the often methodologically weak studies and contradictory results. Deficiency in research studies is no rationale for not improving nursing care in areas wherein there is an expressed need for support and assistance. Nurses are in contact with patients who have breast cancer at all stages of the disease and treatment, because they meet the women in the hospital, at the outpatient clinic, and in their homes. They play an important role in meeting the needs of these women. Ways of improving nursing practice at the different stages of the illness, from the pretreatment phase to posttreatment follow-up assessment, are discussed, and concrete suggestions made. This article addresses the women's need both for adequate information and for social and emotional support. [References: 47]

93. Salvesen RS, Mostad U, Aadahl P. Care for children with tracheostomy. Tidsskr Nor Laegeforen 2005;125(7):907-9.
Abstract: Background. Modern technology has improved the quality of life for children with tracheostomy and home ventilators. Material and methods. A <<home ventilator team>> at St. Olav University Hospital was responsible for 18 children with tracheostomy over a period of 2.5 years. The team serves as a link between different health care providers. A new educational programme for health care providers and parents is described. Results and Interpretation. Children with tracheostomy constitute a small, but professionally challenging group with a variety of health-related problems. In Norway it is not quite clear who is responsible for the care of these patients

94. Sellaeg WF. Handlingsplanen for eldreomsorgen: De gode hensiktene. Aldring og Livslöp 2002;19(1):14-6

95. Simonsen I. Ritualisering i forbindelse med dödsfall på sykehjem. Omsorg: Nordisk Tidsskrift for Palliativ Medisin 2007;24(1):51-5

96. Thorsen IL. Elektronisk pasientjournal i sykehjem - hva skall vi bruke? Utposten 2005;34(6):22-5

97. Thyli B, Athlin E, Hedelin B. Challenges in community health nursing of old migrant patients in Norway: an exploratory study. Int J Older People Nursing 2007;2☹1):45-51.
Abstract: Research in Norway on nurse managers' perceptions of community nurse care of older people from ethnic minorities. Questionnaires were completed by managers about the extent and content of care and cultural assessment provided. Barriers to good culturally sensitive care were identified including language differences, the involvement of families and lack of multicultural competence in nurses. 33 refs

98. Tveiten S, Ellefsen B, Severinsson E. Conducting client supervision in community health care. Int J Nurs Pract 2005;11(2):68-76.
Abstract: The aim of the present study was to examine registered public health nurses' views and reported actions related to client supervision in community health care. Transcript-based, qualitative and interpretative content analysis was used to analyse the findings from six focus group interviews. The main findings represented the following themes: the components of the assessment basis related to choosing supervision as an intervention strategy, the strategies related to conducting supervision and the meaning of supervision as an intentional act. In conclusion, the registered public health nurses' reported model for conducting supervision seems to correspond with principles in the new strategies for health promotion initiated by the World Health Organization. Further research is needed to explore what the nurses really do when conducting supervision in order to provide extended knowledge about their model

99. Tveiten S, Severinsson E. Client supervision: meaning and experiences from the perspective of Norwegian public health nurses. Nurs Health Sci 2004;6(4):279-86.
Abstract: The aim of the present study was to examine the meaning and experiences of client supervision from the perspective of Norwegian public health nurses. The World Health Organization (WHO) states that new intervention strategies to improve public health are necessary. Supervision represents such a strategy. Three focus groups were interviewed twice. The data were analyzed by qualitative content analysis. The findings revealed three themes: (i) the meaning of the umbrella term client supervision; informing, teaching, giving advice and ensuring the quality of supervision; (ii) factors influencing supervision; the public health nurses' available time and competence and the clients' ability to be supervised; and (iii) events and content representing the complexity of conducting supervision. In conclusion, the width of the concept, the influencing factors and the complexity claim that public health nurses have competence to supervise

100. Tveiten S. Evaluation of the concept of supervision related to public health nurses in Norway. J Nurs Manag 2005;13(1):13-21.
Abstract: AIM: The aim of the study is to clarify the concept of supervision by means of concept analysis, in order to evaluate the concept's application to the practise of public health nurses. BACKGROUND: According to the World Health Organization, a change in strategies for improving public health is necessary. This change demands new strategies. There exists little research concerning intervention strategies in public health. The concept of supervision is well used, but neither well-defined nor well described, either within the nursing discipline or across disciplinary boundaries. METHODS: The method is a review of literature. Twenty scientific papers covering the years 1996-2001 are analysed, using a concept-analysis methodology. FINDINGS: Supervision can be defined as a formal, pedagogical, relational enabling process, related to professional competence. Relationship and dialogue are central aspects. Supervision is based on theory and humanistic values, has a normative, formative and restorative function. The supervisor's competence is of great importance. Supervision has unclear boundaries with concepts such as psychotherapy, consultation and counselling. CONCLUSION: The concept of supervision as described in the selected papers is applicable to public health nurses' supervision of clients, with adaptation caused by the contextual variation of the relationship. Related to clients, supervision can be defined as a formal, pedagogical, relational enabling process with the purpose to strengthen resources, enhance assertiveness and improve independence and coping. It is necessary that registered public health nurses have the competence to supervise. [References: 64]

101. Vinje HF, Mittelmark MB. Community nurses who thrive: the critical role of job engagement in the face of adversity. J Nurses Staff Dev 2008;24(5):195-202.
Abstract: Among community health nurses who thrive despite difficult working circumstances, habitual introspection and reflection about job engagement helped them make positive, adaptive adjustments in their working life. A practical implication is the need to educate nurses about the importance of reflection not only over nursing practice but also of habitual introspction and reflection about their job engagement. Nurses in staff development should teach and reinforce the needed skills and habits

102. Wilmsen-Neumann J, Husebo BS, Husebo S. Not only focussing on tumors or AIDS – Palliative care for the dying elderly. Klinikarzt 2002;31(9):257-61.
Abstract: The contribution of palliative care over the last three decades to the improvement of the terminally-ill and dying people is unprecedented in modern medicine. Nevertheless palliative-care has focussed on just a few diseases like tumors and AIDS and thereby restricts access to palliative-care for other groups of terminally-ill patients. This article describes the reasons for this restriction and argues for the ethical indispensability to broaden the palliative-care-engagement. Particularly the extension of palliative-care to the largest group of terminally-ill and dying people, the elderly, is crucial for the legitimateness of palliative-care in the future. The misery of the old people in society has been shown in a huge amount of documentations and articles, in Germany recently by the fourth report on the situation of the older generation in Germany. Here the authors explicitly claim an initiative of palliative-care regarding the elderly in the german society. Due to ethical obligations palliative-care can't evade this request. The last part of the ar-

ticle describes experiences of a norwegian project “Hospice and Palliative-Care for the Elderly (Bergen/Norway)” that established palliative-care for the elderly in a nursing-home and is thought as a basis for further discussion

103. Witsö E. Erindringsarbeid i en travel hjemmetjeneste - er det mulig? Demens & Alderspsykiatri 2007;11(3):31-4

Rutiner, kvalitet

104. Frost T. Verdier i eldreomsorgen. Tidsskrift for Psykisk Helsearbeid 2009;6(2):169-72

105. Hedberg-kristensson E, Iwarsson S. Documentation quality in occupational therapy patient records: Focusing on the technical aid prescription process. Scand J Occup Ther 2003;10(2):72-80.
Abstract: In order to plan for and implement research on the outcome of the technical aid prescription process, more knowledge about the documentation of the process is imperative. The overarching aim of this study was to survey documentation quality aspects in patient records in community-based OT, with a particular focus on the technical aid prescription process. An additional aim was to compare the quality of patient record documentation in two municipalities with different documentation routines. The study was accomplished in two Swedish municipalities. By means of an extensive, structured survey protocol, 182 community OT patient records were examined, covering a two-year period. The comparison between two municipalities with different kinds of documentation routines demonstrated differences but as neither of them showed higher documentation quality there was no clear evidence that either of them is superior to the other. In conclusion, the results of this study show a considerable need for quality development in occupational therapy documentation, targeting documentation in general but also concerning the specific aspect of documenting the technical aid prescription process.

106. Helseth S, Ulfsaet N. Parenting experiences during cancer. J Adv Nurs 2005;52(1):38-46.
Abstract: AIM: This paper reports a study to increase our understanding of how cancer affects childcare through assessing the parenting experiences of cancer patients and their spouses with young children. BACKGROUND: A parent's cancer brings insecurity into the life of a child. It affects their well-being and increases their needs for comfort and care. However, little research has been conducted to understand how a parent's illness affects parenting and the care of the child. The study was carried out in 2001-2002. METHODS: An explorative design was chosen and data were collected through in-depth interviews with a convenience sample of 18 parents of 23 children (aged 0-18 years) in 10 families. FINDINGS: Parents described living in a state of emergency. Cancer was consuming their energy, physically and emotionally. In spite of their difficulties, they were striving to be good parents. Positive aspects of illness reported were a shift of priorities and change of values that often brought family members closer together. The parents would face the challenges of illness by making the best of it, putting the needs of the children in focus and trying to maintain normal family life. The overall aim of parenting would be to protect the children and make the illness situation as secure and normal as possible for them. CONCLUSION: Cancer is a challenge and often necessitates changes in parenting roles, responsibilities and goals. In the future, nurses need to approach parents with young children more directly about these extra challenges, and offer them further assistance in dealing with them

107. Husebö S. Verdens beste eldreomsorg? Omsorg: Nordisk Tidsskrift for Palliativ Medisin 2008;25(1):19-21

108. Hvalvik S. "Skal vi dele en historie?" Personlige erfaringer som inntak til forståelse i eldreomsorgen. Norsk Tidsskrift for Sykepleieforskning 2009;11(4):12-22

109. Hysing-Dahl B. Anerkjennelse av enkeltmennesket som grunnlag for god eldreomsorg i livets sluttfase. HMT: Tidsskrift for Helse, Medisin, Teknikk 2007; (5):14-7

110. Kaasa S, Loge JH. Quality-of-life assessment in palliative care. Lancet Oncology 2002;3(3):175-82.
Abstract: Success in oncology has traditionally been measured in terms of cure, survival, and tumour response. However, more recently, health-related quality of life has emerged as an important outcome, particularly in the palliation setting. We review published randomised studies from two areas in palliation: those assessing the effectiveness of palliative care programmes and those looking at the effects of palliative chemotherapy compared with best supportive care. In the latter studies, there was an improvement in research methods between the late 1980s and 2000, owing to the use of standardised instruments, specification of endpoints, and improvements in data presentation and interpretation. A range of health-related quality-of-life instruments were used in the studies, which makes comparisons difficult. This was particularly true of the palliative-care programmes. Attrition due to the death of patients in the study groups was also a problem and needs to be taken into account in study planning and design, as well as in data collection. A common standard for scoring health-related quality of life measurements both within and between instruments would improve the interpretation of findings and their clinical application, thereby giving them greater effect on clinical decision-making

111. Landstad BJ, Schuldt K, Ekholm J, Broman L, Bergroth A. Women at work despite ill health: Diagnoses and pain before and after personnel support: A prospective study of hospital cleaners/home-help personnel with comparison groups. J Rehabil Med 2001;33(5):216-24.
Abstract: The present study sought to elicit the diagnoses behind the pain conditions causing complaints by female hospital cleaners and home-help personnel who were working despite their symptoms. We also

wished to describe the prevalence of musculoskeletal diagnoses and the intensity, frequency and location of pain, and changes in the clinical picture and pain after personnel supporting interventions. A prospective study was carried out with intervention groups and non-randomized comparison groups. The hospital cleaners intervention programme comprised occupational organizational measures, competence development, physical and psychosocial working environmental measures and individual and rehabilitation measures on both an individual and a group basis. The home-help programme comprised a 2-week stay at an orthopaedic rehabilitation unit, training of supervisors, comrade massage, purchase of training equipment and stress management. Myalgia/tendinitis occurred in 61% of shoulder girdle elevators, 18% of rotator cuffs, 16% of dorsal neck muscles and 29% of hip muscles. There was musculoskeletal pain in the lower back in 28% of cases. Referred pain from a musculoskeletal focus occurred in about one-sixth to one-third of individuals with the diagnosis in question. Neurogenic pain occurred in 6% of cases. No fibromyalgia syndrome was found. One-third of individuals felt pain all the time or almost all the time. The mean rated perceived "worst pain" was 70 mm on a visual analogue scale of 1-100 mm. Comparisons between intervention and reference groups indicated that some improvement in the clinical picture can be attained using this kind of general support programme for employees

112. Lillevold KF. Det handlar om trivsel og verdighet. Frivillighetssatsing på sykehjemmene. Demens & Alderspsykiatri 2009;13(2):28-31

113. Laamanen R, Ovretveit J, Sundell J, Simonsen-Rehn N, Suominen S, Brommels M. Client perceptions of the performance of public and independent not-for-profit primary healthcare. Scand J Public Health 2006;34(6):598-608.
Abstract: Aims: To compare primary healthcare (PHC) provided by an independent not-for-profit organization (INPO) with that provided by two public municipal organizations (MO1 and MO2), in terms of clients' perceptions of performance, acceptance, and trust. Methods: A survey using a pre-tested questionnaire to all clients visiting a health centre (HC) doctor or nurse during one week in 2000 (n = 511, 51% response rate) and 2002 (n = 275, 47%). The data were analysed by descriptive statistics and cumulative logistic regression analysis. Results: The INPO differed from both publicly provided services in accessibility, consistency of service, and outcomes. Clients reported lower trust in HC provided by public organizations compared with the INPO. Trust was higher if clients also reported experiencing "very good" or "moderate" organizational access - or if general satisfaction was "very high" or "moderate" or if they experienced outcomes as "very good" or "moderate" compared with the "very poor or low" situation. Women reported lower trust in HC than men. When the family doctor was included in the same logistic regression model with the service provider, only the family doctor was a significant explanatory variable. Reported acceptance of private alternative service providers among clients was similar between the study organizations. Conclusions: Clients of the INPO generally rated the service more positively than clients of publicly provided services. The results indicate that trust in HC depends more on a family doctor system than a service provider

114. Malm U, Lewander T, OTP Research Group at the University of Gothenburg, UKU, Scandanavian Society for Pyschopharmacology. Consumer satisfaction in schizophrenia. Nord J Psychiatry 2001;55 Suppl 44:91-6.
Abstract: Quality management and quality control of health services have become increasingly important. Central to the concept of quality of care is the consumer's (the patient's) own view of the care provided. UKU (Udvalg for Kliniske Undersogelser), a task force within the Scandinavian Society for Psychopharmacology, has designed a brief consumer satisfaction rating scale, the UKU-ConSat. The UKU-ConSat rating scale was applied in a randomised comparative two-year study of two community-based treatment programs. The study included 84 patients with schizophrenic disorders according to DSM-IV. The major finding was a significantly increased consumer satisfaction with the new community-based program "Integrated Care" in comparison with best-established practice, called "Rational Rehabilitation." Thus, the new UKU-ConSat rating scale can detect differences, not only for in-patients as has previously been shown, but also between programs in community care settings. By per item analysis it was possible to discriminate between various elements of consumer satisfaction. There were significant correlations between the UKU-ConSat total scores and other clinical outcome domains, viz. symptoms, social function, and patient as well as carer's distress. To conclude, the UKU-ConSat rating scale is suitable for quality management and monitoring of treatment programs in mental health services

115. Miilunpalo S, Toropainen E, Moisio P. Implementation of guidelines in primary health care. Scand J Prim Health Care 2001;19(4):227-31.
Abstract: OBJECTIVE: To assess the implementation of guidelines in Finnish primary health care units. DESIGN: A semi-quantitative analysis of a cross-sectional interview survey. SETTING: All municipal health centres in a selected region in Finland. SUBJECTS: Head physicians and head nurses of the 31 participating units. MAIN OUTCOME MEASURES: Number of guidelines adopted; methods used in the implementation; and the unit's estimated purposefulness in the implementation of guidelines. RESULTS: All health centres had adopted at least one guideline in the defined task areas, but only one-third of the units had implemented several guidelines. The implementation methods utilised were usually directive and passive rather than co-operative and problem-solving. Half of the units used training and methods involving active participation of the personnel, and in one-third a multiprofessional approach was applied. Clients' representatives were hardly ever involved in the adaptation of guidelines. A quarter of the health centres were assessed as purposeful in their policy to implement guidelines, the large units being more goal-oriented than the smaller ones. CONCLUSIONS: A minority of health centres are goal-oriented in the adoption of guidelines and use versatile methods to support the implementation; this presents an important managerial challenge for national health care development in Finland

116. Mjell J, Hjortdahl P. [Local groups as a tool for quality assurance of community health services]. Tidsskr Nor Laegeforen 2001;121(14):1707-9.
Abstract: BACKGROUND: The aim of this study was to assess the use of local interprofessional or audit

groups as a tool of quality enhancement. MATERIAL AND METHODS: Fifty-six doctors, physiotherapists and nurses attended nine local interprofessional groups. The aim was to improve the quality of each professional's practice and to improve communication between the professions. RESULTS: The groups had a total of 62 meetings with each professional attending on average 5.7 meetings. All groups initiated quality enhancement projects. Initially the groups were very active and showed great initiative, but there were few final results. However, many groups reported improved communication and cooperation between the participating professionals. INTERPRETATION: The experience from this project may be summarised as follows: The professionals within one and the same group should have more or less the same background and specialty. We recommend caution with organising interprofessional groups unless their participants work in the same practice. Interprofessional groups should spend adequate time for the members to get to know each other, and they should be guided by an experienced leader

117. Nortvedt P, Pedersen R, Grothe KH, Nordhaug M, Kirkevold M, Slettebo A, et al. Clinical prioritisations of healthcare for the aged--professional roles. J Med Ethics 2008;34(5):332-5.
Abstract: BACKGROUND: Although fair distribution of healthcare services for older patients is an important challenge, qualitative research exploring clinicians' considerations in clinical prioritisation within this field is scarce. OBJECTIVES: To explore how clinicians understand their professional role in clinical prioritisations in healthcare services for old patients. DESIGN: A semi-structured interview-guide was employed to interview 45 clinicians working with older patients. The interviews were analysed qualitatively using hermeneutical content analysis. PARTICIPANTS: 20 physicians and 25 nurses working in public hospitals and nursing homes in different parts of Norway. Results and INTERPRETATIONS: The clinicians struggle with not being able to attend to the comprehensive needs of older patients, and being unfaithful to professional ideals and expectations. There is a tendency towards lowering the standards and narrowing the role of the clinician. This is done in order to secure the vital needs of the patient, but is at the expense of good practice and holistic role modelling. Increased specialisation, advances and increase in medical interventions, economical incentives, organisational structures, and biomedical paradigms, may all contribute to a narrowing of the clinicians' role. CONCLUSION: Distributing healthcare services in a fair way is generally not described as integral to the clinicians' role in clinical prioritisations. If considerations of justice are not included in clinicians' role, it is likely that others will shape major parts of their roles and responsibilities in clinical prioritisations. Fair distribution of healthcare services for older patients is possible only if clinicians accept responsibility in these questions

118. Nuland BR. Behov for skeiv eldreomsorg? Aldring og Livslöp 2009;26(3-4):60-3

119. Obstfelder A, Moen A. The electronic patient record in community health services--paradoxes and adjustments in clinical work. Stud Health Technol Inform 2006;122:626-31.
Abstract: This case study explores the consequences of the introduction of an electronic patient record (EPR) system to support community health services in a Norwegian municipality. The EPR was envisaged as a key tool for developing integration between a nursing home and a home care organization to meet quality care goals and to increase the time available for patient care. This investigation takes a socio-technical approach, particularly drawing on "actor-network" theory and insights from "articulation work". The empirical data comes from structured interviews, participant observation and document review. The findings of the case study indicated reluctance by staff to use the EPR system. The management had eliminated traditional information and communication routines, such as oral handover and informal nursing notes, in a reorganization of duties associated with the EPR implementation. To prevent fragmentation of nursing work, and to maintain continuity of care, the nurses reintroduced these routines spontaneously and ad hoc. The reluctance to use the system and the reintroduction of abandoned routines can be understood by exploring the interaction between the EPR system's user interface, its ability to support nursing work, and the workflow in the new merged health service. So far, the introduction of the EPR has not led to the benefits expected from it

120. Ribu L, Wahl A. How patients with diabetes who have foot and leg ulcers perceive the nursing care they receive. J Wound Care 2004;13(2):65-8.
Abstract: OBJECTIVE: This Norwegian study set out to explore the nursing care experienced by patients with diabetes who have a foot and/or leg ulcer. METHOD: A qualitative method was used, with in-depth recorded interviews of patients living at home and receiving district nursing care. Seven patients were interviewed at home for 45 minutes to two hours. Interviews were transcribed and analysed using Kvale's thematic and meaning analysis. RESULTS: Several themes emerged, even though sample was not a homogeneous group: the expert patient (where patients acquired knowledge about their treatment and then passed this on to new and inexperienced nurses); fragmented nursing care (caused by lack of continuity in care); impersonal nursing care (where nurses did not view the patient as an individual, but focused solely on their wound); the ideal nurse (nursing attributes the patients valued most highly, such as engaging with them and attempting to understand their situation). CONCLUSION: Crucial to the successful treatment of patients with diabetes who have foot and/or leg ulcers is an understanding of their feelings about their ulcer and its impact on their quality of life. Further research in this area is recommended

121. Ruland CM. Evaluating the Beta version of the International Classification for Nursing Practice for domain completeness, applicability of its axial structure and utility in clinical practice: a Norwegian project. Int Nurs Rev 2001;48(1):9-16.
Abstract: The purpose of this Norwegian project was to evaluate the International Classification for Nursing Practice (ICNP) Beta version for domain completeness, applicability of its axial structure and utility in clinical practice. A subset of terms addressing the areas of circulation and elimination were abstracted from the nursing records of a cardiac intensive care unit and a nursing home. Abstracted terms were mapped to terms in the ICNP. In the ICNP, the same or similar terms were found for 47% of the documented circulation terms and 69% of the documented elimination terms that addressed nursing phenomena. For nursing interventions, 27% of the documented circulation terms and 35% of the documented

elimination terms mapped to the ICNP. The research team encountered difficulty in coding terms with the ICNP that expressed patients' perspectives, preferences, behaviours and experiences, and terms that represented signs-and-symptoms. Recommendations for further development of the ICNP include improvement in granularity, precision and conceptual definitions of terms; inclusion of time-related terms for representing nursing phenomena; and an easier method for navigating around the ICNP

122. Schelbred A, Nord R. Nurses' experiences of drug administration errors. J Advanced Nursing 2007;60:(3):317-24.
Abstract: Research in Norway into the experience of nurses who committed serious medication errors. Hospital and community nurses who admitted responsibility for such errors were interviewed about their immediate reactions, their emotional response, relations with patients and families, reactions and support from colleagues and management, and the effects on their nursing practice. 20 refs

123. Seinela L, Ahvenainen J, Rintala J. Attitudes of elderly patients to examinations and treatments of gastrointestinal symptoms. Scand J Gastroenterol 2002;37(12):1471-2.

124. Sirkka M, Branholm I-B. Consequences of a hip fracture in activity performance and life satisfaction in an elderly Swedish clientele. Scand J Occup Ther 2003;10(1):34-9.**Abstract:** The purpose of the study was to explore whether activity performance in elderly people changed following a hip fracture and whether the change influenced life satisfaction. The sample consisted of 29 patients, 23 women and 6 men aged between 65 and 100. In an initial interview at the hospital a questionnaire about daily living activities before the fracture and an ADL taxonomy were used. In a second interview three to four months later at their homes the same questionnaires was used and the subjects were asked about satisfaction with life as a whole. After the fracture many had difficulties in conducting hobby activities and in making social contacts outside the home. Grooming and washing were other activities that few could manage. A large number wanted to perform most of the activities that they did not have the ability to do. A hip fracture is a hazardous event in the life of an elderly person, and may lead to a permanently more restricted life. It is apparent also that this influenced how satisfied these people were with their life in general

125. Tveiten S, Severinsson E. Public health nurses' supervision of clients in Norway. Int Nurs Rev 2005;52(3):210-8.
Abstract: AIM: The aim of this study was to explore and describe what public health nurses (PHNs) understand by client supervision and how they perform it. BACKGROUND: The main principles of the health promotion discourse initiated by the World Health Organization (WHO) over the last 20-30 years are client participation and the view of the client as expert. Supervision is one relevant intervention strategy in the empowerment process, in which these principles play a central role. There is a lack of research pertaining to the intervention models employed by PHNs. METHODS: Twenty-three transcribed audiotaped dialogues between PHNs and their clients were analysed by means of qualitative content analysis. FINDINGS: What the PHNs understand by supervision and how they perform it can be described by three themes: continuity in relationships and reflexivity in the supervision approach, communicating with the client about his/her needs, problems and worries; and the organization of client supervision. CONCLUSIONS: The PHNs in this study understand client supervision as communication and relationships with clients on the subject of a healthy lifestyle, child development and coping with everyday life. The PHNs' approach to client supervision seemed to include aspects of empowerment by means of client participation and the view of the client as expert. However, the PHNs themselves had an expert role

126. Vibe O, Sörbye LW, Grue EV. Hvordan vet du det? - Dokumentasjon i sykehjem. Tidsskriftet Sykepleien 2003;91(8):36-9

127. Witsö A. Veiledningsgrupper - rom for refleksjon i hjemmetjenesten. Demens & Alderspsykiatri 2008;12(2):12-5

Organisering av tjenester, samarbeid mellom institusjoner, generelle betraktninger om organisering

128. Barnes MP, Radermacher H. Neurological rehabilitation in the community. J Rehabil Med 2001;33(6):244-8.
Abstract: There is increasing pressure on health services around the world to provide more resources and facilities in the community. This is partly as a counterbalance to the increasing cost of hospital services and partly a recognition of the importance of local health facilities. Rehabilitation has generally been a hospital-based specialty and there now needs to be a change of focus, or at least an additional focus, towards community rehabilitation. This review article summarizes some of the models of community rehabilitation and the evidence for their effectiveness. Although there is a reasonable body of evidence for both the acceptability and effectiveness of community rehabilitation there is a clear need for further research

129. Bollig G, Husebo BS, Husebo S. [On-call physicians in nursing homes]. Tidsskr Nor Laegeforen 2008;128(23):2722-4.
Abstract: BACKGROUND: Patients in Norwegian nursing homes are old and multimorbid; they often need emergency treatment and regular medical follow-up is a must. The aim of the study was to investigate reasons for contacting a physician and to find out if unnecessary hospitalization can be reduced.

MATERIAL AND METHODS: The study took place at Bergen Red Cross Nursing home, which has 174 patients in long-term wards, dementia wards, a short-term ward and a palliative care ward. Contacts to on-call nursing home physicians were recorded (time, ward, problem and measures taken) and assessed in a prospective study of 4 months duration. RESULTS: 319 calls were registered during the 107-day study period, and these resulted in 187 active working hours (92.5 hours for the palliative care unit). Active working hours per patient/week by ward were 0.32 hours for the palliative care unit, 0.07 hours for the short-term ward and 0.03 hours for the long-term wards. Frequent problems were counselling/information (24 %), the abdomen (14 %), the nervous system (13 %), airways (12 %), pain (11 %) and cardiovascular disease (7 %). Admission to a hospital could have been prevented for nine patients. INTERPRETATION: All wards at Bergen Red Cross Nursing home use the 24-hour on-call service frequently. Nursing homes should offer such services to ensure acute and competent treatment and avoid unnecessary transport and hospitalisatio

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Abstract: BACKGROUND: There is a need for an expanded approach to develop knowledge of public health nursing as a sphere of public health. The aim of this paper was to construct a theoretical model for healthcare services in the area of public health nursing based on the analysis and classification of healthcare services used in public health nursing practice. METHODS: Patient records were examined using a qualitative research approach. The categorization and classification of the actions followed certain criteria. Three methods were used for verifying and modifying the concept. RESULTS: Of the identified categories 34 dealt with healthcare services, three with administrative services, and five with coordination. The six recognized domains of the healthcare services are health promotive services, health protective services, diagnostic services, therapeutic services, rehabilitation services, and terminal healthcare services. Using the public health approach, the Health promotive action and preventive action model (HPA model) was constructed in order to visualize where in the course of the process of health-ill health and developmental stages the public health nurses provide healthcare services. Health promotion and the levels of prevention are described on the operational and conceptual levels in this paper. CONCLUSIONS: The result is expected to have an important effect on how public health nurses conceptualize their field of knowledge. The classification reflects current public health policy by focusing on health promotion and illness prevention. The developed HPA model will support health service research

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Abstract: Background. The health sector faces major challenges as a consequence of the elderly constituting a growing proportion of the population. Doctors at all levels will need to acquire the skills needed for dealing with patients with multiple and complex conditions, and hospitals will need to be dynamic in dealing with patients with acute and curable diseases as well as with the elderly and chronically ill. There is a considerable professional gap between community care services and services offered by the general hospitals. Material and methods. In the City of Trondheim, Norway, the community care and hospital services have analysed the challenges they share and what they can do to make the <<chain of care>> better for those patients that are the most in need of coordinated efforts. One initiative is two short-term units specialising in treatment and care at an intermediary level between ordinary nursing homes and hospitals. Results. In 2003, 275 patients were admitted to the intermediary care department in Sobstad nursing home, and at Havstein nursing home 79 patients were admitted to its palliative care department. The operating costs in these nursing homes are higher than in traditional units, but far lower than in hospitals. We suggest that these specialised units represent a good solution, professionally as well as financially

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Abstract: Palliative care (PC) in Norway has evolved in close cooperation between the health authorities and health care professionals. A number of official reports and national plans have promoted a stepwise development of PC services on all levels of the public health care system: tertiary care, with palliative medicine units in university hospitals coupled with research groups and regional Units of Service Development; secondary care, with hospital-based consult teams, inpatient units, and outpatient clinics; and primary care, with home care and designated PC units in nursing homes. The regional Units of Service Development are specifically assigned to research, education, and audit, as well as to development and coordination of services. PC has been closely linked to cancer care and included in the national cancer strategy. Starting the organizational development at the tertiary level has been crucial for educational and audit purposes, and has provided an excellent basis for networking. The Norwegian strategy for PC has resulted in rapidly increasing quantity and quality of services, but several challenges are still pending. Fur-

ther improvement of the financial reimbursement system is needed, in particular concerning the funding for PC units in nursing homes. There are also challenges related to expertise and training, including establishing a program for palliative nursing and getting palliative medicine recognized as a medical specialty. [References: 13]

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Abstract: An analysis was made of 414 admissions during a one-year period to three general practitioner beds. Within the first day, 20% of the patients were discharged, while 22% were transferred to the main hospital after examination and primary treatment. 58% stayed more than one day. The mean stay was 5.0 days. The three major groups of medical conditions according to the International Classification of Primary Care were cardiovascular diseases, diseases of the musculoskeletal system and diseases of the lungs and the respiratory tract. Patients > or = 60 years of age constituted 55.8% of the total, taking up 80.6% of total bed days. In the age group > or = 80 years of age, there were three admissions for every five inhabitants, while two in five had one or more hospital stay. 65% of all patients (15.7%) had two stays or more, taking up a total of 60.5% of total bed days. Using the general practitioner beds as a low threshold service proved especially useful with patients suffering from heart failure, asthma or chronic obstructive lung disease. The beds had a key function in the rehabilitation of the elderly, in the care of cancer patients, and in terminal care. They were of basic importance to the organisation of daily emergencies

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Abstract: OBJECTIVE: To describe the types of patients admitted to the first Dutch general practitioner (GP) hospital, their health-related quality of life and its substitute function. DESIGN: A prospective observational study. SETTING: The remaining 20-bed ward of a former district general hospital west of Amsterdam; a region with 62000 inhabitants and 26 GPs. SUBJECTS: All patients admitted during the 12 months between 1 June 1999 and 1 June 2000. MAIN OUTCOME MEASURES: Patients' health-related quality of life (Medical Outcome Study 36-item Short Form Health Survey, Groningen Activities Restriction Scale), GPs assessments of severity of illness (DUSOI/WONCA Severity of Illness Checklist) and alternative modes of care. RESULTS: In total, 218 admissions were recorded divided into 3 bed categories: GP beds (n = 131), rehabilitation beds (n = 62) and nursing home beds (n = 25). The mean age of all patients was 76 years. Main reasons for admission were immobilization due to trauma at home (GP beds), rehabilitation from surgery (rehabilitation beds) and stroke (nursing home beds). Overall, patients showed a poor health-related quality of life on admission. If the GP beds had not been available, the GPs estimated that the admissions would have been almost equally divided among home care, nursing home and hospital care. The severity of the diagnosis on admission of the 'hospital-care group' appeared to be significantly higher than the other care groups. CONCLUSION: The GP hospital appears to provide a valuable alternative to home care, nursing home care and hospital care, especially for elderly patients with a poor health-related quality of life who are in need of short medical and nursing care

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Abstract: BACKGROUND: The literature on the dynamics between community- and hospital services concerning utilization of psychiatric beds is inconclusive. The Norwegian VELO-project provides an opportunity to study this in a natural experiment. Two service-systems are compared. The “central-bed system” have mainly outpatient- and day-hospital services locally, with psychiatric beds at a central mental hospital. The “local-bed system” have only one outpatient clinic, with beds at three local inpatient units. Also utilization of sheltered homes was studied. Hypotheses were predicted from Goldberg and Huxley’s’

stage theory and the Thornicroft and Tansella's' hydraulic model. MATERIALS AND METHODS: The case-registries of 2005 were linked across service levels by patients' 11-digit Social Security Number. From 1,865 single treatment episodes, 1,348 continuous courses by 1,253 individual patients were extracted. RESULTS: For overall utilization of psychiatric beds there was only a small difference, were the central-bed system utilized 10% less than the other. For utilization of emergency inpatient admissions and acute hospital beds, the rate was more than twice in the central-bed system compared to the other. For utilization of municipalities sheltered homes, the rate was three times higher in the local-bed system. DISCUSSION: There may be bedrock of need for psychiatric beds regardless of system-organization. Distance may in general be a minor issue for utilization of psychiatric beds, and may primarily interact with patient- or contextual characteristics associated with acute situations. Activity of day-hospital services rather than outpatient consultations may affect utilization of sheltered homes. The main theoretical models are conceptually useful, although more research is needed to specify mechanisms

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Abstract: OBJECTIVE: To evaluate preparedness for resuscitation of patients in cardiac arrest in primary care. DESIGN: Questionnaire study sent to every health centre in Finland (n = 277). SETTING: Primary care. MAIN OUTCOME MEASURES: Resuscitation training frequency and prevalence of automated external defibrillators and nurse-performed early defibrillation. RESULTS: One-hundred-and-forty-one health centres (51%) responded to the survey. Fifty-nine percent had appointed one person to be in charge of resuscitation training. The nurses in these health centres were trained to defibrillate ($p < 0.001$), physicians had advanced life support training ($p < 0.001$) and the first defibrillation was likely to be performed by a nurse on the ward ($p < 0.01$) more often. In 87% of health centres, it was not customary to defibrillate before the physician arrived beside the patient. Forty-four percent of the health centres used only manual defibrillators, 26% used automated external defibrillators and 30% used both. Only 18% of respondents considered resuscitation training in their health centre to be sufficient and systematic. CONCLUSION: Resuscitation training appears insufficient and non-systematic in most health centres in Finland. Automated external defibrillators are not in common use. In health centres with an appointed person in charge of resuscitation training, the training is more often regular

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Abstract: Background. Nursing home residents are old persons with chronic diseases, functional impairment and often dementia. Acute illness is common and nursing home staff often has to consider transfer to hospital. Material and methods. The aim was to find why nursing home residents are transferred to hospital and to discuss when such transfers are appropriate. The results are taken from the literature. Results. No studies are reporting the reasons why nursing home residents in Norway are transferred to hospital. Hip fracture, pneumonia, stroke, chest pain, cardiac failure and anaemia are the most common causes of hospital admissions among the very oldest, in our experience also from nursing homes. Hospital transfer can be appropriate for: 1) diagnostic work up, 2) medical treatment to avoid death and functional impairment, and 3) palliative care. Admission for hip fracture and serious anaemia will improve survival and function if the patient is not dying from other diseases. Admission for pneumonia, stroke and acute coronary syndrome may improve survival and function for patients without advanced dementia and with some life expectancy. Transfer for palliative care will benefit the patient only if nursing home care is insufficient. Medical services and knowledge about palliative care should be increased; guidelines for hospitalisation and end-of-life decisions are recommended

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     Abstract: BACKGROUND: Effectivization of the Norwegian out-of-hours primary care medical services has probably rendered the services less available to residents in nursing homes in many places. In Bergen, an out-of-hours medical service especially dedicated to residents in retirement and nursing homes and people with special needs living at home, was established in March 2006. We wanted to assess this medical service after its first year of activity. MATERIAL AND METHODS: Data were prospectively recorded on when the services were used and characteristics of the users . Information about the institutions was also recorded. RESULTS: 926 patients used the services during the first year; more than half of them received sick calls. Pneumonias and urinary tract infections were the most common diagnoses. A high level of doctor staffing at the nursing homes did not lead to decreased use. Neither the total number of beds nor the number of short – time beds in the nursing homes had a significant influence on the use of this service. INTERPRETATION: This targeted out-of-hours service was used less than expected during its first year. The nursing homes’ use of this service is determined by factors other than the number of beds and doctor staffing

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gency services without greater inconvenience to the patients. The new model is beneficial for doctors and saves costs for society, though the social security service's savings are somewhat offset by increased expenses on the part of the municipalities

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168. Fensli R, Pedersen PE, Gundersen T, Hejlesen O. Sensor acceptance model - Measuring patient acceptance of wearable sensors. Methods Inf Med 2008;47(1):89-95.
     Abstract: Objectives: This project focuses on how patients respond to wearable biomedical sensors, since patient acceptance of this type of monitoring technology is essential for enhancing the quality of the data being measured. There is a lack of validated questionnaires measuring patient acceptance of telemedical solutions, and little information is known of how patients evaluate the use of wearable sensors. Methods: In information systems research, surveys are commonly used to evaluate the user satisfaction of software programs. Based on this tradition and adding measures of patient satisfaction and health-related quality of life (HRQoL), a Sensor Acceptance Model is developed. The model is made operational using two questionnaires developed for measuring the patients' perceived acceptance of wearable sensors. Results: The model is tested with 11 patients using a newly developed wearable ECG sensor, and with 25 patients in a reference group using a traditional "Holter Recorder". Construct validity is evaluated by confirmatory factor analysis, and internal consistency is calculated using the Cronbach's alpha coefficient. Sensor Acceptance Index (SAI) is calculated for each patient, showing reasonable dependencies and variance in scores. Conclusions: This study attempts to identify patients' acceptance of wearable sensors, describing a user acceptance model. Understanding the patients' behavior and motivation represents a step forward in designing suitable technical solutions, and calculations of SAI can, hopefully, be used to compare different wearable sensor solutions. However, this instrument needs more extensive testing with a broader sample size, with different types of sensors and by explorative follow-up interviews.

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     Abstract: OBJECTIVES: The aim of the present trial was to compare the effects of an extended stroke unit service (ESUS) with the effects of an ordinary stroke unit service (OSUS) on long-term quality of life (QoL). DESIGN: One year follow-up of a randomized controlled trial with 320 acute stroke patients allocated either to OSUS (160 patients) or ESUS (160 patients) with early supported discharge and follow-up by a mobile team. The intervention was a mobile team and close co-operation with the primary health care service. All assessments were blinded. MAIN OUTCOME MEASURE: Primary outcome of QoL in this paper was measured by the Nottingham Health Profile (NHP) at 52 weeks. Secondary outcomes measured at 52 weeks were differences between the groups measured by the Frenchay Activity Index, Montgomery-Asberg Depression Scale, Mini-Mental State Score and the Caregivers Strain Index. RESULTS: The ESUS group had a significantly better QoL (mean score 78.9) assessed by global NHP after one year than the OSUS group (mean score 75.2) (p =0.048). There were no significant differences between the groups in the secondary outcomes, but a trend in favour of ESUS. Caregivers Strain Index showed a mean score of 23.3 in the ESUS group and 22.6 in the OSUS group (p=0.089). CONCLUSION: It seems that stroke unit treatment combined with early supported discharge in addition to reducing the length of hospital stay can improve long-term QoL. However, similar trials are necessary to confirm the benefit of this type of service

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     Abstract: BACKGROUND AND PURPOSE: Early supported discharge from a stroke unit reduces the length of hospital stay. Evidence of a benefit for the patients is still unknown. The aim of this trial was to evaluate the long-term effects of an extended stroke unit service (ESUS), characterized by early supported discharge. The short-term effects were published previously. METHODS: We performed a randomized controlled trial in which 320 acute stroke patients were allocated to either ordinary stroke unit service (OSUS) (160 patients) or stroke unit care with early supported discharge (160 patients). The ESUS consists of a mobile team that coordinates early supported discharge and further rehabilitation. Primary outcome was the proportion of patients who were independent as assessed by modified Rankin Scale (RS) (RS < or =2=global independence). Secondary outcomes measured at 52 weeks were performance on the Barthel Index (BI) (BI > or =95=independent in activities of daily living), differences in final residence, and analyses to identify patients who benefited most from an early supported discharge service. All assessments were blinded. RESULTS: We found that 56.3% of the patients in the ESUS versus 45.0% in the OSUS were independent (RS < or =2) (P=0.045). The number needed to treat to achieve 1 independent patient in ESUS versus OSUS was 9. The odds ratio for independence was 1.56

(95% CI, 1.01 to 2.44). There were no significant differences in BI score and final residence. Patients with moderate to severe stroke benefited most from the ESUS. CONCLUSIONS: Stroke service based on treatment in a stroke unit combined with early supported discharge appears to improve the long-term clinical outcome compared with ordinary stroke unit care. Patients with moderate to severe stroke benefit most

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Abstract: BACKGROUND: An early supported discharge service (ESD) appears to be a promising alternative to conventional care. The aim of this trial was to compare the use of health services and costs with traditional stroke care during a one-year follow-up. METHODS: Three hundred and twenty patients were randomly allocated either to ordinary stroke unit care or stroke unit care combined with ESD which was coordinated by a mobile team. The use of all health services was recorded prospectively; its costs were measured as service costs and represent a combination of calculated average costs and tariffs. Hospital expenses were measured as costs per inpatient day and adjusted for the DRG. RESULTS: There was a reduction in average number of inpatient days at 52 weeks in favour of the ESD group (p = 0.012), and a non-significant reduction in total mean service costs in the ESD group (EUR 18,937/EUR 21,824). ESD service seems to be most cost-effective for patients with a moderate stroke. CONCLUSION: Acute stroke unit care combined with an ESD programme may reduce the length of institutional stay without increasing the costs of outpatient rehabilitation compared with traditional stroke care.

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Abstract: Stroke is one of the most frequent causes of death and disability. 14,000 to 15,000 individuals are hit by stroke in Norway annually, and the incidence is expected to rise. Optimal organization of rehabilitation for stroke patients has been extensively documented during the last 10 years. It is established that a larger reduction of disability and mortality for stroke patients is obtained by treatment and rehabilitation in stroke units than in general medical wards. WHO Region Europe recommends that all stroke patients are treated in stroke units in the acute phase. Additional reduction in mortality and disability is achieved through home-based rehabilitation, coordination by a multidisciplinary ambulatory team and by emphasizing cooperation between different levels of healthcare. Strategies for organising rehabilitation for different stroke patients must be based on scientific evidence; more knowledge is needed and much research is currently ongoing. The field of neuroscience has developed quickly during the last years, and evidence of brain plasticity gives reason to believe that an increase in the amount and intensity of training is important for an optimal effect. There is a need for more systematized knowledge, and further research will hopefully define a more specific and optimal strategy for stroke rehabilitation within a few years. [References: 30]

173. Garasen H, Windspoll R, Johnsen R. Intermediate care at a community hospital as an alternative to prolonged general hospital care for elderly patients: a randomised controlled trial. BMC Public Health 2007;7:68.
Abstract: BACKGROUND: Demographic changes together with an increasing demand among older people for hospital beds and other health services make allocation of resources to the most efficient care level a vital issue. The aim of this trial was to study the efficacy of intermediate care at a community hospital compared to standard prolonged care at a general hospital. METHODS: In a randomised controlled trial 142 patients aged 60 or more admitted to a general hospital due to acute illness or exacerbation of a chronic disease 72 (intervention group) were randomised to intermediate care at a community hospital and 70 (general hospital group) to further general hospital care. RESULTS: In the intervention group 14 patients (19.4%) were readmitted for the same disease compared to 25 patients (35.7%) in the general hospital group (p = 0.03). After 26 weeks 18 (25.0%) patients in the intervention group were independent of community care compared to seven (10.0%) in the general hospital group (p = 0.02). There were an insignificant reduction in the number of deaths and an insignificant increase in the number of days with inward care in the intervention group. The number of patients admitted to long-term nursing homes from the intervention group was insignificantly higher than from the general hospital group. CONCLUSION: Intermediate care at a community hospital significantly decreased the number of readmissions for the same disease to general hospital, and a significantly higher number of patients were independent of community care after 26 weeks of follow-up, without any increase in mortality and number of days in institutions

174. Garasen H, Windspoll R, Johnsen R. Long-term patients' outcomes after intermediate care at a community hospital for elderly patients: 12-month follow-up of a randomized controlled trial. Scand J Public Health 2008;36(2):197-204.
Abstract: BACKGROUND: Developing a better understanding of if, and when, patients need care at a general hospital is an urgent challenge, as the proportion of general hospital beds being occupied by older patients is continuously increasing. METHODS: In a randomized controlled trial, of 142 patients aged 60 years or more admitted to a city general hospital due to acute illness or exacerbation of a chronic disease, 72 (intervention group) were randomized to intermediate care at a community hospital, and 70 (general hospital group) to further general hospital care. The patients were followed up for 12 months. The need for long-term home care and nursing homes, mortality and the number of admissions and days in general hospital for all diseases were monitored. RESULTS: Thirty-five patients, 13 (18.1%) of the patients included in the intervention group and 22 (31.4%) in the general hospital group, died within 12 months (p=0.03). Patients in the intervention group were observed for a longer period of time than those in the general hospital group; 335.7 (95% confidence interval (CI) 312.0-359.4) vs. 292.8 (95% CI 264.1-321.5) days (p=0.01). There were statistically no differences in the need for long-term primary-level care or in the number of admissions or days spent in general hospital beds. CONCLUSIONS: Intermediate care at the community hospital in Trondheim is an equal alternative to ordinary prolonged care at the city general hospital, as fewer patients were in need of community care services, and significantly fewer patients died during the 12-month follow-up time

175. Grawe RW, Ruud T, Bjorngaard JH. Alternative acute interventions in mental health care. Tidsskr Nor Laegeforen 2005;125(23):3265-8.
Abstract: Background. The objectives of this study were to review the literature on alternatives to traditional treatment of acute mental disorders and to describe the effects of these interventions. The main emphasis is on crisis resolution teams (CRT) because there are governmental plans to implement these in all Norwegian community mental health centres. Material and methods. The reviewed literature is based on a search for randomized controlled studies that compare the effect of standard emergency treatment with alternative emergency services. Quasi-experimental studies of crisis resolution teams were also included. Results and interpretation. The identified alternative interventions were: emergency residential/domestic care, emergency day centres, and crisis resolution teams (or assertive/out-reach/mobile crisis teams). Studies of acute day hospitals showed that this treatment is associated with reduced hospitalisation, faster recovery and reduced costs compared with treatment in traditional hospital acute wards. Because of insufficient research, it was not possible to draw conclusions on the effects of residential or domestic care. We identified six randomized controleld studies and four quasiexperimental studies of Crisis Resolution Teams. These studies indicate that Crisis Resolution Teams or other forms of assertive homebased mobile/outreach treatment, is an acceptable alternative to hospitalization for many patients. The clinical effect of such treatment seems to be comparable with traditional treatment, and are associated with reduced hospitalizations and rehospitalizations, and with reduced costs. None of the reviewed tratment can replace traditional acute hospital tratment. Although studies of alternatives to acute hospitalization have congruent results, there are few studies and methodological weaknesses make it difficult to draw firm scientific conclusions about the effect of such interventions

176. Helset A, Lauvli M, Sandlie HC. Mobile pensjonister og transnasjonal eldreomsorg - om norske pensjonister i Spania. Aldring & Eldre 2004;21(1):8-11

177. Hvid M, Wang AG. Preventing repetition of attempted suicide--I. Nord J Psychiatry 2009;63(2):148-53.
Abstract: Repetition after attempted suicide is high with only limited research been put into effect studies. The Baerum-model from Norway offers a practical and affordable intervention. Our aim was to study the acceptability and effectiveness of a Baerum-model like intervention after attempted suicide using a quasi-experimental design. During a period in 2004, attempted suicide patients were offered follow-up care by a rapid-response outreach programme, an intervention lasting 6 months; a control group was established prospectively from a similar period in 2002. The design was an intent-to-treat analysis. The outcome was measured by: 1) participation by acceptance and adherence, 2) repetition of suicide attempt and suicide, and 3) including the number of repetitive acts in 1 year after the attempted suicide episode. Follow-up period was 1 year. Participation was 70%. There was a significant lower repetition rate in the intervention group, where the proportion of repetitive patients fell from 34% to 14%. There were also fewer suicidal acts, in total 37 acts in 58 patients in the control group and 22 acts in 93 patients for the intervention group. We have concluded that the outreach programme has a good feasibility because of high acceptability and adherence, and has an acceptable effectiveness in the follow up period of 1 year. We have therefore initiated a similar study using a randomization design in order to study efficacy

178. Jansson A, Sivberg B, Larsson BW, Uden G. First-time mothers' satisfaction with early encounters with the nurse in child healthcare: home visit or visit to the clinic? Acta Paediatr 2002;91(5):571-7.
Abstract: The aim of this study was to describe first-time mothers' views of satisfaction with their first encounter with the nurse, in order to investigate differences between home visits and clinic visits and between high/middle and low socioeconomic classification (SEC). A nation-wide postal questionnaire sent to 800 first-time mothers yielded the data for statistical analysis. Data were collected using a modified version of the questionnaire "Quality of Care from the Patient's Perspective", the part concerning child healthcare. The results showed that mothers who had received home visits were more content with the encounter than were mothers who had to visit the clinic. This particularly concerned advice on breastfeeding, being able to talk to the nurse in peace and quiet, and the fact that the nurse took time and was personal. In contrast, the mothers who had received a home visit were less content with the competence of the nurse when she examined the child. Mothers of low SEC were less satisfied with the first encounter than were mothers of high/middle SEC with regard to several points. Conclusion: Home visits were shown to have advantages over visits to the clinic. Mothers of low SEC were less satisfied with the first encounter with the nurse than were mothers in the high/middle SEC

179. Karlsson B, Borg M, Kim HS. From good intentions to real life: introducing crisis resolution teams in Norway. Nurs Inq 2008;15(3):206-15.
Abstract: In Norway, as in most western countries, the adult services for people experiencing mental health problems have gone through major changes over the last decades. A report submitted to the Norwegian Parliament in 1997 summarized several areas of improvement in the provision of mental health-care to its population, and led to the introduction of a national mental health programme in 1998 for its implementation to be completed by 2008. The most significant recent development in Norway is 'Crisis Resolution/Home Treatment' (CRHT) teams that provide an alternative to acute hospital care services. The major aim of this study is to explore an emerging form of community mental health-care, and present a framework for establishment and examination of CRHT teams applying the user perspectives. An illustration of user experiences in an already established CRHT team provides a background for understanding implications of this form of service in relation to service users' needs in acute crises

180. Kolaczkowska D, Rutkowska A, Sletlebakk O. The Norwegian model of care of patients with chronic neurological disorders. Family Medicine and Primary Care Review 2006;8(2):399-401.
Abstract: Care of disabled and chronically ill patients is still a challenge for health care in many countries. In Norway the system developed through the years allows for fulfilment of the patient's health, psychological, emotional and social needs. In this work we present the current official guidelines of patient care in chronic neurological disorders such as: stroke, Parkinson's disease, multiple sclerosis and Alzheimer's disease. Except stroke, the other diseases are initially diagnosed by the family medicine practi-

tioner. Patients with a severe course of the disease, requiring highly specialized diagnostics and treatment are referred to specialized centres. Patients with stroke are hospitalized in Stroke Units. All patients have access to rehabilitation, which is either carried out at home, in day-care facilities or in rehabilitation hospitals, depending on the severity of the patient's condition. The principles and efficacy of the Norwegian system in caring for the disabled and chronically ill patients may be an example for other countries' planning in this field

181. Langhorne P, Taylor G, Murray G, Dennis M, Anderson C, Bautz-Holter E, et al. Early supported discharge services for stroke patients: A meta-analysis of individual patients' data. Lancet 2005;365(9458):501-6.
Abstract: Background: Stroke patients conventionally undergo a substantial part of their rehabilitation in hospital. Services have been developed that offer patients early discharge from hospital with rehabilitation at home (early supported discharge [ESD]). We have assessed the effects and costs of such services. Methods: We did a meta-analysis of data from individual patients who took part in randomised trials that recruited patients with stroke in hospital to receive either conventional care or any ESD service intervention that provided rehabilitation and support in a community setting with the aim of shortening the duration of hospital care. The primary outcome was death or dependency at the end of scheduled follow-up. Findings: Outcome data were available for 11 trials (1597 patients). ESD services were mostly provided by specialist multidisciplinary teams to a selected group (median 41%) of stroke patients admitted to hospital. There was a reduced risk of death or dependency equivalent to six (95% CI one to ten) fewer adverse outcomes for every 100 patients receiving an ESD service (p=0.02). The hospital stay was 8 days shorter for patients assigned ESD services than for those assigned conventional care (p<0.0001). There were also significant improvements in scores on the extended activities of daily living scale and in the odds of living at home and reporting satisfaction with services. The greatest benefits were seen in the trials evaluating a coordinated multidisciplinary ESD team and in stroke patients with mild to moderate disability. Interpretation: Appropriately resourced ESD services provided for a selected group of stroke patients can reduce long-term dependency and admission to institutional care as well as shortening hospital stays

182. Lewin S, Skea Z, Entwistle VA, Zwarenstein M, Dick J. Interventions for providers to promote a patient-centred approach in clinical consultations. Cochrane Database Syst Rev 2001;(4):CD003267.
Abstract: BACKGROUND: Communication problems in health care may arise as a result of healthcare providers focusing on diseases and their management, rather than people, their lives and their health problems. Patient-centred approaches to care are increasingly advocated by consumers and clinicians and incorporated into training for healthcare providers. The effects of interventions that aim to promote patient-centred care need to be evaluated. OBJECTIVES: To assess the effects of interventions for healthcare providers that aim to promote patient-centred approaches in clinical consultations. SEARCH STRATEGY: We searched: MEDLINE (1966 to December 1999); HEALTH STAR (1975 to December 1999); PsycLIT (1987 to December 1999); CINAHL (1982 to December 1999); EMBASE (1985 to December 1999) and the bibliographies of studies assessed for inclusion. SELECTION CRITERIA: Randomised controlled trials, controlled clinical trials, controlled before and after studies, and interrupted time series studies of interventions for healthcare providers that promote patient-centred care in clinical consultations. Patient-centred care was defined as a philosophy of care that encourages: (a) shared control of the consultation, decisions about interventions or management of the health problems with the patient, and/or (b) a focus in the consultation on the patient as a whole person who has individual preferences situated within social contexts (in contrast to a focus in the consultation on a body part or disease). The participants were healthcare providers, including those in training. DATA COLLECTION AND ANALYSIS: Two review authors independently extracted data onto a standard form and assessed study quality for each study. We extracted all outcomes other than healthcare providers' knowledge, attitudes and intentions. MAIN RESULTS: Seventeen studies met the inclusion criteria. These studies display considerable heterogeneity in terms of the interventions themselves, the health problems or health concerns on which the interventions focused, the comparisons made and the outcomes assessed. All included studies used training for healthcare providers as an element of the intervention. Ten studies evaluated training for providers only, while the remaining studies utilised multi-faceted interventions where training for providers was one of several components. The healthcare providers were mainly primary care physicians (general practitioners or family doctors) practising in community or hospital outpatient settings. In two studies, the providers also included nurses.There is fairly strong evidence to suggest that some interventions to promote patient-centred care in clinical consultations may lead to significant increases in the patient centredness of consultation processes. Twelve of the fourteen studies that assessed consultation processes showed improvements in some of these outcomes. There is also some evidence that training healthcare providers in patient-centred approaches may impact positively on patient satisfaction with care. Of the eleven studies that assessed patient satisfaction, six demonstrated significant differences in favour of the intervention group on one or more measures. Few studies examined healthcare behaviour or health status outcomes. AUTHORS' CONCLUSIONS: Interventions to promote patient-centred care within clinical consultations may significantly increase the patient centredness of care. However, there is limited and mixed evidence on the effects of such interventions on patient healthcare behaviours or health status; or on whether these interventions might be applicable to providers other than physicians. Further research is needed in these areas. TRAINING HEALTHCARE PROVIDERS TO BE MORE 'PATIENT CENTRED' IN CLINICAL CONSULTATIONS: Problems in health care may arise from healthcare providers focusing on managing diseases rather than on people and their health problems. Patient-centred approaches are increasingly incorporated into training for providers, although 'patient-centredness' is hard to define or measure. Interventions focus on issues like consultation style, developing empathy, and identifying and handling emotional problems. This review of trials found that training in patient-centredness for healthcare providers may improve communication with patients, enable clarification of patients' concerns in consultations and improve satisfaction with care. It is not clear whether this training makes a difference to healthcare use or outcomes

183. Nottestad J, Linaker O. Self-injurious behaviour before and after deinstitutionalization. J Intellectual Disability Research 2001;45:(2):121-9.

Abstract: Research in Norway on acquisition of self harming behaviours after discharge into community care. 39 refs

184. Nyqvist KH, Kylberg E. The role of the Swedish Child Health Services in breastfeeding promotion. Acta Paediatr Suppl 2000;89(434):57-64.
Abstract: Sweden has one of the highest breastfeeding incidence and duration rates among industrialized countries. Although the Child Health Services offer breastfeeding support to all mothers, there are geographical differences in breastfeeding frequency at different ages. The aims of this study were to describe the present activities in the Child Health Services regarding breastfeeding promotion and to find research evidence regarding interventions. Thirty-three out of 42 healthcare districts replied to a questionnaire. Differences were found in the transfer of responsibility for newborn infants from hospital to Child Health Centres, criteria for and timing of home visits and recommendations regarding introduction of supplementary food and breastfeeding education for parents and professionals. There were also regional differences in breastfeeding statistics and follow-up periods. The following recommendations were made on the basis of the survey and relevant literature: transfer of responsibility for newborn infants must guarantee follow-up of all mother-infant pairs; uniform breastfeeding assessment and documentation must be established; all mother-infant pairs must be offered early home visits, continued on a regular basis by health visitors; drop-in consultations must be established; a telephone hotline must be set up; for preventive purposes, growth charts must be used based on breastfed infants; evidence-based guidelines for the introduction of other foods must be followed; information must be provided in parent groups; breastfeeding statistics must use WHO definitions; polyclinics must be available for service to mothers/infants after early discharge and as resources for Child Health Centres; Child and Maternal Health Centres must collaborate; quality assurance programs must be established; breastfeeding courses must be offered in the under- and postgraduate training of professionals; compulsory in-service education must be offered; lactation consultant training must be offered at the university level; and lactation consultant positions must be established

185. Rajan RA, Pack Y, Jackson H, Gillies C, Asirvatham R. No need for outpatient physiotherapy following total knee arthroplasty: a randomized trial of 120 patients. Acta Orthop Scand 2004;75(1):71-3.
Abstract: BACKGROUND: We have not found any reports on the effect of physiotherapy after knee replacement. PATIENTS AND METHODS: In a prospective randomized controlled trial, we randomized two groups to receive or not receive outpatient physiotherapy following total knee arthroplasty. 120 patients were recruited over 2 years, each followed up for 1 year. Inclusion criteria were age between 55-90 years, less than 40 degrees of fixed flexion contracture and the ability to walk at least 10 meters unaided preoperatively with monoarticular arthrosis. RESULTS: We found no statistically significant benefit of outpatient physiotherapy at any of the three times measured. After adjusting for baseline differences between the two treatment groups, the mean difference in knee flexion 1 year postoperatively was only 2.9 degrees. This mean difference is of no clinical significance. INTERPRETATION: We concluded that in a preselected group of patients following primary total knee arthroplasty, inpatient physiotherapy with good instructions and a well-structured home exercise regime can dispense with the need for outpatient physiotherapy

186. Semega-Janneh IJ, Bohler E, Holm H, Matheson I, Holmboe-Ottesen G. Promoting breastfeeding in rural Gambia: combining traditional and modern knowledge. Health Policy Plan 2001;16(2):199-205.
Abstract: Sub-optimal breastfeeding practices still prevail in many countries, especially in traditional rural communities. Despite high breastfeeding initiation rates and long total duration of breastfeeding, exclusive breastfeeding is a rare practice. In the present study, quantitative methods were used to identify current infant feeding practices in 12 rural communities in The GAMBIA: Results indicated that delayed initiation of breastfeeding, prelacteal feeding and failure to practice exclusive breastfeeding were widespread. Qualitative data further indicated that current beliefs and practices were strongly influenced by traditional beliefs and practices. These were kept very much alive by elders, both women and men, including husbands. The results also showed an unexpected support for bottle-feeding from both male and female elders who considered it part of the modernization process. A strategy for promoting early initiation of breastfeeding, feeding of colostrum and exclusive breastfeeding for 6 months in rural communities should therefore incorporate traditional beliefs and practices into modern messages on optimal breastfeeding. Traditional beliefs and practices in the study setting that could be used in this way included knowledge from the population's acquaintance with the newborns of their livestock. It also included the traditional practice of mothers taking their very young children with them when going to work in the fields. The paper suggests such a strategy by developing a matrix to establish linkages between modern and traditional knowledge on a specific practice. Such linkages facilitate the acceptance of recommendations on infant feeding by mothers in these communities. The strategy recommends an expanded target group to include elders and husbands, as the data show that these groups are highly influential in matters regarding patterns of child feeding

187. Shepperd S, Doll H, Broad J, Gladman J, Iliffe S, Langhorne P, et al. Early discharge hospital at home. Cochrane Database Syst Rev 2009;(1):CD000356.
Abstract: BACKGROUND: 'Early discharge hospital at home' is a service that provides active treatment by health care professionals in the patient's home for a condition that otherwise would require acute hospital in-patient care. If hospital at home were not available then the patient would remain in an acute hospital ward. OBJECTIVES: To determine, in the context of a systematic review and meta-analysis, the effectiveness and cost of managing patients with early discharge hospital at home compared with in-patient hospital care. SEARCH STRATEGY: We searched the Cochrane Effective Practice and Organisation of Care (EPOC) Group Register , MEDLINE (1950 to 2008), EMBASE (1980 to 2008), CINAHL (1982 to 2008) and EconLit through to January 2008. We checked the reference lists of articles identified for potentially relevant articles. SELECTION CRITERIA: Randomised controlled trials recruiting patients aged 18 years and over. Studies comparing early discharge hospital at home with acute hospital in-patient care. Evaluations of obstetric, paediatric and mental health hospital at home schemes are excluded from

this review. DATA COLLECTION AND ANALYSIS: Two authors independently extracted data and assessed study quality. Our statistical analyses were done on an intention-to-treat basis. We requested individual patient data (IPD) from trialists, and relied on published data when we did not receive trial data sets or the IPD did not include the relevant outcomes. For the IPD meta-analysis, where at least one event was reported in both study groups in a trial, Cox regression models were used to calculate the log hazard ratio and its standard error for mortality and readmission separately for each data set. The calculated log hazard ratios were combined using fixed-effect inverse variance meta-analysis. MAIN RESULTS: Twenty-six trials were included in this review [n = 3967]; 21 were eligible for the IPD meta-analysis and 13 of the 21 trials contributed data [1899/2872; 66%]. For patients recovering from a stroke and elderly patients with a mix of conditions there was insufficient evidence of a difference in mortality between groups (adjusted HR 0.79, 95% CI 0.32 to 1.91; N = 494; and adjusted HR 1.06, 95% CI 0.69 to 1.61; N = 978). Readmission rates were significantly increased for elderly patients with a mix of conditions allocated to hospital at home (adjusted HR 1.57; 95% CI 1.10 to 2.24; N = 705). For patients recovering from a stroke and elderly patients with a mix of conditions respectively, significantly fewer people allocated to hospital at home were in residential care at follow up (RR 0.63; 95% CI 0.40 to 0.98; N = 4 trials; RR 0.69, 95% CI 0.48 to 0.99; N =3 trials). Patients reported increased satisfaction with early discharge hospital at home. There was insufficient evidence of a difference for readmission between groups in trials recruiting patients recovering from surgery. Evidence on cost savings was mixed. AUTHORS' CONCLUSIONS: Despite increasing interest in the potential of early discharge hospital at home services as a cheaper alternative to in-patient care, this review provides insufficient objective evidence of economic benefit or improved health outcomes. SERVICES FOR PATIENTS DISCHARGED HOME EARLY: There continues to be, in some countries, more demand for acute care hospital beds than there are beds. One way to free up beds to make room for other people being admitted is to discharge patients home early. But the patients who are discharged still need acute care. Therefore, special home services have been developed. These services are usually provided by a team of health care professionals, such as doctors, nurses and physiotherapists. The team visits the home of people who have been discharged early to provide them with acute hospital care in their homes. A review of the effect of services for patients discharged home early was conducted. After searching for all relevant studies, 26 studies were identified. The studies looked at the effect of these services in patients with different types of conditions: patients who had a stroke, patients who had surgery, and elderly patients who had different types of conditions. There was insufficient evidence that providing services to people at home after being discharged home early may increase the risk of death or readmission; or adversely effect quality of life or the completion of daily activities (such as dressing or daily chores). Patients who had a stroke or elderly patients may have less risk of being admitted to residential care if they are discharged home early with hospital at home services. Patients may also be more satisfied with their care at home, and at the same time their carers, in most cases, did not report additional burden. However, there is little evidence of cost savings to the health care system of discharging patients home early to hospital at home care

188. Thesen J. Being a psychiatric patient in the community--reclassified as the stigmatized "other". Scand J Public Health 2001;29(4):248-55.
Abstract: AIMS: To explore the experiences of psychiatric patients living in six rural communities in Norway from a primary care perspective. METHODS: A "Knowledge workshop" (KW) was designed. It was a special kind of meeting between users of services for people with mental illness and service providers. The process and outcome were documented on flipcharts and audiotape and analysed by a qualitative method. RESULTS: A main statement was constructed in order to capture the essence of meaning in the 10 main themes identified in the analysis. The statement is mainly about the process and state of being reclassified as a stigmatized "other", with serious consequences for both self-esteem and public esteem. The consequences include isolation and loneliness, low self-esteem, no paid work, lack of money, discrimination, and harassment. Other consequences include altered behaviour from others, lack of necessary conditions for empowerment, and the danger of becoming visible as mentally ill. Attitudinal change is called for. CONCLUSIONS: Although the stigma of mental illness is a wellknown and much discussed fact, it has so far not really been included in the professional knowledge base. It is still practically absent from discussions of quality of care. In order for services to be relevant to people who need them, professionals can no longer ignore issues that are of major importance for users. Stigma must thus be included in the conceptual thinking about serving people with mental illness. The inclusion of stigma as an issue for quality of care could be a fruitful way forward

189. Von Koch L, Holmqvist LW, Kostulas V, Almazan J, Pedro-Cuesta J. A randomized controlled trial of rehabilitation at home after stroke in Southwest Stockholm: Outcome at six months. Scand J Rehabil Med 2000;32(2):80-6.
Abstract: A 6-month follow-up of a single-blind, randomized, controlled trial in Southwest Stockholm was performed in order to evaluate the effect of early supported discharge and continued rehabilitation at home after stroke. Eighty-three stroke patients with moderate neurological impairments, continent, independent in feeding, and mental function within normal limits one week after onset were included in the study. The patients were allocated 1:1 to early supported discharge and continued rehabilitation at home by a specialized team, versus routine rehabilitation. Patient outcomes measured were motor capacity, dysphasia, activities of daily living, social activities, perceived dysfunction, mortality and reported falls. Data on length of stay in hospital; initial and recurrent during 6 months were compared. The 6-month follow-up of 78 patients showed no statistically significant differences in patient outcome. The results of multivariate logistic regression analysis suggest a positive effect of home rehabilitation on activities of daily living. At 3-6 months the frequency of significant improvements was higher in the intervention group. Death or dependency in activities of daily living was 24% in the intervention group compared with 44% in the control group. The mean initial hospitalization was 29 days in routine rehabilitation group versus 14 days in the home rehabilitation group. We conclude that for moderately disabled stroke patients with mental function within normal limits, early supported discharge and continued rehabilitation at home had no less a beneficial effect on patient outcome than routine rehabilitation, reduced initial hospitalization significantly and had no adverse effects on mortality and number of falls

190. Yamba CB. Loveless and her brothers: Trajectories of life for children orphaned by HIV/AIDS in Zambia. African Journal of AIDS Research 2005;4(3):205-10.
Abstract: A central theme in the contemporary rhetoric of those charged with managing HIV/AIDS interventions is how to handle and alleviate the plight of orphans and other vulnerable children (OVCs). The many glossy documents describing the policy and action plans of funders and organisations involved in AIDS work often highlight these children. Unfortunately, this does not necessarily result in increased support for research about children affected by HIV/AIDS, or even the increased allocation of resources to improve their life-situation. Discourse surrounding OVCs appears, in effect, to be barely more than a politically correct strategy for attracting resources while conveying the impression that concern for OVCs is a humane and central aspect of HIV/AIDS prevention and mitigation. In many rural African villages, however, the plight of orphans continues unmitigated and unaffected by the larger structures of purported interventions. These bold charges are supported by the following narrative account of a group of siblings in Zambia for one decade, as derived from a longitudinal micro study. It follows the children from the onset of parental death, through successive transfers to the homes of various relatives, ending with a sad form of closure: return to the ruins of their natal home as a child-headed household trying to make ends meet. The plight of these children epitomises an experience common to many children orphaned by AIDS, who are suffering without mitigation from the surrounding structures that exist to help vulnerable children.

191. Ytterberg C, Malm SA, Britton M. How do stroke patients fare when discharged straight to their homes? A controlled study on the significance of hospital follow-up after one month. Scand J Rehabil Med 2000;32(2):93-6.
Abstract: In our experience, stroke patients discharged straight to their homes sometimes showed marked deterioration. We investigated whether this negative course of events could be prevented by means of follow-up visits entailing extensive testing and resultant measures one month after discharge. The patients in our study included a selection of mild cases with a short length of hospital stay. Forty-six patients returned to the stroke unit on a follow-up visit, and 49 patients made up the control group. The groups were compared after 3 months, by means of questionnaires. The results did not show any definite difference between the groups. However, after 3 months we detected depressions in 13 patients in the study group and in 11 patients in the control group, most of them untreated. The study points to a need for follow-up aimed specifically at detecting depression.

Organisering av tjenester ut fra den ansattes behov eller synspunkter

192. Bjorbekkmo S, Myklebust LH, Olstad R, Molvik S, Nymann A, Sorgaard K. Decentralization matters - Differently organized mental health services relationship to staff competence and treatment practice: The VELO study. International Journal of Mental Health Systems 2009;3, 2009. Article Number
Abstract: Background: The VELO study is a comparative study of two Community Mental Health Centres (CMHC) in Northern Norway. The CMHCs are organized differently: one has no local inpatient unit, the other has three. Both CMHCs use the Central Mental Hospital situated rather far away for compulsory and other admissions, but one uses mainly local beds while the other uses only central hospital beds. In this part of the study the ward staffs level of competence and treatment philosophy in the CMHCs bed units are compared to Central Mental Hospital units. Differences may influence health service given, resulting in different treatment for similar patients from the two CMHCs. Methods: 167 ward staff at Vesteralen CMHCs bed units and the Nordland Central Mental Hospital bed units answered two questionnaires on clinical practice: one with questions about education, work experience and clinical orientation; the other with questions about the philosophy and practice at the unit. An extended version of Community Program Philosophy Scale (CPPS) was used. Data were analyzed with descriptive statistics, non-parametric test and logistic regression. Results: We found significant differences in several aspects of competence and treatment philosophy between local bed units and central bed units. CMHC staff are younger, have shorter work experience and a more generalised postgraduate education. CMHC emphasises family therapy and cooperation with GP, while Hospital staff emphasise diagnostic assessment, medication, long term treatment and handling aggression. Conclusion: The implications of the differences found, and the possibility that these differences influence the treatment mode for patients with similar psychiatric problems from the two catchment areas, are discussed.

193. Buitink M. Den lindrende sykepleierfunksjon og bruk av frivillige. Erfaringer fra TERMIK-projektet i Vefsn kommune. Omsorg: Nordisk Tidsskrift for Palliativ Medisin 2002;19(4):36-9

194. Matsusaka N, McLellan DL. Experiences of professionals providing community care for disabled people in Nagasaki and Southampton. Journal of Rehabilitation Medicine, Supplement 2003;(42):1-24.
Abstract: Objective: To report on the factors affecting the resolution of problems experienced by community care professionals and to refine a checklist of methodological issues for future cross-cultural comparative studies. Design: A preliminary comparative study between Japan and the UK. Subjects: 630 subjects in Nagasaki, Japan and 109 subjects in Southampton, UK who were physically disabled, aged over 40 years, living at home and currently using at least 1 of the community disability care services. Methods: Community care professionals from a range of professions were asked about the backgrounds, physical disabilities and needs of their disabled subjects, and the difficulties experienced in providing them with care and rehabilitation services. Results: The proportion of subjects for whom difficulties were experienced in providing services increased with increasing severity of disability in Southampton. By contrast, this trend was less pronounced in Nagasaki where difficulties were reported in approximately 95% of all cases. However, it proved much more difficult to enlist collaboration for this survey in Southampton than in Nagasaki and this led to selection bias in the Southampton sample. The professionals in Nagasaki

were hampered by a lack of medical information about their subjects and by a lack of available resources for relieving family members from some of their burden of care. The nature and impact of multidisciplinary team meetings appeared to differ in the 2 countries. Conclusion: It is suggested that the provision of medical information and advice to staff working in community care is a factor of fundamental importance in enabling them to define objectives and to help identify disabled people's care and rehabilitation needs. The means by which such information and advice is shared appeared to differ in the 2 countries. Attenuated resources for community care and poor linkage between care organizations impair the ability of professional staff to resolve problems once they have been identified. It is suggested that each country could learn something from the other in improving the efficiency and impact of multidisciplinary community-based teams. In order to avoid the methodological difficulties in study design and implementation that we experienced, a 7-point checklist has been constructed to assist others who may be planning further cross-cultural studies in this field

195. Rykkje L. Intercountry adoption and nursing care. Scand J Caring Sci 2007;21(4):507-14.
Abstract: AIMS AND OBJECTIVES: This paper is based on a Norwegian study that addressed the importance of nurses understanding adoptive families' particular needs. The study aimed to provide a diverse picture of adoptive families' challenges and resources. It addressed adoptive families' experiences with welfare professions, particularly public health nurse services, and explored their need for support before and after adoption. This paper focuses particularly on challenges confronting 'transracial' families. PARTICIPANTS AND METHOD: The qualitative research interview was used as the methodological approach. Nine couples of adoptive parents, four adoptive mothers, three public health nurses and four adult adoptees were interviewed. The analysis process was an ad hoc generation of meaning, and the data were systematically reviewed and categorized through an intuitive analysis style. RESULTS: The study indicates that adoptive families manage their 'most common' challenges on their own, but the informants also spoke about a need for professional support and assistance in many cases. Recurring themes in the study were challenges linked to 'attachment difficulties', 'external categorization', 'grief' and 'the meaning of biological heritage and roots'. Findings indicate that there is a substantial demand for increased knowledge of adoptive families' special needs, not least in the public health nurse services; there is also limited knowledge within other welfare professions. Nurses particularly need to strengthen their understanding on how external categorization affects transracial adoptive families. CONCLUSIONS: The study recommendations call for improved follow-up after adoptions. This can be met by establishing a special programme for adoptive families at maternity and child health centres. In addition, public health nurses can support adoptees in their teenage years through individual consultations

196. Utsi R, Brandstorp H, Johansen K, Wisborg T. [Training in multiprofessional emergency medicine in primary health care]. Tidsskr Nor Laegeforen 2008;128(9):1057-9.
Abstract: BACKGROUND: Most Norwegian hospitals have systematically trained trauma teams in co-operation with the BEST Foundation: Better & systematic trauma care. A group of general practitioners, ambulance personnel and primary care nurses have modified this training concept for use in general practise, with the aim to strengthen acute medical competence within Norwegian primary health care. This study describes experience gained with a training method for dealing with receival and stabilisation of victims of injury in multiprofessional teams in primary health care. MATERIAL AND METHODS: Multiprofessional training courses were held in 10 municipalities in Finnmark county in northern Norway. The course consisted of two hours of lectures on handling of critically injured patients in the primary care setting, followed by practical training with simulated patients. Communication, leadership and cooperation was emphasised during the training. The simulation sessions with dolls were video recorded and evaluated after each session. Individual questionnaires were distributed before and after training. RESULTS: Most municipalities that we contacted responded positively. Training was arranged for 22 teams and 145 participants completed questionnaires. The participants reported a significantly improved confidence in their own role and the correct order of necessary procedures. 91% would recommend the course to a colleague. INTERPRETATION: This group of different health professionals reported a great need for training and a high outcome after the intervention. The findings support further dissemination of this training method in Norwegian primary health care

Samarbeid mellom pasient og helsearbeider

197. Agrawal SK, Singh M, Mathew JL, Malhi P. Efficacy of an individualized written home-management plan in the control of moderate persistent asthma: A randomized, controlled trial. Acta Paediatrica, International Journal of Paediatrics 2005;94(12):1742-6.
Abstract: Background: The management of childhood asthma necessitates a comprehensive approach including pharmacological treatment as well as education about self-evaluation and home management of the condition. Aim: To evaluate the efficacy of adding an individualized written home-management plan in the control of moderate persistent asthma. Methods: Children with moderate persistent asthma were randomized to receive either an individualized written home-management plan or no plan, in addition to standard asthma therapy including education. They were followed up with serial measurement of outcome variables. Results: Children receiving an individualized written home-management plan had fewer acute asthma events, fewer lost school days, lower symptom score and less nocturnal awakening than those who did not receive a written plan. Conclusion: The addition of a written individualized home-management plan improves overall control in children with moderate persistent asthma.

198. Foss B. Laert hjelpelöshet hos langtidspasienter i sykehjem - en kvalitativ studie av sykepleieres oppfatning av balanse melom avhengighet og uahengighet. Norsk Tidsskrift for Sykepleieforskning 2002;4(1):5-21

199. Jakobsen E, Severinsson E. Parents' experiences of collaboration with community healthcare professionals. J Psychiatric & Mental Health Nursing 2006;13☹5):498-505.
     Abstract: Qualitative research in Norway into parents' experiences of their involvement with mental health professionals in the community. Factors such as communication, lack of information, lack of resources, confidentiality and the need for guidance and support for the parents of adult psychiatric patients were discussed. 24 refs

200. Melander WA, Faltholm Y. Patient empowerment in rehabilitation: "Somebody told me to get rehabilitated". Advances in Physiotherapy 2006;8(1):23-32.
     Abstract: Within healthcare, there is a growing interest in patient influence and participation. The aim of this study is to describe patients' experience of participation in and influence on rehabilitation with the focus on physiotherapy. Interviews with patients from three different primary healthcare centres were conducted. The result indicated low patient participation in and influence on the rehabilitation process within the hospital. The informants trusted the competence of the caregivers and tried to be as compliant as possible. Their experiences were that training must be supported and followed up. Information about rights was requested. The informants felt that they were listened to and confirmed by the physiotherapists. The positive attitude was combined with low demands and a great feeling of gratitude as a matter of course. Using information and support from the physiotherapist, together with friends and next of kin, the informants had learned to cope with the new situation. In this paper, these results are understood and described in terms of the parallel process of rehabilitation, based on traditional and individual models, and implying that the patient copes with the situation by shifting between being compliant and adopting more self-regulatory behaviour, for example. Attitudes are changing in society and this study reflects the patient of today, and is confirmed by recent studies.

201. Meulepas MA, Jacobs JE, Smeenk FWJM, Smeele I, Lucas AEM, Bottema BJAM, et al. Effect of an integrated primary care model on the management of middle-aged and old patients with obstructive lung diseases. Scand J Prim Health Care 2007;25(3):186-92.
     Abstract: OBJECTIVE: To investigate the effect of a primary care model for COPD on process of care and patient outcome. DESIGN: Controlled study with delayed intervention in control group. SETTING: The GP delegates tasks to a COPD support service (CSS) and a practice nurse. The CSS offers logistic support to the practice through a patient register and recall system for annual history-taking and lung function measurement. It also forms the link with the chest physician for diagnostic and therapeutic advice. The practice nurse's most important tasks are education and counselling. SUBJECTS: A total of 44 practices (n =22 for intervention and n =22 for control group) and 260 of their patients > or = 40 years with obstructive lung diseases. RESULTS: Within the intervention group planned visits increased from 16% to 44% and from 19% to 25% in the control condition (difference between groups p =0.014). Annual lung function measurement rose from 17% to 67% in the intervention and from 11% to 18% in the control group (difference between groups p =0.001). Compared with control, more but not statistically significant smokers received periodic advice to quit smoking (p =0.16). At baseline 41% of the intervention group were using their inhalers correctly and this increased to 54% after two years; it decreased in the control group from 47 to 29% (difference between groups p =0.002). The percentage of patients without exacerbation did not change significantly compared with the control condition. The percentage of the intervention group not needing emergency medication rose from 79% to 84% but decreased in the controls from 81 to 76% (difference between groups p =0.08). CONCLUSION: Combining different disciplines in one model has a positive effect on compliance with recommendations for monitoring patients, and improves the care process and some patient outcomes

202. Ogden T, Halliday-Boykins CA. Multisystemic treatment of antisocial adolescents in Norway: Replication of clinical outcomes outside of the US. Child and Adolescent Mental Health 2004;9(2):77-83.
     Abstract: MST is an intensive home- and community-based intervention for youths with serious antisocial behaviour and other serious clinical problems, which has been effective at reducing out-of-home placements and producing favourable long-term clinical outcomes in the US. The aims of the study were to determine the degree to which these outcomes would be replicated in Norway for youths with serious behaviour problems and to conduct a randomised trial of MST by an independent team of investigators. Participants were 100 seriously antisocial youths in Norway who were randomly assigned to Multisystemic Therapy (MST) or usual Child Welfare Services (CS) treatment conditions. Data were gathered from youths, parents, and teachers pre- and post-treatment. MST was more effective than CS at reducing youth internalising and externalising behaviours and out-of-home placements, as well as increasing youth social competence and family satisfaction with treatment. This is the first study of MST outside of the US and one of the first not conducted by the developers of MST. The findings replicate those obtained by MST's developers and demonstrate the generalisability of short-term MST effects beyond the US.

203. Oresland S, Maatta S, Norberg A, Lutzen K. Patients as 'safeguard' and nurses as 'substitute' in home health care. Nurs Ethics 2009;16(2):219-30.
     Abstract: One aim of this study was to explore the role, or subject position, patients take in the care they receive from nurses in their own home. Another was to examine the subject position that patients say the nurses take when giving care to them in their own home. Ten interviews were analysed and interpreted according to a discourse analytical method. The findings show that patients constructed their subject position as 'safeguard', and the nurses' subject position as 'substitute' for themselves. These subject positions provided the opportunities, and the obstacles, for the patients' possibilities to receive care in their home. The subject positions described have ethical repercussions and illuminate that the patients put great demands on tailored care

204. Ovhed I, Johansson E, Odeberg H, Rastam L. A comparison of two different team models for treatment of diabetes mellitus in primary care. Scand J Caring Sci 2000;14(4):253-8.
     Abstract: The importance of the nurse's role in the management of patients with type 2 diabetes has long since been emphasized. The aim of this study was to test the hypothesis that a structured organiza-

tion of type 2 diabetes care, with a diabetes nurse working more independently of the general practitioner, has a significant impact on the patient's self-management and quality of care. The test consisted of 394 registered patients, all with an onset of diabetes mellitus occurring after the age of 34, at two primary health care (PHC) districts in Blekinge county in South Sweden. During one year all consultations for both doctors and nurses were analysed, and a structured telephone survey was carried out involving 364 patients who were 84 years or younger. A comparison between the two PHC centres was made regarding quality of care, frequency of consultation, patients' knowledge of their disease, and patients' self-management. The results showed that organizing care of type 2 diabetes in a structured way encourages better metabolic control in spite of less use of oral medication, and among the patients a greater knowledge of their disease and a more active self-management thus favouring implementation of local guidelines. Also, a difference was found in the patients' choice of contact with doctor or nurse regarding their diabetes and even other causes, which shifted the balance from doctor to nurse. This study provides support for organizing type 2 diabetes care in a structured way to increase the quality of care

205. Romoren TI. The carer careers of son and daughter primary carers of their very old parents in Norway. Ageing & Society 2003;23(4):471-85.
Abstract: The purpose of this article is to analyse with longitudinal data from Norway the caring activities of sons and daughters who were the primary care-giver to a parent aged 80 or more years. The study sample consists of the 227 offspring care-givers in the Larvik study, which examined the illnesses and disabilities and the informal and formal care received until their deaths of all those aged 80 or more years in the town's population in 1981. Prospective and retrospective data were collected from that year about the health, functional losses and formal service utilisation of the older people. After the death of an older person in the study, the next-of-kin was interviewed about the informal care provided by relatives and friends during the same time span. The sequences and content of the care-giving activities differed little for son or daughter care-givers, except during a short escalation phase. The average duration of informal home care was shorter for sons than for daughters, primarily because a minority of the daughters had very long care-giving careers. The duration of the care recipients' stays in acute or long-term care institutions before death did not differ by the gender of the carer.

206. Saegrov S, Lorensen M. Cancer patients' opinions concerning post-treatment follow-up. Eur J Cancer Care (Engl) 2006;15(1):56-64.
Abstract: Cancer is one of the most serious and widespread diseases known. Statistics show that of about 4 million Norwegians, every third person will be afflicted by some form of cancer during one's lifetime. Around 20,000 Norwegians receive this diagnosis yearly. People who have cancer often indicate that they feel neglected after they have received the diagnosis and perhaps hospital treatment. This article describes a survey in which a questionnaire was employed to map the services and post-treatment care offered by county health services to cancer patients. The form was sent to 199 persons between the age of 18 and 70, all of whom had been diagnosed with cancer from 6 months to 3 years earlier. The questionnaire was addressed directly to the patients, and distributed by mail. Both the Regional Medical Ethics Committee and the Information Protection Agency gave their approval with respect to how the patients and control group were selected, and to the general procedures used in the project. Eighty-six questionnaires were filled out and returned, giving a response rate of 43%. Of those who returned the form, 44 were women and 42 were men. Their average age was 57 years. The majority of those who responded to the questionnaire had been diagnosed for cancer at least 2 years earlier. Of the responding patients, 49 persons said that they had been declared cured, 25 answered that they were still ill and 12 did not reply to this question. The survey results indicate that few services or training programmes had been offered to the patients after their treatment was completed. This conclusion is corroborated by a questionnaire filled out by doctors and administrative leaders in the home-nursing programme as part of the same project. The cancer patients had not been clearly informed whether they should contact the hospital or the health services in their home county if they needed assistance. The patients also expressed a desire for better information and a more systematic post-treatment programme, as well as clear guidelines delineating the specific areas of responsibility assigned to hospitals and the local public health services

207. Schoenmakers B, Buntinx F, Delepeleire J. What is the role of the general practitioner towards the family caregiver of a community-dwelling demented relative? A systematic literature review. Scand J Prim Health Care 2009;27(1):31-40.
Abstract: OBJECTIVE: To identify the attitudes and perspectives of the family physician towards the caregivers of demented relatives and to describe the caregivers' satisfaction. DESIGN: Systematic review. SUBJECTS: The studied population consisted of dementia family and their general practitioners. MAIN OUTCOME MEASURES: Outcome measures were the generic tasks and skills of the general practitioner to improve home care from the perspective of the family caregiver. Caregivers were assessed on satisfaction regarding the care provided by their general practitioner. RESULTS: The general practitioner is aware of his/her skills and limits in all aspects of dementia care and his/her role towards the family caregiver. They also acknowledged the importance of an adequate diagnostic process, but they felt uncomfortable disclosing the diagnosis to both the patient and the caregiver. They reported having more confidence in treatment matters than in diagnostic stages. Caregivers' reports on the attitude of their general practitioner in the diagnostic process were rated from helpful to poorly empathized. General practitioners found themselves to be highly involved in dementia home care, but caregivers rated their involvement to be insufficient. The lack of appropriate communication skills of general practitioners was also not appreciated by the caregivers. A lack of time and reward was considered by the general practitioner to be a major obstacle in dementia care. CONCLUSION: The key role of general practitioners as care providers and care planners is consolidated by the family caregivers' confidence in their skills. Clear guidelines from early diagnosis to adequate referrals should improve the ability of the general practitioner to support these time and energy-consuming home-care situations. Intervention studies addressing the gaps in the skills of the general practitioners in dementia home care management could be helpful in supporting the family caregiver. [References: 42]

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Abstract: Qualitative research in Norway into the concept of dignity as perceived by patients with head injuries and their experiences of maintaining dignity in interactions with healthcare staff. Patients on rehabilitation wards with mild to moderate cognitive disability and capable of personal care were interviewed about preservation of their dignity and experiences of violation of dignity. 25 refs

209. Stabell A, Eide H, Solheim G. Nursing home residents' dependence and independence. J Clinical Nursing 2004;13:(6):677-86.
Abstract: Research using systematic observation of social interaction between nursing home residents and nursing staff during mealtimes at a home in Oslo, Norway. The findings suggest that staff behaviour towards residents may enhance social activity and encourage independent self-care in residents. 22 refs

210. Strandberg G, Norberg A, Jansson L. Meaning of dependency on care as narrated by 10 patients. Research and Theory for Nursing Practice: An International Journal 2003;17(1):65-84.
Abstract: The aim of this particular study is to disclose the meaning of dependency on care as narrated by patients. Interviews were conducted with patients (six men and four women) who had been in medical or surgical wards for at least 14 days. Seven of the patients were also interviewed one week after discharge. The participants ranged in age from 41 to 84 years old. A phenomenological-hermeneutic approach was used to interpret the resulting text. The results show that to be dependent on care is to face the inevitability of not being able to manage by oneself—it is being attached to the nurses and bound to the care they offer. Being dependent on care involves a struggle to get care without treading on the nurses' toes. The nurses are one's lifelines and getting care is essential, no matter what. It is better to receive any form of care, good or bad, than to receive nothing. One comprehensive understanding of the meaning of dependency on care is simply that "one does not saw off the branch one is sitting on." Furthermore, dependency on care involves a struggle to move forward in a life that hurts. Patients lose much of their freedom of choice in daily life and grieve their loss of ability and value

211. Tveiten S, Severinsson E. Communication—a core concept in client supervision by public health nurses. J Nurs Manag 2006;14(3):235-43.
Abstract: AIM: The aim of this study was to explore public health nurses' reflections on client supervision. BACKGROUND: Reflection on actions represents a possible basis for constructing and refining assumptions on current theories used in practice thus making knowledge development possible. METHODS: Transcript-based qualitative content analysis was used to analyse the findings from individual interviews with 13 female public health nurses. FINDINGS: Communication is a core concept of client supervision by public health nurses and includes the following themes: (1) building a trusting relationship, (2) looking beyond the current situation, (3) creating a partnership and equality and (4) considering the challenge involved in trying to act in the clients' best interests. CONCLUSIONS: This study shows that public health nurses' reflection and reflecting related to their provision of client supervision revealed one possible assumption regarding their theories-in-use; communication is a core concept in client supervision. Communication is viewed from a hermeneutic perspective—as the meaning of the interaction between the public health nurses and the client in the supervision is reflected upon and interpreted

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Abstract: BACKGROUND: Developing high-quality patient-centred palliative care involving different professions in a local health care situation is a challenging task. It is difficult to establish co-operation on the allocation of resources to individual patients throughout the phases of disease. There are financial constraints, but also incongruities between the various levels of the health care system. Doctors' participation in cancer care is hidden in various tasks, and the contribution of GPs can be difficult to grasp. Patient-centred cancer care requires local co-operation; the intention in public health policy is to let the GP and the primary care nurse provide continuity of care, with the GP in the role of co-ordinator and organiser. MATERIAL AND METHODS: A postal questionnaire designed to survey GPs' own involvement in cancer care was sent to all 163 members of the Association of General Practitioners in Vestfold County, Norway. RESULTS: Out of 146 active members, 109 (75%) responded. GPs are regularly personally involved in the care of cancer patients; a majority of the GPs in Vestfold County have long experience. 72 respondents would take over controls as a shared responsibility and 80 are ready to follow up patients who want to live in their own homes until the end. Selv-evaluation of competence in pain control is good in a minority (13-40%). INTERPRETATION: There is a sizeable potential for quality improvement in local palliative cancer care and in the vertical and horizontal communication between the professional groups involved

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Samarbeid mellom helsearbeidere

214. Bakken K, Larsen E, Lindberg PC, Rygh E, Hjortdahl P. [Insufficient communication and information regarding patient medication in the primary healthcare]. Tidsskr Nor Laegeforen 2007;127(13):1766-9.
Abstract: BACKGROUND: Medicine management in primary health care involves several participants: the prescribing physicians, various health care personnel involved in drug administration and patients with varying degrees of will and competence to be compliant. Many things can go wrong in this process, resulting in medication errors. This qualitative survey focuses on how information is transferred within primary healthcare and how prescription and administration of medicines are documented. MATERIAL AND

METHODS: A random selection of GPs and medical secretaries in nine regular GP practices and a strategic selection of community nurses, personnel in nursing homes and emergency clinics and in hospital departments at the University Hospital of Northern Norway were interviewed in a semi-structured way during the spring of 2005. Observations were undertaken in both nursing homes and units for community nurses. Observations were logged, interviews taped, transcribed and the total material analysed. RESULTS: Necessary information on medication was not easily accessible to health care personnel in charge of patient care. Obtaining the information was time-consuming and the quality was variable and perceived as unreliable. Five out of nine GPs regarded a pharmacy prescription to be sufficient information to community nurses regarding alterations in patient medication. GPs seldom signed prescriptions in the nurses' medication chart. Patient medication information was not present when needed. Community nurses on night duty therefore often did not know what drugs they were handing out during their home visits. Discharge notes from the hospitals were often delayed, they were not sent to community nurses and just three out of nine GPs updated their medication summaries when receiving such information. INTERPRETATION: There is a need for improved communication and handling of information related to patient medication in primary health care. Patients in an ambulatory setting, who are not in charge of their own medication, are especially vulnerable to failure

215. Bjertnaes OA, Garratt A, Ruud T. Family physicians' experiences with community mental health centers: A multilevel analysis. Psychiatr Serv 2008;59(8):864-70.
Abstract: Objective: The measurement of professionals' views of quality is a key component in the evaluation of health care delivery; however, few studies have assessed the feasibility of using such evaluations as quality indicators. The effects of individual and organizational factors on family physicians' experiences with community mental health centers were assessed by responses to a self-completed questionnaire and publicly available data. Methods: Questionnaires were mailed in spring 2006 to family physicians in Norway for their evaluation of 71 community mental health centers; 2,120 (61%) practitioners responded. They evaluated centers on five scales: competence, discharge letter, contact with and help from the center in emergency situations, guidance from the center to practitioners, and workforce situation. Multilevel regression analyses were used to divide the variance between the two levels and to analyze associations with the five scales for individual- and center-level variables. Results: Center characteristics accounted for a substantial part of the variation; the intra-class correlation coefficient ranged from 10% for discharge letter to 23% for workforce situation. General impression of psychiatric services, knowledge of the center, negative episodes with the center, gender, and the center's location were significantly related to the scales. Explained variance at the individual level ranged from 24% for emergency situations to 38% for competence. Explained variance at the center level ranged from 40% for emergency situations to 70% for competence. Conclusions: A substantial part of the variation at both levels was explained for all scales. Family physicians' evaluation of community mental health centers had substantial variation at the center level, supporting the use of such evaluations as equality indicators

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217. Garasen H, Johnsen R. The quality of communication about older patients between hospital physicians and general practitioners: a panel study assessment. BMC Health Serv Res 2007;7:133.
Abstract: BACKGROUND: Optimal care of patients is dependent on good professional interaction between general practitioners and general hospital physicians. In Norway this is mainly based upon referral and discharge letters. The main objectives of this study were to assess the quality of the written communication between physicians and to estimate the number of patients that could have been treated at primary care level instead of at a general hospital. METHODS: This study comprised referral and discharge letters for 100 patients above 75 years of age admitted to orthopaedic, pulmonary and cardiological departments at the city general hospital in Trondheim, Norway. The assessments were done using a Delphi technique with two expert panels, each with one general hospital specialist, one general practitioner and one public health nurse using a standardised evaluation protocol with a visual analogue scale (VAS). The panels assessed the quality of the description of the patient's actual medical condition, former medical history, signs, medication, Activity of Daily Living (ADL), social network, need of home care and the benefit of general hospital care. RESULTS: While information in the referral letters on actual medical situation, medical history, symptoms, signs and medications was assessed to be of high quality in 84%, 39%, 56%, 56% and 39%, respectively, the corresponding information assessed to be of high quality in discharge letters was for actual medical situation 96%, medical history 92%, symptoms 60%, signs 55% and medications 82%. Only half of the discharge letters had satisfactory information on ADL. Some two-thirds of the patients were assessed to have had large health benefits from the general hospital care in question. One of six patients could have been treated without a general hospital admission. The specialists assessed that 77% of the patients had had a large benefit from the general hospital care; however, the general practitioners assessment was only 59%. One of four of the discharge letters did not describe who was responsible for follow-up care. CONCLUSION: In this study from one general hospital both referral and discharge letters were missing vital medical information, and referral letters to such an extent that it might represent a health hazard for older patients. There was also low consensus between health professionals at primary and secondary level of what was high benefit of care for older patients at a general hospital

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Abstract: This paper presents the results of a study in which hospital and home care nurses were asked to respond to a questionnaire about the structures and content of their information exchange when patients need post-hospital nursing care. The hospital nurses' satisfaction with using an electronic patient record is also reported. The results shows that the organizational context in which nurses work has implications for how the two nursing group assess their information management. The findings are discussed from an information filtering perspective

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Abstract: The aim of this study was to examine factors that may have an influence on the collaboration between the health-care professionals in a psychiatric hospital and two communities' psychiatric health service departments. Interviews were conducted with three psychiatric nurses, one medical practitioner, one health and social manager and one cultural worker; thus a total of nine informants. The transcribed interview texts were analysed by means of qualitative content analysis. The main results showed that the community psychiatric nurses felt a need for more systematic interdisciplinary collaboration. The existing collaboration was characterized by ad hoc meetings. In addition, the need for information about their colleagues' professional competence was reported. The respondents called for a more regular forum for professional guidance and coordination in relation to particular client cases in order to improve the quality of psychiatric care. There was also a need for collaboration within community health care and a link to psychiatric hospital care in order to better evaluate the outcomes of care provided. In conclusion, the lack of continuity in the collaboration between health-care professionals may affect the quality of community health services because continuity is a vital component of care

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Abstract: Background. For appropriate medical attention to be given to patients in community care it is essential that the drug charts of the community nurse and the general practitioner's patient records correspond. Material and method. We compared the drug charts for all 38 patients treated by the community nurse in one geographically defined area whose defined general practitioner worked at a health centre in Trondheim, Norway. We calculated total, proportional and chance corrected agreement (Cohen's kappa) for the number of drugs within these records. Results. We found that 90 % of the drug charts differed by one or more drugs. The general practitioner prescribed 207 drugs of which the patients received only 149, hence 61 prescribed drugs <<disappeared>>. The community nurse administered 201 drugs; this implies that 51 came from other services than the general practitioner. Overall agreement was 53 %, chance corrected agreement was kappa = 0.29 (95 % confidence interval: 0.12-0.47). Interpretation. The number of drugs in the patient records of the community nurse and the general practitioner differ substantially. We find systematic errors in the drug charts and conclude that such errors may be a potential health hazard for the patients

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Abstract: Objective: To evaluate the quality and appropriateness of referrals from general practitioners (GPs) to geriatricians of patients with suspected dementia. Design: A retrospective review of referrals from primary health care to a department of geriatric medicine. A data sheet was developed from a review of previous literature. Two GPs and two geriatricians assessed the quality and appropriateness of the referrals. Setting: Patient records in the geriatric department were collected, registered and scrutinised. Subjects: A total of 135 first-time referrals from January 2002 to December 2002 were evaluated. All patients and relatives were informed that participation was voluntary and anonymity was guaranteed. Main outcomes: Assessment of the appropriateness of referrals. Results: The mean age of all referred patients was 78.7 years (standard deviation (SD) 7.3; range 42-90 years) and 61.5% were female; 81 (60.0%) referrals were initiated by GPs, 33 (24.4%) by family members, three (2.2%) by community nurses, nine (6.7%) by the patients themselves and referral initiation was not specified for nine (6.7%). The agreement on appropriateness of referrals between the geriatricians was 83.7% (kappa 0.67; 95% confidence interval (CI) 0.55-0.79; P = 0.03) and the GPs was 71.1% (kappa 0.21; 95% CI 0.07-35.3; P < 0.001). After consensus, the agreement between the geriatricians and GPs was 57.8% (kappa 0.08; 95% CI 0-0.23). This difference was statistically significant (P < 0.001). Conclusion: There was disagreement between geriatricians and GPs regarding the appropriateness of referrals. It was found that time-consuming tests were infrequently performed or reported, and key medical information was absent from the referral letters

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Abstract: Background. In addition to the coordination between primary and secondary health care, the collaboration between the general practitioner (GP) and the community-based nursing services is a challenge. While the GPs are responsible for his or her list patients' needs, the organisational structure and resource allocation of nursing home services is a community based responsibility. Material and methods. Data on GPs' view on collaborative aspects of nursing home services was collected in a cross-sectional questionnaire survey among all Norwegian list-patient GPs in 2004 (N=1633). Results. Out of the 1637/3338 (48%) responding GPs, 1180 (72%) performed community-based services; 462 (37%) of the latter as nursing home physicians. Four out of five GPs found physician-based services for their list patients satisfactory. The GPs had an influence on the provision of nursing and care services in approximately 50% of cases. The less satisfied GPs were less frequently informed when their list patients received nursing home beds and less frequently asked to contribute patient information when the need for nursing home facilities was assessed. These latter GPs were more often of the opinion that GPs should play a major role in the decision for home-based versus nursing home services. Interpretation. Although there is a potential for improvement in the exchange of information between nursing homes and GPs, 80% of the GPs were satisfied with physician-based services in nursing homes

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Abstract: OBJECTIVES: To review the care by general practitioners (GPs), district nurses and assistant nurses of patients receiving home nursing. DESIGN: Retrospective data from questionnaires, records and

official statistics. Statistical comparisons. SETTING: Primary health care from October 1995 to October 1996. SUBJECTS: One-third (158) of all patients receiving home nursing in a suburban area were sampled; 73% (116) participated. All patients of comparable age in one practice served as a control group. MAIN OUTCOME MEASURES: Number of and reasons for visits and other contacts. Nature of care. Relation between patient problems and care given. RESULTS: Most patients were seen by the nurses two to five times a month. They met their GPs less often than other patients. More measures were undertaken without direct contact between GP and patient. The most common measures concerned medication and the assessment of symptoms. Patients with cognitive problems seemed to get less active GP care. CONCLUSION: GPs played an active role in the care of patients receiving home nursing even though they seldom met them. Many patients were regularly assessed by the nurses, which might have diminished the need for doctor visits. The care of patients with cognitive problems needs further study

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Abstract: Quantitative research in Norway investigating the collaboration between professionals in primary health care, specialist services and schools working with children with mental health problems, including the amount of time taken for collaboration with professionals from the same organisation and from other organisations. 25 refs

226. Pence BW, Nyarko P, Phillips JF, Debpuur C. The effect of community nurses and health volunteers on child mortality: The Navrongo Community Health and Family Planning Project. Scand J Public Health 2007;35(6):599-608.
Abstract: Background: Despite effective treatments and preventive measures for the major causes of child illness and death in less wealthy nations, child mortality remains high in resource-poor settings due in part to ineffective health service delivery models. Methods: The Navrongo Community Health and Family Planning Project is a longitudinal community trial of alternative organizational strategies for health service delivery in a rural, impoverished area of Ghana. In one area, nurses are placed in communities with doorstep visitation and service responsibilities. A second area includes training of a local health volunteer and community involvement in health delivery. A third area combines both strategies. Under-five mortality rates were calculated and Poisson regression was used to adjust for potential confounding characteristics. Results: In areas with village-based community nurse services, under-five child mortality fell by 14% during five years of program implementation compared with before the intervention, with reductions in infant (5%), early child (18%), and late child (39%) mortality. The volunteer intervention was associated with a 14% increase in mortality, primarily driven by a 135% increase in early child mortality. Areas with both nurses and volunteers saw an 8% increase, with small increases in all age groups. Mortality in a comparison area with standard Ministry of Health services fell by 4% during the same time period. Conclusions: These results suggest that convenient, accessible professional nursing care can reduce child mortality in impoverished African settings. However, they do not demonstrate a beneficial effect of community volunteers and suggest a possible negative impact on children's survival

227. Rognstad S, Straand J. Do general practitioners know what medicines community nurses give their shared patients? Tidsskr Nor Laegeforen 2004;124(6):810-2.
Abstract: Background. Frail elderly outpatients often receive medicines from community nurses. There is little knowledge of how general practitioners (GPs) and nurses update and coordinate their medication lists for their shared patients. Material and methods. Lists of regular medication for 90 randomly selected shared patients from GPs as well as community nurses were assessed with respect to agreement. An agreement score was calculated for number of medicines and for each drug: total daily dosage and dose regimen. Routines for updating medication lists were addressed in a questionnaire to GPs and community nurses. Results. For three out of four patients, discrepancies were found between physicians' and nurses' lists of regular medication. 52% of the discrepancies were in relation to cardiovascular drugs and psychotropic drugs. Only 41% of the GPs reported explicit routines for updating their medication lists. Interpretation. The GPs' lack of knowledge of what their patients actually receive may contribute to medication errors and adverse drug reactions

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Abstract: Empowerment in nursing homes is seldom discussed, although patient empowerment is a key policy objective in many countries. This study explored strategies nurses in nursing homes and district nursing may use in order to empower themselves and the nursing home residents. Fourteen nurses from three nursing homes in Norway were observed and interviewed. The main finding was that the nurses where striving for the best outcome for the residents, and used strategies including negotiation and raising awareness to empower residents and each other

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Abstract: Objective. The objective of this study was to explore the context and experiences of collaboration between the GP and the district nurse (DN) in diagnosing dementia, in order to identify possible procedures to improve care. Methods. Two group interviews were conducted with four DNs and five GPs, respectively, working in the municipality of Copenhagen. Results. The group interviews revealed that the suboptimized collaboration could be due to different inter-professional diagnostic strategies and a lack of understanding of the importance of early, shared, decision making. This could create conflicts between the groups. Conclusions. This study indicates a possibility for improved collaboration between the two professional groups in diagnosing dementia. Possible approaches for improved care should focus on an inter-professional understanding of the importance of early, shared, decision making, emphasizing early identification and care of diagnosed demented patients. Establishing a shared collaboration model including out-patient memory clinics, GPs and DNs could be a first step. This model should also take into account an evaluation of possible consequences for the diagnosed demented patients in terms of treatment

and care and consider the indication for referrals to a comprehensive diagnostic evaluation. We are at present planning a study to address these aspects

Beskrivelse av institusjoner og deres arbeid

230. Daatland SO. Om å ta pulsen på eldreomsorgen. Aldring og Livslöp 2009;26(2):24-8

231. Eidem Kruger RM. Kua mi - jeg takker deg? Sykehjem blir omsorgsboliger. Er det slik vi vil ha det? Demens 2006;10(4):23-5

232. Halsteinli V, Kittelsen SAC, Magnussen J. Productivity growth in Norwegian psychiatric outpatient clinics for children and youths. J Ment Health Policy Econ 2005;8(4):183-91.
Abstract: BACKGROUND: Norwegian government policy is to increase the supply of psychiatric services to children and young persons, both by increasing the number of personnel, and by increasing productivity in the psychiatric outpatient clinics. Increased accessibility is observed for the last years, measured as the number of children receiving services each year. AIMS OF THE STUDY: The paper aims to estimate change in productivity among outpatient clinics, and whether any change is related to personnel mix, budget growth or financial incentives. METHODS: We use a non-parametric method called Data Envelopment Analysis (DEA) to estimate a best-practice production frontier. A Malmquist output-based technical productivity index is calculated and decomposed in technical efficiency change, scale efficiency change and frontier shifts. Bootstrapping methods are used to estimate standard errors and confidence intervals for the technical productivity index and its decomposition. In a second stage, the technical productivity index is regressed on variables that may potentially be statistically associated with productivity growth. The paper analyses panel data for the period of 1996-2001. RESULTS: The results indicate increased overall technical productivity by about 4.5 per cent a year in the period, mostly due to frontier shift, but with important contribution from increased technical efficiency. Scale efficiency does not change. Personnel growth has a negative influence on productivity growth, whilst a growth in the portion of university educated personnel improves productivity. The financial reform of 1997 that gave greater weight to interventions per patient led to lower productivity growth in the subsequent period for those that had an initial budgetary gain from the reform. DISCUSSION: Technical productivity has increased substantially during the period of study, implying a degree of success in the government plan for increasing psychiatric health care. While the decomposition of technical productivity change is less robust to outliers than the Malmquist productivity index itself, the results indicate that both clinics that were previously efficient, and those that were inefficient, have increased their productivity, the latter somewhat more than the former. The size of the clinic is not related to its technical productivity growth. A growth in the budget affects technical productivity negatively. While the clinics seem to respond to "mild coercion" by increasing productivity, this growth is slowed down by a policy that at the same time increases the availability of resources. IMPLICATIONS FOR HEALTH POLICY: The instruments used in the government psychiatric plan have been adequate in stimulating the productivity and availability of psychiatric services. On the other hand it may be difficult to maintain the pressure for increasing the service level without stronger financial incentives, especially since the service suppliers are receiving strong activity based financial incentives for somatic care. IMPLICATIONS FOR FURTHER RESEARCH: Further research should focus on the effects of various organisational models of outpatient-clinics on both the level of, and change in, productivity. In this context the positive effect of increasing the portion of university educated personnel could provide a fertile starting point. It is also of interest to study whether productivity growth is accompanied by increased availability or increased treatment intensity

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234. Helling L. Sykehjem som behandlingsinstitusjon. Tidsskrift for den Norske Laegeforening 2007;127(17):2277

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236. Hoyland K. Satisfaction ratings and running costs of nursing homes: Advantages of smaller and more homelike units. Hogrefe & Huber Publishers; 2003.
Abstract: (from the chapter) The new type of nursing home is divided into small living units (6-10 residents), each with their own kitchen and living room. The activities that earlier took place around the central kitchen and laundry room are now centred on the residents. Staff members are close by at all times, even when they are working with other tasks, and this increases safety for the residents. Also, relative's experience that it is easier to be familiar with the staff, and this increases nursing home visits. We have evaluated 3 new nursing homes; 2 in Bergen and 1 in Trondheim. These nursing homes were better in comparison to the old nursing homes in many ways. At the same time, the residents emphasised the importance of single rooms and the possibility of an increased private life. The residents feel safe being close to the staff and they can watch the activities and everyday life in the kitchen. The study also shows that having an easily accessible out-door recreation area increases the amount of time spent outside by the residents. An important question to consider is if this modelling is less rational and more expensive to run than the traditional model. In comparison with figures from 14 other nursing homes, the new model is cheaper than the average to operate. Despite the fact that the majority of reports from the involving parts were positive, there is room for improvement. One has to emphasise that a lot of groundwork has to be done in the units, and it has to be practical and easy to do this. Laundry rooms are too small and imprac-

tical. The storage spaces for aids and equipment are too far away and too small. Some places are too narrow for wheelchair users. Some of the door thresholds are difficult to pass. Despite spacious bathrooms it was often crowded when a wheelchair user and assistant were present. During the night, compared to daytime when rooms were side by side, it was more difficult for the small number of staff members to observe all the residents. Therefore, the challenge is to invest in technology that can assist in observation at nighttime, There is little doubt that single rooms are a quality factor that residents relish. As one resident said:" I am very delighted to have a single room. I like to be alone, but also have the possibility to have visitors." The staff stated that smaller units and single rooms give more individual care, a fact that residents agreed with. "I think it's a grand place to live and the important thing is that everyone is allowed to be themselves." The survey includes questionnaires answered by staff, residents, and relatives, in addition to interviews with the representative staffs and residents. Also operating economy and expenses for the three buildings have been analysed.

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238. Höyland K. Nye sykehjem i bruk, hvordan fungerer de? Aldring & Eldre 2001;18(4):2-5

239. Kirkevold O, Engedal K. Is covert medication in Norwegian nursing homes still a problem? A cross-sectional study. Drugs Aging 2009;26(4):333-44.
Abstract: BACKGROUND AND OBJECTIVE: The practice of hiding medicines in nursing home patients' food or beverages is described in only a few scientific papers. An earlier study conducted in 1999/2000 showed that covert medication was common in Norwegian nursing homes, with 11% of patients in regular nursing home units (RUs) and 17% of those in special care units for patients with dementia (SCUs) receiving at least one covert medication during the last 7 days. However, that study included few details about the medications involved. Therefore, we designed a study to obtain more detailed information about the practice of covert medication. The objectives of the study were to describe how widespread the practice is, identify the reasons for giving the medicine in disguise, determine what kinds of medicine are given in disguise, and establish who makes the decision about covert medication. METHODS: We collected data on 1,943 patients (623 in SCUs and 1,320 in RUs) in southeast Norway between October 2006 and February 2007. The information collected included what kind of drugs the patients received, what form the drugs were administered in and how the drugs were given. Patient characteristics such as age, sex, the patient's level of function in terms of activities of daily living (ADL), mental capacity and behavioural and psychological symptoms were also recorded. Ward characteristics such as the type of ward, the number of beds in the ward and the number of carers working on each shift were also documented. Descriptive statistics of the distribution of covert medication were obtained and the findings from SCUs and RUs were compared. The same approach was taken regarding information relating to who took the decision and how the practice was documented. A multilevel logistic regression analysis was performed to examine which patient and ward characteristics were associated with covert medication. RESULTS: Each patient was given on average 6.5 different medications on a regular basis every day. Nearly a quarter (23.5%) of patients who received medications had drugs mixed in food or beverages. Fourteen percent of the patients in SCUs and nearly 10% of the patients in RUs received medicine blended in food or beverages without their knowledge (covert medication). Compared with patients who were treated openly, a significantly higher proportion of patients who were treated covertly received antipsychotics (20% vs 30%, respectively; $p < 0.001$). In most cases, the decision to administer covert medication was made by the staff together with the physician or by the physician alone (61.4% of occasions in SCUs and 52.8% in RUs). About two-thirds of cases of covert medication had been documented to some extent in the patients' records. Low mental capacity, low ADL function and the presence of agitation and learning disability were associated with covert medication. Of the ward characteristics, only staying in SCUs was associated with covert medication. CONCLUSION: Our study presents evidence suggesting that the practice of covert medication may still be a problem in Norwegian nursing homes. The frequency of this practice has been only slightly reduced in the period 2000-7, but the practice is more frequently recorded in the patient's records and the physician is today more often involved in the decision to give medicine covertly compared with 7 years ago

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Abstract: BACKGROUND: Quality of care (QoC) in nursing homes has many aspects and various proxies have been used to evaluate it. In only a few studies several proxies for quality have been combined into a common variable. OBJECTIVE: To explore which variables are associated with low QoC in few and several areas respectively. METHODS: A structured interview of the patients' primary carer of 1926 patients in 251 wards was carried out. Questions about different kinds of quality deficiencies during the last 7 days were recorded. Eight main types of quality deficiencies were used to construct a linear outcome variable called number of quality deficiencies (NQD) with values from zero to eight. Patient characteristics such as sex, age, function in activities of daily living (ADL), behaviour and mental capacity were recorded. Type of ward, staffing, size of ward, type of institution and formal education of the staff, were also recorded. RESULTS: More than half of the patients in Norwegian nursing homes experienced two or more quality deficiencies in the care during 1 week. The variables that were strongest associated with NQD, were present of aggressive behaviour, low level of functioning in ADL and moderate-to-severe dementia. Staffing level and type of ward had also a significant influence on the model

241. Kirkevold O, Engedal K. What is the matter with crushing pills and opening capsules? Int J Nurs Pract 2010;16(1):81-5.
Abstract: This study aims to map out to what degree medication is being crushed and mixed into the patients' food and beverages and how often this practice included medication, which has a statement in the Norwegian pharmaceutical compendium that this should not be done (inappropriately altered medication (IAM)). Data from a total of 2108 patients in 151 wards in 65 nursing homes were collected. The data contained information about the kind of drugs the patient received, in which form it was given and how it was

given. Patient characteristics and ward characteristics were also recorded. Twenty-three per cent were given at least one drug mixed into their food or beverages and 10% were given at least one IAM. This study shows a malpractice regarding one aspect of medication in nursing homes. Even though we need more knowledge, we know enough to take action to raise the quality of the administration of medicines in nursing homes

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Abstract: OBJECTIVE: To describe the use of constraints and surveillance and their correlates in a nationwide sample of wards in institutions for the elderly in Norway. METHODS: Questionnaires were sent to 975 institutions and returned by 623 (64%) with 1398 wards. The wards' head nurses were asked whether any patient was currently subjected to physical restraints, electronic surveillance, force or pressure in medical examination or treatment, and force or pressure in ADL. The reporting of constraints was found reliable. RESULTS: In all, 79% of the head nurses reported daily or occasional use of constraints in their wards. Most frequently reported were force or pressure in the performing of activities of daily living (reported by 61%, 95% Confidence Intervals (CI) 59-64), use of force or pressure in medical treatment or examination (49%, 95% CI 47-53) and use of physical restraints (38%, 95% CI 36-41). Electronic surveillance was used less frequently (14%, 95% CI 13-16). All classes of constraints, except physical constraints, were used significantly more frequently in special care units for persons with dementia than in ordinary nursing home units. The methodology does not allow conclusions to be drawn regarding the role of ward size and person characteristics. The staffing was unrelated to the use of constraints which varied significantly across the counties. CONCLUSION: Constraints are widely used in Norwegian institutions for the elderly. A different pattern in use of constraints was found between special care units for demented patients and ordinary units in nursing homes

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247. Nygaard HA. [Duration of drug treatment in nursing homes]. Tidsskr Nor Laegeforen 2001;121(12):1469-71.
Abstract: BACKGROUND: This article deals with duration of and changes in drug treatment of nursing home residents. MATERIAL AND METHODS: The duration of the drug use of 117 permanently admitted nursing home residents was studied retrospectively in five small nursing homes. All presently used drugs were registered with information on whether they were prescribed at or after admission. The drugs were recorded according to the ATC system. RESULTS: The median age of the residents was 87, the most frequent diagnoses were dementia (36%) and cardiovascular diseases (26%). There was a significant correlation between the number of drugs used and number of diagnoses ($r = 0.35$, $p < 0.01$). Drugs from ATC groups A and N were most commonly used. For all drugs except oestrogens there was a significant correlation between duration of stay and duration of treatment. Approximately three fourths of the residents taking cardiovascular drugs were treated at admittance. Two thirds or more of the use of laxatives, oestrogens, analgesics, psychotropic drugs and antihistamines were instituted during the nursing home stay. Antidepressants were prescribed relatively early after admittance, antipsychotics and anxiolytics later during the stay. INTERPRETATION: Major changes in drug use take place after admission to a nursing home. This especially applies to the use of psychotropics and diuretics which may precipitate the use of laxatives, while the increased use of analgesics and oestrogens may reveal under-treatment prior to admission. The drug use tends to be chronic

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250. Otterstad HK, Tönseth H. Store forskjeller i sykehjemsdrift og tilgjenelighet. Aldring og Livslöp 2007;24(2):6-10

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255. Tingvoll WA, Saeterstrand TM. Sykehjemmets rolle i fremtidens helsevesen. Tidsskrift for den Norske Laegeforening 2007;127(17):2274-5

256. Tönseth H, Otterstad HK. Sykehjemsdriften i Norge. Hva betyr dekningsgraden for sirkulasjon, pleietyngde og dödelighet? Aldring og Livslöp 2007;24(1):12-6

257. Vabo M. Home care in transition: the complex dynamic of competing drivers of change in Norway. J Health Organ Manag 2009;23(3):346-58.
Abstract: PURPOSE: This paper seeks to draw attention to the historical and institutional context of Norwegian home care and to the way in which care agencies have been pressed to reconcile competing demands caused by conflicting policy aims and administrative values. The paper also aims to explore how ideas of contractual management have been interpreted and put into practice in this field of tension. DESIGN/METHODOLOGY/APPROACH: The study draws on policy documents, historical and social research reports, and personal interviews with managers and home care staff from three different case studies representing different eras of management ideas. From this micro perspective the study examines professional work as the intersection between new public management and the health care state. FINDINGS: The findings demonstrate how contractual management is highly influenced by competing drivers of change. Reforms, stressing cost reduction, do not act as a unidirectional reform programme. Instead, they are infused with administrative arguments linked to previous reform ideas aiming to create legitimacy both from "above" and from "below". The dynamic of change often has unintended consequences which in turn prompt further reform efforts. ORIGINALITY/VALUE: The paper provides insights into the complexity of change following on from New Public Management (NPM). More specifically, change is characterised by tensions originating in competing normative drivers as well as the co-existence of old and new forms of organising

258. Veggeland T, Dyb S. The contribution of a clinical pharmacist to the improvement of medication at a geriatric hospital unit in Norway. Pharmacy Practice 2008;6(1):20-4.
Abstract: The aim of the study was to use a clinical pharmacist in order to improve the medication of patients in a geriatric hospital unit. The hospital had no experience of using a clinical pharmacist before. Methods: A clinical pharmacist participated in the therapeutic team for 27 days during a 4-year period. Drug-related problems were recorded prospectively and discussed before and at the ward round. The results of the physician's decisions on the current day about potential changes in medication proposed by the pharmacist were continuously recorded. Results: The pharmacist evaluated the medication of 250 patients. At least one drug-related problem was found in 188 (75%) of the patients. For these patients, the physician made 606 decisions concerning potential changes in the medication (3.2 per patient). Thirty percent (184/606) of the decisions were connected to further measurements and to the follow-up of laboratory results, mainly (82%, 151/184) for cardiovascular drugs. Forty-two percent (255/606) of the decisions resulted in the discontinuation of drugs, dosage reduction or a decision to revise the assessment at a later stage during hospitalisation. Medicines with anticholinergic adverse effects were to a great extent withdrawn. Twenty-one percent (129/606) of the decisions were made on drugs with an addiction potential: hypnotics, anxiolytics, as well as analgesics containing tramadol and codeine. The result was often (71%, 91/129) dosage reduction, a change from fixed medication to medication on demand or to discontinuation. Conclusion: Even with a modest participation of once a month, the evaluation of a patient's medication by a clinical pharmacist led to improved changes and the follow-up of the medication of the elderly

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Forskning

260. Fange A, Risser R, Iwarsson S. Challenges in implementation of research methodology in community-based occupational therapy: The housing enabler example. Scand J Occup Ther 2007;14(1):54-62.
Abstract: This paper focuses on challenges in implementation of research in community-based occupational therapy practice. Based on a two-year project in a south Swedish municipality aiming at studying implementation of structured assessment procedures in the housing adaptation process, the first purpose is to provide a detailed project description, and the second is to report on first results identifying challenges in implementation of research in practice. The project was managed following a non-profit marketing model involving activities based on user needs, e.g. assessment training, support visits, and seminars with the users, i.e. occupational therapists. In order to collect data on implementation challenges, a multidimensional approach was utilized. Involving all occupational therapists in the municipality under study, 422 housing adaptation cases were assessed by means of the Housing Enabler. Good inter-rater reliability was demonstrated (kappa[bar]=0.62), but large differences between districts in the municipality were seen. Qualitative analyses of diaries, e-mail correspondence and minutes from workshops and seminars elucidated three categories reflecting research implementation challenges: Utilizing research in practice is not straightforward; Utilizing information technology is demanding; and Establishing cooperation and communication is challenging. The results can be utilized for planning of research implementation projects in practice not used to scientific work

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Abstract: Older adults have not been consistently included in research studies, and this has had a profound effect on the generalizability of research findings to this population. The difficulty of including older

adults often arises in obtaining informed consent when the individual might not have the capacity to provide that consent. Providing a research format that does not hinder the treatment of the older patient is a challenge. The lack of research results in incomplete or inadequate information. This article addresses a common problem, falls, with limited information. Falls provide a significant risk, and the research regarding tests to predict the frequency of falls is not widely used. We know that the possibility of falling is decreased by increasing the awareness of caregivers that the patient is at risk of falling. Research with vulnerable populations requires increased attentiveness to the rights of the research subjects. The elderly population is a vulnerable population. This vulnerability increases the challenge of ethical research but does not diminish the need.

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Abstract: The aim of this article is to review research presented in occupational therapy journals with the elderly as respondents. With an increasing number of elderly people in society research including the elderly should play a vital role within occupational therapy especially since emphasis on subjective experience is an important factor in the core constructs of occupation. Through a review of six occupational therapy journals, covering the period 2001-2006, it was discovered that 15% of the total number of articles included the elderly as respondents. The published articles with the elderly as respondents were mainly quantitative with the most frequent subject being instrument developing and testing. Most studies had a population group of mixed ages, making it hard to draw conclusions concerning the elderly population. The conclusion is that more research of a qualitative nature reflecting the subjective perspectives of the elderly is needed, especially regarding the oldest age group since this is the fastest growing and there is still limited knowledge regarding their perspective on matters concerning their everyday lives and their doings. Technological developments are implied to benefit elderly people but more research and discussion is needed on how this will affect both the elderly and occupational therapy theory and practice

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Abstract: The purpose of this article is to elaborate on barriers to research participation by older adults at end of life. We focus on the hospice setting and classify barriers to research participation into six domains: societal attitudes toward death, research procedures, health care organizations, agency staff, patients' families and caregivers, and patient characteristics. We characterize particular participation issues, uncertainties in participation for individuals with advanced illness, and infringements on patient self-determination, as well as potential solutions to these research challenges. Our observation of the complex palliative context includes the realization that a singular change will not have large enough impact on participation. We conclude that, along with the responsibility to expand the research base addressing the needs of dying individuals, there is also a need to understand the challenges of implementing research projects with older adults at end of life

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269. Toth-Cohen S. Using cultural-historical activity theory to study clinical reasoning in context. Scand J Occup Ther 2008;15(2):82-94.
Abstract: The aim of this paper is to describe sources of conflict and congruence in critical areas of practice with caregivers of persons with dementia, using cultural-historical activity theory as an analytic framework. Findings are drawn from an ethnographic study that described the context of occupational therapists' (OTs') clinical reasoning in a funded, home-based environmental skill-building program designed to help caregivers manage the daily care of a family member with dementia. Data were gathered through observation of intervention sessions, debriefing sessions, semi-structured interviews with therapists, and review of intervention documentation. Primary sources of conflict and congruence within the identified practice context included conflicts between therapists and caregivers concerning which environmental strategies were best for addressing problems in caregiving and expectations regarding OT and caregiver roles. Areas of congruence included the fit between intervention protocols used to guide treatment and the approaches therapists developed to help caregivers modify care receivers' living environments. The study revealed the complexity of OT practice and demonstrated that practice contexts can be systematically analyzed using cultural-historical activity theory to determine key factors influencing clinical reasoning. The approach also presents an alternative perspective on clinical reasoning that more directly integrates clients/caregivers and therapists as co-constructors of OT interventioNotes:

Brukergrupper

Barn

270. Christiansen O, Anderssen N. From concerned to convinced: Reaching decisions about out-of-home care in Norwegian child welfare services. Child & Family Social Work 2010;15(1):31-40.
Abstract: Placing children in out-of-home care constitutes one of the strongest public interventions in families. This paper explores how Norwegian Child Welfare Service (CWS) workers present their reasons as well as their work processes in the course of deciding to place children in out-of-home care. The analysis is based on interviews with 83 social workers and concerns 109 children recently removed from their homes. Three central elements were identified in the social workers' accounts: (1) a description of worrying conditions in the family; (2) the workers' long-term back-and-forth process, which revolved around experiences from the case, particularly around interactions with the parents; and (3) a triggering factor that made the out-of-home placement take place when it did. These elements underline the need to include both substance (conditions related to the child and his/her family) and procedure (conditions related to the work on the case) to understand what leads CWS to removing children. Both types of conditions put the parents, rather than the children, in the centre of the workers' attention, which may be explained by the position and role of the CWS workers as street-level bureaucrats. The findings emphasize the importance of acknowledging the contradictory position of CWS workers.

271. Drugli MB, Larsson B. Children aged 4-8 years treated with parent training and child therapy because of conduct problems: generalisation effects to day-care and school settings. European child & adolescent psychiatry 2006;15(7):392-9.
Abstract: In this study, generalisation effects to day-care/school settings were examined in an outpatient clinic sample of 127 children aged 4-8 years treated because of oppositional conduct problems in the home with parent training (PT) and parent training combined with child therapy (CT) ("Incredible Years"). Before treatment all children scored above the 90th percentile on the Eyberg Child Behavior Inventory (ECBI) for home problems, and met criteria for a possible or a confirmed diagnosis of either an oppositional defiant (ODD) or a conduct (CD) disorder. Further, 83% of the children showed clinical levels of conduct problems both at home and in day-care/school before treatment. Although most children improved at home, the majority still showed clinical levels of conduct problems in day-care/school settings after treatment and 1-year later. Combined PT and CT produced the most powerful and significant generalisation effects across the treatment period, however these improvements were not maintained 1-year later for most areas. The results of the present study, therefore, underline the need to target conduct problems not only exhibited at home but also in day-care/school settings, and to develop strategies to maintain positive generalisation effects after treatment for this age and problem-group

272. Dyregrov A, Heltne U. Investigation of reported malpractice in Norwegian state institutions for children. [Norwegian]. Tidsskrift for Norsk Psykologforening 2005;42(8):683-92.
Abstract: An investigation of Norwegian state institutions for children revealed a long history of professional malpractice. This article presents a study where adult subjects were asked to report about their childhood experiences. All subjects had previously witnessed for the state's commission of inquiry into institutional malpractice. A majority of subjects felt that the inquiry represented a positive rectification of previous wrongs. They also felt that their role as witness triggered emotionally painful memories. Subjects did not regret having taken part in the inquiry. They felt that a history of state malpractice had finally been exposed. Inquiries into similar types of malpractice related to other kinds of institutional care can only be encouraged when witnesses are provided with adequate psychological support

273. Holtan A, Ronning JA, Handegard BH, Sourander A. A comparison of mental health problems in kinship and nonkinship foster care. European child & adolescent psychiatry 2005;14(4):200-7.
Abstract: OBJECTIVE: Knowledge of the emotional and behavioural problems of children in kinship foster care is scarce. No data on such problems in European countries have been published. This study compares child psychiatric problems and placement characteristics of children living in kinship and nonkinship foster care. METHODS: A total of 214 children in kinship and nonkinship foster care, aged 4-13, participated in the study. The Child Behavioral Checklist (CBCL) was completed by their foster parents and demography and placement information was collected. RESULTS: Of the nonkinship group, 51.8 % scored above the borderline on the CBCL Total Problem score, as did 35.8% of the kinship group. The kinship group had fewer previous placements, were more often fostered within their local community and had more contact with their biological parents. Kinship foster parents had lower social status, in terms of educational level.Variables significantly related to high level of the CBCL Total problems score were male gender and location of foster home outside community of birth family. Positive outcome was significantly associated with placement within the child's own community, which in turn was related to kinship placement. CONCLUSIONS: Placement in kinship foster care should be considered as a viable possibility

274. Hukkanen R, Sourander A, Santalahti P, Bergroth L. Have psychiatric problems of children in children's homes increased? Nord J Psychiatry 2005;59(6):481-5.
Abstract: This time-trend study was conducted during and after the severe economic recession and the period of high unemployment in Finland in the 1990s. The changes in the behavioral and emotional problems of children and adolescents placed in children's homes were studied in the same area using the Child Behavior Checklist questionnaire at three different time points (1993, 1996 and 1999), and the Children's Global Assessment Scale in 1996 and 1999. Internalizing symptoms of the children increased significantly. The level of psychosocial problems among boys was already high at the first rating in 1993, and it remained high during the whole study period. Behavioral and emotional problems of the girls placed in

children's homes increased significantly, being at the same level as the boys' by the end of the study period

275. Kendrick D, Coupland C, Mulvaney C, Simpson J, Smith S, Sutton A, et al. Home safety education and provision of safety equipment for injury prevention. Cochrane Database Syst Rev 2007;(1):CD005014.
Abstract: BACKGROUND: In industrialised countries injuries are the leading cause of childhood death and steep social gradients exist in child injury mortality and morbidity. The majority of injuries in preschool children occur at home, but there is little meta-analytic evidence that child home safety interventions improve a range of safety practices or reduce injury rates and little evidence on their effect by social group. OBJECTIVES: We evaluated the effectiveness of home safety education, with or without the provision of low cost, discounted or free equipment in increasing home safety practices or reducing child injury rates and whether the effect varied by social group. SEARCH STRATEGY: We searched The Cochrane Library, MEDLINE, EMBASE, CINAHL, DARE, ASSIA, Psychinfo and Web of Science, plus a range of relevant web sites, conference proceedings and bibliographies. We contacted authors of included studies and surveyed a range of organisations. SELECTION CRITERIA: Randomised controlled trials (RCTs), non-randomised controlled trials and controlled before and after studies where home safety education with or without the provision of safety equipment was provided to those aged 19 years and under, which reported safety practices, possession of safety equipment or injury. DATA COLLECTION AND ANALYSIS: Two authors independently assessed study quality and extracted data. We attempted to obtain individual participant level data (IPD) for all included studies and summary data and IPD were simultaneously combined in meta-regressions by social and demographic variables. MAIN RESULTS: Eighty studies were included; 37 of which were included in at least one meta-analysis. Twenty-three (62%) were RCTs and 12 (32%) included in the meta-analysis provided IPD. Home safety education was effective in increasing the proportion of families with safe hot tap water temperatures (OR 1.35, 95% CI 1.01 to 180), functional smoke alarms (OR 1.85, 95% CI 1.24 to 2.75), storing medicines (OR 1.58, 95% CI 1.18 to 2.13) and cleaning products (OR 1.63, 95% CI 1.22 to 2.17) out of reach, syrup of ipecac (OR 3.34, 95% CI 1.50 to 7.44) and poison control centre numbers accessible (OR 3.66, 95% CI 1.84 to 7.27), fitted stair gates (1.26, 95% CI 1.05 to 1.51), socket covers on unused sockets (OR 3.73, 95% CI 1.48 to 9.39) and storing sharp objects out of reach (OR 1.52, 95% CI 1.01 to 2.29). There was a lack of evidence that interventions reduced rates of thermal injuries, poisoning or a range of injuries. There was no consistent evidence that interventions were less effective in families whose children were at greater risk of injury. AUTHORS' CONCLUSIONS: Home safety education provided most commonly as one-to-one, face-to-face education, in a clinical setting or at home, especially with the provision of safety equipment is effective in increasing a range of safety practices. There is a lack of evidence regarding its impact on child injury rates. There was no consistent evidence that home safety education, with or without the provision of safety equipment was less effective in those at greater risk of injury. HOME SAFETY EDUCATION AND PROVIDING SAFETY EQUIPMENT FOR INJURY PREVENTION: Injuries are the leading cause of childhood death in industrialised countries. People living in disadvantaged circumstances are at greater risk of injury than those more advantaged. This review examined whether home safety education and providing safety equipment increased safety behaviours and safety equipment use and reduced injuries. It also looked at whether home safety education was more or less effective in families which are disadvantaged. The review authors found 80 studies, which reported many different safety behaviours, but few studies included information on injuries.The results often varied between studies, but overall families who received home safety education were more likely to have a safe hot tap water temperature, a working smoke alarm, to store medicines, cleaning products and sharp objects out-of-reach, to have fitted stair gates and socket covers on unused sockets and to have syrup of ipecac and poison control centre numbers accessible. The reviewers did not find that home safety education reduced injury rates, but this may have been due to the small number of studies which measured injuries, and more research is needed to answer this question. The reviewers did not find that home safety education was less effective in families whose children were at greater risk of injury

276. Kjelsberg E, Nygren P. The prevalence of emotional and behavioural problems in institutionalized childcare clients. Nord J Psychiatry 2004;58(4):319-25.
Abstract: The objective of the study was to investigate the gender-specific prevalence of emotional and behavioural problems in children and adolescents in out-of-home childcare, compared with patients in child and adolescent psychiatric institutions. The total population of clients in residential childcare institutions in Oslo, Norway, was investigated by the use of standardized questionnaires (Achenbach's Child Behavior Checklist and Youth Self Report) and compared to all same-aged patients residing in child and adolescent psychiatric institutions in the same area at the same time. Boys in residential childcare had emotional and behavioural problem levels comparable to boys in child and adolescent psychiatric institutions, as measured by the questionnaires. Girls in residential childcare did not reach problem levels as high as those found in girls in psychiatric institutions, but problem levels were still well above those found in the general population. It was concluded that institutionalized childcare clients had a high prevalence of behavioural and emotional problems, as measured by Achenbach's Child Behavior Checklist and Youth Self Report

277. Lagerberg D. Secondary prevention in child health: effects of psychological intervention, particularly home visitation, on children's development and other outcome variables. Acta Paediatr Suppl 2000;89(434):43-52.
Abstract: This paper reviews interventions targeting socially deprived families, families with low birthweight/premature children, and some other problems (child abuse, sensitivity/attachment, postnatal depression). Conclusions are mainly based on randomized controlled trials. Earlier reviews in the field have emphasized the importance of intensive, enduring home visitation and of early education programmes for young children. Home visitation may positively effect several outcomes, including health behaviour, child safety and stimulation. Rates of child abuse and neglect have proven difficult to influence, but home visitation may result in other gains such as fewer accidents and serious injuries, and greater home safety. The cognitive development of low birthweight and premature children may be positively influenced by home visitation, particularly in combination with an early stimulation programme in the neonatal unit and

pre-school placement. Postnatally depressed mothers have been shown to improve substantially from nurse counselling once a week for 6-8 wk. It is suggested that home visitation should be tried on a systematic basis, and that early pre-school experiences should be offered to children in different risk situations. Child Health Centres should introduce a screening programme for postnatal depression. Specialist child health units should be encouraged. [References: 79]

278. Larsson B, Fossum S, Clifford G, Drugli MB, Handegård BH, MøRch WT. Treatment of oppositional defiant and conduct problems in young Norwegian children : results of a randomized controlled trial. European child & adolescent psychiatry 2009;18(1):42-52.
Abstract: The efficacy of the Incredible Years parent training and child therapy programs was examined in a randomized controlled study including 127 Norwegian children aged 4-8 years. Children diagnosed with oppositional defiant disorder (ODD) or conduct disorder (CD) were randomized to parent training (PT), parent training combined with child therapy (PT + CT), or a waiting-list control condition (WLC). Assessments were carried out at baseline, posttreatment and at a one-year follow-up using standardized measures and a semi-structured interview. Both active treatment conditions reduced child conduct problems posttreatment as opposed to the WLC, while differences between the two treatment conditions were small and nonsignificant. About two thirds of the treated children functioned within normal variation after treatment, and the same proportion no longer received an ODD diagnosis at the one-year follow-up. Parental use of positive strategies increased after treatment, and the use of harsh and inconsistent discipline decreased as did mother experience of stress. The outcome of this study emphasizes the importance of offering parent training to young children with severe conduct problems exhibited at home. The findings and usefulness of the Incredible Years program in the present Norwegian replication study further support and extend positive outcomes of previous controlled trials conducted primarily in Anglo-Saxon countries

279. Lennell A, Kuhlmann-Berenzon S, Geli P, Hedin K, Petersson C, Cars O, et al. Alcohol-based hand-disinfection reduced children's absence from Swedish day care centers. Acta Paediatr 2008;97(12):1672-80.
Abstract: AIM: To determine if the use of alcohol-based hand-disinfection as a complement to regular hand washing at daycare centers (DCCs) can reduce the childhood rate of absenteeism. METHODS: Children aged 0-6 years attending DCC were studied in a cluster randomized controlled trial during 30 weeks. Thirty matched pairs of DCCs were included in the study, where one of the DCCs was randomized to intervention and the other to control within each pair. The intervention consisted in children and staff using alcohol-based oily disinfectant gel containing 70% ethanol after regular hand washing. The main outcome was the rate of episodes of absence from DCC due to infection. A regression model was fitted at the individual level and controlling several possible confounders for illness. Absences were reported by the parents. RESULTS: Differences in missing absence reports between the two groups led to only evaluating those 29 DCCs (1431 children) that were able to provide complete reports. In the multivariate regression, the intervention significantly reduced the rate of absenteeism of a child by 12% compared to a child in a control DCC (IRR 95% CI: 0.799-0.965). CONCLUSION: Hand-disinfection used by children and staff significantly decreased childrens absences due to infections in Swedish DCCs

280. Mahonen S, Riikonen P, Vaatainen RL, Tikanoja T. Oral anticoagulant treatment in children based on monitoring at home. Acta Paediatr 2004;93(5):687-91.
Abstract: AIM: To evaluate the feasibility of home monitoring of oral anticoagulant treatment (OAT) in paediatric patients. METHODS: A total of 19 paediatric patients received OAT and then monitored their treatment at home with CoaguChek. Data on their International Normalized Ratio (INR) values were collected retrospectively from hospital records and from the notes kept by the families. The families of the patients were also asked to fill in a questionnaire. RESULTS: No thrombotic or haemorrhagic complications occurred during a total amount of 44.7 follow-up years. INR: the proportion of INR values measured at home falling within the therapeutic range for the given patient varied from 33 to 86% (median 69%). The questionnaire: all respondents were satisfied with home monitoring, and 63% felt that a major advantage of home monitoring was that there was no need to perform venipuncture. While 47% of the respondents reported no disadvantages of home monitoring, 42% reported that they occasionally lacked confidence in their ability to conduct OAT correctly at home. CONCLUSION: Home monitoring of OAT is feasible and reasonably reliable in paediatric patients. However, it is crucial that healthcare professionals supervise the treatment and the families are provided with detailed and precise instructions on how to act in a variety of clinical situations

281. Moen KH, Bakke HK, Bakke O, Fors EA. Preschool children's sickness absenteeism from Norwegian regular and outdoor day care centres: a comparative study. Scand J Public Health 2007;35(5):490-6.
Abstract: AIMS: To examine whether there are any differences in sickness absenteeism between children in outdoor day care centres and regular day care centres and also to investigate whether other variables predict sickness absenteeism. METHODS: Data on sickness absence during a 4-week period together with several explanatory variables of 531 children in 32 regular and 37 outdoor day care centres were collected and included in the analysis. The data were analysed by generalized linear modelling. RESULTS: The overall frequency of sickness absence was 5.1%. There was no general significant difference between sickness absenteeism in regular and outdoor day care centres. Of the other possible explanatory variables only two were found to contribute significantly: age, with a negative relationship, and the interaction effect of a child with a chronic disease or disability going to an outdoor day care centre, with a positive relationship. CONCLUSIONS: The present study indicates that sickness absenteeism of a child without a chronic disease or disability is not affected by whether the child attends a regular or an outdoor day care centre. There seem to be no health benefits for children with chronic diseases or disabilities to attend outdoor day care centres--there is in fact evidence that sickness absence for those children is higher in outdoor centres

282. Nordlie A-L, Andersen BM. Children in day care centres: Parents' attitudes to antibiotics. Tidsskr Nor Laegeforen 2004;124(17):2229-31.

Abstract: Background. Most children in day care get infections and are prescribed antibiotics. We studied parents' attitude towards such prescription. Material and methods. Parents (563 out of 1126 surveyed) in 22 day care centres returned a questionnaire on factors in their own situation and in their day care centre with impact on the use of antibiotics. Results. Parents above 30 years of age, well educated and knowledgeable about antibiotics were the most sceptical of such treatment. A negative attitude on the part of employers and colleagues towards absence from work led to more use of antibiotics (p < 0.01). Children in single-parent homes were given more antibiotics than those in two-parent homes (p < 0.05). Help from relatives led to less use of antibiotics (p < 0.01). Sick children went to day care in 16% of cases; 57% of those taking antibiotics still went to day care. Interpretation. Parents' situation may influence the use of antibiotics in children. Too many children are taking antibiotics and still go to day care. Support in the workplace, from relatives and from friends may give parents a better chance of staying at home with a sick child, thus preventing the spread of infections and cut down on the use of antibiotics

283. Nordlie A-L, Andersen BM. Children in day-care centers; infections and antibiotic treatment. Tidsskr Nor Laegeforen 2002;122(28):2707-10.
Abstract: Background. Bacterial resistance is a major problem in many countries and is associated with liberal use of antibiotics. In this study infections and use of antibiotics were studied in day-care children in Oslo and Akershus counties in Norway. Material and methods. Parents in 22 randomly chosen day-care centers were asked to complete a semi-structured questionnaire about infections and antibiotic treatment of their childrens over the last 12 months. Out of 1,126 parents, 563 (50 %) completed the questionnaire. Results. 97 % of the children had suffered infections over the last 12 months (mean seven infections); colds 85 %, otitis 36 %, throat infections 27 %, bronchitis 13 %, pneumonia 12 %, eye infections 41 %, gastroenteritis 63 %, and wound infections 9 %. Out of 3,900 episodes of infections, 29 % were treated with antibiotics; in all, 65 % of the children received antibiotics. 80% of parents had consulted physicans with their children: 80 % of the consultations resulted in prescriptions of antibiotics. Boys had more infections than girls and used antibiotics more often. Younger children had more infections than older ones, but did not use antibiotics more often. Among children with ear infections 75 % got antibiotics, throat infections 85 %, bronchitis 82 %, and eye infections 58 %. Interpretation. Children in day-care centers in the Oslo area have a high occurrence of infections, a high rate of medical consultations, and a very high use of antibiotics

284. Nystad W, Skrondal A, Magnus P. [Day care centers, infections and asthma]. Tidsskr Nor Laegeforen 2001;121(3):282-6.
Abstract: BACKGROUND: Our objective was to use a causal model for childhood asthma to determine whether the effect of day care attendance on asthma was mediated by recurrent respiratory tract infections. MATERIAL AND METHODS: The study is based on a cross-sectional survey among 1,447 children aged 6-16 years in Oslo. Their parents completed written questionnaires. A recursive logit model was used to estimate direct effects in terms of adjusted odds ratios (aOR). RESULTS: Year of birth, number of siblings and length of maternal education were significantly associated with after-school care attendance. Attendance increased the risk of early infections, aOR = 1.8 (1.3-2.5), and infections were associated with asthma, aOR = 4.9 (3.4-7.3). The crude association between after-school care and asthma was cOR = 1.5 (1.0-2.2), whereas the estimated direct effect was small and non-significant, aOR = 1.2 (0.8-1.9). The results may be influenced by over-reporting of infections among parents with children with asthma. INTERPRETATION: Our results suggest that children who attend day care have an increased risk of asthma, with early infections as a mediator of risk

285. Sarkola T, Kahila H, Gissler M, Halmesmaki E. Risk factors for out-of-home custody child care among families with alcohol and substance abuse problems. Acta Paediatr 2007;96(11):1571-6.
Abstract: AIM: To study the risk of children to mothers with alcohol and/or substance abuse related problems for early childhood out-of-home care in Finland. METHODS: A population-based cross-sectional retrospective analysis of 526 pregnant women attending special outpatient clinics during 1992-2001 and their 626 offspring, with out-of-home care data until 2003 provided by the National Child Welfare Register. RESULTS: Fifty percent (95% confidence interval 46-54%) were at some point and 38% (34-42%) by the age of two years, in out-of-home care. Out-of-home care was associated with maternal care for substance abuse after delivery, nonemployment, housing, daily smoking during pregnancy, increasing number of previous births, mother in custody in her childhood, maternal education, previous child in custody, drug in urine during pregnancy, unplanned pregnancy, partner with significant abuse, regular health-care contact for abuse, daily alcohol consumption before and/or during pregnancy, newborn not discharged with mother, neonatal abstinence symptoms (NAS), intensified perinatal surveillance or NICU, and delayed discharge from hospital. CONCLUSIONS: There is a substantial risk of children born to mothers with significant alcohol and/or substance abuse related problems for out-of-home care during early childhood. Factors identified during the pre- and perinatal period are associated with this risk

286. Skarderud F, Nygren P, Edlund B. 'Bad Boys' Bodies: The Embodiment of Troubled Lives. Body Image and Disordered Eating Among Adolescents in Residential Childcare Institutions. Clinical Child Psychology and Psychiatry 2005;10(3):395-411.
Abstract: Children residing in care (hereafter referred to as childcare residents) are a risk-group for emotional disturbances and behaviour problems. Based on existing knowledge of risk factors one would also expect this population to be a high-risk group for eating disorders and related body-image disorders. The objective of this study was to describe pathological eating behaviour, dysfunctional body focusing and psychological symptoms in a sample of childcare residents compared with a non-clinical sample. Sixty-one childcare residents (aged 14-21 years, mean 16.2) and a non-clinical comparison group (n = 196) completed the Eating Disorders Inventory-Child version (EDI-C). The childcare residents also completed an extended questionnaire, including questions regarding the use of anabolic-androgenic steroids. Our main findings were high scores on EDI-C symptom scales for boys in the childcare resident group; few differences between girls in the two samples; and a high frequency of having used anabolic-androgenic steroids among boys in care. Body-image problems among boys have hitherto been given little attention.

The results call for increased efforts in describing and detecting pathological cognitions, emotions and behaviour concerning the body in males in general and, more specifically, in high-risk male groups, such as childcare residents.

287. Tessier R, Charpak N, Giron M, Cristo M, de Calume ZF, Ruiz-Peláez JG. Kangaroo Mother Care, home environment and father involvement in the first year of life: a randomized controlled study. Acta paediatrica (Oslo, Norway : 1992) 2009;98(9):1444-50.
Abstract: AIMS: This study tested the hypothesis that Kangaroo Mother Care creates a climate in the family, which enhances infants' performance on the developmental quotient scale. SETTING: The largest social security hospital in Colombia with a neonatal intensive care unit. SUBJECTS: At 12 months of corrected age, 194 families in the Kangaroo Mother Care group and 144 families in the Traditional Care group were available for analysis. INTERVENTIONS: Infants were kept 24 h/day in an upright position, in skin-to-skin contact until it was no longer tolerated by the infants. Babies in the Traditional Care were kept in incubators on the Minimal Care Unit until they satisfied the usual discharge criteria. OUTCOME MEASURES: The Home Observation for Measurement of the Environment (HOME), Father Involvement and Developmental Quotient (Griffiths) scores. RESULTS: 1) Kangaroo mothers created a more stimulating context and a better caregiving environment than mothers in the Traditional Care group; 2) this environment was positively correlated to father involvement and 3) the family environment of male infants was most improved by Kangaroo Mother Care. CONCLUSION: Kangaroo Mother Care has a positive impact on home environment. The results also suggest, first, that both parents should be involved as direct caregivers in the Kangaroo Mother Care procedure and secondly, that this intervention should be directed more specifically at infants who are more at risk at birth. The Kangaroo Mother Care intervention could be an excellent means to ensure parents' mature involvement in the future of their children.

288. Winokur M, Holtan A, Valentine D. Kinship care for the safety, permanency, and well-being of children removed from the home for maltreatment. Cochrane Database Syst Rev 2009;(1):CD006546.
Abstract: Background: Every year a large number of children around the world are removed from their homes because they are maltreated. Child welfare agencies are responsible for placing these children in out-of-home settings that will facilitate their safety, permanency, and well-being. However, children in out-of-home placements typically display more educational, behavioral, and psychological problems than do their peers, although it is unclear whether this results from the placement itself, the maltreatment that precipitated it, or inadequacies in the child welfare system. Objectives: To evaluate the effect of kinship care placement on the safety, permanency, and well-being of children removed from the home for maltreatment. Search strategy: The following databases were searched to Februrary 2007: CENTRAL, MEDLINE, C2- Specter, Sociological Abstracts, Social Work Abstracts, SSCI, Family and Society Studies Worldwide, ERIC, PsycINFO, ISI Proceedings, CINAHL, ASSIA, and Dissertation Abstracts International. Relevant social work journals and reference lists of published literature reviews were handsearched, and authors contacted. Selection criteria: Randomized experimental and quasi-experimental studies, inwhich children removed fromthe home formaltreatment and subsequently placed in kinship foster care, were compared with children placed in non-kinship foster care on child welfare outcomes in the domains of well-being, permanency, or safety. Data collection and analysis: Reviewers independently read the titles and abstracts identified in the search and selected appropriate studies. Reviewers assessed the eligibility of each study for the evidence base and then evaluated the methodological quality of the included studies. Lastly, outcome data were extracted and entered into REVMAN for meta-analysis with the results presented in written and graphical forms. Main results: Sixty two quasi-experimental studies were included in this review. Data suggest that children in kinship foster care experience better behavioral development, mental health functioning, and placement stability than do children in non-kinship foster care. Although there was no difference on reunification rates, children in non-kinship foster care were more likely to be adopted while children in kinship foster care were more likely to be in guardianship. Lastly, children in non-kinship foster care were more likely to utilize mental health services. Authors' conclusions: This review supports the practice of treating kinship care as a viable out-of-home placement option for children removed fromthe home for maltreatment. However, this conclusion is tempered by the pronounced methodological and design weaknesses of the included studies.

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289. Kaaresen PI, Ronning JA, Ulvund SE, Dahl LB. A randomized, controlled trial of the effectiveness of an early-intervention program in reducing parenting stress after preterm birth. Pediatrics 2006;118(1):e9-19.
Abstract: BACKGROUND: Preterm birth has been associated with increased parenting stress in early infancy, and some reports have found this to be a risk factor for later behavioral problems. There are, however, few studies and conflicting results. Information about the fathers is scarce. OBJECTIVES: Our goal was to study the effects of an early-intervention program on parenting stress after a preterm birth until 1 year corrected age. METHODS: A randomized, controlled trial was conducted including infants with a birth weight <2000 g treated at the University Hospital of North Norway Trust, which serves the 2 northern-most counties in Norway, to examine the effects of a modified version of the Mother-Infant Transaction Program on parenting stress measured by the Parenting Stress Index. A term control group was also recruited. The Parenting Stress Index was administered to the mothers at 6 and 12 months' corrected age and to the fathers at 12 months' corrected age. The intervention consisted of 8 sessions shortly before discharge and 4 home visits by specially trained nurses focusing on the infant's unique characteristics, temperament, and developmental potential and the interaction between the infant and the parents. RESULTS: Seventy-one infants were included in the preterm intervention group, and 69 were included in the preterm control group. The preterm groups were well balanced. Seventy-four infants were included in the term control group. Compared with the preterm controls, both the mothers and fathers in the preterm intervention group reported significant lower scores in child domain, parent domain, and total stress on all

occasions except the mother-reported child domain at 12 months. These differences were not related to birth weight or gestational age. The level of stress among the preterm intervention group was comparable to their term peers. Both parents in the intervention group reported consistently lower scores within the distractibility/hyperactivity, reinforces parents, competence, and attachment subscales compared with the preterm control group. There were no differences in mean summary stress scores between the mothers and fathers in the 2 preterm groups at 12 months, but the intraclass correlation coefficient was higher in the intervention group. CONCLUSIONS: This early-intervention program reduces parenting stress among both mothers and fathers of preterm infants to a level comparable to their term peers. We are now studying whether this will result in long-term beneficial effects

290. Kronborg H, Vaeth M, Olsen J, Iversen L, Harder I. Effect of early postnatal breastfeeding support: a cluster-randomized community based trial. Acta Paediatr 2007;96(7):1064-70.
Abstract: AIM: To assess the impact of a supportive intervention on the duration of breastfeeding. DESIGN AND SETTING: A community based cluster-randomized trial in Western Denmark. SUBJECTS: Fifty-two health visitors and 781 mothers in the intervention group, and 57 health visitors and 816 mothers in the comparison group. Intervention: Health visitors in the intervention group received an 18-h course. The intervention addressed maternal psychosocial factors and consisted of 1-3 home visits during the first 5 weeks post-partum. Health visitors in the comparison group offered their usual practice. Main outcome measure: Duration of exclusive breastfeeding during 6 months of follow-up. RESULTS: Mothers in the intervention group had a 14% lower cessation rate (HR = 0.86 CI: 0.75-0.99). Similar results were seen for primipara, and multipara with previously short breastfeeding experience. Mothers in the intervention group received their first home visit earlier, had more visits and practical breastfeeding training within the first 5 weeks. Babies in the intervention group were breastfed more frequently, fewer used pacifiers, and their mothers reported more confidence in not knowing the exact amount of milk their babies had received when being breastfed. CONCLUSION: Home visits in the first 5 weeks following birth may prolong the duration of exclusive breastfeeding. Postnatal support should focus on both psychosocial and practical aspects of breastfeeding. Mothers with no or little previous breastfeeding experience require special attention.

291. Leite AJM, Puccini RF, Atalah AN, Alves Da Cunha AL, Machado MT. Effectiveness of home-based peer counselling to promote breastfeeding in the northeast of Brazil: a randomized clinical trial. Acta Paediatr 2005;94(6):741-6.
Abstract: AIMS: To evaluate the effectiveness of home-based peer counselling to increase breastfeeding rates for unfavourably low birthweight babies. METHODS: Randomized clinical trial carried out in maternity hospitals and households in Fortaleza, one of the regions in Brazil with very low income; 1003 mothers and their newborns were selected in eight maternity hospitals. Newborns needed were healthy and weighed less than 3000 g. INTERVENTION: Breastfeeding counselling, conducted by lay counsellors from the community, during home visits carried out on days 5, 15, 30, 60, 90 and 120 after birth. MAIN OUTCOME MEASURE: Feeding methods in the fourth month of life. RESULTS: The intervention increased exclusive breastfeeding (24.7% vs 19.4%; p=0.044), delayed the introduction of formula and increased the time infants substituted breastfeeding to bottle milk (bottle milk 33.4% in the control group and 20.1% in the intervention group; p=0.00002). When comparing the frequency of artificial breastfeeding versus all other forms of breastfeeding (exclusive+predominant+partial), the intervention increased breastfeeding rates in 39% (RR=0.61; CI 95%: 0.50-0.75); 15% of children were free from artificial feeding (absolute risk reduction). The number of families to be visited to avoid one child receiving artificial feeding (NNT) was 7 (CI 95%: 5-13). CONCLUSIONS: Breastfeeding counselling, promoted by lay counsellors, can impact favourably on exclusive breastfeeding rates and contribute to delaying the utilization of milk formula and weaning. The intervention has great application potential because most cities in the northeast of Brazil count on community health workers that could do the counselling

292. Ortenstrand A, Winbladh B, Nordstrom G, Waldenstrom U. Early discharge of preterm infants followed by domiciliary nursing care: parents' anxiety, assessment of infant health and breastfeeding. Acta Paediatr 2001;90(10):1190-5.
Abstract: The aim of this study was to evaluate the effect of early discharge of preterm infants, followed by domiciliary nursing care, on the parents' anxiety, their assessment of infant health and breastfeeding. Seventy-five families including 88 preterm infants who were physiologically stable but in need of further special care, such as gavage feeding, were allocated to an early discharge group (EDG) that was offered home visits (n = 40), or to a control group offered standard neonatal care (CG) (n = 35). Seventy families (37 in the EDG and 33 in the CG) completed the study to the 1-y follow-up. Data were collected by means of questionnaires on three occasions: in the EDG, at hospital discharge, on completion of the domiciliary care programme and after 1 y, and in the CG at the corresponding points in time, which were during hospitalization, at hospital discharge and after 1 y. No statistical differences were observed between the groups in emotional well-being, except that mothers in the EDG had a lower level of situational anxiety at the time of hospital discharge compared with CG mothers whose infants remained in hospital. One year after the birth, the EDG mothers said they had felt better prepared to take responsibility for the care of their babies after completion of the domiciliary care programme, in contrast to CG mothers. However, no statistical differences were observed in the recollection of anxiety, confidence in handling the baby and periods of mental imbalance. No statistical difference was observed in breastfeeding rates between the groups. Fathers in the EDG group tended to perceive their babies as being healthier, compared with CG fathers. CONCLUSION: Early discharge of preterm infants followed by domiciliary nursing care did not seem to have any major effect on the parents' anxiety and their assessment of infant health

293. Schmidt N, Abelsen B, Oian P. Deliveries in maternity homes in Norway: results from a 2-year prospective study. Acta Obstet Gynecol Scand 2002;81(8):731-7.
Abstract: BACKGROUND: The study aims to report the short-term outcome for the mothers and newborns for all pregnancies accepted for birth at maternity homes in Norway. METHODS: A 2-year prospective study of all mothers in labor in maternity homes, i.e. all births including women and newborns trans-

ferred to hospital intra partum or the first week post partum. RESULTS: The study included 1275 women who started labor in the maternity homes in Norway; 1% of all births in Norway during this period. Of those who started labor in a maternity home, 1217 (95.5%) also delivered there while 58 (4.5%) women were transferred to hospital during labor. In the post partum period there were 57 (4.7%) transferrals of mother and baby. Nine women had a vacuum extraction, one had a forceps and three had a vaginal breech (1.1% operative vaginal births in the maternity homes). Five babies (0.4%) had an Apgar score below 7 at 5 min. There were two (0.2%) neonatal deaths; both babies were born with a serious group B streptococcal infection. CONCLUSION: Midwives and general practitioners working in the districts can identify a low-risk population (estimated at 35%) of all pregnant women in the catchment areas who can deliver safely at the maternity homes in Norway. Only 4.5% of those who started labor in the maternity homes had to be transferred to hospital during labor

294. Vik K, Aass IM, Willumsen AB, Hafting M. "It's about focusing on the mother's mental health": screening for postnatal depression seen from the health visitors' perspective--a qualitative study. Scand J Public Health 2009;37(3):239-45.
Abstract: AIMS: This study examines experiences from the implementation of EPDS as a routine screening for postnatal depression in a health centre seen from health visitors' perspective. METHODS: A qualitative approach was chosen to shed light on this issue. Six experienced health visitors and one midwife participated in a focus group interview sharing their experiences and expectations. RESULTS: The analysis indicate that the EPDS screening turned out to be a useful tool for the health visitors to adress mental health issues in health promotion and preventive work with mothers and newborns. The EPDS screening shifted the focus in the consultation from the child solely to also encompass the mother and the relation between them. A precondition for this was that the implementation process was gradual and on the health visitors own terms, likewise that there was a follow-up chain including supervision given to the health visitors, in order to provide help for the mothers who need more help than the health centre can offer. CONCLUSIONS: Our study shows that acceptability for routine screening with EPDS amongst health visitors is possible to achieve

Ungdom

295. Christensen B, Mauseth T. Multisystemic therapy: A home-and community-based treatment for youths with serious antisocial behavior. [Norwegian]. Tidsskrift for Norsk Psykologforening 2007;44(9):1095-106.
Abstract: Multisystemic therapy (MST) is an intensive home- and community-based treatment program for youths with serious antisocial behavior, developed by Scott Henggeler and his colleagues at Medical University of South Carolina, USA, and implemented in Norway over the last six years. There are 25 MST-teams in Norway, and more than 3000 Norwegian families have received the treatment. American and Norwegian randomized outcome studies show that MST is significantly more effective for youths with serious antisocial behavior than services usually available for this group. This article gives a description of the treatment program; the clinical work describing the MST Analytical Process and the treatment principles, the quality assurance process, the implementation process and the research supporting the program.

296. Helgeland IM. What works? A 15-year follow-up study of 85 young people with serious behavioral problems. Children and Youth Services Review 2010;32(3):423-9.
Abstract: Adolescents with serious behavioral problems, such as truancy, criminality, drug abuse and vagrancy, provoke a range of reactions. What measures can help these young people onto a more positive track? A child welfare project in a Norwegian county in the early 1980s examined alternative initiatives for boys and girls with the most serious behavioral problems. The adolescents were followed up at the age of 30, by means of interviews, surveys and official data. This article focuses mainly on quantitative analyses. The study shows that three-quarters of the female participants and about half the male participants were living lives traditionally viewed as satisfactory for 30-year-olds, i.e., 'ordinary' lives. The findings indicate that out-of-home initiatives in a family-similar setting (with adults and adolescents living together on an everyday basis) seem to give a chance to re-socialization. Well resourced foster homes and treatment collectives for young drug abusers gave the young people an opportunity to learn step-by-step to have confidence in adults as significant others, to live meaningful and 'ordinary' daily lives and gradually to break with friends with antisocial conduct.

297. Littell JH, Campbell M, Green S, Toews B. Multisystemic Therapy for social, emotional, and behavioral problems in youth aged 10-17. Cochrane Database Syst Rev 2005;(4):CD004797.
Abstract: BACKGROUND: Multisystemic Therapy (MST) is an intensive, home-based intervention for families of youth with social, emotional, and behavioral problems. Masters-level therapists engage family members in identifying and changing individual, family, and environmental factors thought to contribute to problem behavior. Intervention may include efforts to improve communication, parenting skills, peer relations, school performance, and social networks. Most MST trials were conducted by program developers in the USA; results of one independent trial are available and others are in progress. OBJECTIVES: To provide unbiased estimates of the impacts of MST on restrictive out-of-home living arrangements, crime and delinquency, and other behavioral and psychosocial outcomes for youth and families. SEARCH STRATEGY: Electronic searches were made of bibliographic databases (including the Cochrane Library, C2-SPECTR, PsycINFO, Science Direct and Sociological Abstracts) as well as government and professional websites, from 1985 to January 2003. Reference lists of articles were examined, and experts were contacted. SELECTION CRITERIA: Studies where youth (age 10-17) with social, emotional, and/or behavioral problems were randomised to licensed MST programs or other conditions (usual services or alternative treatments). DATA COLLECTION AND ANALYSIS: Two reviewers independently reviewed 266

titles and abstracts; 95 full-text reports were retrieved, and 35 unique studies were identified. Two reviewers independently read all study reports for inclusion. Eight studies were eligible for inclusion. Two reviewers independently assessed study quality and extracted data from these studies.Significant heterogeneity among studies was identified (assessed using Chi-square and I2), hence random effects models were used to pool data across studies. Odds ratios were used in analyses of dichotomous outcomes; standardised mean differences were used with continuous outcomes. Adjustments were made for small sample sizes (using Hedges g). Pooled estimates were weighted with inverse variance methods, and 95% confidence intervals were used. MAIN RESULTS: The most rigorous (intent-to-treat) analysis found no significant differences between MST and usual services in restrictive out-of-home placements and arrests or convictions. Pooled results that include studies with data of varying quality tend to favor MST, but these relative effects are not significantly different from zero. The study sample size is small and effects are not consistent across studies; hence, it is not clear whether MST has clinically significant advantages over other services. AUTHORS' CONCLUSIONS: There is inconclusive evidence of the effectiveness of MST compared with other interventions with youth.There is no evidence that MST has harmful effects. IT IS PREMATURE TO DRAW CONCLUSIONS ABOUT THE EFFECTIVENESS OF MST COMPARED WITH OTHER SERVICES: Results of eight randomised controlled trials of Multisystemic Therapy (MST) conducted in the USA, Canada, and Norway indicate that it is premature to draw conclusions about the effectiveness of MST compared with other services. Results are inconsistent across studies that vary in quality and context. There is no information about the effects of MST compared with no treatment. There is no evidence that MST has harmful effects

298. Myrbakk E, von Tetzchner S. Psychiatric disorders and behavior problems in people with intellectual disability. Res Dev Disabil 2008;29(4):316-32.
Abstract: The relationship between behavior problems and psychiatric disorders in individuals with intellectual disability is still unresolved. The present study compares the prevalence and pattern of psychiatric disorders in individuals with intellectual disability who were assessed on the ABC to have moderate and severe behavior problems and a matched group of individuals without such problems. Both groups were living in community settings and had their intellectual disability varied from mild to profound degrees. The participants were screened for psychiatric disorders using four different instruments; the Reiss Screen, the Mini PAS-ADD, the DASH-II and the ADD. The group with moderate and severe behavior problems showed significantly more symptoms of psychiatric disorders than the group without such problems when items related to behavior disorders were omitted, and the majority of the participants with behavior problems had symptoms of the main psychiatric disorders. The participants with mild and moderate intellectual disability showed more symptoms of psychosis and depression than the participants with severe and profound intellectual disability. There were no direct associations between individual behavior problems and psychiatric disorders, but the group with mild/moderate intellectual disability showed a somewhat different pattern of associations than the group with severe/profound intellectual disability. Depression was associated with screaming and aggression in the participants with severe and profound intellectual disability, and with self-injury in the participants with mild and moderate intellectual disability. The finding that the majority of the participants with behavior problems showed symptoms of psychiatric disorders suggests that many behavior problems may be (unconventional) symptoms of psychiatric disorders or reflect a difficult life situation caused by a psychiatric disorders, or that a difficult life situation may contribute to both psychiatric disorders and behavior problems in individuals with intellectual disability

299. Ogden T, Hagen KA. Multisystemic Treatment of Serious Behaviour Problems in Youth: Sustainability of Effectiveness Two Years after Intake. Child and Adolescent Mental Health 2006;11(3):142-9.
Abstract: Background: Multisystemic Treatment (MST) is an intensive home- and community based intervention for youths with serious behaviour problems. The aim of this study was to examine the effectiveness of MST compared to 'regular services' (RS) two years after intake to treatment. In particular, our goals were to investigate whether MST was successful at preventing placement out of home, and to examine reductions in behaviour problems in multi-informant assessments. Method: Participants were 75 adolescents who were randomly assigned to MST or Regular Child Welfare Services (RS) at 3 sites across Norway. Data were gathered from youths, caregivers and teachers. Results: MST was more effective than RS in reducing out of home placement and behavioural problems. Discussion: The sustainability of treatment effects was evident, supporting the MST approach to the treatment of serious behavioural problems in youth. Site differences and the moderating effects of age and gender are discussed.

300. Pommier J, Billot L, Mouchtouris A, Deschamps JP, Romero MI, Zubarew T. French adolescent attitudes towards informal care for physical and emotional or relational problems. Acta Paediatr 2002;91(4):466-74.
Abstract: The objective of this study was to determine adolescents' attitudes concerning the use of self-care and traditional medicines. A self-administered anonymous questionnaire with open-ended questions was completed by 543 adolescents aged 15-19 y. The results showed that the most frequent self-care activity for general health problems, in more than three-quarters of them, was self-medication; 14% of them resorted to minor home treatment such as taking care of wounds, bandaging or massages. Instructions for use were mentioned by 69% of adolescents as a way of choosing self-prescribed drugs. Natural medicines were used by 32% of the girls and 23% of the boys, mainly herbal teas or plant-based medicines, followed by homoeopathy. Self-care for emotional and relational problems mainly involved thinking about the problem and questioning themselves about their own behaviour or about the way they are. They also mentioned activities such as sports, going out, listening to music, watching television, and trying to think about something else by keeping themselves occupied. Natural medicines were used by 19% of the girls and 13% of the boys. Plant-based medicines or herbal teas were used most often, followed by drugs or alcohol, with homoeopathy in third place. Conclusion: Self-care and alternative medicines were used by adolescents in this study for physical as well as for emotional or relational problems. Their use did not reflect dissatisfaction with physicians and hospital treatment or an objection to formal services, but rather was a choice of these approaches for their own specific characteristics. They were also viewed as being less harmful than conventional treatment

Eldre

Ulike boligformer eller behandlingssteder, ikke hjemme eller sykehjem

301. Andresen M, Runge U. Co-housing for seniors experienced as an occupational generative environment. Scand J Occup Ther 2002;9(4):156-66.
Abstract: This qualitative study aimed to identify and explore how well elderly people living in co-housing for seniors experience their occupational choices and occupational performance from a health-promotion and disease-prevention perspective. A semi-structured discussion guideline with three main topics-occupational environment, occupational performance and occupational choices was the basis for three focus-group interviews, each with 6 participants. The analysis was performed by using a modified qualitative meaning considering approach. Member checks were done with the original focus groups before the final step in analysis. The findings demonstrated that participants experience themselves as living in an environment which is generative for their occupational choices and performance. Participants talk about their experiences as a result of an interaction between the physical and social environment. They put especially strong emphasis on their social networks. Being in control and deciding for oneself is important, valued and is something they protect individually and in fellowship. In general, participants experience their performance and choices in terms of feeling free and having reserves of energy. Some of the participants point out limitations in choices and performance in relation to either their physical or their social environment

302. Fisher AG, Atler K, Potts A. Effectiveness of occupational therapy with frail community living older adults. Scand J Occup Ther 2007;14(4):240-9.
Abstract: This study examined the effectiveness of short-term, home-based occupational therapy guided by the Occupational Therapy Intervention Process Model for improving activities of daily living [ADL] with eight frail, older adults living in assistive living. A multi-method research approach was utilized to collect both quantitative and descriptive, qualitative data in the form of a retrospective examination of the participants' clinical records. The quantitative component was a within-subjects, repeated-measures analysis of participants' Assessment of Motor and Process Skills [AMPS] ADL motor and ADL process ability measures that revealed statistically significant improvement in ADL motor, but not ADL process abilities. The qualitative component was a content analysis of the clinical records. ADL baselines, goals, interventions and outcomes documented were analyzed. Improvement was noted in 77% of the written ADL goals. Results are discussed and recommendations were given for future research and documentation to improve the profession's ability to support evidence-based practice

303. Lund A, Engelsrud G. 'I am not that old': Inter-personal experiences of thriving and threats at a senior centre. Ageing & Society 2008;28(5):675-92.
Abstract: The high cultural valuation of youthfulness and fitness in the mass media and more generally in western consumer society is the contextual frame for this study. It examines older people's attitudes towards their own ageing and towards people who are older or frailer than themselves. Participant observation was conducted of the attitudes, actions and interactions of the users of a senior centre in Norway. The users held two sets of attitudes that led to quite different activities and actions at the centre. On the one hand, they saw the centre as helping them 'thrive', which was associated with involvement in the community and participation in the structured daily activities to promote the senses of belonging and being useful. On the other hand, some perceived the centre and particularly the other users as 'threats' -- as reminding them that they were getting old and increasingly vulnerable to sickness and disability. To some, the centre was for old people with disabilities, and they used subtie strategies to distance themselves from this group. Some users' attitudes and behaviour were in tension: they wished to participate in the valued activities but also to distance themselves from frailer users, while not denying their own ageing. The distancing strategies and behaviour amounted to age discrimination in interpersonal relations and interactions at the centre. This behaviour accepts rather than challenges the cultural valuation of youthfulness and the negative representation of old age.

304. Moen B. Eldresenteret som flerkulturell möteplass. Aldring & Eldre 2001;18(4):16-21

305. Nilsson I, Nygard L. Geriatric rehabilitation: Elderly clients' experiences of a pre-discharge occupational therapy group programme. Scand J Occup Ther 2003;10(3):107-17.
Abstract: This study describes how elderly people, temporarily living in a pre-discharge community rehabilitation centre, may experience participation in an in-patient occupational therapy programme built around group activities. The group activity programme was comprised of five sessions, each focusing on a theme chosen to encourage reflection and mutual sharing of experiences and support. Data were collected through interviews with each of the three participants immediately after each of the five group sessions. The resultant 15 interviews were analysed by adopting a Grounded Theory approach. The results show that the ways in which the participants experienced participating in the group activity programme can be described from two distinct core categories: experiences of activation and experiences of transformation. The category of activation emerged from their experiences of a creative force whilst engaged in performing the activities and from their discovery that the group was a good place for learning. Engagement in the group activities also seemed to bring about a transformation in the participants in that their experiences triggered reflection and adaptation, which contributed to a change in attitude and a personal synthesis where their new discoveries were internalized. The study shows the potential a group activity programme in occupational therapy has in triggering an adaptational and reflective process within elderly people facing discharge from hospital. Hence, group activity interventions in occupational therapy are

suggested as one possible way to support the elderly person in the discharge process from hospital to the home

306. Sviden G, Wikstrom B-M, Hjortsjo-Norberg M. Elderly persons' reflections on relocating to living at sheltered housing. Scand J Occup Ther 2002;9(1):10-6.
Abstract: The aim of this study is to analyse the ways in which individuals describe the experience of moving to and living at sheltered housing. Fifty-nine randomly selected elderly persons living in sheltered housing participated in semi-structured interviews. Each individual's narrative regarding their experiences in relation to their new life situation was analysed using a phenomenological approach in order to organize into themes the qualitatively different experiences which were disclosed. The analysis of the interviews showed that moving to sheltered housing meant for a majority of participants that their self-image changed from being self-reliant and independent to becoming dependent and perceiving themselves and their care to be a burden. After having lived at sheltered housing most of the participants expressed they were satisfied with the somatic care they received. However, the analysis also suggests that for some of the participants there are existential issues involved related to mental well-being which need to be attended to

307. Tollen A, Fredriksson C, Kamwendo K. Elderly persons' expectations of day-care rehabilitation. Scand J Occup Ther 2007;14(3):173-82.
Abstract: The aim of this study was to explore elderly persons' conceptions of what they expected to gain from attending day-care rehabilitation centres (DCR). A purposeful sampling procedure was employed. Interviews with 22 prospective elderly day-care patients were carried out and analysed according to a phenomenographic approach. The analysis yielded eight categories. Two categories, Social contact and Exercise, described what the elderly persons expected to encounter. The remaining categories, A change from the monotony of everyday life, An opportunity to be yourself, A balm for the body, A safety net, A mastery of everyday activities, and An energizing spark, described the meanings of the encounters. Two categories were attributed to the elderly persons' physical presence at the centre and the gains were expected to end when the programme ended. In three categories the expected improvements were projected into the future and were expected to last. The findings imply that follow-up home visits and suggestions for alternative social activities in order to provide stimulation and social equality would be a valuable complement to the DCR programme. Rehabilitation personnel need to consider the ambivalent view on assistive devices as well as the elderly person's need for continuity when setting goals and planning individual programmes

308. Wikstrom B-M. Congregate housing for old people: The importance of the physical environment and perceived sense of security. Australian Journal of Primary Health 2007;13(3):85-90.
Abstract: In Sweden, congregate housing units for elderly people are in a dynamic transition. Reforms emphasise the right of continued integrity and respect when an older person needs service and support in their daily life. With older people's experiences of living in a congregate housing unit, important qualities of the physical environment and of practices and ideology of nursing were examined. Using a random selection from 30 congregate housing units, 59 residents were asked to participate in a semi-structured interview. The interviews were taped and analysed qualitatively. The results showed that residents regarded security and aflat of their own as unconditionally the most important features of a congregate housing unit. Security was provided by health professionals, nurses and nurses' assistants. An important aspect of the outdoor environment expressed by the elderly residents was to have access to a green spot and benches to rest on.

Hvem er de eldre som bor hjemme og hvordan har de det?

309. Andersson K, Nordenram G, Wardh I, Berglund B. The district nurse's perceptions of elderly patients' oral health: a qualitative interview study. Acta Odontol Scand 2007;65(3):177-82.
Abstract: OBJECTIVE: The aim of this qualitative study based on interviews was to explore the perceptions that district nurses have of the oral health of elderly patients. MATERIAL AND METHODS: The criterion for inclusion was being a district nurse working in a primary health-care centre in the County of Stockholm. The respondents were asked open-ended questions about their perceptions of oral health and about the impact of oral problems on the general health and well-being of elderly patients. The analyses started at the first interview and proceeded in parallel until no further relevant information could be obtained. Analysis of the open-ended questions was inspired by grounded theory methodology and comprised four stages: native reading, open coding, axial coding, and selective coding. RESULTS: The one core category identified, namely indistinct professional duties of the district nurse, formed the central meaning of the district nurse's perceptions of oral health in elderly patients. This related to two other categories labelled 'insights into the district nurse's professional role' and 'obstacles for the district nurse', with sub-categories. CONCLUSION: Although the district nurses in this study were aware of the impact of oral health in old age, their attitude was that this was a matter for dentistry

310. Dale B, Saevareid HI, Soderhamn O. Testing and using Goldberg's General Health Questionnaire: Mental health in relation to home nursing, home help, and family care among older, care-dependent individuals. Int J Ment Health Nurs 2009;18(2):133-43.
Abstract: The aims of this study were to test the Norwegian version of Goldberg's 30-item General Health Questionnaire (GHQ-30) in a group of older, care-dependent individuals living at home; to describe self-reported mental health; and to relate mental health to receiving home nursing, home help, and family care. A sample of 234 home nursing patients in Norway aged 75 years and older was interviewed. Mental state was assessed using the GHQ-30. Reliability and validity were calculated with Spearman's rank correlations, Cronbach's alpha coefficient, and Mann-Whitney U-test. The factor analysis was performed us-

ing the principal components analysis with varimax rotation and Kaiser normalization. Demographic characteristics and amounts of formal and family care were recorded, and descriptive statistics and stepwise multiple regression were used in the analyses. Cronbach's alpha coefficient for the GHQ was 0.92. The item-total correlations were generally acceptable. For items concerning depression and anxiety, the item-total correlations ranged from r(s)= 0.60 to 0.77. The factors extracted in the factor analysis explained 70% of the variance in the group. Females <85 years of age living in urban areas were associated with reduced mental health. There were no associations between general mental health and the amounts of formal and family care provided

311. Desrosiers J, Noreau L, Robichaud L, Fougeyrollas P, Rochette A, Viscogliosi C. Validity of the assessment of life habits in older adults. J Rehabil Med 2004;36(4):177-82.
Abstract: Objective: To study the construct validity of a participation scale, the Assessment of Life Habits, with older adults having functional limitations. More specifically, the study aimed to verify the ability of the Assessment of Life Habits to discriminate between clienteles in 3 living environments, and to compare participation scores to functional independence scores obtained with the Functional Autonomy Measurement System (Systeme de mesure de l'autonomie fonctionnelle). Design: Participants were evaluated once with the Assessment of Life Habits and the Functional Autonomy Measurement System. Subjects: Eighty-seven older adults (mean age 78.0 years (8.2)) living in 3 types of environment: own home, private nursing home or long-term care centre. Results: Results suggest that the Assessment of Life Habits scores discriminate between different levels of participation according to the living environments of the participants. The Assessment of Life Habits measures some similar aspects to the Functional Autonomy Measurement System scale but also additional concepts not included in the Functional Autonomy Measurement System. Conclusion: This study supports the validity of the Assessment of Life Habits as a participation measure. It suggests the importance of going beyond disability measures to evaluate the overall functioning of older adults correctly.

312. Henriksen BM, Ambjornsen E, Laake K, Axell T. Prevalence of teeth and dentures among elderly in Norway receiving social care. Acta Odontol Scand 2003;61(3):184-91.
Abstract: The aim of this study was to estimate the prevalence of teeth and dentures in individuals aged 67 years and over receiving social care in Norway. A representative sample of 2893 individuals was selected from all 19 counties of Norway. In all, 1910 individuals (1358 living in institutions, 552 living at home) could be interviewed and examined by calibrated local dental teams in 1996-97. Overall response rate was 66%. Out of the examined, 1359 (71%) were women and 551 (29%) were men. The mean age was 85.1 years for women and 82.2 years for men. In all, 19.6% had 'own teeth only', 21.0% 'own teeth and dentures', 54.0% 'dentures only', and 5.3% 'neither teeth nor dentures'. Previous findings in a random sample of elderly Norwegians from three regions with markedly different dental health were confirmed by using polychotomous logistic regression. Three regions of Norway could be identified with respect to the occurrence of teeth and dentures: region A (South-East counties of Norway including the capital Oslo), region B (West-Central counties), and region C (Northern counties). Significant differences existed between them and non-significant differences within them. A mean number of 12.3 teeth were observed in 773 (40.5%) dentate individuals, 13.4 in region A, 11.4 in region B, and 9.0 in region C, respectively. In conclusion, there are large geographical disparities with respect to dental/denture status also in individuals receiving social care in Norway. When the data were collected (1996-97), the oral health goal for the year 2000 suggested by WHO/FDI aiming at 50% of people aged 65 years and above having a minimum of 20 remaining functional teeth was not fulfilled for individuals receiving social care in large parts of Norway

313. Kvaal K, Laake K. Anxiety and well-being in older people after discharge from hospital. J Adv Nurs 2003;44(3):271-7.
Abstract: BACKGROUND: A previous study using the State-Trait Anxiety Inventory (STAI) has documented a very high prevalence of anxiety symptoms among older inpatients. The STAI produced two main concepts on factor analysis -'Nervousness' and 'Well-being'- and high scores on both caused the high overall score in these patients. AIM: To investigate how the scorings on the STAI evolve after discharge in older patients in order to understand better the reasons for their high scorings while in hospital. METHODS: Sixty-three patients who had been scored on the STAI during their stay in an elder care department were followed up at 1-3 and 12 months after discharge. Data were analysed by ancova for unbalanced designs. RESULTS: The mean STAI sum score increased significantly (3.5 points adjusted for the baseline scoring, age and gender, P < 0.001) from the first follow-up while in hospital to 1-3 months after discharge, with no significant change between the second and the last follow-up. This increase resulted primarily from a significant worsening of the score on 'well-being'. The score on 'nervousness' remained unchanged. Age did not influence the scores, while females scored higher. No interaction effects were observed, indicating that the evolvement of nervousness and anxiety after discharge is independent of gender and age. Item analysis showed that the worsening of the score on 'well-being' in these patients during the first 1-3 months after discharge was primarily caused by a lower score on the item 'I feel secure'. CONCLUSION: The study does not support the hypothesis that a high level of nervousness and lack of well-being among hospitalized older patients results from acute illness and hospitalization. The worsening in the score on well-being after discharge of such patients is primarily caused by low levels of feelings of security. This represents a challenge to nurses providing home-based care

314. Kvaal K, Macijauskiene J, Engedal K, Laake K. High prevalence of anxiety symptoms in hospitalized geriatric patients. Int J Geriatr Psychiatry 2001;16(7):690-3.
Abstract: Objective: To examine the prevalence of anxiety symptoms in hospitalized geriatric patients. Design: Controlled cross-sectional study. Subjects: Ninety-eight geriatric in-patients and 68 healthy home-dwelling controls of similar age recruited from senior citizen centres. Outcome measure: Anxiety measured as a current emotional state by Spielberger's State-Trait Anxiety Inventory (STAI). Results: The geriatric patients scored significantly higher than the controls. Applying Spielberger's recommended cut-off of 39/40 on the STAI sumscore, 41% of the female and 47% of the male geriatric patients might be sus-

pected of suffering from significant anxiety symptoms. Patients with chronic obstructive pulmonary disease tended to score higher; otherwise no relationship was found between the STAI sumscore and type of chronic somatic disease, nor between the STAI sumscore and number of drugs in regular use. Conclusions: STAI proved feasible for use in the elderly. The scoring on the STAI is high in geriatric in-patients. Further studies are needed to clarify to what extent this relates to a high prevalence of anxiety disorders.

315. Kvaal K, McDougall FA, Brayne C, Matthews FE, Dewey ME. Co-occurrence of anxiety and depressive disorders in a community sample of older people: Results from the MRC CFAS (Medical Research Council Cognitive Function and Ageing Study). Int J Geriatr Psychiatry 2008;23(3):229-37.
Abstract: Background: Few population-based studies have examined the whole range of subthreshold syndromes and disorders of anxiety and depression in older people. Aims: To investigate the co-occurrence of anxiety and depressive syndromes in older people. Associations between these conditions and personal and environmental factors are examined. Method: MRC CFAS included 13,004, age 65 years and above, who completed the initial screening interview. A stratified random subsample of 2, 640 participated in the assessment interview where the Geriatric Mental State Examination (GMS) was administered. The AGECAT diagnostic system was used to generate subthreshold and disorder-level of anxiety and depression as well as the combination of these into eight syndromes categories plus a group without any of the syndromes categories. Prevalences, unadjusted and adjusted odds ratios are calculated for the syndrome categories in relation to cross-sectional personal and environmental factors, and odds ratios of subthreshold and disorders level are estimated. Results: The overall prevalence of anxiety and depressive disorders are 3.1% and 9.7% respectively. The overall prevalence of either anxiety or depressive disorder (anxiety disorder with subthreshold depression, mixed anxiety and depressive disorder with subthreshold anxiety) where they overlapped is 8.4%. The highest Odds Ratios unadjusted and adjusted for age and gender, of anxiety and depressive disorders and significant for trend are found for increasing disability. Disability has a strong relationship with all the co-morbid syndrome categories. In all analyses women showed significant higher estimates than men. Conclusions: Our study demonstrated high estimates where anxiety and depression occurred in parallel both as disorders and as subthreshold syndromes.

316. Rosenvinge BH, Rosenvinge JH. [Occurrence of depression in the elderly--a systematic review of 55 prevalence studies from 1990-2001]. Tidsskr Nor Laegeforen 2003;123(7):928-9.

317. Sorbye LW, Schroll M, Finne Soveri H, Jonsson PV, Topinkova E, Ljunggren G, et al. Unintended weight loss in the elderly living at home: the aged in Home Care Project (AdHOC). J Nutr Health Aging 2008;12(1):10-6.
Abstract: OBJECTIVE: To describe associations between unintended weight loss (UWL) and characteristics of nutritional status. DESIGN: A comparative cross-sectional assessment study at 11 sites in Europe. The target population was a stratified random sample of 4,455 recipients of home care (405 in each random sample from 11 urban areas) aged 65 years and older. MEASUREMENTS: the Resident Assessment Instrument for Home Care, version 2.0. Epidemiological and medical characteristics of clients and service utilisation were recorded in a standardized, comparative manner. UWL was defined as information of 5% or more weight loss in the last 30 days (or 10% or more in the last 180 days). RESULTS: The final sample consisted of 4,010 persons; 74% were female. The mean ages were 80.9 +/- 7.5 years (males) and 82.8 +/- 7.3 years (females). No associations were found between single diagnoses and UWL, except for cancer. Cancer patients were excluded from further analyses. Persons with a Cognitive Performance Scale value (CPS) superior 3 (impaired) had increased risk of UWL (OR = 2.0) compared with those scoring inferior or egal 3 (less impaired). Only in the oldest group did we find a significant association between UWL and reduction in ADL and IADL functions, comparing those who scored 3 or less with those who scored more than 3 (disabled). A binary logistic regression model explained 26% of UWL: less than one meal/day, reduced appetite, malnutrition, reduced social activity, experiencing a flare-up of a recurrent or chronic problem, and hospitalisation were important indicators. CONCLUSION: We recommend a regular comprehensive assessment in home care to identify clients with potential risk factors for weight loss and malnutrition, in particular those discharged from hospital, and those with physical dependency or cognitive problems. This study may provide incentives to create tailored preventive strategies

Hva kan gjøres for å tilrettelegge for at de eldre kan bo hjemme?

318. Avlund K, Jepsen E, Vass M, Lundemark H. Effects of comprehensive follow-up home visits after hospitalization on functional ability and readmissions among old patients. Scand J Occup Ther 2002;9(1):17-22.
Abstract: The aim was to examine whether regular interdisciplinary comprehensive home visits after discharge from hospital have an effect on the functional ability of elderly patients and on readmissions. The design is a prospective randomized and controlled study with outcome assessed 3 months after hospital discharge. The study includes 149 patients who were discharged to their homes from geriatric and medical wards. All patients were randomly assigned to receive either comprehensive geriatric assessment with follow-up by the interdisciplinary geriatric team at least five times during the first 6 weeks after discharge or the existing discharge procedures. The main outcome measures were functional ability and readmissions. The most important result is that the intervention had a beneficial effect on functional ability among patients who had been hospitalized at a medical ward. This was not the case among patients who had been hospitalized at a geriatric ward. In addition, there was a beneficial effect on functional ability

among pulmonary patients and patients with fractures, but not among patients with cardiac failure. The results point at a need for the expertise of the interdisciplinary geriatric team in preparation of discharge among special groups of patients (e.g. home visit, contact to relevant persons in primary care, aids, etc.) and at a need for follow-up visits

319. Bergheim S, Jacobsen CD, Clausen F, Straand J. [Home visits by a pharmacist after discharge from hospital]. Tidsskr Nor Laegeforen 2008;128(5):567-9.
Abstract: BACKGROUND: Elderly patients using many medicines are at particular risk of making medication errors after discharge from hospital. This pilot study aims at investigating the feasibility and acceptance of improved written discharge information and home visits (by a pharmacist) to elderly patients who have newly been discharged from a medical department in a hospital. MATERIAL AND METHODS: Patients (70 years and older) who needed at least 5 medicines and were about to be discharged from a medical department in a hospital, were offered home visits by a pharmacist 1, 5 and 26 weeks after discharge. A copy of the medication list was sent to their general practitioner (GP) the day the patient went home. During the home visit, the pharmacist provided information and training and recorded discrepancies between the hospital's medication list and the patients' actual medication use. 57 were invited to participate and 51 accepted the offer. During the 6-month project period, 5 patients died, one moved to a nursing home and one patient dropped out. Patients' and physicians' views on these measures were recorded. RESULTS: 53 discrepancies were disclosed for 29 of 51 patients during the first home visit. 26 discrepancies were disclosed during both the second and third visit; for 15/49 patients during the second and for 14/44 during the third visit. All involved GPs agreed that the medication list should be sent to the patient's GP the day the patient was discharged. Both hospital doctors and GPs regarded home visits by pharmacists to be useful for selected patients. INTERPRETATION: In conclusion, home visits by a pharmacist is feasible, well accepted by doctors and patients and may represent a useful method for reducing medication errors in newly discharged elderly patients. The improved routines for informing the GPs about patients' medication use at discharge were appreciated. A controlled intervention study is needed to substantiate the effects of the measures undertaken in this pilot study

320. Birkeland A, Natvig GK. Coping with ageing and failing health: a qualitative study among elderly living alone. Int J Nurs Pract 2009;15(4):257-64.
Abstract: The purpose of this study was to gain a more comprehensive understanding of how the elderly cope with being sick, unhealthy and living alone. Qualitative research interviews using a hermeneutic approach was undertaken to explore how the patients experienced coping with their daily life. Twenty patients with an average age of 82 years having different injuries and diseases were interviewed. The interviews were audiotaped, transcribed and analysed in a hermeneutical tradition of the hermeneutic circle: part-whole, pre-understanding-understanding, and primary, secondary and basic themes. Findings showed that even if physical constraints put limits on their level of activity, the elderly were able to adapt and carry out different activities that did not require any physical strength. The main coping strategy was to accept the situation, but the acceptance was often coloured by a resigned and passive acceptance. If the elderly tend to be passive and resigned, it can be necessary for the community nurses to have a more active problem-solving approach to these patients, in order to help them creating a daily rhythm with which they can feel comfortable

321. Botsis T, Hartvigsen G. Current status and future perspectives in telecare for elderly people suffering from chronic diseases. J Telemed Telecare 2008;14(4):195-203.
Abstract: We reviewed the literature on home telecare for elderly patients suffering from chronic diseases. Articles published between 1990 and 2007 were identified via the PubMed database. The literature search yielded 485 papers. After reviewing the title and abstract from each, 54 were selected for closer examination. They were published in 37 different journals. The number of papers increased from one in 1997 to 14 in 2006. The diseases in which home telecare had been used were diabetes (14 studies), heart failure (13 studies), cognitive impairment (dementia and/or Alzheimer's disease, 10 studies), chronic obstructive pulmonary disease (5 studies), chronic wounds (4 studies) and mobility disabilities (4 studies). Patients were generally satisfied with home telecare, but they preferred a combination of home telecare with conventional health-care delivery. Health-care professionals were positive about telecare. Users felt that on many occasions telecare led to a reduction in costs due to time savings and avoidance of travelling. Even though there were important benefits from home telecare, there are organizational, ethical, legal, design, usability and other matters that need to be resolved before widespread implementation can occur. [References: 65]

322. Brenden AK, Sörbye LW. Kan forsterket hjemmetjenste hindre inleggelse i sykehjem? Tidsskriftet Sykepleien 2000;88(3):48-52 UR

323. Fabbricotti IN, Huijsman R. Separation of housing and care: More or less care? Consequences of the separation for the use of care by elderly people. Tijdschr Gerontol Geriatr 2000;31(6):252-7.
Abstract: The Dutch policy for the care of the elderly has been mainly characterised by the aim to improve the possibility for elderly people to live independently for as long as possible. One measure that has been taken to achieve this goal is the separation of the financing of care from the accommodation in which care is given. Recent discussions have brought to light some possible positive and negative effects of this separation on the use of care. It is, however, largely unknown to what extent there are differences concerning the nature and intensity of care and the type of caregivers provided to dwellers of houses where care and housing are separated (so-called 'life-time houses') and the elderly who live in homes for residential care and nursing homes. To gain insight in this matter an explorative study was conducted in Rotterdam of the use of several health facilities by matching 35 dwellers of 'lifetime houses' on the criteria age, health needs and social status with 35 dwellers of residential care homes and nursing homes. On the basis of interviews, questionnaires and patient records data were collected and analysed on the nature and amount of help that has been given (per minute per week) and the kind of caregiver. The main finding is that the use pattern differs between the research groups. Dwellers of 'life-time houses' generally

make more use of some care facilities and make more use of different types of care and caregivers. These differences however do not seem to be exclusively caused by the separation of housing and care

324. Fagerstrom L, Wikblad A, Nilsson J. An integrative research review of preventive home visits among older people is an individual health resource perspective a vision or a reality? Scand J Caring Sci 2009;23(3):558-68.
Abstract: This study has two aims: (i) to explore and evaluate the health-promoting effect of preventive home visit (PHV) by analysing the activities conducted during the PHV and the reported results, and (ii) to critically analyse if PHV is characterized by an individualized health resource perspective. The material was compiled through a systematic literature search in the databases Ebsco, CINAHL, Medline, Science Direct and CSA from the period 1984 to 2004. The result of the systematic database search was a total number of 49 scientific research articles, of which 18 are included in this study. The analysing method was a four-step integrating research review. The review describes the following content concerning (i) activities during home visits: screening, observation and evaluation, guidance, support, referral to care and other services, follow-up and individual aim; (ii) positive effects: reduced mortality, improved ability to function, improved life quality, improved subjective health, fewer admittances for care, older people's experiences of home visits and increased knowledge on health and (iii) unclear/negative effects: admittance to care, no effect on mortality, unaffected ability to function, unaffected general health and uninfluenced life quality. PHVs had been implemented based on an individual perspective in a total of 13 studies out of 18. The focus on sickness was surprisingly clear, and in 10 studies out of 18 a health resource perspective was lacking. The effects of PHVs have been questioned. Despite this, current research results imply that this method has a positive affect on older people's health and well-being. This form of care must still be developed to include extensive screenings and interventions, as well as a health resource perspective where the starting point during every home visit is the older person's individual needs and wishes.

325. Fyffe DC, Brown EL, Sirey JA, Hill EG, Bruce ML. Older home-care patients' preferred approaches to depression care: a pilot study. J Gerontol Nurs 2008;34(8):17-22.
Abstract: The purpose of this pilot study was to explore the approaches to depression care preferred by older home-care patients and examine characteristics associated with those preferences. Twenty-eight long-term home-care patients, ages 62 to 95, were interviewed. Patients ranked their depression care preferences and provided rationale for their responses. Results indicated prayer was preferred by the highest percentage of patients (50%). Comparing patients with and without depression experience, prayer was preferred by the latter group. The results highlight the importance of addressing patient preferences during care planning to improve participation in geriatric depression care management

326. Montgomery P, Mayo-Wilson E, Dennis JA, Mayo-Wilson E. Personal assistance for older adults (65+) without dementia. Cochrane Database Syst Rev 2008;(1):CD006855.
Abstract: BACKGROUND: There is a high prevalence of impairments among people 65+, and the elderly population is increasing in the West. Many countries offer personal assistance, individualised support for people living in the community by a paid assistant other than a healthcare professional for at least 20 hours per week. OBJECTIVES: To assess the effectiveness of personal assistance for older adults with impairments, and the impacts of personal assistance on others, compared to other interventions. SEARCH STRATEGY: Electronic databases including CENTRAL, MEDLINE, EMBASE, CINAHL, PsycINFO, ERIC, Dissertation Abstracts International and a variety of specialist Swedish databases were searched from 1980 to June 2005; reference lists were checked; 345 experts, organisations, government bodies and charities were contacted in an attempt to locate relevant research. SELECTION CRITERIA: This review included older adults (65+) living in the community who require assistance to perform tasks of daily living (e.g., bathing and eating) and participate in normal activities due to permanent impairments. Controlled studies of personal assistance in which participants were prospectively assigned to study groups and in which control group outcomes were measured concurrently with intervention group outcomes were included. DATA COLLECTION AND ANALYSIS: Titles and abstracts were examined by two reviewers. Outcomes data were extracted. Because they made different comparisons, studies were not combined for meta-analyses. Studies were assessed for the possibility of bias. Results and potential sources of bias are presented for included studies. MAIN RESULTS: Four studies involving 1642 participants made three eligible comparisons: (i) personal assistance versus usual care, (ii) personal assistance versus nursing homes, and (iii) personal assistance versus 'cluster care'. One was an RCT, three were non-randomised. Personal assistance was generally preferred over other services; however, some people prefer other models of care. This review indicates that personal assistance probably has some benefits for some recipients and caregivers. Paid assistance probably substitutes for informal care and may cost government more than alternatives; however, the total costs to recipients and society are currently unknown. AUTHORS' CONCLUSIONS: Research in this field is limited. Personal assistance is expensive and difficult to organise, especially in places that do not already have services in place. When implementing new programmes, recipients could be randomly assigned to different forms of assistance. While advocates may support personal assistance for myriad reasons, this review demonstrates that further studies are required to determine which models of personal assistance are most effective and efficient. PERSONAL ASSISTANCE FOR OLDER ADULTS WITHOUT DEMENTIA: Personal assistance is paid support of at least 20 hours per week for people with impairments. This review investigated the effectiveness of personal assistance versus any other form of care for older adults (65+). An exhaustive literature search identified 4 studies that met the inclusion criteria, which included 1642 participants. They suggested that personal assistance may be preferred over other services; however, some people prefer other models of care. This review indicates that personal assistance probably has some benefits for some recipients and their informal caregivers. Paid assistance might substitute for informal care and cost government more than alternative arrangements; however, the relative total costs to recipients and society are unknown.

327. Saltvedt I, Jordhoy M, Opdahl Mo ES, Fayers P, Kaasa S, Sletvold O. Randomised trial of in-hospital geriatric intervention: impact on function and morale. Gerontology 2006;52(4):223-30.

Abstract: BACKGROUND: In two previous publications, we have shown that treatment of acutely sick, frail elderly patients in a Geriatric Evaluation and Management Unit (GEMU) compared to treatment in the general Medical Wards (MW) reduced mortality and improved the chances of living at home in contrast to living in nursing homes or being dead. OBJECTIVE: The aim of this presentation was to study the impact on function, symptoms of depression and general well-being of treatment in the GEMU as compared to treatment in MW. Methods: Acutely sick, frail patients aged >or=75 years, admitted as emergencies to the Department of Internal Medicine, were randomised either to treatment in the GEMU (n = 127) or the MW (n = 127). In the GEMU the treatment strategy emphasised comprehensive interdisciplinary assessment of all relevant disorders, prevention of complications and iatrogenic conditions, early mobilisation, rehabilitation and discharge planning. The control group received treatment as usual from the Department of Internal Medicine. After discharge neither group received specific follow-up. Activities of daily living (ADL), instrumental ADL, cognitive function, symptoms of depression and general well-being were assessed 3, 6 and 12 months after discharge from hospital. RESULTS: There was no difference in function, depression or general well-being in the GEMU as compared to the MW group. If the dead were included in the analysis at the highest ADL dependency level, there was better function in the GEMU group at 3 months (p = 0.03). CONCLUSION: Treatment in the GEMU had no measurable beneficial impact on function, morale or symptoms of depression. Taken the previously shown mortality reduction into consideration an additional effect on function was less likely and the overall treatment effect was considered to be positive

328. Saltvedt I, Saltnes T, Mo ESO, Fayers P, Kaasa S, Sletvold O. Acute geriatric intervention increases the number of patients able to live at home. Aging Clin Exp Res 2004;16(4):300-6.
Abstract: BACKGROUND AND AIMS: In a previous publication, we showed that treatment of acutely sick, frail elderly patients in a Geriatric Evaluation and Management Unit (GEMU) reduced mortality considerably when compared with the general Medical Wards (MW). The aim of this presentation was to study the impact of treatment in a GEMU on health care utilization. METHODS: Acutely sick, frail patients, 75 years or older, who had been admitted as emergencies to the Department of Internal Medicine were randomized either to treatment in the GEMU (n=127) or to continued treatment in the MW (n=127). While usual treatment was given in the MW, the GEMU emphasized interdisciplinary and comprehensive assessment of all relevant disorders, early mobilization/rehabilitation, and discharge planning. After discharge from hospital, no specific follow-up was offered to any of the groups. RESULTS: Of all subjects, 101 (80%) GEMU and 79 (64%) MW patients were still living in their own homes at three months (p=0.005); at six months the number was 91 (72%) and 74 (60%) (p=0.04) respectively. Median length of index stay was 19 days in the GEMU and 13 days in the MW group (p<0.001). After the initial stay, there were no statistically significant differences in admissions to or time spent in institutions. CONCLUSIONS: The results indicate the overall positive treatment effect of acutely sick, frail elderly in a GEMU, i.e. patients treated in the GEMU had increased possibilities of living in their own homes, an effect that was mainly related to considerably reduced mortality in the GEMU group

329. Theander E, Edberg A-K. Preventive home visits to older people in Southern Sweden. Scand J Public Health 2005;33(5):392-400.
Abstract: Background: It seems urgent to further develop and modify models of preventive measures in order to prolong a healthy functional and social situation for older people, as this population is increasing globally. The aim of the study was to describe a Swedish model of preventive home visits for persons aged 78 years with the focus on the effect on physical and social well-being, and the participants' and the visitors' experience of the home visits. Method: Three annual visits were performed and included 150 persons, 78 years old at the first visit. Data were collected in the form of a structured interview with the persons who received the visits and as a questionnaire for their visitors. Results: Differences over time could be seen for the participants' physical and social activity, indicating that there was a deterioration between year one and two that was not seen in year three. The results further showed that the participants felt more secure and well informed as a result of the visits. The visitors said that they had gained a new, more positive view of older people and increased job satisfaction as a result of the visits and emphasized the impact on their own professional development. Conclusion: As no control group was used, the interpretation of effects concerning health factors has to be interpreted with caution. The visits did, however, have a positive impact on the participants and the visitors.

330. Thygesen E, Saevareid HI, Lindstrom TC, Nygaard HA, Engedal K. Predicting needs for nursing home admission--Does sense of coherence delay nursing home admission in care dependent older people? A longitudinal study. International Journal of Older People Nursing 2009;4(1):12-21.
Abstract: Objectives: This study examined predisposing, enabling and need variables (Andersen's Behavioral Model) influencing the need for nursing home admission (NHA) in older people receiving home nursing care. In particular, the potential role of coping ability, measured as 'sense of coherence' (SOC), was studied. Design, sample, and measurements: A survey with baseline- and follow-up data after a 2-year period was undertaken with 208 patients aged 75+. The measures used were: gender, education, age, social visits, SOC, social provision scale (SPS), self-rated health (SRH), general health questionnaire (GHQ), clinical dementia rating (CDR), Barthel activities of daily living (ADL) index, and registered illnesses (RI). A Cox proportional model was used to examine factors that could explain risk of NHA. Results: Measures with predictive properties were Barthel ADL index, SPS, SRH, and gender. SOC, along with subjective health complaints, general health questionnaire, RI and social visits did not predict NHA. Conclusions: It is concluded that the patients' subjective evaluations of both their health and perceived social support were important predictors of future NHA needs, and should be seriously taken into consideration, along with the more commonly used objective measures of ADL and CDR.

331. Vass M, Avlund K, Hendriksen C. Randomized intervention trial on preventive home visits to older people: Baseline and follow-up characteristics of participants and non-participants. Scand J Public Health 2007;35(4):410-7.
Abstract: Aims: In controlled intervention studies, a selective non-response or refusal to participate at baseline may bias measurable effects of the intervention. The aim of this study was to compare mortality

and nursing home admission among older persons who accepted (participants) and older person who declined (non-participants) to join a controlled feasibility trial, and to describe and evaluate defined subgroups of non-participants. Methods: Prospective controlled three-year intervention study (1999-2001) in 34 Danish municipalities with five-year follow-up. Randomization and intervention (education of municipality employees) was done at municipality level. In total 5,788 home-dwelling 75- and 80-year-olds living in these municipalities were invited to participate in the study. Written consent was obtained from 4,060 persons (participation rate 71%). Results: During five-year follow-up non-participants had a higher mortality rate (survival analysis risk ratio RR = 1.5, 95% CI = 1.3-1.7, p < 0.0001) and a higher rate of nursing home admissions (RR = 1.7, 95% CI = 1.3-2.1, p < 0.0001) compared with participants. Subgroups of non-participants describing themselves as "too ill" and persons "not reached" had a significantly higher mortality rate and risk of admission to nursing home than participants, whereas the subgroups of non-participants describing themselves as "too healthy" and having "another reason for refusal" did not differ from the participants. There was no difference in mortality rates between non-participants living in intervention municipalities compared with non-participants living in control municipalities. Conclusions: Mortality and nursing home admissions were higher among non-participants. Selection participation bias was of no clinical importance since subgroups of non-participants eligible for the intervention did not differ from the participants

332. Vass M, Avlund K, Kvist K, Hendriksen C, Andersen CK, Keiding N. Structured home visits to older people. Scand J Prim Health Care 2004;22(2):106-11.
Abstract: OBJECTIVE: To investigate whether education of primary care professionals improved functional ability in home-dwelling older people, with special focus on gender differences. DESIGN: A prospective controlled three-year follow-up study (1999-2001) with randomisation and intervention at municipality level and outcomes measured at individual level. Intervention municipality visitors received regular education and GPs were introduced to a short assessment programme. Control municipalities received no education but conducted the preventive programme in their own way. SETTING: Primary care, 34 municipalities. SUBJECTS: 5788 home-dwelling 75- and 80-year-olds were invited. 4060 (70.1%) participated: 2104 in 17 intervention- and 1956 in 17 matched control-municipalities. The main outcome measure was obtained from 3383 (95.6%) of 3540 surviving participants. MAIN OUTCOME MEASURE: Functional ability. RESULTS: Municipality intervention in coordination with GPs was associated with better functional ability in women (OR: 1.26; CI95: 1.08-1.47, p=0.004), but not in men (OR: 1.04; CI95: 1.85-1.27). Accepting and receiving free preventive home visits was associated with better functional ability among women (OR: 1.36; CI95: 1.16-1.60, p=0.0002), but not among men (OR: 0.98; CI95: 0.80-1.21). CONCLUSION: A brief, feasible educational intervention for primary care professionals and to accept and receive preventive home visits may have effect in older women, but not in older men.

333. Vik K, Lilja M, Nygard L. The influence of the environment on participation subsequent to rehabilitation as experienced by elderly people in Norway. Scand J Occup Ther 2007;14(2):86-95.
Abstract: The aim of this study was to illuminate how the environment may influence participation among elderly people who have undergone community-based rehabilitation in Norway, after an acute illness or accident. Fourteen persons over 65 years of age were selected with the specific intention of gaining a variety of ages, both genders, and people living in different kinds of housing. Three focus groups were established and repeated interviews were held with each group. A constant comparative analysis was used to analyse the data. The main finding was that the participants experienced pressure from their environment to concentrate on performing the most necessary daily activities rather than on participation. Three main encounters with environments seemed to be important for this: encountering people and society, encountering private and formal assistance, and encountering occupation. The support that the participants received from family and friends was more important for their participation than having accessible physical environments. The findings suggest that occupational therapists must consider themselves to be part of a societal environment that can hinder participation.

334. Vik K, Nygard L, Lilja M. Encountering staff in the home: three older adults' experience during six months of home-based rehabilitation. Disabil Rehabil 2009;31(8):619-29.
Abstract: PURPOSE: The purpose of the present study was to explore and describe how older adults who received home-based rehabilitation perceived the staff during a period of 6 months when they received rehabilitation. Specifically, the study focused on how the participants collaborated with and made use of the services from the staff. METHOD: In this case-oriented study, three older adults were interviewed continuously during the 6-month period they received home-based rehabilitation. The interviews were analysed continuously using a grounded theory approach. RESULTS: Five different modes of perceiving the staff were identified among the participants: as small talk persons, as discussions partners, as instructors and advisors, as teachers and as persons who carry out tasks efficiently. The three conditions that most came to influence the way the participants perceived collaborated with the staff were as follows: 'experience and encounters with the staff', 'expectations for the future daily life', and 'the participants' needs and tasks related to their disability'. CONCLUSIONS: To achieve collaboration and user involvement, the staff have to encounter each client differently in accordance with the various tasks that must be carried out during rehabilitation. Our findings indicate that this is particularly important for older adults during home-based rehabilitation, since older adults often have changing needs because of comorbidity

335. Vik K, Nygard L, Lilja M. Perceived environmental influence on participation among older adults after home-based rehabilitation. Physical & Occupational Therapy in Geriatrics 2007;25(4):1-20.
Abstract: The aim of this study was to identify how older adults perceive environmental factors to have an influence on their participation after receiving home-based rehabilitation services. The respondents were older adults of more than 65 years of age who had received home-based rehabilitation. The questionnaire Measurement of the Quality of the Environment (MQE) was used to gather the data. The results showed that, in this population of older adults, many environmental factors were perceived as do not apply or to lack influence. Factors that were perceived as facilitators for the respondent's participation came under the categories social network, social and healthcare services and commercial services, and physi-

cal environments such as the presence of technical aids within the respondents' homes. Few environmental factors were identified as barriers to participation.

Hva påvirker om den eldre som bor hjemme er fornøyd?

336. Dahlin-Ivanoff S, Haak M, Fange A, Iwarsson S. The multiple meaning of home as experienced by very old Swedish people. Scand J Occup Ther 2007;14(1):25-32.
Abstract: The aim of this study was to explore aspects of the meaning of home as experienced by very old single-living people in Sweden. A grounded theory approach was used, and interviews were conducted with 40 men and women aged 80-89. The findings indicate that home has a central place in the lives of very old people because it is where they live and spend so much time. The significance of the home is based on the fact that it means so many different things to the participants. The theme comprises two key categories: home means security and home means freedom. Each of these has three subcategories. In home means security, these are: living in a familiar neighborhood, everything functions, and having memories to live on. Home means freedom comprises a place for reflection, a social meeting-point, and leaving your own mark. Home is part of the environment and influences the meaning and selection of activities that very old people decide to engage in. When occupational therapists prescribe assistive devices or recommend changes in the home environment, they must be very well aware of and reflect on what home means to their clients and base their measures on that

337. Dale B, Saevareid HI, Kirkevold M, Soderhamn O. Formal and informal care in relation to activities of daily living and self-perceived health among older care-dependent individuals in Norway. International Journal of Older People Nursing 2008;3(3):194-203.
Abstract: Background: Research about formal care of older home-dwelling people in the Nordic countries is comprehensive, while research on informal care has been less inclusive. Aim: To describe self-reported activities of daily living and perceived health, and to relate them to amount and types of formal and informal care received by a group of care-dependent, home-dwelling older individuals in Norway. Design and methods: A sample consisting of 242 persons aged 75+ years receiving home nursing services. Data were collected by means of structured interviews with questions about activities of daily living (ADL), amount and types of formal and informal care and demographic variables. Descriptive statistics, chi-square test, Mann-Whitney U-test and multiple stepwise regression were used in the analyses. Results: ADL dependency was the only predictor for explaining quantity of home nursing received. Those who received a generous amount of formal care also received a lot of care and support from informal networks. The type of care from the two sources differed. The home nurses performed PADL tasks. While the informal caregivers offered help with IADL tasks. Conclusion: This study of receiving help in this group of older people in Norway shows that formal and informal care resources complement one another.

338. Gierveld JDJ, Hagestad GO. Perspectives on the integration of older men and women. Res Aging 2006;28(6):627-37.
Abstract: This introduction to the special issue "Social Integration in Later Life" addresses the background ideas and concepts of the articles encompassing research into the extent and quality of older adults' integration in organizations, family, and personal networks. A rough conceptual framework is provided, distinguishing between types of integration and different units of analysis. The macro level of society and its social institutions as well as smaller groups and the social locations of individuals are addressed. On a macro level, integration and segregation are juxtaposed, building on classic discussions of integration, as well as recent ideas about social resources, welfare states, and rekindled considerations of age segregation. At the individual level, the concepts of integration and isolation and the subjective assessments of embeddedness and loneliness are contrasted.

339. Haak M, Fange A, Iwarsson S, Ivanoff SD. Home as a signification of independence and autonomy: experiences among very old Swedish people. Scand J Occup Ther 2007;14(1):16-24.
Abstract: The aim of this study was to explore independence in the home as experienced by very old single-living people in Sweden. A grounded theory approach was used and interviews were conducted with 40 men and women aged 80-89. Data analysis revealed the core category "Home as a signification of independence" with two main categories: "Struggle for independence" and "Governing daily life". The findings showed that home is strongly linked to independence, and being independent is extremely valued. Explicit descriptions of the ageing process as an individual process of changing living conditions within the home emerged from the findings. Hence, the ageing process influences the participants' perception of themselves as independent persons. Along the ageing process the participants' view of independence changed from being independent in activity performance without help from others to experiencing independence in being able to make autonomous decisions concerning daily life at home. Consequently, there is a need to develop strategies to support very old people in staying as active and independent as possible in their own homes. In addition, since the findings highlight that independence is a complex construct, there is a need for conceptual differentiation between independence and a construct often used synonymously, namely autonomy

340. Johannesen A, Petersen J, Avlund K. Satisfaction in everyday life for frail 85-year-old adults: A Danish population study. Scand J Occup Ther 2004;11(1):3-11.
Abstract: The purpose of this study was to investigate whether social relations, continuity, self-determination, and use of own resources are associated with everyday life satisfaction among 85-year-old

adults with physical disabilities. The population includes 187 frail men and women from the longitudinal study of the 1914 population in Glostrup, Copenhagen. Participants were all interviewed in their homes by an occupational therapist. Findings provide evidence that frail older adults more frequently express satisfaction with their daily lives when they (1) are occupied as usual; (2) have friends; (3) feel able to manage their own lives; (4) do not live alone; and (5) have not lately lost close friends. Lack of everyday life satisfaction is associated with (1) using home-care services and (2) living in an institution. The findings stress the importance of helping old persons stay active and independent of help, and able to continue living in their own homes.

341. Kjolseth I, Ekeberg O, Steihaug S. "Why do they become vulnerable when faced with the challenges of old age?": Elderly people who committed suicide, described by those who knew them. Int Psychogeriatr 2009;21(5):903-12.
Abstract: Background: Suicidal behavior among the elderly is a research field in which qualitative and quantitative methods can and should supplement each other. The objective of this qualitative study is to investigate whether the descriptions of elderly people who committed suicide, given by those who knew them, can provide common features that create recognizable patterns, and if so whether these patterns can help to shed light on the suicidal process. Method: This is a psychological autopsy study based on qualitative interviews with 63 informants concerning 23 suicides committed by persons aged over 65 in Norway. The informants were relatives, their family doctors, and home-based care nurses. In general, the analysis of the interviews follows the systematic text condensation method. Results: The descriptions have three main topics: life histories, personality traits and relationships. "Life histories" includes the subtopics ability to survive and action-oriented achievers. They describe people who came through difficult circumstances when growing up and who were action-oriented in life in general and in crises. "Personality traits" includes the sub-topics obstinacy and controlling others. The informants saw the elderly people as strong-willed, obstinate and possessing a considerable ability to control themselves and those around them. "Relationships" includes the sub-topics I didn't know him and He showed no ability to meet us halfway, and describes the informants' experience of emotionally closed persons who kept a distance in their relationships. Conclusions: On the basis of the descriptions of the elderly people given in this study, we argue that these individuals will find difficulty in accepting and adapting to age-related loss of function since their self-esteem is so strongly associated with being productive and in control. Loss of control reveals their vulnerability--and this they cannot tolerate.

342. Kjolseth I, Ekeberg O, Steihaug S. Why suicide? Elderly people who committed suicide and their experience of life in the period before their death. Int Psychogeriatr 2010;22(2):209-18.
Abstract: BACKGROUND: The objective of this study is to acquire an understanding of the suicides among a group of elderly people by studying how they experienced their existence towards the end of life. METHODS: This is a psychological autopsy study based on qualitative interviews with 63 informants in relation to 23 suicides committed by persons aged over 65 in Norway. Informants who knew the deceased persons well describe what the elderly person communicated to them about their experience of life in the period before the suicide and how they as informants saw and understood this. The informants comprise relatives, family doctors and home-based care nurses. The analysis of the interviews follows the systematic text condensation method. RESULTS: The descriptions are divided into three main elements: the elderly persons' experiences of life, their perception of themselves, and their conceptions of death. "Experience of life" has two sub-topics: this life has been lived and life as a burden. Everything that had given value to their life had been lost and life was increasingly experienced as a burden. Their "perception of themselves" concerned losing oneself. Functional decline meant that they no longer had freedom of action and self-determination. "Conceptions of death" involve the following sub-topics: acknowledgement/acceptance and death is better than life. Life had entered into its final phase, and they seemed to accept death. For some time, many of them had expressed the wish to die. CONCLUSIONS: The results lead us to argue that their suicides should be considered as existential choices. The sum total of the different forms of strain had made life a burden they could no longer bear. Age meant that they were in a phase of life that entailed closeness to death, which they could also see as a relief

343. Melander-Wikman A, Jansson M, Hallberg J, Mortberg C, Gard G. The Lighthouse Alarm and Locator trial - A pilot study. Technol Health Care 2007;15(3):203-12.
Abstract: An important factor for health is the possibility to be active and mobile. To make this possible various kinds of support are needed. Integrating geographical information systems technology and user experiences is important in the development of more user-friendly positioning devices. The Lighthouse Alarm and Locator trial aimed to test a new mobile alarm system with additional functionality such as positioning and monitoring of vital signs which can be used regardless of location (in hospital, at home). The system was tested by elderly persons from a pensioner organisation and home care personnel answered up on the alarms. After the tests qualitative interviews were performed with the two groups. The results showed that their experiences of the new mobile alarm system could be described in three main categories: to be supervised, to feel safe and to be mobile. These categories formed a theme: Positioning - an ethical dilemma. The clients' mobility was perceived to increase. The personnel did not think that positioning was ethical but the clients (elderly) did

344. Mesteig M, Helbostad JL, Sletvold O, Rosstad T, Saltvedt I. Unwanted incidents during transition of geriatric patients from hospital to home: a prospective observational study. BMC Health Serv Res 2010;10:1.
Abstract: ABSTRACT: BACKGROUND: Geriatric patients recently discharged from hospital experience increased chance of unplanned readmissions and admission to nursing homes. Several studies have shown that medication-related discrepancies are common. Few studies report unwanted incidents by other factors than medications. In 2002 an ambulatory team (AT) was established within the Department of Geriatrics, St. Olavs University Hospital HF, Trondheim, Norway. The AT monitored the transition of the patients from hospital to home and four weeks after discharge in order to reveal unwanted incidents.The aim of the present study was to describe unwanted incidents registered by the AT among patients discharged from a geriatric evaluation and management unit (GEMU) by character, frequency and stage in

the transitional process. Only unwanted incidents with a severity making contact with the primary health care (PHC) necessary were registered. METHODS: A prospective observational study with patients treated in the GEMU and followed by the AT was performed. Current practice included comprehensive geriatric assessment and management including discharge planning in the GEMU and collaboration with the primary health care on appointments on assistance to be provided after discharge from hospital. Unwanted incidents severe enough to induce contact with the primary health care were registered during the transitional phase and after discharge. RESULTS: 118 patients (65% female), with mean age 83.2 +/- 6.4 years participated. Median Barthel Index at discharge was 18 (interquartile range 16-19) and median Mini Mental Status Examination 24 (interquartile range 21-26). A total of 146 unwanted incidents were registered in 70 (59%) of the patients. Most frequent were unwanted incidents related to drug prescription regime (32%), exchange of information in and between the GEMU and the primary health care (25%) and service or help provided from the PHC (17%). CONCLUSIONS: Despite a seemingly well-organised system for transition of patients from the GEMU to their homes, one or more unwanted incidents occurred in most patients during discharge or four weeks post discharge. The study has revealed areas of importance for improving transitional care of geriatric patients

345. Nilsson I, Fisher A. Evaluating leisure activities in the oldest old. Scand J Occup Ther 2006;13(1):31-7.

346. Abstract: Aim. To determine whether the Modified NPS Interest Checklist (MNPS) could be developed as a tool with linear measures of four dimensions of leisure: Interest, Performance, Motivation, and Well-being. Methods. A cross-sectional descriptive study including 156 volunteers born between 1904 and 1917 and living in urban or rural northern Sweden. Each participant was individually interviewed at her/his place of residence. Subsequent data were subjected to a series of Rasch analyses using FACETS. Major findings. The items and persons demonstrated acceptable goodness-of-fit across all four dimensions in the MNPS checklist. The Rasch equivalent of Cronbach's alpha was 0.98 for items, and ranged from 0.66 to 0.75 for persons. Principal conclusion. The MNPS shows evidence for acceptable internal scale validity, person response validity, and scale reliability. This study provides initial evidence that the MNPS is a valid tool for measuring leisure among the oldest old. While this study provides the first psychometric examination of an assessment designed to evaluate different dimensions of leisure, more research is needed to further assess validity and reliability of this tool with the elderly and with other groups.

347. Petersson I, Kottorp A, Bergstrom J, Lilja M. Longitudinal changes in everyday life after home modifications for people aging with disabilities. Scand J Occup Ther 2009;16(2):78-87.
Abstract: OBJECTIVE: To investigate longitudinal impacts of home modifications on the difficulty of performing everyday life tasks for people aging with disabilities, and to investigate whether other factors had any additional impacts on difficulty in everyday life tasks for people receiving home modifications. METHODS: The sample consisted of 103 persons aging with disabilities and in need of home modifications, divided into an intervention group and a comparison group. The data were first subjected to Rasch analysis and a random coefficient model was used. RESULTS: Participants in the intervention group reported a significantly lower level of difficulty in everyday life tasks compared with those in the comparison group. One confounding factor, number of months waiting for home modification, had an impact on difficulty in everyday life. CONCLUSION: Home modifications are effective in decreasing difficulty in performing everyday life tasks up to six months after the installation. Furthermore, to be effective home modifications need to be installed in a timely fashion. For each consecutive month the person waited for their home modification the difficulty of performing everyday life tasks increased. Therefore, it is important that home modifications be installed as soon as possible after the need has been identified

348. Soldato M, Liperoti R, Landi F, Carpenter IG, Bernabei R, Onder G. Patient depression and caregiver attitudes: Results from The AgeD in HOme Care study. J Affect Disord 2008;106(1-2):107-15.
Abstract: Background: The present cross-sectional study was aimed to evaluate the association between care recipient depression and caregiver attitudes. Methods: Data were from The AgeD in HOme Care project, a study enrolling subjects aged >= 65 years receiving home care in Europe. Depression was diagnosed as a score >= 3 on the MDS Depression Rating Scale. Caregiver attitudes were assessed using two measures: 1) caregiver dissatisfaction (the caregiver was dissatisfied with the support received from family and friends); and 2) caregiver distress (the caregiver expressed feelings of distress, anger, or depression). Results: Mean age of 3415 participants was 82.4 years, 2503 (73.3%) were women and 430 (12.6%) were depressed. Dissatisfaction was significantly more common among caregivers of depressed, compared with those of non depressed patients (32/430, 7.4% vs. 78/2985, 2.6%; p = <0.001). After adjusting for potential confounders, patient depression was still significantly associated with caregiver dissatisfaction (OR: 1.84; 95% CI: 1.12-3.03). Similarly, distress was significantly more common among caregivers of depressed patients, compared with those of non depressed patients (81/430, 18.8% vs. 175/2985, 5.9%; p < 0.001). After adjusting for potential confounders, patient depression was still significantly associated with caregiver distress (OR: 2.41; 95% CI: 1.72-3.39). Limitations: The cross-sectional design of the study cannot provide the cause-effect relationship between depression and caregiver attitude; no data were collected on caregiver characteristics. Conclusions: Among older adults depression is associated with increased caregiver dissatisfaction and distress. Knowledge of factors influencing caregiver attitudes may be valuable to study interventions aimed to promote patient and caregiver well being.

349. Thygesen E, Saevareid HI, Lindstrom TC, Engedal K. Psychological distress and its correlates in older care-dependent persons living at home. Aging Ment Health 2009;13(3):319-27.
Abstract: OBJECTIVES: This study examined psychological distress in older people receiving home nursing care. The influence of risk factors and personal resources on their perceived psychological distress was also examined. METHOD: A linear regression analysis was applied in a cross-sectional sample of 214 patients aged 75 years and older. Psychological distress was measured using the General Health Questionnaire (GHQ). The independent variables were sex, education, age, living arrangement, household composition, reported illnesses, Barthel ADL Index, self-rated health, Subjective Health Complaints,

Clinical Dementia Rating Scale, Sense of Coherence and Revised Social Provision Scale. RESULTS: Of the 214 participants, 23 (10.7%) reported experiencing psychological distress using a cutoff point of 4 or more on a GHQ case score. Sense of coherence, education and subjective health complaints were the only factors that were significantly related to psychological distress in the multivariate analysis. CONCLUSION: The general level of psychological distress was low. Low psychological distress was related to an inner strength conceptualized as sense of coherence. Commonly reported risk factors such as sex, household composition and perceived social support, and objective measures of somatic and mental health and bodily dysfunctions were not related to psychological distress. Suggested reasons for this are greater acceptance of bodily and functional shortcomings and of changes related to goal achievement in old age, according to the model of selective optimization with compensation..

Eldre, sykehjem

350. Almvik R, Rasmussen K, Woods P. Challenging behavior in the elderly - Monitoring violent incidents. Int J Geriatr Psychiatry 2006;21(4):368-74.
Abstract: Objective: To explore the frequency and nature of violent incidents in psychogeriatric wards and nursing homes in terms of type and severity of incidents, what provoked the incidents, and what kind of measure was needed to stop the aggression. Material and methods: Aggressive behaviour of the study group was monitored using the Staff Observation Aggression Scale-Revised (SOAS-R) in two Norwegian nursing homes and two geriatric psychiatric wards for a period of three months. Severity of incidents were monitored with the built-in severity scoring system in SOAS-R. Results: During the study period 32 out of the 82 patients were reported to be violent. The majority of the incidents were generated by a minority of the patients. Physical injury to the staff as a consequence of the aggression was extremely rare. Situations where the client was denied something were the most provocative ones and a substantial number of incidents occurred at bath/shower times. Talking to the patient was the most frequent measure used to stop the aggression, but more intrusive measures were also used. Conclusions: A substantial proportion of the incidents were associated with personal care tasks, suggesting a crucial role for communication difficulties and a focus for staff training. We suggest that personal care situations should be added to the variable list in future research.

351. Almvik R, Woods P, Rasmussen K. Assessing risk for imminent violence in the elderly: the Broset Violence Checklist. Int J Geriatr Psychiatry 2007;22(9):862-7.
Abstract: OBJECTIVE: The Broset Violence Checklist (BVC) assesses confusion, irritability, boisterousness, verbal threats, physical threats and attacks on objects as either present or absent. It is hypothesised that an individual displaying two or more of these behaviours is more likely to be violent in the next twenty-four hour period. This study aims to test the validity of the instrument in geriatric settings and to report on the predictive value of an easy-to-use risk assessment instrument. METHOD: Eight thousand eight hundred and thirty-five BVC observations were completed in two psychogeriatric wards (n = 42 patients) and two special care units for patients with dementia (n = 40 residents). To measure violent incidents the study group was monitored using the Staff Observation Aggression Scale-Revised (SOAS-R). RESULTS: This study disclosed that patients in geriatric wards and residents in nursing homes who are aggressive have higher BVC scores than the non-violent subjects indicating that the BVC does predict violent episodes in these settings. CONCLUSION: From a clinical perspective, it is most important that a prediction aid has good sensitivity, so that most cases are detected and have a high negative predictive value so that most non-cases on the measure are indeed non-cases. Our results indicate that the BVC was able to achieve this goal

352. Bergland A, Kirkevold M. Thriving--a useful theoretical perspective to capture the experience of well-being among frail elderly in nursing homes? J Adv Nurs 2001;36(3):426-32.
Abstract: AIM: The aim of this article is to discuss the concept of thriving and its adequacy in describing the experience of well-being among physically frail nursing home residents. BACKGROUND: There is a lack of theoretical perspectives describing nursing home residents' experience of well-being. METHOD: The article is based on a literature review and analysis of how the concept of thriving is used in different professional traditions. Three different theoretical perspectives are presented: (1) thriving as an outcome of growth and development; (2) thriving as a psychological state; (3) thriving as an expression of physical health state. In the second part of the paper, the three perspectives are discussed. CONCLUSION: The authors suggest that there is a need to develop a new concept: that of thriving in physically frail nursing home residents. The article discusses how each of the three theoretical perspectives may contribute to the formation of this concept. [References: 42]

353. Drageset J. Ensomhet på sykehjem - har nettverkskontakt betydning for ensomhet blant sykehjembeboere? Vård i Norden 2002;22(2):9-14

354. Granbo R, Helbostad JL. Hvordan ivareta sykehjemsbeboernes behov for bevegelse? Tidsskrift for den Norske Laegeforening 2006;126(15):1934-6

355. Henriksen BM, Ambjornsen E, Laake K, Axell TE. Oral hygiene and oral symptoms among the elderly in long-term care. Spec Care Dentist 2004;24(5):254-9.
Abstract: Dental teams examined 1910 elderly adults living in long-term care settings (1358 institutionalized, 552 homebound) from all 19 counties in Norway to document oral hygiene, oral symptoms and ability to receive dental treatment. The Mucosal-Plaque Score (MPS) was used to assess oral status. The MPS was significantly better in women than in men, in individuals with dentures than in those with any remaining teeth, and in people who were homebound rather than those who lived in institutions. The MPS

did not differ between age groups or geographic regions. According to the Treatment Ability Index, nearly a quarter of the sample was able to receive comprehensive dental care. Reports of "any oral symptom" and "eating/chewing problems" decreased with age and were most prevalent for individuals who had dentures. The MPS had only slight impact on oral symptoms, chewing ability and dry mouth (p > 0.05). Dry mouth was found in 16.9% and was most prevalent in individuals with dentures

356. Helbostad JL. Fysisk trening av sykehjemsbeboere - har det noen hensikt? Tidsskrift for den Norske Laegeforening 2005;125(9):1195-7

357. Juklestad O. Institutional care for older people: the dark side. J Adult Protection 2001;3:(2):32-41.
Abstract: Evidence of abuse of older people in nursing homes in Norway. 15 refs

358. la Cour K, Josephsson S, Luborsky M. Creating connections to life during life-threatening illness: creative activity experienced by elderly people and occupational therapists. Scand J Occup Ther 2005;12(3):98-109.
Abstract: OBJECTIVE: The aim of this study was to discover and characterize components of engagement in creative activity as occupational therapy for elderly people dealing with life-threatening illness, from the perspective of both clients and therapists. Despite a long tradition of use in clinical interventions, key questions remain little addressed concerning how and why people seek these activities and the kinds of benefits that may result. METHOD: Qualitative interviews were conducted with 8 clients and 7 therapists participating in creative workshops using crafts at a nursing home in Sweden. Analysis of the interviews was conducted using a constant comparative method. FINDINGS: Engaging in creative activity served as a medium that enabled creation of connections to wider culture and daily life that counters consequences of terminal illness, such as isolation. Creating connections to life was depicted as the core category, carried out in reference to three subcategories: (1) a generous receptive environment identified as the foundation for engaging in creative activity; (2) unfolding creations-an evolving process; (3) reaching beyond for possible meaning horizons. CONCLUSION: The findings suggest that the domain of creative activity can enable the creation of connections to daily life and enlarge the experience of self as an active person, in the face of uncertain life-threatening illness. Ultimately, the features that participants specify can be used to refine and substantiate the use of creative activities in intervention and general healthcare

359. Lökhaug JT. Sykepleiere og bruk av beröring i forhold til eldre mennesker i sykehjem. Norsk Tidsskrift for Sykepleieforskning 2001;3(3):131-43

360. McDougall FA, Matthews FE, Kvaal K, Dewey ME, Brayne C. Prevalence and symptomatology of depression in older people living in institutions in England and Wales. Age Ageing 2007;36(5):562-8.
Abstract: Background: Epidemiological studies have shown that depression is common in institutional settings. However, the symptomatology of depression in this group has not been compared to those living in the community. Aims: To estimate the prevalence of depression and depressive symptomatology in participants living in institutions and compare these to people living in other settings. Method: The Medical Research Council Cognitive Function and Ageing Study (MRC CFAS) is a population-based cohort comprising 13,004 individuals aged 65 and above, from five sites across England and Wales. Following screening, a stratified random sub-sample of 2,640 participants received the Geriatric Mental State (GMS) examination of whom 340 resided in institutions. Diagnoses of depression were made using the Automated Geriatric Examination for Computer-assisted Taxonomy system (AGECAT; [1]). Results: The prevalence of depression in those living in institutions was 27.1% (95% CI 17.8-36.3) compared to 9.3% (95% CI 7.8-10.9) in those living at home. Symptoms relating to depressed mood, severity of illness (e.g. wishing to be dead, future looking bleak) and some non-specific symptoms were more common in those living in residential homes. Depression was significantly associated with younger age (P = 0.002) and high functional disability (P = 0.009) in those living in institutions. Conclusions: Consistent with previous estimates, depression was highly prevalent in institutions, particularly in younger individuals with severe functional impairment. Those in institutions report considerably more symptoms of depression. Finding interventions which address these symptoms might improve quality of life for people in institutions, irrespective of formal diagnoses.

361. Melheim BG. Pasientopplevelser av måltidsfellesskap i sykehjem. Klinisk Sygepleje 2007;16(2):26-34

362. Myskja A, Nord PG. "The day the music died": A pilot study on music and depression in a nursing home. Nordic Journal of Music Therapy 2008;17(1):30-40.
Abstract: Background: The nursing home Valerengen bo- og servicesenter in Oslo, Norway, a long-term institution with 84 residents, has continually had regular music therapy activities with a music therapist in full-time employment since 1999. The institution was without music therapy services during the fall of 2003. Method: At the end of the period without a music therapist, measurement of depression level by the use of Montgomery Aasberg Depression Rating Scale (MADRS) was conducted on residents (n = 72). Two months after music therapy services had been resumed with music therapy groups twice a week in each ward and individualized services other days, a new measurement of depression level of all residents was conducted. Results: Depression rating show a significant fall in the music therapy condition, compared with the no music therapy condition in a crossover design: MADRS 20.4 on an average in the no music condition, 12.2 on an average in the music condition (p < .05). Staff at the institution was stable, and there were no significant changes in medication. Conclusion: A significant reduction in the average level of depression in a nursing home when music therapy services are resumed warrants recommendation for a larger controlled follow-up study.

363. Myskja A. Therapeutic use of music in nursing homes. Tidsskr Nor Laegeforen 2005;125(11):1497-9.
Abstract: Background. There is growing interest in the therapeutic use of music in nursing homes. The

difficulties inherent in medical treatment of this population warrant further studies of music as a therapeutic modality. Material and methods. This is a review of articles on the use of music and music therapy in geriatrics. Findings from a nursing home project, <<Music in the late stages of life>>, have been compared with those reported in the literature, particularly from meta-analyses and systematic reviews. The distinction between music therapy, music medicine and individualised music has been taken into account. Results and interpretation. The evidence base for using music therapeutically in nursing homes is still insufficient. There is a lack of consensus about criteria for the use of different types of music therapy, and most studies have methodological limitations or are insufficiently defined. Approaches to measurement and evaluation vary. Meta-analyses have tried to overcome this problem by emphasizing effect size. A widely shared conclusion is that music can supplement medical treatment. The cost is low, there are few side effects, and music gives a high level of patient satisfaction. Clinical experience and analyses of effect size indicate that music has a specific potential in nursing homes. It can enhance well-being and alleviate symptoms like agitation, anxiety, depression, and sensomotor symptoms in neurodegenerative diseases; it may also contribute in palliative care at the end-of-life stage

364. Nygaard HA, Naik M, Ruths S, Kruger K. Clinically important renal impairment in various groups of old persons. Scand J Prim Health Care 2004;22(3):152-6.
Abstract: OBJECTIVE: To assess renal function in various groups of elderly persons, and to determine the proportion of patients with clinically important renal impairment. DESIGN: Cross-sectional study. PARTICIPANTS: Three geriatric populations aged 70 years and over, representing increasing levels of care/treatment: community-dwelling elderly referred to a geriatric outpatient department, inpatients on a geriatric ward, and nursing home patients. MAIN OUTCOME MEASURES: Cockroft and Gault's formula was applied to calculate glomerular filtration rate (GFR). Differences in GFR between age groups and between care levels were explored. RESULTS: Altogether 288 elderly persons were included in the study. We observed a general age-related decline of renal function. Only 2% of the participants had normal renal function (GFR >90 ml/min), 13% had light (GFR 60-89 ml/min), 68% moderate (GFR 30-59 ml/min), and 17% severe (GFR 15-29 ml/min) impairment in GFR. Moderate or severely decreased GFR was observed in 75% of the outpatients, 78% of the patients from the geriatric ward, and 91% of the nursing home patients. Altogether 99% of patients aged 85+ had renal impairment necessitating dosing adjustment for drugs that are mainly eliminated through renal excretion. CONCLUSION: Clinically important renal impairment is common in old age, especially in the frailest elderly living in nursing homes. This finding underlines the necessity for close supervision of drug treatment based on renal function in old age

365. Poulsen I, Hesselbo B, Pietersen I, Schroll M. Implementation of functional assessment scales in geriatric practice: A feasibility study. Scand J Public Health 2005;33(4):292-9.
Abstract: Aim: A study was undertaken to evaluate the feasibility of functional assessment scales regarding completion rate and ability to document functional changes in geriatric rehabilitation patients. Methods: Five functional assessment scales were implemented, and used on admission and discharge as part of standard care. Results: Of 2,812 patients, 90 patients (3.2%) had no scales administered, 2,330 patients (82.9%) had between one and six scales administered and 392 (13.9%) had a complete data set (seven scales). The percentage of inpatients who were independent or almost independent in basic ADL functions improved from 30% to 60% during hospitalization; 53% had cognitive impairment, while 19% expressed depressive thoughts or depression on admission. Conclusion: Functional assessment scales were feasible in the clinical routine, gave important information on patients' functional status at baseline, and showed that patients improved their physical function considerably during hospitalization. Interdisciplinary teamwork and management affect the success of the implementation of assessment scales

366. Ranhoff AH. En sykehjemsavdeling for akutt syke gamle. Tidsskrift for den Norske Laegeforening 2008;128(3):282

367. Saltvedt I, Mo ESO, Fayers P, Kaasa S, Sletvold O. Reduced mortality in treating acutely sick, frail older patients in a geriatric evaluation and management unit. J Am Geriatr Soc 2002;50(5):792-8.
Abstract: OBJECTIVES: Documentation of treatment effects in acutely sick frail older patients in geriatric evaluation and management units (GEMUs) is scarce. The present study evaluated whether treatment in a GEMU would reduce mortality as compared to traditional treatment delivered in the Department of Internal Medicine. DESIGN: Prospective randomized trial. SETTING: GEMU or general medical ward. PARTICIPANTS: Acutely sick frail patients aged 75 and older who had been admitted to the Department of Internal Medicine were randomly assigned to treatment in the GEMU (n = 127) or to the general medical wards (n = 127). The following inclusion criteria were used to target frail patients: chronic disability, acute impairment of single activity of daily living, mild/moderate dementia, confusion, depression, imbalance/dizziness, falls, impaired mobility, urinary incontinence, malnutrition, polypharmacy, vision or hearing impairment, social problems, or prolonged bedrest. INTERVENTION: In the GEMU, the treatment strategy emphasized interdisciplinary assessment of all relevant disorders, prevention of complications and iatrogenic conditions, early mobilization/rehabilitation, and comprehensive discharge planning. The control group received treatment as usual from the Department of Internal Medicine. After discharge neither group received specific follow-up. MEASUREMENTS: Mortality and causes of death. RESULTS: Mortality in the intervention and control groups, respectively, was 12% and 27% at 3 months (P =.004), 16% and 29% (P =.02) at 6 months, and 28% and 34% (P =.06) at 12 months. The hazard ratio was 0.39 (95% confidence interval = 0.21-0.72) at 3 months. The main cause of death was cardiovascular disease. CONCLUSION: Treatment of acutely sick, frail, older patients in a GEMU substantially reduced mortality

368. Saltvedt I, Spigset O, Ruths S, Fayers P, Kaasa S, Sletvold O. Patterns of drug prescription in a geriatric evaluation and management unit as compared with the general medical wards: A randomised study. Eur J Clin Pharmacol 2005;61(12):921-8.
Abstract: Objective: This study's objective was to determine whether patients treated in a geriatric evaluation and management unit (GEMU) had a more appropriate drug profile than patients treated in the general medical wards (MW). Methods: Frail elderly patients admitted as emergencies to the medical de-

partment were randomised to treatment in the GEMU (n=127) or MW (n=127). Drugs used at inclusion and discharge were registered retrospectively and analysed with regard to polypharmacy, number of drugs withdrawn or started, potential drug-drug interactions (DDIs), number of anticholinergic drugs prescribed, and the number of inappropriate drug prescriptions according to Beers' criteria. Utilisation of psychotropic and cardiovascular drugs was compared in detail according to prespecified hypotheses. Results: The number of patients with polypharmacy did not differ significantly between the GEMU and MW. The median number of scheduled drugs withdrawn per patient was higher in the GEMU than in the MW (p=0.005). Drugs with anticholinergic effects (p=0.003); cardiovascular drugs (p<0.001), particularly digitalis glycosides (p<0.001); and antipsychotic drugs (p=0.009) were withdrawn more often in the GEMU. The median number of scheduled drugs started was higher in the GEMU than in the MW (p=0.03). In particular, antidepressants (p<0.001) and estriol (p=0.001) were started more often in the GEMU than in the MW. Fewer GEMU than MW patients had potential DDIs at discharge (p=0.009). Conclusion: Drug treatment in the GEMU as compared with the MW was more appropriate in terms of prescription of fewer drugs with anticholinergic effects and fewer potential DDIs. There were distinct differences in treatment patterns of cardiovascular and psychotropic drugs.

369. Samson H, Berven L, Strand GV. Long-term effect of an oral healthcare programme on oral hygiene in a nursing home. Eur J Oral Sci 2009;117(5):575-9.
Abstract: This article reports on the long-term effect of an oral healthcare programme aimed at improving and maintaining the oral hygiene of elderly residents in a nursing home. The method was based on (i) motivation and oral-care training of the nursing staff, (ii) production of picture-based oral-care procedure cards, (iii) distribution of adequate oral-care equipment, (iv) practical implementation of new routines, and (v) assessment of results attained. The level of oral hygiene in the nursing home was assessed using the mucosal-plaque score (MPS) index. Overall evaluation was made before the start of the study, after 3 months, and eventually after 6 yr. Before implementation of the oral healthcare programme, 36% of the residents had an acceptable score. Six years later, the proportion was 70%. The evaluation showed that the introduction of such an oral healthcare programme significantly improved the oral hygiene of the residents on a long-term basis. However, 30% of the residents did not achieve an acceptable score because they were very ill or dying, aggressive or wanted to brush their teeth themselves

370. Samson H, Strand GV, Haugejorden O. Change in oral health status among the institutionalized Norwegian elderly over a period of 16 years. Acta Odontol Scand 2008;66(6):368-73.
Abstract: OBJECTIVE: To assess the oral health status of elderly residents living in nursing homes, and to determine whether there have been any changes between 1988 and 2004. MATERIAL AND METHODS: The dental, periodontal, prosthetic, and oral mucosal status was recorded for 155 elderly long-term residents in five nursing homes. The results were compared with those of an identical cross-sectional study from 1988, using the same nursing homes, examination procedures, and evaluation criteria. The participation rate was 89.6%. RESULTS: Edentulism was less frequent in 2004 (43%) than in 1988 (71%), and the mean number of teeth among the dentate participants had increased from 10.7 to 14.6. The proportion of subjects with decayed teeth increased from 55% in 1988 to 72% in 2004, and the mean DMFT (decayed, missing, and filled teeth) increased from 19.4 to 23.2. The frequency of subjects with periodontal pockets of 4 mm or more increased from 43% to 65% during the 16-year period. More participants had crowns or bridges. Of the denture-wearing subjects, more were affected by stomatitis in 2004 than in 1988; however, a decrease in the degree of severity was evident. CONCLUSIONS: As more people retain their own teeth throughout life and the prevalence of oral diseases increases among the institutionalized elderly, their objective need for dental treatment is even greater than before. This underscores the necessity for developing effective and oral care programs for the elderly

371. Schjott J, Eide E. Use of hypnotics in geriatric institutions in two Norwegian counties in 1995. Tidsskr Nor Laegeforen 2003;123(8):1068-9.
Abstract: Background. Clinical guidelines suggest that hypnotion should be used on an intermittent basis with short-atcting compounds in the lowest effective dose. Surveys were performed in 1995 to describe how these guidelines were adhered to in geriatric institutions in Hordaland and Sogn og Fjordane counties in Norway. Material and methods. Pharmacists collected data on the use of hypnotics from 67 institutions in Hordaland and 31 in Sogn og Fjordane. The data on hypnotics included type, dose, time of administration and whether the drugs were administrated as scheduled or as needed. Additional information such as age, gender and type of patient (nursing home or residential home) was also obtained. Results. About one-fourth of patients used hypnotics. 98 % of hypnotics were used as scheduled, often in higher doses than recommended for elderly patients. Benzodiazepines accounted for approximately 75 %. Use of hypnotics was particularly common among patients in residential homes with flunitrazepam as the most frequent drug. We observed significant variation between institutions with regard to the proportion of patients that used hypnotics. Interpretation. Use of hypnotics in geriatric institutions in Hordaland and Sogn og Fjordane in 1995 did not adhere to clinical guidelines

372. Soderhamn U, Flateland S, Jessen L, Soderhamn O. Norwegian version of the Nutritional Form for the Elderly: sufficient psychometric properties for performing institutional screening of elderly patients. Nutrition Research 2009;29(11):761-7.
Abstract: The objective of this study was to test if the Norwegian version of the nutritional screening instrument entitled Nutritional Form for the Elderly (NUFFE-NO) demonstrates sufficient evidence of reliability and validity, including sensitivity and specificity, when applied to a select group of elderly hospital patients. The hypothesis was that NUFFE-NO has sufficient psychometric properties to be used as a screening instrument. The model used for the testing procedure was designed to test reliability (homogeneity and stability) and validity (criterion-related, concurrent validity, and construct validity) including sensitivity and specificity in a cross-sectional study. One-hundred fifty-eight patients were interviewed using the nutritional screening instruments NUFFE-NO and Mini Nutritional Assessment (MNA). They were interviewed once again (using NUFFE-NO) 2 to 4 days afterward. Background variables were collected. Data from the patients' records were collected regarding the nutritional screening instrument Nutrition

Risk Screening 2002. Anthropometric measurements were performed. A Cronbach alpha coefficient of .77 was obtained. A majority of the items showed good or very good agreement in a test-retest. A high correlation coefficient (as a measurement of concurrent validity) was estimated between NUFFE-NO and MNA. The NUFFE-NO could separate groups with expected high and low scores, which supported construct validity. Calculated sensitivity and specificity values for NUFFE-NO, with MNA as a criterion and receiver operating characteristic curves with areas 0.79 and 0.80, showed appropriate cutoff points for measuring low, medium, and high risk for undernutrition. In conclusion, NUFFE-NO was shown to have sufficient psychometric properties for performing an institutional screening of elderly hospital patients.

373. Wressle E, Filipsson V, Andersson L, Jacobsson B, Martinsson K, Engel K. Evaluation of occupational therapy interventions for elderly patients in Swedish acute care: a pilot study. Scand J Occup Ther 2006;13(4):203-10.
Abstract: The aim was to evaluate whether occupational therapy interventions in acute care could improve the elderly patient's perception of ability to manage at home after discharge. A pilot study was performed, including 22 patients in the experimental group and 19 in the control group. Occupational therapy interventions were conducted in the experimental group concerning personal care, information, prescription of assistive devices, planning of discharge, and reporting to primary care or community care. The control group was given no occupational therapy interventions. Structured interviews were performed on discharge and at a follow-up in about 14 weeks after discharge. The two groups were comparable concerning gender, age, days of care, and diagnoses. Patients in the experimental group scored lower on mental health and were more anxious on discharge. However, there was no difference between the groups in managing at home after discharge. Patients in the control group had greater need of further contacts with healthcare after discharge. Due to the small sample interpretations must be made with caution. The findings indicate that occupational therapy interventions in acute care might have a positive effect from the perspective of the elderly patient. These results need to be confirmed in a larger study

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374. Bentzen H, Bergland A, Forsen L. Predictors of uptake and adherence to the use of hip protectors among nursing-home residents. European Journal of Ageing 2008;5(3):253-63.
Abstract: The aim of the present study was to identify predictors for initial uptake and adherence with the use of hip protectors when offering hip protectors free of charge to nursing-home residents. An 18 months prospective follow up study was carried out in 18 Norwegian nursing homes. One thousand two hundred and thirty-six residents were included in the study of which 604 started to use a hip protector. A multivariate logistic regression model was used to identify predictors for the initial uptake. A Cox proportional hazard model was used to identify predictors for adherence. A stepwise backward strategy was used in both the logistic and in the Cox regression. The effect of nursing homes as clusters was adjusted for in the analysis. The uptake rate among all residents was 46% and the adherence was approximately 75% after 3 months, and approximately 60% after 18 months. Female gender [odds ratio (OR): 1.54, 95% CI: 1.06-2.24, P = 0.022], previous fractures (OR: 1.67, 95% CI: 1.02-2.75, P = 0.043), previous falls (OR: 2.08, 95% CI: 1.35-3.19, P < 0.001) and memory (not able to memorise: OR: 3.71, 95% CI: 2.09-6.59, P < 0.001, large problems with memorising: OR: 2.85, 95% CI: 1.81-4.49, P < 0.001, medium problems with memorising: OR: 2.45, 95% CI: 1.39-4.33, P = 0.002, some problems with memorising: OR: 1.99, 95% CI: 1.14-3.48, P = 0.016) seemed to be important predictors for uptake. Among those who took up the offer male gender (HR: 1.71, 95% CI: 1.00-2.91, P = 0.049), memory (not able to memorise: HR: 0.26, 95% CI: 0.14-0.50, P < 0.001, large problems with memorising: HR: 0.32, 95% CI: 0.22-0.45, P < 0.001, medium problems with memorising: HR: 0.46, 95% CI: 0.30-0.73, P < 0.001, some problems with memorising: HR: 0.49, 95% CI: 0.32-0.73, P = 0.001) and bowel incontinence (HR: 0.41, 95% CI: 0.25-0.66, P < 0.001) were predictors for a lower probability of ending hip protector use. Factors related to a high risk of falling were important predictors for both uptake and adherence. The fact that neither memory impairments nor incontinence (bowel) seemed to be barriers to hip protector use is important since these characteristics are common among nursing-home residents and tertiary prevention such as the use of hip protectors is probably the most feasible intervention to prevent hip fractures in this group

375. Bentzen H, Bergland A, Forsen L. Risk of hip fractures in soft protected, hard protected, and unprotected falls. Inj Prev 2008;14(5):306-10.
Abstract: OBJECTIVE: To compare hip fracture risk in soft and hard protected falls with the risk in unprotected falls and to compare the incidence of hip fractures in nursing homes providing soft and hard hip protectors. METHODS: An observational study conducted within the framework of a cluster randomized trial in 18 nursing homes. Nursing homes were randomized to offer either soft or hard hip protectors. Individual participants were followed for falls for 18 months. RESULTS: Of 1236 participating residents, 607 suffered 2926 falls; 590 of the 2926 falls were categorized as soft protected, 852 as hard protected, and 1388 as unprotected falls. Sixty-six verified hip fractures occurred: eight in soft protected falls, 11 in hard protected falls, and 45 in unprotected falls. The hip fracture risk in soft and hard protected falls was almost 60% lower than in unprotected falls (OR (soft) 0.36, 95% CI 0.17 to 0.77; OR (hard) 0.41, 95% CI 0.19 to 0.89). The incidence of hip fracture was 4.6 and 6.2 per 100 person-years in nursing homes providing soft and hard hip protectors, respectively (p = 0.212). CONCLUSION: Both types of hip protector have the potential, when worn correctly, to reduce the risk of a hip fracture in falls by nearly 60%. Both can be recommended to nursing-home residents as a means of preventing hip fractures

376. Bentzen H, Forsen L, Becker C, Bergland A. Uptake and adherence with soft- and hard-shelled hip protectors in Norwegian nursing homes: a cluster randomised trial. Osteoporos Int 2008;19(1):101-11.
Abstract: A comparison between soft- and hard-shelled hip protectors in nursing homes shows no clini-

cal relevant difference in acceptance and probability of continued use. However, significantly more users of the soft hip protector used the protector 24 hours a day. INTRODUCTION AND HYPOTHESIS: Uptake and adherence with the use of hip protectors are poor due to discomfort and impracticality. The aim of the study was to compare uptake and adherence between soft- and hard-shelled hip protectors. We hypothesized a higher uptake and adherence with soft hip protectors than with hard ones. METHODS: This cluster randomized study was performed for 18 months in 18 Norwegian nursing homes. Each nursing home was randomly allocated either soft or hard hip protectors. A total of 1,236 participants were enrolled in the study of which 314 and 290 started to use soft and hard hip protectors, respectively. RESULTS: The uptake among participants in nursing homes provided soft hip protectors was not significantly different from the uptake in nursing homes provided hard protectors. The probability of continued use was a little higher among users of soft hip protector. There were significantly more 24-hour users among those people using the soft protector. CONCLUSION: Our results indicate that changing the design might not solve the compliance issue, but may be a step in the right direction, especially for those people who are in need of 24-hour use

377. Elinge E, Stenvall M, Heideken Wagert P, Lofgren B, Gustafson Y, Nyberg L. Daily life among the oldest old with and without previous hip fractures. Scand J Occup Ther 2005;12(2):51-8.
Abstract: The aim of this cross-sectional study was to describe the oldest old, with and without previous hip fracture with regard to their ability to perform personal and instrumental activities of daily living (ADL); home adaptations received; possession of assistive devices; perceived health and morale. A random sample drawn from the population of 85-year-olds, all 90-year-olds and all > or =95-year-olds (n =253) in Umea, a city in northern Sweden, were examined. Data obtained from assessments and interviews carried out in the participants' homes, as well as data from medical charts, were analysed. Those with an earlier hip fracture (n = 58) had more difficulties in performing both personal and instrumental ADLs than those without (n = 195) but regarding individual home adaptations and the possession of assistive devices for personal care, no differences were detected between the groups. Self-perceived health and morale were equally good in both groups. The conclusion drawn is that lifelong consequences, in the form of reduced abilities to perform ADLs and wheelchair dependency are common among the oldest old after a hip fracture. Therefore, trials concerning the effects of more extensive and prolonged rehabilitation following hip fracture would be of great interest

378. Forsen L, Arstad C, Sandvig S, Schuller A, Roed U, Sogaard AJ. Prevention of hip fracture by external hip protectors: an intervention in 17 nursing homes in two municipalities in Norway. Scand J Public Health 2003;31(4):261-6.
Abstract: AIMS: This study was undertaken to estimate the effect of hip protectors on the incidence of hip fracture when introduced into nursing homes as a regular part of the healthcare for all residents. METHODS: A pre-test/test design was used. The pre-intervention period lasted 18 months from May 1996. The intervention period lasted 18 months from May 1998. During the intervention period all residents (965 beds) in nursing homes in two municipalities in Norway were offered free use of hip protectors. The project manager provided motivational activities in the nursing homes during the whole period, aimed at increasing the participation rate. RESULTS: The intervention period showed a 39% reduction in the hip fracture incidence when compared with the pre-intervention period (p = 0.003). The percentage of daily users of the protector varied from 35% during the first months to 22% at the end of the period. Among the 61 persons who suffered a hip fracture 31 were registered as daily users. Fourteen of the 31 users were not wearing the protector when the hip fracture occurred, while five of the 31 had the protector on their knees. Twelve of the 31 suffered a hip fracture while properly wearing the protector. CONCLUSIONS: This non-randomized study showed that hip protectors introduced to all residents in nursing homes considerably reduced the incidence of hip fracture. It may be possible to achieve higher compliance and a further reduction in the incidence of hip fractures if the producers of hip protectors increase the comfort of the protector without reducing its effect. In addition, it is important that health workers encourage more individuals at high risk to use the protector

379. Forsen L, Sandvig S, Schuller A, Sogaard AJ. Compliance with external hip protectors in nursing homes in Norway. Inj Prev 2004;10(6):344-9.
Abstract: OBJECTIVES: To investigate compliance with hip protector use. DESIGN: Observational prospective study. SETTING: 19 nursing homes (1040 beds). SUBJECTS: All residents during an 18 month period were included in this study. INTERVENTION: Hip protectors were introduced as a regular part of health care service for all residents. Residents at high risk were encouraged to use hip protectors regularly. Each nursing home had a contact person. MAIN OUTCOME MEASURES: The percentage of residents accepting the hip protector offer, probability of continued use, reasons for terminating use, and percentage of falls with hip protector were evaluated. RESULTS: Fifty five percent of the residents accepted the hip protector offer. The percentage increased by age, but showed no significant dependence on gender, profession of the contact person, or size of nursing home. The probability of continued use showed no significant dependence on age and gender. Nursing homes with a nurse as contact person showed 51% higher risk of residents terminating regular hip protector use than nursing homes with a physiotherapist as contact person (relative risk (RR) 1.51, 95% confidence interval (CI) 1.11 to 2.05, p = 0.008). The corresponding result for large (75-92 beds) compared with small (24-68 beds) nursing homes was RR = 1.44 (95% CI 1.02 to 2.02, p = 0.036). Seventy six percent of 2323 falls occurred while using hip protectors. CONCLUSION: The contact person and size of the nursing home seemed to be important factors for continued use of hip protectors while age and gender seemed to be less important

380. Forsen L, Sogaard AJ, Sandvig S, Schuller A, Roed U, Arstad C. Risk of hip fracture in protected and unprotected falls in nursing homes in Norway. Inj Prev 2004;10(1):16-20.
Abstract: OBJECTIVES: To compare the probability of hip fracture in protected and unprotected falls in a real world setting in nursing homes. DESIGN: Observational study. SETTING: Seventeen nursing homes (965 beds) in Norway. SUBJECTS: All residents in the nursing homes with at least one fall during the intervention period. INTERVENTION: Hip protectors were introduced as a regular part of the health

care service for all the residents for an intervention period of 18 months. Residents who were considered high risk were especially encouraged to be regular users of hip protectors. MAIN OUTCOME MEASURES: Hip fracture in protected and unprotected falls. RESULTS: At the time of the first fall within each faller, 430 were non-users of hip protectors, while 84 were registered as users, but did not wear it, and 191 were users and did wear it. The odds ratio of suffering a hip fracture was 0.31, 95% confidence interval 0.13 to 0.75 for wearers compared with non-wearers in the first fall, adjusted for age, gender, and whether they were registered as users or not. CONCLUSION: The odds of suffering a hip fracture for nursing home high risk residents was reduced to less than a third in protected falls compared with unprotected falls. Or, in other words, the odds of hip fracture showed a 69% reduction in protected falls compared with unprotected falls

381. Gillespie LD, Robertson MC, Gillespie WJ, Lamb SE, Gates S, Cumming RG, et al. Interventions for preventing falls in older people living in the community. Cochrane Database Syst Rev 2009;(2):CD007146.
Abstract: BACKGROUND: Approximately 30% of people over 65 years of age living in the community fall each year. OBJECTIVES: To assess the effects of interventions to reduce the incidence of falls in older people living in the community. SEARCH STRATEGY: We searched the Cochrane Bone, Joint and Muscle Trauma Group Specialised Register, CENTRAL (The Cochrane Library 2008, Issue 2), MEDLINE, EMBASE, CINAHL, and Current Controlled Trials (all to May 2008). SELECTION CRITERIA: Randomised trials of interventions to reduce falls in community-dwelling older people. Primary outcomes were rate of falls and risk of falling. DATA COLLECTION AND ANALYSIS: Two review authors independently assessed trial quality and extracted data. Data were pooled where appropriate. MAIN RESULTS: We included 111 trials (55,303 participants).Multiple-component group exercise reduced rate of falls and risk of falling (rate ratio (RaR) 0.78, 95%CI 0.71 to 0.86; risk ratio (RR) 0.83, 95%CI 0.72 to 0.97), as did Tai Chi (RaR 0.63, 95%CI 0.52 to 0.78; RR 0.65, 95%CI 0.51 to 0.82), and individually prescribed multiple-component home-based exercise (RaR 0.66, 95%CI 0.53 to 0.82; RR 0.77, 95%CI 0.61 to 0.97).Assessment and multifactorial intervention reduced rate of falls (RaR 0.75, 95%CI 0.65 to 0.86), but not risk of falling.Overall, vitamin D did not reduce falls (RaR 0.95, 95%CI 0.80 to 1.14; RR 0.96, 95%CI 0.92 to 1.01), but may do so in people with lower vitamin D levels. Overall, home safety interventions did not reduce falls (RaR 0.90, 95%CI 0.79 to 1.03; RR 0.89, 95%CI 0.80 to 1.00), but were effective in people with severe visual impairment, and in others at higher risk of falling. An anti-slip shoe device reduced rate of falls in icy conditions (RaR 0.42, 95%CI 0.22 to 0.78).Gradual withdrawal of psychotropic medication reduced rate of falls (RaR 0.34, 95%CI 0.16 to 0.73), but not risk of falling. A prescribing modification programme for primary care physicians significantly reduced risk of falling (RR 0.61, 95%CI 0.41 to 0.91).Pacemakers reduced rate of falls in people with carotid sinus hypersensitivity (RaR 0.42, 95%CI 0.23 to 0.75). First eye cataract surgery reduced rate of falls (RaR 0.66, 95%CI 0.45 to 0.95).There is some evidence that falls prevention strategies can be cost saving. AUTHORS' CONCLUSIONS: Exercise interventions reduce risk and rate of falls. Research is needed to confirm the contexts in which multifactorial assessment and intervention, home safety interventions, vitamin D supplementation, and other interventions are effective. INTERVENTIONS FOR PREVENTING FALLS IN OLDER PEOPLE LIVING IN THE COMMUNITY: As people get older, they may fall more often for a variety of reasons including problems with balance, poor vision, and dementia. Up to 30% may fall per year. Although one in five falls may require medical attention, less than one in 10 results in a fracture. Fear of falling can result in self-restricted activity levels. It may not be possible to prevent falls completely, but people who tend to fall frequently may be enabled to fall less often.This review looked at which methods are effective for older people living in the community, and includes 111 randomised controlled trials, with a total of 55,303 participants. Exercise programmes may target strength, balance, flexibility, or endurance. Programmes that contain two or more of these components reduce rate of falls and number of people falling. Exercising in supervised groups, participating in Tai Chi, and carrying out individually prescribed exercise programmes at home are all effective. Multifactorial interventions assess an individual person's risk of falling, and then carry out or arrange referral for treatment to reduce their risk. They have been shown in some studies to be effective, but have been ineffective in others. Overall current evidence shows that they do reduce rate of falls in older people living in the community. These are complex interventions, and their effectiveness may be dependent on factors yet to be determined. Taking vitamin D supplements probably does not reduce falls, except in people who have a low level of vitamin D in the blood. These supplements may be associated with high levels of calcium in the blood, gastrointestinal discomfort, and kidney disorders. Interventions to improve home safety do not seem to be effective, except in people at high risk, for example with severe visual impairment. An anti-slip shoe device worn in icy conditions can reduce falls.Some medications increase the risk of falling. Ensuring that medications are reviewed and adjusted may be effective in reducing falls. Gradual withdrawal from some types of drugs for improving sleep, reducing anxiety and treating depression has been shown to reduce falls.Cataract surgery reduces falls in people having the operation on the first affected eye. Insertion of a pacemaker can reduce falls in people with frequent falls associated with carotid sinus hypersensitivity, a condition which may result in changes in heart rate and blood pressure

382. Hektoen LF, Aas E, Luras H. Cost-effectiveness in fall prevention for older women. Scand J Public Health 2009;37(6):584-9.
Abstract: AIMS: The aim of this study was to estimate the cost-effectiveness of implementing an exercise-based fall prevention programme for home-dwelling women in the > or = 80-year age group in Norway. METHODS: The impact of the home-based individual exercise programme on the number of falls is based on a New Zealand study. On the basis of the cost estimates and the estimated reduction in the number of falls obtained with the chosen programme, we calculated the incremental costs and the incremental effect of the exercise programme as compared with no prevention. The calculation of the average healthcare cost of falling was based on assumptions regarding the distribution of fall injuries reported in the literature, four constructed representative case histories, assumptions regarding healthcare provision associated with the treatment of the specified cases, and estimated unit costs from Norwegian cost data. We calculated the average healthcare costs per fall for the first year. RESULTS: We found that the reduction in healthcare costs per individual for treating fall-related injuries was 1.85 times higher than the cost of implementing a fall prevention programme. CONCLUSIONS: The reduction in healthcare costs more

than offset the cost of the prevention programme for women aged > or = 80 years living at home, which indicates that health authorities should increase their focus on prevention. The main intention of this article is to stipulate costs connected to falls among the elderly in a transparent way and visualize the whole cost picture. Cost-effectiveness analysis is a health policy tool that makes politicians and other makers of health policy conscious of this complexity

383. Jensen J, Lundin-Olsson L, Nyberg L, Gustafson Y. Falls among frail older people in residential care. Scand J Public Health 2002;30(1):54-61.
Abstract: AIMS: A prospective study was carried out to investigate the incidence, circumstances, and injuries from falls among frail older people living in three different types of Swedish residential care settings. METHODS: The settings were senior citizens' apartments, an old people's home, and a group dwelling for people with dementia. The falls were registered during the three-year study period on a semi-structured fall report, and injurious falls were categorized according to severity. RESULTS: In total 428 falls occurred among 121 residents. The incidence rate of falls at the group dwelling was twice the rates of the old people's home and senior citizens' apartments (4282 compared with 1709 and 2114 falls per 1000 person-years respectively). Some 27% of the falls occurred during the night (2100h to 0600h) and 28% were related to a visit to the lavatory. The presence of acute disease at the time of a fall was diagnosed in 23% of the falls. Some type of injury occurred in 118 falls (28%) and 36 of these (8%) led to moderate or serious injuries. In total 48 fractures were diagnosed. CONCLUSIONS: In a preventive programme for falls and injuries in residential care settings, areas of particular interest should include falls after mealtimes and falls at night, conditions of acute diseases, rising up from sitting, walking, and activities in progress, especially visits to the lavatory

384. Johansson I, Bachrach-Lindstrom M, Struksnes S, Hedelin B. Balancing integrity vs. Risk of falling--Nurses' experiences of caring for elderly people with dementia in nursing homes. Journal of Research in Nursing 2009;14(1):61-73.
Abstract: Dementia is recognized as being a major risk for falls that cause suffering and increase dependency for the individual. The purpose of this study was to explore registered nurses' and nurse assistants' experiences of caring for elderly people with dementia who are at risk of falling, and factors that contribute or reduce falls in this group. A phenomenographic design was chosen. Ten nurses and 18 nurse assistants with experience of fall events were strategically selected for a recorded interview. The informants were chosen from 10 nursing homes in Sweden and Norway. They were asked to describe a fall situation they had been involved in when caring for elderly people with dementia. The findings shed light on an ethical dilemma in the main category 'Balancing integrity and autonomy versus risk of falling' which was comprehensively related to two descriptive categories. The first one was 'Adjusting to the older person's condition' with the concepts of forgetfulness, anxiety and confusion, ability to express oneself and understand, bodily build and function. The second category was 'Adjusting the care environment', comprising these conceptions: the physical environment, the psychosocial environment, organization and human resources. Based on the staff 's perceived difficulties in preventing falls in elderly people with dementia, there is a need for additional support or professional supervision in their work to enhance possibilities for successful fall prevention.

385. Nurmi I, Luthje P. Incidence and costs of falls and fall injuries among elderly in institutional care. Scand J Prim Health Care 2002;20(2):118-22.
Abstract: OBJECTIVE: To investigate the incidence and costs of falls among the elderly in institutional care. DESIGN: A prospective study during the course of 1 year. SETTING: Four institutions in Finland. SUBJECTS: A total of 554 falls and 211 fall injuries among patients over 60 years of age. MAIN OUTCOME MEASURES: Falls and fall injuries were recorded prospectively. Treatment and the costs of injuries were analysed retrospectively. The incidence of falls and fall injuries was expressed per 1000 person years. Costs of fall injuries treated outside the patient's own ward were calculated. RESULTS: The total incidence of falls was 1398/1000 person years. The incidence of fractures per 1000 person years was 54 (95% CI; 25-83) in women and 10 (95% CI; 1-54) in men. Women fell on their hips or buttocks more often than men did ($p < 0.01$). Incidence of head injuries per 1000 person years was 214 (95% CI; 160-267) in women and 433 (95% CI; 302-565) in men. The average costs were Euro 944 per fall. CONCLUSION: One-third of all falls resulted in an injury and every fifth injurious fall resulted in treatment outside the patient's own ward. The type of fall and the injury profile differed between men and women.

386. Sandvig S. Hip fractures in nursing home residents may be reduced by education of staff and residents and provision of free hip protectors. Aust J Physiother 2003;49(2):141.

Infeksjoner

387. Andersen BM, Haugen H, Rasch M, Haugen AH, Tageson A. Outbreak of scabies in Norwegian nursing homes and home care patients: Control and prevention. J Hosp Infect 2000;45(2):160-4.
Abstract: Over a period of five months (October 1998-February 1999), an outbreak of scabies affected 19 persons associated with a nursing home in Oslo, Norway. Scabies was diagnosed in 13 patients; six long-term patients, five short-term patients also cared for at home, and two home care patients associated with the same institution. Six healthcare workers who had assisted with infected patients in their own homes were also diagnosed with scabies. Two separate index cases were found. Both had had pruritus for several months, diagnosed as eczema, and were repeatedly treated at dermatology outpatient clinics before the diagnosis was made. Both index cases were cared for at home and in the nursing home (short-

term). Repeated treatments with permethrin were tried before effective treatment with benzyl benzoate. Altogether 370 persons (patients, staff, relatives) were treated. In June- July 1999, scabies was diagnosed in two other nursing homes; six patients or staff, and 156 persons were treated. Patients with scabies were contact isolated and disinfection and cleaning was performed. Simultaneous treatment and washing or disinfection of clothing, bedding and environment of all potentially affected individuals is imperative to control an outbreak of scabies.

388. Andersen BM, Rasch M. Control of imported infections in nursing homes. Tidsskr Nor Laegeforen 2002;122(24):2374-5.
Abstract: Background. Nursing home residents and accompanying staff often go on stays i Norwegian-owned health institutions in southern Europe and may bring infections back with them. Material and methods. We studied infection control routines for residents and staff returning home from health institutions abroad as well as isolation capacity by an anonymous questionnaire to 59 nursing homes with a total of 4,409 residents. Results. 21 nursing homes (36%) sent their residents and staff members to health institutions abroad. Testing for methicillin resistant Staphylococcus aureus (MRSA) was performed upon return by 4 out of 21 nursing homes for residents and 3 out of 21 for staff members. 22% of the 59 nursing homes had routines for infection screening of staff members working abroad. 14% would perform MRSA tests on all staff members giving such information. The nursing homes had a total of 4,409 beds, 66% of them in single rooms. There were a total of eight (0.2%) contact infection isolates but no isolate for airborne infections. Interpretation. Resistent bacteria may be imported and spread through lack of infection controls of residents and staff members returning home from health care institutions abroad. The lack of isolation facilities make matters worse

389. Andersen BM, Rasch M. Hospital-acquired infections in Norwegian long-term-care institutions. J Hosp Infect 2000;46(4):288-96.
Abstract: Point prevalence studies of hospital-acquired infections among the elderly in 65-70 long-term care facilities (LTCF) were carried out once a year over a three-year period in Oslo city, Norway. They showed an overall rate of 6.5% of hospital-acquired infections among 13 762 residents. The infection rate was approximately the same as in hospitals and twice as high as among hospitalized long-term psychiatric patients. Residents who had received surgical treatment within the previous three months had a high rate of postoperative infections, especially wound infections (14.8%). During the study period, the LTCFs were found to be understaffed and overcrowded. They had few private rooms, a lack of bathrooms and toilets, no isolation facilities and deficient ventilation systems. The economic consequences of hospital-acquired infections in these LTCFs were extra costs in medical and nursing care and antibacterial treatment of 157 500 Nkr/day (22500 USD). There would be a substantial cost-benefit in effective preventive measures against hospital-acquired infections in long-term care institutions. Copyright 2000 The Hospital Infection Society

390. Andersen BM, Rasch M. Infections in nursing homes in Oslo. Tidsskr Nor Laegeforen 2002;122(24):2371-3.
Abstract: Background. Residents of long-term care facilities are at risk of infection and may deliver resistant microbes to hospitals. Material and methods. A point prevalence study was performed, including 3,474 residents in 2000 and 4,650 in 2001. Results. The infection rate increased from 5.6% in 2000 to 7.5% in 2001 ($p > 0.001$). Urinary tract infections predominated. Pneumonia increased from 2000 to 2001 (0.7%-1.4%; $p<0.01$), as did the rate of operated patients (2.9%-6.5%, $p<0.001$), while postoperative wound infections was reduced ($p = 0.02$). Antibiotics were given to 5.8% in 2000 and 6.1% in 2001. Microbiological assessments were available from 29.6% infections in 2000 and 21.4% in 2001. Staphylococcus aureus and Escherichia coli predominated. Methicillin-resistant S aureus was found in only two patients. Interpretation. The increased burden of operated patients in understaffed long-term care facilities may have caused an increasing rate of infections. Staffing with sufficient and competent personnel and intensified infection control work is needed

391. Bucher A, Sorknes N, Lundqvist K, Ronning K. Infections and antibiotic usage in long-term facilities. Tidsskr Nor Laegeforen 2001;121(7):827-30.
Abstract: Background. The number of elderly people is constantly increasing in the western world. Many of these elderly spend their last years in a nursing home. Long-term care residents frequently have infections. However, there is only limited knowledge with regard to the spectrum of infections and the usage of antibiotics in nursing homes, in Norway and also in other European countries. Material and methods. Prevalence of infections, risk factors related to infections and antibiotic usage were studied in four nursing homes in Baerum county. Results. Of all 262 nursing home residents, 8.4% had an infection; 3.4% received antibiotic treatment. 66% of residents were more than 80 years old, 98% had a private room. Of all residents 3.4% had a urinary tract infections, 1.9% a skin infection, 1.1% a respiratory tract infection, and 1,9% an eye infection. 42% of all residents were treated with psychopharmacological drugs. 3.9% had an urinary catheter, and 11% skin ulcers. Interpretation. Our study did not discover any extraordinary problems with infections or antibiotic overuse in the nursing homes investigated. However, further studies are warranted in order to learn more about this issue in these institutions, which may represent an important but frequently underestimated source of resistant bacteria in a community

392. Elström P, Steen TW. Nosokomiale infeksjoner i sykehjem i Oslo. Tidsskrift for den Norske Laegeforening 2002;122(27):2656

393. Eriksen H, Iversen B, Aavitsland P. Prevalence of nosocomial infections and use of antibiotics in long-term care facilities in Norway, 2002 and 2003. J Hospital Infection 2004;57:(4):316-20.
Abstract: Research in Norway on commmon nosocomial infection found in long-term care facilities for elderly people. 2 prevalence surveys per year for 2 years recorded incidences of urinary tract, skin, lower respiratory tract and surgical-site infections and the number of patients receiving antibiotics on the day of

the survey. The results of the survey have contributed to the development and implementation of infection control programmes in long-term care facilities. 18 refs

394. Eriksen HM, Koch AM, Elstrom P, Nilsen RM, Harthug S, Aavitsland P. Healthcare-associated infection among residents of long-term care facilities: a cohort and nested case-control study. J Hosp Infect 2007;65(4):334-40.
Ref ID: 223**Abstract:** Knowledge of infection control measures in nursing homes is limited. This study aimed to assess the incidence of, and potential risk factors for, healthcare-associated infection in long-term care facilities in Norway. Incidence of healthcare-associated infection was recorded prospectively in six long-term care facilities located in two major cities in Norway between 1 October 2004 and 31 March 2005. For each resident with an infection we aimed for two controls in a nested case-control study to identify potential risk factors. Incidence of infection was 5.2 per 1000 resident-days. Urinary and lower respiratory tract infections were the most common. Patients confined to their beds [odds ratio (OR=2.7)], who stayed <28 days (OR=1.5), had chronic heart disease (OR=1.3), urinary incontinence (OR=1.5), an indwelling urinary catheter (OR=2.0) or skin ulcers (OR=1.8) were shown to have a greater risk for infection. Age, sex and accommodated in a two- versus single-bed room were not significant factors. Incidence of infection in nursing homes in Norway is within the range reported from other countries. This study identified several important risk factors for healthcare-associated infection. There is a need to prevent infection by implementing infection control programmes including surveillance in long-term care facilities

395. Harthug S. Infeksjoner og bruk av antibiotika i sykehjem. Tidsskrift for den Norske Laegeforening 2002;122(24):2349

396. Hedin K, Petersson C, Cars H, Beckman A, Hakansson A. Infection prevention at day-care centres: feasibility and possible effects of intervention. Scand J Prim Health Care 2006;24(1):44-9.
Abstract: OBJECTIVE: To study the effect of an educationally oriented intervention programme, with the recommendations from the National Board of Health and Welfare as a base. DESIGN: A prospective intervention study. SETTING: Six day-care centres in Vaxjo, Sweden. Three centres comprised the intervention group and three constituted the control group. SUBJECTS AND MAIN OUTCOME MEASURES: The parents and personnel completed a questionnaire on their views concerning information about infectious diseases. During a nine-month period, parents of all children reported every episode of absence, the number of days absent, the cause of absence, and any contact with doctors or prescription of antibiotics. RESULTS: The guidelines were implementable in routine child day-care. Parents found regular information valuable and felt better informed about infectious diseases. Multilevel analyses showed no statistically significant results of the intervention. "Infection-prone" children had more sickness absence, doctor's consultations, and antibiotic prescriptions than those not "infection-prone". CONCLUSION: It is possible to implement an educationally oriented intervention programme directed against infectious diseases in child day-care. No significant effect of the intervention was found, which is why a larger intervention study is needed

397. Koch AM, Eriksen HM, Elstrom P, Aavitsland P, Harthug S. Severe consequences of healthcare-associated infections among residents of nursing homes: a cohort study. J Hosp Infect 2009;71(3):269-74.
Abstract: The aim of this study was to identify the consequences of healthcare-associated infections in Norwegian nursing homes, to include debilitation, hospital transfer and mortality. We followed the residents of six nursing homes in two major cities in Norway during the period October 2004 to March 2005. For each resident with infection we randomly selected two controls among residents who did not have an infection. Cases and the controls were followed for 30 days as a cohort in order to measure the incidence of complications and risk ratio (RR) in the two groups. The incidence of infection was 5.2 per 1000 resident-days. After 30 days follow-up 10.9% of residents who had acquired infection demonstrated a reduction in overall physical condition compared with 4.8% in the unexposed group (RR: 2.3). Altogether 13.0% of residents with infections were admitted to hospital compared with 1.4% in the unexposed group (RR 9.2), and 16.1% residents with infections died in the nursing home during follow-up compared with 2.4% in the unexposed group (RR: 6.6). Residents with lower respiratory tract infections demonstrated higher morbidity and mortality. In conclusion, healthcare-associated infections cause severe consequences for people living in nursing homes, including debilitation, hospital admission and death

398. Larssen KW, Jacobsen T, Bergh K, Tvete P, Kvello E, Scheel O. Outbreak of methicillin-resistant Staphylococcus aureus in two nursing homes in Central Norway. J Hosp Infect 2005;60(4):312-6.
Abstract: Until recently, infections with methicillin-resistant Staphylococcus aureus (MRSA) have mainly been associated with hospital outbreaks in Norway. However, increasingly cases are contracted outside hospitals. This paper reports the first two outbreaks of MRSA in two nursing homes in central Norway, affecting 23 residents and five staff members. Pulsed-field gel electrophoresis analysis showed that all strains from nursing home A were identical and that the strains from nursing home B were genotypically similar with one or two band differences. Multi-locus sequence typing (MLST) showed that the strains from the two nursing homes belong to clonal complex 45, with each strain being a single-locus variant of sequence type 45 (ST 45), a well-known European epidemic strain. No evident source of the two outbreaks was found, and there was no obvious connection between the two outbreaks. The latter is also supported by the minor differences observed by MLST, suggesting a connection at some time in the past. The outbreaks led to a heavier workload and economic strain on both nursing homes. The outbreak in nursing home A was brought to an end, whereas two residents remained colonized in nursing home B despite several eradication attempts. These outbreaks show the potential for MRSA spread in a nursing home. If the prevalence of MRSA in Norway continues to increase, nursing home staff and residents may have to be included in the groups to be screened for MRSA upon hospital admission

399. Sie I, Thorstad M, Andersen BM. [Infection control and hand hygiene in nursing homes in Oslo]. Tidsskr Nor Laegeforen 2008;128(13):1528-30.

Abstract: BACKGROUND: Nosocomial infections and transmission can be substantially reduced by good infection control. The laws and regulations for infection control in heath care institutions emphasize establishment of infection control programs and improved hand hygiene. Our study reviews some factors that are important for practicing adequate hand hygiene (knowledge about infection control and hand-washing facilities). MATERIAL AND METHODS: Health care workers (HCW) in nursing homes in Oslo participated in this study in 2006-2007. A questionnaire was made and SPSS was used to analyse the data . RESULTS: 70.7% of 324 HCW (in 42 nursing homes) answered the questionnaires. Nearly all of the respondents (95.6%) knew about the written procedures for hygiene and infection control; 88.5% knew that an infection control program was in place and about 50% had received information through internal education. Three of four had read the National guidelines for hand hygiene, 77.5% thought that hand disinfection was more effective than hand washing, and 97% reported hand hygiene after contact with a patient having an infection. Dispensers for hand disinfection were situated at central work places. At the same time, 17.9% informed that they worked in more than one place at the same time. INTERPRETATION: This study confirms that most nursing homes in Oslo have an infection control program and training that improves the knowledge and awareness of hand hygiene among HCWs. However, the fact that nursing homes in Oslo have the resources, knowledge and education, is not the same as compliance

400. Sie I, Thorstad M, Andersen BM. Infection control and meticillin-resistant Staphylococcus aureus in nursing homes in Oslo. J Hosp Infect 2008;70(3):235-40.
Abstract: Healthcare workers (HCWs) might be important in reducing healthcare-associated infections but infected or colonised HCWs may still spread pathogenic microbes to others. Norwegian policies for infection control in healthcare environments emphasise infection control programmes for both patients and HCWs. In this study, HCWs from 42 of 55 nursing homes in Oslo participated in an investigation concerning the implementation of infection control programmes during 2006-2007. Three separate questionnaires were used: the first aimed at nursing staff (enrolled nurses and assisting staff); the second for ward sisters; and the third for institution managers. Nearly 70% of the nursing homes had policies for controlling infection and transmission of meticillin-resistant Staphylococcus aureus (MRSA). About 60% of the institutions had policies for tracing MRSA infections. Four of five ward sisters tested patients for MRSA when wounds were not healing, when admitted from hospitals overseas, when patients shared a room with an MRSA-infected patient, or if patients had ever been MRSA positive. Two of five sisters would test patients with chronic urinary tract infection or patients admitted from another hospital. Among nursing staff, one out of five had cared for MRSA-positive patients. Only 4% of the staff had worked in healthcare institutions abroad, and only a few of them had been tested for MRSA. Almost 20% of the responding nursing staff worked at several institutions at the same time

Demente pasienter, hjemme.

401. Annerstedt L, Elmstahl S, Ingvad B, Samuelsson SM. Family caregiving in dementia--an analysis of the caregiver's burden and the "breaking-point" when home care becomes inadequate. Scand J Public Health 2000;28(1):23-31.
Abstract: The burden of caregivers of patients suffering from of Alzheimer type dementia (DAT) and vascular dementia (VD) was analysed at the critical time, the "breaking-point", when home care becomes insufficient and/or inadequate and the caregiver burden has probably reached its upper limit. Primary family caregivers of 39 DAT and 40 VD patients who were being considered for relocation into group-living units were studied. Total caregiving burden and different aspects of the burden: general strain, isolation, disappointment, and emotional involvement, were correlated with the patients' diagnoses, abilities, and symptoms. Closer kinship to the patient imposed a heavier burden. The caregiver's gender, social class, and previous institutionalization of the patient did not influence the caregiver burden. There was no significant correlation between the patients' ADL ability or cognition and the burden. A higher level of disappointment was found among the VD carers. Different symptomatology in patients of the two diagnostic groups was related to special aspects of the burden. Multiple regression analysis showed that the amount of caregiving time each week and impaired sense of own identity, misidentifications, clinical fluctuations, and nocturnal deterioration in the patients predicted the breaking-point

402. Lystrup LS, Lillesveen B, Nygard A-M, Engedal K. Public social health services to demented persons living at home in Norway. Tidsskr Nor Laegeforen 2006;126(15):1917-20.
Abstract: Background. About 50 % of the 65,000 elderly with dementia in Norway live in their own homes, and are cared for by their families and social and health care personnel in the municipalities. According to governmental documents, the provision of help to demented patients should be predictable, continuous, individually tailored, and carried out by few helpers. The purpose of this study was to examine public social and health services provided to demented patients living at home. Material and methods. Provision of public care to 460 patients from 24 municipalities, was recorded for seven consecutive days. The average patient age was 82 years (SD 7.1), 74 % were women. Degree of dementia was assessed with the Clinical Dementia Rating scale (CDR). Functional status and need of help was assessed with the Rapid Disability Rating Scale-2 (RDRS 2). Results and interpretation. Of the 460 patients, 54 % had received a diagnosis by a physician. On average, 8 (SD 4) different people helped for 5.4 (SD 6.3) hours a week. Help was most frequently given to; take medicines, prepare food, carry out personal Activity of Daily Living (ADL) and to clean the house. Some did not receive enough help and a few received too much. Patients with a dementia diagnosis did not receive more help than those without. The results indicate that Norwegian municipalities provide a substantial amount of health services, but fail to tailor plans according to individual needs

403. Mogensen T, Aasgaard L, Mogensen B, Grov EK. Pårörendes omsorgssituasjon overfor hjemmeboende personer med demens. En sammenliknende studie av ektefeller og andre pårörende, kvinner og menn, og eldre/yngre pleie- og omsorgsgivere i en middelsstor norsk kommune samt evaluering av måleinstrumentet Caregiver Reaction Assessment. Norsk Tidsskrift for Sykepleieforskning 2008;10(2):15-28

404. Nygard L, Starkhammar S, Lilja M. The provision of stove timers to individuals with cognitive impairment. Scand J Occup Ther 2008;15(1):4-12.
Abstract: The aim of this study was to identify the characteristics of persons who were provided with timing devices on stoves, and to investigate the application procedure and recommendations for timer options. The case files at an Agency for Home Modifications in an urban community in Sweden during 2002 (n = 945) were audited. The sample was divided into two groups: those diagnosed or suspected of dementia or age-related memory deficits (n = 788), and those with other diagnoses (n = 151). Overall, the applicants for stove timers were elderly females, living alone. Assistance with the application forms by health professionals was common in both groups. However, the options available for tailoring the use of the device were not used consistently and the opportunity for professional follow-up appeared limited. The device seemed to be used as a safety precaution rather than as a device to support independent activity performance based on individual users' needs. The results indicate that improvements in the implementation and provision of stove timers could be achieved through education and collaboration between different stakeholders

405. Ulstein I, Wyller TB, Engedal K. Correlates of intrusion and avoidance as stress response symptoms in family carers of patients suffering from dementia. Int J Geriatr Psychiatry 2008;23(10):1051-7.
Abstract: AIMS: To explore intrusion and avoidance in family carers of dementia patients. METHOD: We studied 196 family carers of 196 home-dwelling dementia patients. Carers were assessed by the Impact of Events Scale (IES), the Geriatric Depression Scale (GDS), the State Trait Anxiety Inventory (STAI) and the Distress scale of the Neuropsychiatric Inventory (NPI-D), and patients with the Mini Mental State Examination (MMSE), the Disability Assessment for Dementia (DAD), and the Neuropsychiatric Inventory (NPI). RESULTS: Twenty carers (10%) scored above 19 on the intrusion and avoidance subscales of the IES, whereas 90 (47%) scored above 8 on both subscales. This moderate to high stress response was independently explained by being a spouse (OR 3.74 (95% CI 1.81-7.74)), high scores on GDS (OR 1.12 (95% CI 1.06-1.18) per unit increase) and high score on NPI-D (OR 1.05 (95% CI 1.01-1.09) per unit increase). CONCLUSIONS: Spouses and other family carers having daily contact with patients with dementia experience moderate to high levels of intrusion and avoidance. These symptoms are associated with symptoms of anxiety, distress and depression and should be taken into account when tailoring interventions for carers.

406. Ulstein I, Wyller TB, Engedal K. High score on the Relative Stress Scale, a marker of possible psychiatric disorder in family carers of patients with dementia. Int J Geriatr Psychiatry 2007;22(3):195-202.
Abstract: OBJECTIVE: To compare the scores on the Relative Stress Scale (RSS) with those on the General Health Questionnaire (GHQ) and the Geriatric Depression Scale (GDS), and to establish a cut-off score for RSS in order to distinguish carers with symptoms of psychiatric disorders from those without. METHODS: One hundred and ninety-four carers of 194 patients suffering from dementia according to ICD-10 were included in the study. Burden of care was assessed by the 15-items RSS, and psychiatric symptoms by means of the GHQ-30 and the 30-items GDS. A case score above 5 on GHQ and above 13 on GDS were used to define carers with probable psychiatric morbidity. Sensitivity (SS), specificity (SP), accuracy and likelihood ratio for a positive test (LR+) were calculated for different cut-points of the RSS. RESULTS: Fifty-six percent of the carers had a GHQ score above 5, and 22% had a GDS score above 13. A two-step cluster analysis using 192 of the 194 carers, identified three groups of carers; a low risk group for psychiatric morbidity (LRG), 82 carers with GHQ < or = 5 and GDS < or = 13; a medium risk group (MRG), 69 carers with GHQ > 5 and GDS < or = 13; and a high-risk group (HRG), 40 carers with GHQ > 5 and GDS > 13. The optimal RSS cut-off to distinguish between the LRG and the others was > 23 (SS 0.72, SP 0.82, accuracy 0.76, LR + 4.0), whereas the optimal cut-off to separate the HRG from the others was >30 (SS 0.74, SP 0.87, accuracy 0.84, LR + 5.7). CONCLUSION: The RSS is a useful instrument to stratify carers according to their risk of psychiatric morbidity.

Demente, sykehjem

Hvem er de demente på sykehjem og hvordan har de det?

407. Edberg A-K. Assessment by nurses of mood, general behaviour and functional ability in patients with dementia receiving nursing home care. Scand J Caring Sci 2000;14(1):52-61.
Abstract: The aim of this study was to investigate the reliability of the Patient Mood Assessment Scale (PMAS), the General Behaviour Assessment Scale (GBAS) and the Gottfries Brane Steen scale and to investigate mood, general behaviour, degree of dementia and symptoms for patients with dementia living permanently in nursing home care (n = 75). Interviews were conducted with the contact nurses, focussing on their view of the patients during the preceding week, based on the above-mentioned assessment scales. In 29 cases a second interview was conducted with another nurse in order to investigate the inter-rater reliability. The inter-rater reliability was high for items associated with ADL and intellectual functions, but low for items associated with emotional aspects. The nurses' difficulties in assessing the patients' emotional state could arise because these matters are not regularly discussed among the staff or could reflect the nurse's inner state rather than that of the patient. The varying understanding that the nurses had of the patients raises the question of whether the care provided is based on the nurses' opinions

rather than on the patients' needs. There is a need for continuous and reflective discussions in the staff group, focusing on the patients' physical as well as emotional needs

408. Holthe T, Thorsen K, Josephsson S. Occupational patterns of people with dementia in residential care: an ethnographic study. Scand J Occup Ther 2007;14(2):96-107.
Abstract: This paper describes an ethnographic study that sought to gain knowledge of the occupational patterns of persons with dementia in a care home and how the residents perceived the group activities in which they participated. The residents' ages ranged from 82 to 92 years. They were seven women and one man. Both participant observation and interviews were used to collect data. Data analysis resulted in an ethnographic story organised around two key themes: (1) the occupational patterns of the residents, and (2) the residents' perceptions of the activities offered. In this story residents appeared passive, playing the role of guests in the care home. Residents were dependent on staff to engage in daily occupations. Interviews revealed that residents perceived participation in activities as important to their mental and physical health and an advantage of living in the care home

409. Husebo BS, Strand LI, Moe-Nilssen R, Husebo SB, Snow AL, Ljunggren AE. Mobilization-Observation-Behavior-Intensity-Dementia Pain Scale (MOBID): development and validation of a nurse-administered pain assessment tool for use in dementia. J Pain Symptom Manage 2007;34(1):67-80.
Abstract: Pain assessment in older persons with severe cognitive impairment (SCI) is a challenge due to reduced self-report capacity and lack of movement-related pain assessment instruments. The purpose of this article was to describe the development of the Mobilization-Observation-Behaviour-Intensity-Dementia Pain Scale (MOBID) and to investigate aspects of reliability and validity. MOBID is a nurse-administered instrument developed for use in patients with SCI, where presence of pain behavior indicators (pain noises, facial expression, and defense) may be observed during standardized active, guided movements, and then inferred to represent pain intensity. Initially, the MOBID contained seven items (observing at rest, mobilization of the hands, arms, legs, turn over in bed, sitting on bedside, and teeth/mouth care). This was tested in 26 nursing home patients with SCI. Their primary caregivers, five registered nurses and six licensed practical nurses (LPNs), rated the patients' pain intensity during regular morning care, and by MOBID, both at bedside and from video uptakes. Three external raters (LPNs), not knowing the patients, also completed the MOBID by rating the videos. Internal consistency of the MOBID indicated high Cronbach's alpha (alpha=0.90) after deleting the items for observation at rest and observation of teeth/mouth care. MOBID disclosed significantly more pain than did pain scorings during regular morning care, and video observation demonstrated higher pain intensity than bedside scoring. Intertester reliability for inferred pain intensity was high to excellent (intraclass correlation coefficient=0.70-0.96), but varied between poor and excellent for pain behavior indicators (kappa=0.05-0.84). These results suggest that registration of pain behavior indicators during active, guided movements, as performed by the MOBID procedure, is useful to disclose reliable and valid pain intensity scores in patients with SCI

410. Meiland FJ, Danse JA, Wendte JF, Klazinga NS, Gunning-Schepers LJ. Caring for relatives with dementia--caregiver experiences of relatives of patients on the waiting list for admission to a psychogeriatric nursing home in The Netherlands. Scand J Public Health 2001;29(2):113-21.
Abstract: AIMS: Institutionalising a relative is a difficult decision and often relatives have to feel heavily burdened before they take such a step. Then the following delay because of waiting lists can be too much. This paper examines the experiences of caregivers of demented patients at the moment of registration on the waiting list for nursing-home care. METHODS: Interviews were carried out with 93 informal caregivers and analysis was made of the files of patients who were registered on the waiting list for nursing-home admission in Amsterdam in 1997 and 1998. Data collection included the Interview for Deterioration in Daily living activities in Dementia, The Revised Memory and Behaviour Problem Checklist, the Social Support List-Interaction, and three subscales of the Caregiver Reaction Assessment (CRA) scale. RESULTS: At the moment of admission to the waiting list, half of the respondents were rather heavily burdened or worse. Less severe dementia, lower age of the patient and providing more hours of informal care especially accounted for more negative experiences of caregivers. The self-esteem derived from caregiving was higher for caregivers with lower income and for those who perceived the quality of the relationship with the demented person as better. CONCLUSIONS: The high burden levels at the moment the decision to institutionalise the patient is taken put a heavy claim on the energy needed to continue to care during the ensuing waiting period. More social support and formal home care may reduce the level of burden of caregiving

411. Norbergh KG, Nordahl G, Sandman PO, Asplund K. A retrospective study of functional ability among people with dementia when admitted to group-dwelling. Scand J Prim Health Care 2001;19(1):39-42.
Abstract: OBJECTIVE: To describe functional ability among people with dementia when admitted to group-dwelling (GD) during different time periods, and the probability of their remaining in these units for the rest of their lives. DESIGN: Retrospective study of functional ability and likelihood of staying in GD. SETTING: Thirteen GD units in the Sundsvall region, Sweden. SUBJECTS: One-hundred-and-forty-two demented people admitted to GD in the period 1986-1996. MAIN OUTCOME MEASURES: Ability to manage personal care and somatic and psychiatric status were measured with the use of a rating scale. RESULT: On comparing people over the years, a significant increase was found in the need of assistance to manage everyday life on admission to GD. The likelihood of living the rest of life in GD has increased over time. CONCLUSIONS: Increasing dependency and increasing probability of remaining in GD may influence the intention of GD as a unique way of caring for people with dementia. It is crucial to consider these changes in order to encourage the development of GD

412. Normann HK, Asplund K, Karlsson S, Sandman PO, Norberg A. People with severe dementia exhibit episodes of lucidity. A population-based study. J Clin Nurs 2006;15(11):1413-7.
Abstract: Aims and objectives: To describe frequency and characteristics of people with severe dementia who according to care providers, exhibit ELs in a population of those with dementia in institutional care. Background: There are reports in the literature concerning episodes when the resident unexpectedly

says or acts in a way that surprises the care provider because the resident seems to be much more aware of her/his situation than usual. This is labelled 'episodes of lucidity' (ELs). Design: The study is based on data from a point prevalence study from institutions for the older people in northern Sweden in May 2000. Methods: Out of 3804 residents, assessed by key care providers, by means of the Multi-Dimensional Dementia Assessment Scale (MDDAS) with questions about ELs added, 92 residents were found to have severe dementia and difficulties with verbal communication. The key care providers' competence in assessing severe dementia was not evaluated. An ethics committee approved the study. Results: Fifty-two residents (57%) were assessed as exhibiting ELs. Residents who showed ELs had higher orientation scores and expressed more emotions than residents who did not show ELs. More residents who exhibited ELs took outdoor walks with their care providers exhibited ELs than those who did not (P = 0.001). Conclusions: Every second resident with severe dementia and difficulties with verbal communication showed ELs. Relevance for clinical practice: The fact that every second resident with severe dementia and difficulties with verbal communication showed ELs and that this was noticed especially when care providers took outdoor walks with the residents imply that closer contact between care providers and residents with severe dementia could change the care providers' expectations and enhance communication between the parties.

413. Normann HK, Norberg A, Asplund K. Confirmation and lucidity during conversations with a woman with severe dementia. J Adv Nurs 2002;39(4):370-6.
Abstract: RATIONALE: Patients with severe dementia sometimes surprise the care providers because they seem to be much more aware of their situation and function much more adequately than usual. Such episodes are labelled 'episodes of lucidity' (ELs). The aim of this study was to describe the characteristics of the particular conversations with a woman with severe dementia when ELs occurred as compared with conversations when she was not lucid. METHODOLOGICAL DESIGN: A woman with a probable diagnosis of Alzheimer's disease (AD) was selected. Her Mini Mental State Examination (MMSE) was estimated as 3. The first author met the woman for 4 hours five times over a period of 2 weeks. RESEARCH ETHODS: The conversations were tape-recorded and transcribed verbatim. The text was divided into 278 content units and analysed. FINDINGS: Lucidity is promoted by supporting the patient in various ways, that is sharing the patient's view, repeating and reformulating the patient's utterance, reinforcing the patient by using positive utterances, not emphasizing errors and supporting the patient's language in various ways, and avoiding making demands. The relation between the patient and her conversation partner during ELs is characterized by confirmation and communion. CONCLUSIONS: This case study indicates that a supportive attitude in conversation with the patient with severe dementia promotes lucidity. A supportive attitude includes the avoidance on the part of the conversational partner making demands on the patient, confirming the patient as an important, unique and valuable person and creating communion. The connection between supporting and avoiding demands and lucidity/nonlucidity during conversation needs further study

414. Nygaard HA, Ruths S. Missing the diagnosis: senile dementia in patients admitted to nursing homes. Scand J Prim Health Care 2003;21(3):148-52.
Abstract: OBJECTIVE: To establish dementia diagnoses in patients recently admitted to a nursing home by a geriatrician, and to compare the agreement with diagnoses recorded in the nursing home's medical records and with short screening instruments. DESIGN: Descriptive study. Geriatric work-up of the individual patient, information obtained from the medical records of nursing homes, structured interviews with nurses and a short cognitive test. SETTING: Nursing homes in Bergen, Norway, with 123 long-term care patients. MAIN OUTCOME MEASURES: Dementia diagnosis according to the International Classification of Diseases (ICD-10), Clinical Dementia Rating and the Short Portable Mental Status Questionnaire. RESULTS: Fifty-nine percent of the patients were diagnosed as demented according to the ICD-10. One-third of cases were not formerly diagnosed according to nursing home medical records. Clinical Dementia Rating and the Short Portable Mental Status Questionnaire detected "dementia/non-dementia" cases correctly in 93% and 94%, respectively. CONCLUSION: Geriatric work-up indicates under-diagnosing of dementia among recently admitted nursing home patients. This may have serious consequences for the treatment. Dementia diagnostics in primary health care must be improved. The knowledge of the attending nurses should be better incorporated in the medical work-up of nursing home patients

415. Rokstad AM, Vatne S. Dementia care mapping - en mulig metode for utvikling av demensomsorg i sykehjem. Nordisk Tidsskrift for Helseforskning 2009;5(2):46-61

416. Testad I, Aarsland D. Pasienter med demens og atferdsproblemer i sykehjem. Omsorg: Nordisk Tidsskrift for Palliativ Medisin 2008;25(1):23-8

417. Testad I, Aasland AM, Aarsland D. Prevalence and correlates of disruptive behavior in patients in Norwegian nursing homes. Int J Geriatr Psychiatry 2007;22(9):916-21.
Abstract: BACKGROUND: Although Behavioral and Psychological Symptoms of Dementia (BPSD) increase with increasing dementia severity, and institutionalization of an individual with dementia is often caused by behavioral symptoms, relatively few studies have explored the prevalence of BPSD in nursing homes. OBJECTIVE: To study the prevalence and correlates of agitation in residents with dementia, in Norwegian nursing homes. METHODS: This study has taken place in dementia wards in four Norwegian nursing homes. To measure agitation in residents with dementia we used the Cohen-Mansfield Agitation Inventory (CMAI), consisting of 29 agitation items. Dementia stage was measured by Functional Assessment Staging (FAST). RESULTS: Two hundred and eleven patients (71% female) were included in the study: mean (SD) age 85.5 (8.4), FAST 4.7 (2.1), CMAI total sumscore 39.5 (12.6). Dementia was present in 167 (79%) subjects. Among those with dementia, weekly occurrence of at least one CMAI item (i.e. a score of 3 or higher) occurred in 75.4% (95% CI 68.4-81.4). Six of the items occurred at least weekly in 20% of the residents with dementia, and 11 of the items, including physical aggression, occurred in less than 5% of the residents. Agitation was associated with more severe dementia (p = 0.001), but not with age and gender. CONCLUSION: Symptoms of agitation were common, but may nevertheless

be lower compared to findings in other geographical areas. Further studies are warranted to test this hypothesis, and if confirmed, to explore possible causes for such differences

Behandling og tilbud til demente på sykehjem

418. Engedal K. Assessment of dementia and use of anti-dementia drugs in nursing homes. Tidsskr Nor Laegeforen 2005;125(9):1188-90.
Abstract: Background. About 75% of nursing homes patients in Norway suffer from dementia, though only half of them have a dementia diagnosis. No consensus exists on how or when to do an assessment for dementia in the nursing home. Material and methods. The paper is based on a search on Medline and personal experience in the field. Results and interpretation. Dementia assessment in nursing homes should be done in a co-operation between a physician, a nurse and an occupational therapist. The physician should carry out a Mini-Mental State Examination and a clock test, a physical and mental examination, an assessment of depressive symptomatology, and see to it that the thyroid function is measured. A CT scan of the brain should be done in cases with short duration of dementia symptomatology. A nurse and an occupational therapist should interview a family member and assess the patient's functioning by means of the Informant questionnaire on cognitive decline in the elderly and the Clinical dementia rating scale, or a similar assessment tool. Memantine could be a treatment for some patients with moderate to severe degrees of dementia, while acetylcholinesterase inhibitors could be useful for some patients with mild to moderate degrees of dementia of the Alzheimer type. Anti-dementia drug therapy must be individualised

419. Fetveit A, Bjorvatn B. Bright-light treatment reduces actigraphic-measured daytime sleep in nursing home patients with dementia: a pilot study. Am J Geriatr Psychiatry 2005;13(5):420-3.
Abstract: OBJECTIVE: The authors evaluated the effects of bright-light therapy on daytime sleep among nursing home patients with dementia. METHODS: Eleven patients with sleep/wake disturbances received 2 hours/day of morning bright-light exposure for 2 weeks. Sleep was measured with actigraphy and nursing staff diaries. RESULTS: Daytime sleep decreased significantly in the period from rising time to 3:00 P.M. with bright-light treatment. Treatment effects did not last into the 16-week post-treatment period. CONCLUSIONS: Bright light exposure was effective in reducing daytime sleep in nursing home patients with dementia; this finding is possibly related to bright light's acute alerting effects

420. Fetveit A, Bjorvatn B. Sleep duration during the 24-hour day is associated with the severity of dementia in nursing home patients. Int J Geriatr Psychiatry 2006;21(10):945-50.
Abstract: STUDY OBJECTIVES: To describe the characteristics of 24-h sleep patterns in nursing home patients with dementia, and to determine whether various degrees of dementia have any influence on total sleep duration. DESIGN AND SETTING: Cross-sectional study in a nursing home population (n = 23) consisting of patients with varying degree of dementia. Sleep was measured with actigraphy for a consecutive period of 14 days, based on individual bed and rising time, which was registered by nursing home staff. MEASUREMENTS AND RESULTS: Mean age +/- standard deviation was 86.1 +/- 7.0 (range 72-96) and mean Mini-Mental Status Examination Score (MMSE) was 13.4 +/- 5.3 (range 1-21). Ten patients had MMSE < or = 12. Sleep was extremely fragmented, with frequent wake bouts during nighttime and frequent naps during daytime. During the 24-h period, patients spent nearly 13 h asleep, distributed as more than 9 h of nighttime sleep and more than 3 h of daytime sleep. Patients with severe degree of dementia (MMSE < or = 12) slept significantly longer during the 24-h day than patients with lesser degree of dementia (MMSE > 12). There was no significant difference in age between the dementia sub-groups. CONCLUSION: Sleep duration during the 24-h day was positively correlated with the severity of dementia in nursing home patients. This is in contrast with total sleep time seen in healthy elderly, which shows a gradually decline with age. Changes in sleep patterns in dementia could be explained by co-morbid and environmental factors, as well as unknown pathological changes related to dementing illnesses

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Abstract: We investigated the time-course of nocturnal actigraphic measures, following the termination of bright-light therapy for sleep disturbances in demented nursing home patients. From an earlier study, 11 nursing home patients (86 +/- 9 years, Mini-Mental Status Examination score 12 +/- 4) with actigraphically measured sleep efficiency < 85%, were recruited to morning bright-light treatment (6000-8000 lux) 2 h per day for 14 days. Actigraphic measures were registered at pretreatment, treatment and at four monthly post-treatment periods. Each actigraphic recording period consisted of seven consecutive days. Sleep improved substantially with treatment; sleep efficiency increased from 73% to 86% and total nocturnal wake time was reduced by nearly 2 h. During the 16 weeks post-treatment period, actigraphic measures gradually returned to pretreatment levels. Sleep efficiency remained significantly higher than the pretreatment level 4 weeks after treatment termination. Sleep onset latency remained significantly reduced up until 12 weeks post-treatment. This study supports previous findings of beneficial effects of bright-light therapy for sleep disturbances in demented nursing home patients. Furthermore, these results are the first to suggest that post-treatment effects of short-term bright-light therapy may last longer than previously assumed

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Abstract: The purpose of the present study was to attempt to identify changes in quality of life (QOL) and factors associated with them shortly after demented elderly residents entered a group home. The subjects were 25 demented elderly persons who had entered a group home within the previous 3 months. Their QOL and factors associated with it were evaluated on two occasions, at baseline and 3 months

later. An objective scale for dementia, the Quality of Life Questionnaire for Dementia (QOL-D), was used to evaluate their QOL. The results showed a significant change between the QOL-D scores at baseline and 3 months later, and changes in housekeeping item scores were extracted as factors associated with changes in QOL-D. These findings suggest that the QOL score rises soon after entering a group home, and that the acquisition of roles within the group home may influence the increase in QOL

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Abstract: OBJECTIVES: To explore the relationship between nursing home patients with different stages of dementia and different dementia diagnoses and use of pain medication according to pain intensity. DESIGN: Cross-sectional study. SETTING AND PARTICIPANTS: Participants included 181 consecutive, long-term stay patients, 43 primary caregivers, 1 geriatric study nurse, and 4 physicians of a Norwegian nursing home. MEASUREMENTS: Admission records, prescription lists, care plans, Mini-Mental State Examination, Diagnostic and Statistical Manual of Mental Disorders (DSM-IV), International Classification of Diseases (ICD-10), cerebral computed tomography, pain diagnoses and pain locations by physicians' examinations, and pain intensity by MOBID-2 (Mobilization-Observation-Behavior-Intensity-Dementia Pain Scale), a novel staff-administered pain tool in dementia. RESULTS: Patients with severe dementia do not experience less pain intensity (P = .079), numbers of pain diagnoses (P = .172), and pain locations (P = .202) compared to other stages of dementia. Severely demented patients receiving opioids demonstrated higher pain intensity (mean 4.4, SD 1.7) than nondemented patients (mean 2.9, SD 1.8), and received less pain treatment (P = .018). Pain intensity did not differ between diagnostic groups of dementia (P = .439). Patients with mixed dementia receiving opioids had more pain (mean 5.3, SD 1.5, range 4-7) than mentally healthy controls and received less pain treatment (P < .005). CONCLUSION: Patients with severe dementia and mixed dementia are at high risk to suffer from severe pain. More research and quality improvement programs are needed to increase the knowledge in pain treatment by staff, which requires competence in both pain assessment and dementia

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Abstract: Advancing age is associated with high prevalence of dementia, often combined with underdiagnosed and under-treated pain. A nurse-administered assessment tool has been developed to unmask pain during standardised, guided movements, called Mobilisation-Observation-Behaviour-Intensity-Dementia (MOBID) Pain Scale. The aim was to examine intra- and inter-rater reliability of pain behaviour indicators, inferred pain intensity, and the overall MOBID Pain Score. Twenty-six nursing home patients with severe dementia and chronic pain, 11 primary caregivers and three external raters at the Red Cross Nursing Home, Bergen were included. During video uptake the patients were guided by their primary caregivers to standardised movements of different body parts. Pain behaviour indicators (pain noises, facial expression and defence) were registered for each movement with subsequent rating of pain intensity by external raters, who assessed and scored the videos concurrently and independently at day 1, 4 and 8. Facial expression was most commonly observed, followed by pain noises and defence. Repeated assessments increased the number of observed pain behaviours, but did not improve reliability. Inter-rater reliability was highest for noises, followed by defence and facial expression (kappa = 0.44-0.92, kappa = 0.10-0.76 and kappa = 0.05-0.76 respectively, at day 8). Mobilisation of arms and legs were rated most painful. Intra- and inter-rater reliability of overall pain were very good [intraclass correlation coefficient (1,1) ranging 0.92-0.97 and 0.94-0.96 respectively, at day 8]. Reliability of pain intensity scores tended to increase by repeated assessment. Using video uptake, MOBID Pain Scale was shown to be sufficiently reliable to assess pain in older persons with severe dementia

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Abstract: BACKGROUND: Patients with dementia are often unable to describe their pain because of memory deficiency and speech problems. This may lead to under-diagnosing and suboptimal pain treatment. The article summarises a thesis on development and testing of a new instrument for pain assessment: Mobilisation-Observation-Behavior-Intensity-Dementia (MOBID-2) pain scale. MATERIAL AND METHODS: 284 nursing home patients (with and without pain), who had been diagnosed with dementia of different types in various stages, were included in the study. Behaviour and intensity of pain was assessed during video-uptakes of clinical examinations and during regular morning care. Psychometric property testing included assessments of reliability, validity and clinical usefulness for the nursing home staff. RESULTS: Observation of pain behaviour during standardised and guided movements, by using the MOBID-2 Pain Scale, provides reliable and valid estimation of intensity of pain associated with the musculoskeletal-system. Pain that is not associated with the musculoskeletal-system is frequently observed, but more challenging to assess. Patients who have severe dementia and/or a combination of Alzheimer's disease and vascular dementia, have a higher risk of suffering from severe and untreated pain than patients without dementia. INTERPRETATION: The MOBID-2 pain scale may help to ensure competent pain treatment, and should be available in all Norwegian nursing homes. A multidisciplinary approach is needed for its implementation and use. Physicians in nursing homes should reconsider the staff's observations, perform additional investigations and find the balance between effects and side effects of pain treatment

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428. Nygaard HA, Jarland M. Are nursing home patients with dementia diagnosis at increased risk for inadequate pain treatment? Int J Geriatr Psychiatry 2005;20(8):730-7.
Abstract: BACKGROUND: Mentally impaired and demented nursing home patients are at increased risk of undertreatment for pain. We wanted to examine pain assessment and complaints and pain treatment of nursing home patients according to mental state, and with special regard to treatment of patients with dementia diagnosis and cognitively impaired patients who did not have a dementia diagnosis. METHODS: Cross sectional study from three nursing homes in Bergen, Norway including 125 persons (median age 84 years), living permanently in a nursing home. Diagnoses and prescribed and administered analgesic drugs were recorded. An experienced nurse interviewed nurses in charge and patients regarding presence of pain during the last week. Patients who were able to answer whether they had experienced pain during the last week were categorised as communicative. Cognitive function was assessed by means of the Abbreviated Mental Test. RESULTS: Seventeen percent of the patients were cognitively intact, 30% cognitively impaired and 54% had a dementia diagnosis. Forty-seven percent of communicative patients complained of pain, nurses reported pain in 67% patients. Twenty-nine percent of the patients had received scheduled analgesics during the last week, cognitively intact patients 38%, cognitively impaired 30%, demented 25% (p = 0.53). Twenty percent were given analgesics PRN: cognitively intact patients 33%, cognitively impaired 27%, demented 12% (p = 0.05). Logistic regression analyses revealed that patients with dementia diagnosis were less likely to receive PRN medication [Adjusted odds ratio (AOR) 0.22 95% confidence interval (CI) 0.06-0.76] compared to mentally impaired patients. Regarding scheduled medication there was no difference between the groups. Nurses' opinion of pain was a significant factor for receiving analgesic drugs, scheduled AOR 3.95 95% CI 1.48-10.5, PRN 3.80-95% CI 1.28-11.3). CONCLUSIONS: A label of dementia may bias the interpretation of pain cues of demented patients, while complaints from cognitively impaired patients may be taken for granted. This may contribute to lower use of PRN medication in demented patients compared to cognitively impaired patients.

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Abstract: OBJECTIVES: To examine the provision of support to patients with frontotemporal dementia (FTD) and their family carers compared with patients with early onset Alzheimer's dementia (AD) and their carers, and the carers' satisfaction with the support. METHOD: Data came from 60 dyads of patients with dementia and their principal family carers, 23 subjects with frontotemporal dementia and their 23 carers, and 37 subjects with early onset Alzheimer's disease and their 37 carers. RESULTS: Patients with a frontotemporal dementia diagnosis were significantly more frequently offered stays in nursing homes (p = 0.04). Carers of patients with frontotemporal dementia were significantly less satisfied with the provision of information about the disease compared with carers of early onset Alzheimer's disease patients (p = 0.05) and were significantly less satisfied with counseling and follow-up advice (p = 0.05). CONCLUSION: Changes of personality in patients with frontotemporal dementia may be the major reason why they were offered more stays in institutions. These family carers tend to be less satisfied with the provision of support they received from the specialist health service compared to carers of Alzheimer's disease patients, and are in need of more, and other forms of support

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Abstract: BACKGROUND: Despite modest efficacy, unpredictable individual utility, and a high rate of adverse effects, behavioural and psychological symptoms of dementia (BPSD) are common determinants for antipsychotic drug therapy in nursing home patients. AIMS: To explore the impact on BPSD of stopping long-term antipsychotic treatment in nursing home patients with dementia. METHODS: Fifty-five patients (43 women; mean age 84.1) taking haloperidol, risperidone, or olanzapine for BPSD were randomly assigned to cessation (intervention group, n=27) or continued treatment with antipsychotic drugs (reference group, n=28) for 4 consecutive weeks. The Neuropsychiatric Inventory (NPI) Questionnaire was used to examine changes in behavioural and psychological symptoms. RESULTS: By study completion, 23 of the 27 intervention group patients were still off antipsychotics. Symptom scores (NPI) remained stable or even improved in 42 patients (intervention group, 18 out of 27; reference group, 24 out of 28; p=0.18). As compared to patients with stable or improved symptom scores, patients with behavioural deterioration after antipsychotic cessation used higher daily drug doses at baseline (p=0.42). CONCLUSION: A large share of elderly nursing home patients on long-term treatment with antipsychotics for BPSD, do well without this treatment. Standardized symptom evaluations and drug cessation attempts should therefore be undertaken at regular intervals

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Abstract: BACKGROUND: Antipsychotic drugs are widely used for behavioural and psychological symptoms of dementia. We discuss the evidence for this treatment and implications for clinical practice. METHOD: Literature search on Medline was supplemented by clinical guidelines and drug reports. RESULTS AND INTERPRETATION: Treatment with antipsychotic drugs for behavioural symptoms has limited effectiveness; the documentation is generally weaker for older than for newer drugs. Conventional antipsychotics give important risks of adverse events, while the newer antipsychotics imply increased risk of cerebrovascular events; hence, monitoring of effect and adverse events is imperative. Standardised methods for assessing behavioural symptoms, e.g. the Neuropsychiatric Inventory, are suitable for follow up. Controlled trials indicate that withdrawal is a feasible method for assessing actual drug effect and the need for continued treatment. Withdrawal attempts should therefore be conducted regularly for all patients taking antipsychotics for behavioural and psychological symptoms of dementia. [References: 29]

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Abstract: BACKGROUND: Somatic nursing homes are the cornerstones of institutionalised care for people with dementia; the proportion of nursing home patients suffering from dementia is above 70%. Although most communities provide small dementia care units, they do not meet the needs and their aims are poorly defined. In this article, the effects of special care units on demented patients are examined. METHODS: Literature searches on Medline and Ageline were supplemented by reports from the Norwegian Centre for Dementia Research. RESULTS: The few studies identified indicate that small dementia care units are beneficial for patients, giving them a better quality of life. Patients maintain their cognition and functional ability longer, they are more relaxed, and receive less antipsychotic drugs. Various types of constraint and surveillance are used less often. The beneficial effects of special care units vary among patients, and they decrease over time. INTERPRETATION: Patients benefit temporarily from living in special dementia care units. However, the aims of these units are poorly defined and standards for staffing and the selection of patients are so far lacking. Further studies of quality and effect on care are needed, as the literature is scarce. [References: 23]

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Abstract: Background. Pain assessment in nursing home patients is often challenging because of cognitive failure. Demented patients receive less optimal pain treatment than those who are cognitively intact. Inappropriate pain assessment is likely to be an important reason for problems with proper diagnosis and treatment of pain in the cognitively impaired. Self-report of pain by standardized questionnaires is recommended for those with mild cognitive failure. For those who are unable to self-report, observational assessment is an alternative. Materials and methods. Structured pain assessment tools are reviewed, with emphasis on their feasibility in cognitively impaired patients. Results. Several assessment tools for observational pain assessment are available, but none of them is satisfactory validated. Observational tools are used by a trained observer who rates behaviour indicative of pain according to pre-defined clues. The Checklist of Non-verbal Pain Indicators (CNPI) and the Doloplus-2 are both observational tools that are translated into Norwegian. The Norwegian CNPI is in an early phase of validation, while the Doloplus-2 is tested in a Norwegian pilot validation study with promising results. Interpretation. It is important to establish a common standard for systematic pain assessment in the cognitively impaired, both clinically and in research. Further validation of the CNPI and the Doloplus-2 is recommended

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437. Testad I, Aasland AM, Aarsland D. The effect of staff training on the use of restraint in dementia: a single-blind randomised controlled trial. Int J Geriatr Psychiatry 2005;20(6):587-90.
Abstract: BACKGROUND: Use of restraint amongst institutionalised elderly with dementia and problem behaviour not only remains widespread, but also appears to be accepted as inevitable. OBJECTIVE: The aim of this study was to reduce problem behaviour and the use of restraint in demented patients using a staff training program as intervention. METHODS: The study was a randomised single-blind controlled trial and took place in Stavanger, Norway. Four nursing homes were randomised to a control or an intervention group after stratification for size. The intervention consisted of a full day seminar, followed by a one-hour session of guidance per month over six months. The content of the educational program focused on the decision making process in the use of restraint and alternatives to restraint consistent with professional practice and quality care. The primary outcome measures were number of restraints per patient in the nursing homes in one week and agitation as measured with the Brief Agitation Rating Scale (BARS). These were rated before and immediately after the intervention was completed. The assessments were performed blind to design and randomisation group. RESULTS: Clinical and demographic variables did not differ between the intervention and control groups at baseline. After the intervention period, the number of restraints had declined by 54% in the treatment group, and increased by 18% in the control group. The difference between the two groups was statistically significant ($p = 0.013$). There was a trend towards higher BARS score in the intervention compared to the control group at follow up ($p = 0.052$). CONCLUSION: Although the level of agitated behaviour remained unchanged or increased slightly, the educational program led to a significant reduction of the use of restraint in institutionalised elderly with dementia. These results suggest that educational programs can improve the quality of care of people with dementia.

438. Thelander VB, Wahlin T-B, Olofsson L, Heikkila K, Sonde L. Gardening activities for nursing home residents with dementia. Advances in Physiotherapy 2008;10(1):53-6.
Abstract: Activity is recommended for persons with dementia based on the assumption that human abilities and functions must be exercised in order to be retained. The aim of the study is to describe and evaluate gardening activities for persons with dementia. Eight nursing home residents with a diagnosis of dementia were selected. The participants were activated in an outdoor environment three times a week during an intervention period of 6 weeks. The activities used were gardening activities (i.e. watering, weeding, raking, and planting), walks, and social activities. The ability to carry out activities independently was assessed with an independence scale devised for this study. All residents were able to participate, but the degree of independence varied. Factors such as impaired balance and falls risk seemed to be more important than degree of dementia. Activation and rehabilitation in outdoor environments are suitable in the care for demented persons but should be seen as an individual treatment

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Abstract: Background: The study aims to provide insight into the type of music being offered in Dutch

nursing homes to patients with both dementia and verbal and vocal agitation. It also investigates the degree to which the music offered corresponds to the musical preferences of the nursing home residents. Method: Using random sampling, 20 nursing homes were selected to participate in this study. Within these homes, semi-structured interviews were conducted with nursing home physicians (n = 17) and other nursing home care providers (n = 20). Each interview focused on up to three psychogeriatric residents with verbal and vocal agitation. In total, 51 residents were discussed in the interviews. Results: For each resident, the frequency of music, the type of music being offered, and the degree of correspondence between the music being offered and the resident's preferences varied. In almost all cases, music was being offered in the communal living room during the mid-morning coffee and the afternoon tea, while music was only infrequently offered to residents during meals. However, this music was not tailored to the preferences of the residents. During patient-centered care activities in the early morning and before sleep, when offered, the music was generally tailored to the preferences of the resident(s). Conclusion: Music is frequently played in nursing homes to patients with dementia who have verbal and vocal agitation. When offered to a group of residents, the music tends not to be tailored to the preferences of the residents. However, when offered individually, musical preferences are generally taken into account.

Døende

440. Ahlner-Elmqvist M, Jordhoy MS, Bjordal K, Jannert M, Kaasa S. Characteristics and quality of life of patients who choose home care at the end of life. J Pain Symptom Manage 2008;36(3):217-27.
Abstract: Cancer patients with advanced disease and short-survival expectancy were given hospital-based advanced home care (AHC) or conventional care (CC), according to their preference. The two groups were compared at baseline to investigate whether there were differences between the AHC and the CC patients that may help explain their choice of care. The patients were consecutively recruited over 2(1/2) years. Sociodemographic and medical data, and the health-related quality of life (HRQL) of the two groups were compared. HRQL was assessed using a self-reporting questionnaire, including the European Organization for Research and Treatment of Cancer Core Quality of Life Questionnaire (EORTC QLQ-C30), the Impact of Event Scale (IES), five questions about social support, and two items concerning general well-being. The AHC group showed significantly poorer functioning on all the EORTC QLQ-C30 scales and an overall higher symptom burden than the CC patients. Fewer of the AHC patients were receiving cancer treatment. The AHC patients had lived longer with their cancer diagnosis, had a significantly shorter survival after study enrollment, and a significantly poorer performance status. The major differences between the two groups seemed to be related to being at different stages in their disease. The results indicate that patients are reluctant to accept home care until absolutely necessary due to severity of functioning impairments and symptom burden. These findings should be taken into consideration in planning palliative care services

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Abstract: The purpose of this prospective nonrandomized study was to evaluate time spent at home, place of death and differences in sociodemographic and medical characteristics of patients, with cancer in palliative stage, receiving either hospital-based advanced home care (AHC), including 24-hour service by a multidisciplinary palliative care team or conventional hospital care (CC). Recruitment to the AHC group and to the study was a two-step procedure. The patients were assigned to either hospital-based AHC or CC according to their preferences. Following this, the patients were asked to participate in the study. Patients were eligible for the study if they had malignant disease, were older than 18 years and had a survival expectancy of 2-12 months. A total of 297 patients entered the study and 280 died during the study period of two and a half years, 117 in the AHC group and 163 in the CC group. Significantly more patients died at home in the AHC group (45%) compared with the CC group (10%). Preference for and referral to hospital-based AHC were not related to sociodemographic or medical characteristics. However, death at home was associated with living together with someone. Advanced hospital-based home care targeting seriously ill cancer patients with a wish to remain at home enable a substantial number of patients to die in the place they desire.

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Abstract: BACKGROUND: The increasing number of elderly people in nursing homes with failing competence to give consent represents a great challenge to healthcare staff's protection of patient autonomy in the issues of life-prolonging treatment, hydration, nutrition and hospitalisation. The lack of national guidelines and internal routines can threaten the protection of patient autonomy. OBJECTIVES: To place focus on protecting patient autonomy in the decision-making process by studying how relatives experience their role as substitute decision-makers. DESIGN: A qualitative descriptive design with analysis of the contents of transcribed in-depth interviews with relatives. PARTICIPANTS: Fifteen relatives of 20 patients in 10 nursing homes in Norway. RESULTS AND INTERPRETATIONS: The main findings reveal deficient procedures for including relatives in decision-making processes. Relatives have poor knowledge about the end of life, and there is little discussion about their role as substitute decision-makers for patients who are not competent to give consent. Few relatives understand the concept of patient autonomy. In Norway the treating physician is responsible for patient treatment. When relatives are included in discussions on treatment, they perceive themselves as responsible for the decision, which is a burden for them afterwards. This qualitative study describes relatives' experiences, thus providing important information on the improvement potential with the main objective of safeguarding patient autonomy and caring for

relatives. CONCLUSION: The study reveals failing procedures and thus a great potential for improvement. Both ethical and legal aspects must be addressed when considering patient autonomy

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445. Grov EK, Dahl AA, Fossa SD, Wahl AK, Moum T. Global quality of life in primary caregivers of patients with cancer in palliative phase staying at home. Support Care Cancer 2006;14(9):943-51.
Abstract: GOAL OF WORK: Research on global quality of life (GQOL) in primary caregivers (PCGs) of cancer patients is limited. This study measured significant domains of GQOL in PCGs and their association with the patients' disease trajectory and the PCGs' background and life situation. This study also explored differences in their GQOL compared to a normative sample from the general population (NORM). PATIENT AND METHODS: In a cross-sectional design, 71 PCGs (aged > or = 50 years) of cancer patients in palliative phase rated their GQOL by the Quality of Life Scale (QOLS) and provided information concerning demography, experienced social support, and caring situation. Associations between the QOLS scores and variables of the patients' medical history were assessed, and comparisons of QOLS scores were made between the PCGs and age- and gender-adjusted NORM. MAIN RESULTS: Long duration of the curative phase for patients and holding a job for PCGs were significantly associated with a favorable GQOL in PCGs. The mean total GQOL score did not differ significantly between the PCGs and NORM groups, though subanalyses revealed significantly more favorable mean score of the relational domain in PCGs compared to NORM. CONCLUSIONS: GQOL in PCGs of cancer patients in palliative phase staying at home was as good as that of the NORM. For PCGs not employed or caring for patients with a short curative phase, getting some recreation could be of importance for improvement of GQOL-Husebo BS, Husebo S, Dahl BH. Old and Given up for Dying? Palliative Care Units in Nursing Homes. Illness, Crisis, & Loss 2004;12(1):75-89.
Abstract: The palliative unit at Bergen Red Cross Nursing Home opened in June 2000. In a prospective study, the authors investigated 196 patients admitted to the palliative care unit and 286 patients on the long-term wards. In Norway, 40% of the population dies in nursing homes. It is essential to develop good standards of palliative care for these patients. Palliative care units in nursing homes can provide excellent palliative care if they are given the competence and resources that are needed. Our patients on the long-term ward receive a high standard of palliative care, influenced by the competence and teaching programs of the palliative unit. This article aims to describe the challenges and tasks that should be focused on to ensure that old patients, no matter what their age or diagnosis, preserve their dignity and receive good palliative care during the final phase of their lives.

446. Grov EK, Eklund ML. Reactions of primary caregivers of frail older people and people with cancer in the palliative phase living at home. J Adv Nurs 2008;63(6):576-85.
Abstract: AIM: This paper is a report of a study conducted to (1) compare means of the single items and the dimensions of the Caregiver Reaction Assessment among caregivers of frail older people and caregivers of cancer patients in the palliative phase; (2) examine gender differences for the scoring parameters in the Caregiver Reaction Assessment within each group and (3) examine the demographic variables' association with the caregiver groups' scores for the dimensions of the Caregiver Reaction Assessment. BACKGROUND: Limited research has focused on the caregiver situation in the home-care setting among primary caregivers of frail older people, and caregivers of patients with cancer in the palliative phase. METHODS: A convenience sample of 224 caregivers of frail older people, and 85 caregivers of patients with cancer in the palliative phase was recruited between 2002 and 2005. We used the Caregiver Reaction Assessment to collect the data. RESULTS: The mean scores for the Caregiver Reaction Assessment dimensions showed statistically significant differences between the two groups of caregivers for the factors self-esteem, family support, finances and health. For caregivers of frail older people, we found statistically significant associations between several demographic variables and the Caregiver Reaction Assessment dimensions. For caregivers of patients with cancer in the palliative phase, age was the only demographic variable that was statistically significantly associated with the dimensions. CONCLUSION: Healthcare personnel should pay attention to how relatives experience their caregiver situation, and the Caregiver Reaction Assessment could be a valuable tool for gathering systematic data on this

447. Grov EK, Dahl AA, Moum T, Fossa SD. Anxiety, depression, and quality of life in caregivers of patients with cancer in late palliative phase. Ann Oncol 2005;16(7):1185-91.
Abstract: Background: Limited research has been done on mental health and health-related quality of life (QOL) of primary caregivers (PCs) to patients staying at home with advanced cancer. This study examines anxiety, depression, and QOL in PCs of patients with cancer in the late palliative phase. Patients and methods: The sample consisted of 49 PCs of women with breast cancer and 47 PCs of men with prostate cancer. QOL was rated with the Medical Outcome Study Short Form (SF-36), and mental health with the Hospital Anxiety and Depression Scale (HADS). The findings were compared with age-adjusted norm data (norm). Results: Physical QOL was significantly higher than norm in both genders, while mental QOL was significantly lower in male PCs. The level of anxiety was significantly higher than norm in both genders. No significant difference for level of depression was found in either gender, while caseness of HADS-defined depression was significantly more prevalent in female PCs compared with norm. Conclusion: PCs of both genders had significantly more anxiety than norm samples. Health care personnel in contact with PCs should consider screening them for mental symptoms and QOL and, if necessary, recommend further evaluation by their doctors.

448. Husebo BS, Husebo S. [Nursing homes as arenas of terminal care--how do we do in practice?]. Tidsskr Nor Laegeforen 2005;125(10):1352-4.
Abstract: 40% of all deaths in Norway take place in nursing homes, more than in any other European country. The nursing homes are suitable places for the terminally ill old, provided that they are met by caregivers with the necessary skills in and resources for palliative care. A recently published study from

Bergen Red Cross Nursing Home showed that the vast majority of the old in their final days or hours of life need palliative treatment with morphine and other symptom-relieving drugs. 85% of the deaths were expected, a fact that facilitates preparation, communication, ethical decisions and pain control. The most frequent symptoms are dyspnoea and death rattle. Dyspnoea based on terminal heart failure is relieved with subcutaneous application of morphine. The secretions of death rattle are best reduced with hyoscine hydrobromide (scopolamine). In the patient's terminal phase, the crucial factor for proper palliative care is the doctor's skills and commitment. Avoiding the strains associated with unnecessarily prolonging the death process, adequate symptom relief and prevention of unnecessary and strongly annoying transfer of the dying old to hospitals should be aimed for in Norwegian nursing homes. [References: 16]

449. Husebo BS, Husebo S. Ethical end-of-life decision making in nursing homes. Tidsskr Nor Laegeforen 2004;124(22):2926-7.
Abstract: Background. A recent publication from Norwegian health authorities describes necessary routines for end-of-life decisions in hospitals. There are no comparable national recommendations regarding patients in nursing homes. 40% of deaths in Norway occur in nursing homes. Methods. All nursing home physicians in Bergen received an open questionnaire on the practice of ethics, end-of-life-decisions, and palliative care. Results. 15 of the nursing homes physicians responded to the questionnaire, representing three quarters of the nursing homes and 1483 out of 1782 nursing home patients in Bergen (83%). Only two of institutions had written instructions for end-of-life decisions. Two thirds of the physicians considered use of morphine for the dying. Only a minority treated death rattle with scopolamine. 12 out of the 15 physicians administered life prolonging treatment with diuretics facing terminal pulmonary oedema, and 5 out of 15 administered antibiotics to those dying with pneumonia. 0.9% of the patients had a feeding tube. Discussion. A majority of nursing home physicians have a high awareness of and willingness to give priority to end-of-life decisions, communication and palliative care. They ask for national recommendations in this challenging area. Unnecessary life-prolonging treatment and lack of palliative care are still major problems in Norwegian nursing homes

450. Husebö BS, Husebö S. Palliativavdelingen - Bergen Röde Kors Sykehjem. Omsorg: Nordisk Tidsskrift for Palliativ Medisin 2003;20(3):23-9

451. Jordhoy MS, Fayers P, Saltnes T, Ahlner-Elmqvist M, Jannert M, Kaasa S. A palliative-care intervention and death at home: a cluster randomised trial. Lancet 2000;356(9233):888-93.
Abstract: BACKGROUND: The Palliative Medicine Unit at University Hospital of Trondheim, Norway, started an intervention programme that aims to enable patients to spend more time at home and die there if they prefer. Close cooperation was needed with the community health-care professionals, who acted as the principal formal caregivers, and a multidisciplinary consultant team coordinated the care. We did a cluster randomised trial to assess the intervention's effectiveness compared with conventional care METHODS: Community health-care districts in and around Trondheim, Norway, were defined as the clusters to be randomised. We enrolled 434 patients (235 assigned intervention and 199 conventional care [controls]) in these districts who had incurable malignant disease and an expected survival of 2-9 months. Main outcomes were place of death and time spent in institutions in the last month of life. FINDINGS: 395 patients died. Of these, more intervention patients than controls died at home (54 [25%] vs 26 [15%], $p<0.05$). The time spent at home was not significantly increased, although intervention patients spent a smaller proportion of time in nursing homes in the last month of life than did controls (7.2 vs 14.6%, $p<0.05$). Hospital use was similar in the two groups. INTERPRETATION: The palliative-care intervention enabled more patients to die at home. More resources for care in the home (palliative care training and staff) and an increased focus on use of nursing homes would be necessary, however, to increase time at home and reduce hospital admissions

452. Jordhoy MS, Saltvedt I, Fayers P, Loge JH, Ahlner-Elmqvist M, Kaasa S. Which cancer patients die in nursing homes? Quality of life, medical and sociodemographic characteristics. Palliat Med 2003;17(5):433-44.
Abstract: In this study, cancer patients' characteristics associated with death in nursing homes were explored. The study sample included 395 cancer patients who had participated in a trial of palliative care, 260 (66%) patients died in hospital, 80 (20%) at home and 55 (14%) in nursing homes. Health-related quality of life was prospectively recorded using the EORTC QLQ-C30 questionnaire. Death in nursing home was associated with greater age, not living with spouse and poor performance status. Patients dying in nursing homes reported severe functioning impairments and more fatigue and appetite loss compared with those dying elsewhere. The association between death in nursing homes and poor physical, role, cognitive and social functioning remained significant when sociodemographic and medical differences were taken into account. Further research on frail elderly cancer patients is warranted to improve their care, to evaluate the appropriateness of nursing home placement and for future planning of palliative care services

453. Ore S. Seponeringsstrategier i sykehjem. Omsorg: Nordisk Tidsskrift for Palliativ Medisin 2007;24(3):27-30

454. Sandgathe HB, Husebo S. Palliative care - Also in geriatrics? Schmerz 2001;15(5):350-6.
Abstract: Red Cross Clinic is the largest geriatric center in Norway (240 beds). Major parts of the center are: Long time geriatric ward (215 beds), rehabilitation and acute ward (25 beds), day clinic (45 patients) and a teaching and research unit. A palliative care unit (10 beds) will be opened in spring 2000. In mai 1998 a national project: Palliative care for the elderly was opened at our center. The projects main goal is to develop and support proper palliative care to all severe ill and dying patients in Norway. in a prospective study we examined 179 consecutive deaths between 1998 and 1999. Average age was 84.5. Major symptom problems were pain, dyspnoea, death-rattle and anxiety. In the last 24 hours 83% of the patients received opioids, 67% of the cases morphine (mean daily dosage 31.8 mg).37% of the patients received scopolamine (mean daily dosage 0.8 mg), 12% benzodiazepines and 3% of the patients haloperi-

dol. 152 (85%) of the deaths were expected, 27 (15%) unexpected. In 137 patients (77%) open, honest, frank communication with patient or their nearest kin regarding the imminent death was possible. In our experience it is a myth that the relatives want doctors to practise "maximal therapy". All old patients in geriatric clinics and nursing homes need palliative care. We have found no international textbooks of geriatrics with chapters on palliative care or textbooks on palliative care with chapters on the elderly. They need doctors and nurses who are properly trained and educated in palliative care. In most countries in Europe this training and education is not provided

455. Strand GV, Wolden H, Rykkje L, Gjellestad A, Stenerud G. Oral care in the last stages of life. Tidsskr Nor Laegeforen 2005;125(11):1494-6.
Abstract: Background. It is the responsibility of the nursing homes to provide residents with adequate oral hygiene. This article describes a new approach to improve the oral hygiene standards of the elderly in long-term care. Material and methods. The method was based on 1) the production of individual, pictorial oral care plans for each resident; 2) the patients receiving first-class dental care equipment (electric toothbrush, interdental brushes, prosthesis brushes etc.; 3) nursing staff receiving information on oral hygiene methods; 4) the introduction of a number of fixed routines at the nursing home. To assess the oral care in the group of elderly, the mucosal-plaque index was used. Results and interpretation. The evaluation was made before commencement of the study and again after 15 months. The evaluation showed that the introduction of this method significantly improved oral hygiene in 40 out of the 63 patients

Opplysninger om eller gitt av pasient, ulike grupper

Ulike boligformer eller behandlingssteder, ikke hjemme eller sykehjem

456. Borg M, Karlsson B, Tondora J, Davidson L. Implementing person-centered care in psychiatric rehabilitation: what does this involve? Isr J Psychiatry Relat Sci 2009;46(2):84-93.
Abstract: BACKGROUND: It has been challenging to move beyond the rhetoric of "recovery" and "person-centered care" to concrete practices that embody these lofty, if also obvious, values. METHOD: This paper describes two examples of person-centered care: the practices of person-centered care planning from the U.S. and Open Dialogue from Finland. RESULTS: The key strategies that these two practices involve are 1) reorientation from patient to personhood; 2) reorientation of what is considered valued knowledge and expertise, and; 3) partnership and negotiation in decision-making. LIMITATIONS: This review focused on two examples of person-centered care which appear to be promising. Preliminary findings will need to be replicated and elaborated for such practices to be considered evidence-based. CONCLUSION: It is possible to embody the values of person-centered care and recovery in everyday clinical and rehabilitative practice. A primary shift involved is in the role of patients and their family, friends, and peers and in the importance accorded their everyday life experiences and challenges. [References: 45]

457. Brunt D, Hansson L. Characteristics of the social environment of small group homes for individuals with severe mental illness. Nord J Psychiatry 2002;56(1):39-46.
Abstract: As part of research into small group homes run by local authorities for those with severe mental illness the characteristics of the social environment was investigated. The ideal and real versions of the Community Oriented Program Environmental Scale (COPES) were administered to residents and staff of small group homes in a county in southern Sweden. Both these groups were also interviewed on their opinions as to the main characteristics that should exist in the social environment in small group homes. High levels of support, order and organization, and program clarity and a low level of anger and aggression distinguished the real social environment according to the residents. Differences between residents' and staff's perceptions were less pronounced than in most other studies, probably owing to a greater level of resident--staff interaction in the home-like milieu. In the interviews both the residents and staff emphasized the importance of social interaction as a major constituent in the social environment of small group homes. The COPES instrument appears to be valid for use in small group homes, although some concern can be raised about two of the subscales, Involvement and Practical Orientation. The social environment, as rated by the residents and staff, was similar to that recommended for psychotic patients and to that proposed as a suitable supportive profile together with low levels of staff control and anger and aggression

458. Brunt D, Hansson L. The quality of life of persons with severe mental illness across housing settings. Nord J Psychiatry 2004;58(4):293-8.
Abstract: The aim of the study was to compare the subjective quality of life of persons with severe mental illness in inpatient settings and two types of supported housing, small congregate community residences and independent living with support. Seventy-six persons living in three types of housing were interviewed using the Lancashire Quality of Life Profile. Analysis showed no differences in subjective and objective quality of life or in clinical and socio-demographic data between individuals living in the two types of supported community residences. Greater satisfaction in four life domains, living situation, social relations, leisure activities and work and two global measures, was registered by individuals in the pooled ratings from the two types of supported community residences as compared to those in inpatient settings. The former were also more satisfied than their counterparts were in inpatient settings concerning specific aspects of the living situation domain. It is concluded that differences in housing settings impact specifically on the living situation life domain but also on other life domains as well as on global quality of life, despite few differences in objective quality of life indicators. There was no evidence to support the concept of the quality of life gradient across housing settings.

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Hjemme

460. Askheim OP. Personal assistance for people with intellectual impairments: Experiences and dilemmas. Disability & Society 2003;18(3):325-39.
Abstract: The article gives an account of how personal assistance is adapted to people with intellectual impairments in Norway and the experiences with the arrangement for this target group. The findings of 2 empirical studies involving interviews and observations with 6 of 24 identified personal assistance users (aged 6-56 yrs) are presented. Most space, however, is given to a discussion of the challenges and dilemmas of including people with intellectual impairments in the target group for personal assistance, since other people than the user as a rule fill the role as manager of the service. Special attention is paid to the parents' role since they often act as managers on behalf of their sons/daughters. Furthermore, the assistants' role is discussed and the importance of how they meet the users. Finally, there is a discussion of the consequences the extension of personal assistance to intellectually impaired users might have both for personal assistance as a service and for the ordinary care services.

461. Ballangrud R, Bogsti WB, Johansson IS. Clients' experiences of living at home with a mechanical ventilator. J Adv Nurs 2009;65(2):425-34.
Abstract: AIM: This paper reports on a study of how clients experience living with home mechanical ventilation and how they experience care and supervision of healthcare personnel. BACKGROUND: The number of people living at home with mechanical ventilators is increasing, and this is considered a successful approach to reducing incapacity and mortality. METHOD: Qualitative interviews were conducted with 10 service users in 2006. The informants were 18-75 years old and had varying diagnoses and levels of functioning. The interviews were tape recorded, transcribed and analysed by qualitative content analysis. FINDINGS: Two main themes emerged: Theme 1. Having a home ventilator enhances quality of life--a life worth living. The ventilator treatment builds up strength and improves well-being. Participants emphasized that it was important to feel in control of their own situation and had an overriding wish to live a normal and active life; Theme 2. Competence and continuity of healthcare personnel are factors for success. The experience was that competence and follow-up by healthcare personnel varied, and that good quality teaching and information were important. CONCLUSION: Users of home mechanical ventilators should be active partners in their own care so that their experience is taken into account. It is important for clients having home mechanical ventilation to be empowered and have control in their daily lives, as well as having competent caregivers and continuity of care

462. Crossen-Sills J, Bilton W, Bickford M, Rosebach J, Simms L. Home care today: showcasing interdisciplinary management in home care. Home Healthc Nurse 2007;25(4):245-52.

463. Granerud A, Severinsson E. Preserving integrity: experiences of people with mental health problems living in their own home in a new neighbourhood. Nurs Ethics 2003;10(6):602-13.
Abstract: For patients with mental health problems, de-institutionalization has meant a shift from institutional care to living in the community. However, several studies show that problems of stigmatization, loneliness and negative attitudes devalue the dignity and autonomy of these patients. The aim of this study was to gain a deeper understanding of how people with mental health problems experience living in an apartment of their own. The data collection method was focus group interviews. The constant comparative method revealed the main category 'preserving integrity'. The subcategories were: the need for control over information, similar relationships with both friends and neighbours (symmetrical contact), and 'My home is my castle'. Participants who lived in a group home had little or no contact with their neighbours. The participants experienced lack of acceptance and loss of autonomy when meeting people. Integrity was a necessary condition in order for them to become equal citizens, experience autonomy and dignity, and have the opportunity to develop social contacts

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Abstract: The transition from hospital to community care for people with long-term mental illness is of growing concern. The aim of the present study was to illuminate if and how people with long-term mental illness have affected their neighbourhood after re-establishing themselves in apartments of their own. Nineteen neighbours of group homes for people with long-term mental illness, in seven different communities in eastern Norway, have been interviewed. The grounded theory procedures as well as the constant comparative method were employed to analyse the findings. From the data, one main category was identified: the need for information

465. Granerud A, Severinsson E. The struggle for social integration in the community: the experiences of people with mental health problems. J Psychiatric & Mental Health Nursing 2006;13:(3):288-93.
Abstract: Qualitative research in Norway on how people with mental health problems experience integration into the community. Patients' feelings of shame, fear of exclusion, loneliness and neglect and the effects of stigma on self-esteem are described. The implications for community mental health workers assisting patient social integration are discussed, and the importance of interpersonal relationships with family are considered. 26 refs

466. Hansson L, Middelboe T, Sorgaard KW, Bjarnason O, Nilsson L, Korkeila J, et al. Living situation, subjective quality of life and social network among individuals with schizophrenia living in community settings. Acta Psychiatr Scand 2002;106(5):343-50.
Abstract: Investigated the relationships between characteristics of the living situation in the community and subjective quality of life and social network among community-based individuals with schizophrenia. 418 individuals with schizophrenia from 10 sites were interviewed with regard to quality of life, psychopathology, social network and needs for care. Characteristics of the living situation investigated were: living alone or not, living with family or not, and having an independent or a sheltered housing situation. Results show an independent housing situation was related to a better quality of life concerning living situation and living with the family to a better quality of life concerning family relations. An independent housing situation was associated with a better social network regarding availability and adequacy of emotional relations. It is concluded that people with schizophrenia with an independent housing situation have a better quality of life associated with more favorable perceptions of independence, influence, and privacy. Their social network is better irrespective of whether they live alone or not, or with family or not.

467. Hovengen R, Edgren L, Maurstad J, Dalgard OS. Mental Health Promotion in a Poorly Functioning Neighbourhood: What can we Learn from an Unsuccessful Project? The International Journal of Mental Health Promotion 2006;8(2):31-6.
Abstract: The object of the study described was to evaluate the effect of a local environment project which aimed to improve mental health by strengthening social integration. An attempt was made to motivate municipal authorities and politicians concerned with housing to alter structural background factors affecting well-being and develop general contact-creating activities and special supportive measures in the local environment. The study is a pretest/post-test design. The pre-test included 92 people and the post-test included 40 people who were still living in the housing estate at the end of the project. The results showed a significant improvement in integration, but no corresponding improvement in mental health. Participation in contact-creating activities affected neither social integration nor mental health, and the results indicate that inhabitants with considerable mental problems did not take part. Background factors related to wellbeing, such as leisure activities, meeting places and kindergartens, had improved, while instability in the local environment and housing costs had deteriorated.

468. Johansson K, Lilja M, Petersson I, Borell L. Performance of activities of daily living in a sample of applicants for home modification services. Scand J Occup Ther 2007;14(1):44-53.
Abstract: Home modification services are provided to support persons with functional limitations to live independently at home. It is not well known what causes individuals to apply for home modifications, or in what kind of life situation this need appears. The aim of this study was to examine the relationship between performance of activities of daily living, housing and living situation, and the home modification applied for in a sample of home modification applicants. Further, the aim was to examine differences in performance of activities of daily living between subgroups with different social support. A total of 102 participants were included in the study. Data on performance of activities of daily living was collected through interviews in the participants' homes, using structured instruments. The participants reported high levels of independence in activities of daily living, and were using assistive devices to a large extent. However, the applicants clearly experienced difficulties in performing activities related to the applied home modification. The study indicates that the main reason for applying for Home Modification Grants was perceived difficulties in performance of activities of daily living. This stresses the importance of including other aspects besides independence when trying to understand persons' activity performance and planning for occupational therapy interventions

469. Langeland E, Wahl AK, Kristoffersen K, Nortvedt MW, Hanestad BR. Sense of coherence predicts change in life satisfaction among home-living residents in the community with mental health problems: a 1-year follow-up study. Quality of life research : an international journal of quality of life aspects of treatment, care and rehabilitation 2007;16(6):939-46.
Abstract: OBJECTIVES: There is a call for a further investigation of Sense of Coherence (SOC), the central concept in salutogenesis, and its relation to health and life satisfaction. No previous studies have investigated the utility of SOC versus mental symptoms for the prediction of life satisfaction among people with chronic mental health problems (MHP). METHODS: The present study has a prospective design including a baseline assessment and a 1-year follow up. We recruited 107 adults from the community health care system. SOC was measured by the Sense of Coherence questionnaire, mental symptoms by the Symptom Checklist-90 revised and life satisfaction by The Quality of Life Scale (all Norwegian versions). RESULTS: The results show that while SOC predicts change in life satisfaction (standardized beta coefficient for SOC was 0.39, P = 0.014), mental symptoms did not (standardized beta coefficient 0.00, P = 1.0). CONCLUSIONS: These findings emphasize the importance of assessing factors that may explain differences in life satisfaction over and above mental symptoms among people with MHP. The results indicate that improving SOC among people with MHP might provide important opportunities for improving their life satisfaction.

470. Nieuwboer A, De Weerdt W, Dom R, Truyen M, Janssens L, Kamsma Y. The effect of a home physiotherapy program for persons with Parkinson's disease. J Rehabil Med 2001;33(6):266-72.
Abstract: The purpose of this study was to evaluate the effect of a home physiotherapy program for persons with Parkinson's disease. Thirty-three patients took part in the study using a within-subject controlled design. Functional activities including walking and carrying out transfers were measured at home and in the hospital before and after a 6-week baseline period, after 6 weeks home physiotherapy and after 3 months follow-up. Spatiotemporal and plantar force variables of gait were determined with video and pododynography. Treatment provided by community physiotherapists consisted of teaching cueing and conscious movement control 3 times a week. The study revealed that patients had significantly higher scores on a functional activity scale after treatment in the home setting and to a lesser degree in hospital, a result, which was partly sustained at follow-up. However, duration of the transfer movements, spatiotemporal and plantar force variables were not significantly improved except for stride length. The results support

application and development of the treatment concept and highlight that physiotherapy aimed at improving function in Parkinson's disease is best provided in the home situation.

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Abstract: The purpose of this study was to explore how spouses of persons with a disability following stroke describe their lived experiences regarding assistive devices in everyday life. A phenomenological lifeworld approach was used and conversational interviews were conducted with 12 spouses. Their lived experiences of assistive devices were explored in relation to four lifeworld existentials intertwined in everyday life. The results showed that lived body concerns aspects of feelings, habits, and incorporation of the devices with one's own body. The devices are, from the spouses' perspective, a prerequisite for their partner with stroke living at home. Successively the devices are incorporated into the couples' homes, and they provide a new view of the environment, aspects related to lived space. The devices bring about a changed relation to lived time, related to past, present, and future. Further, lived human relation concerns changed relationships to husbands/wives with stroke, including a great responsibility due to the devices and their usage. The results also included stigmatizing aspects and a twofold relationship to health professionals regarding participation in decisions about prescribing assistive devices. Understanding the unique meaning of assistive devices from the spouses' perspective is vital for occupational therapists prescribing such devices

472. Rolie JP, Paulsen D, Aksnes H, Thorud LO. Home hemodialysis as an alternative to in-center dialysis. Tidsskr Nor Laegeforen 2006;126(21):2795-7.
Abstract: Background. Dialysis is a life-sustaining treatment for renal disease in its final stage. The number of patients in dialysis has more than doubled over the last 10 years in Norway. The prognoses still show an increasing number of patients in need of dialysis. As haemodialysis (HD) is complicated to perform at home, peritoneal dialysis is the preferred alternative. HD is usually carried out 3 times a week at hospitals, in satellites or self-dialysis in some other institution. Home HD is rarely used in Norway, as opposed to in other Western-European countries. Material and method. We describe our first patient offered HD at home and give an overview of home HD. Results and Interpretation. Empirically, the increased dialysis time in home HD generates positive physical, mental and social effects. The potential of economic savings are considerable. Home HD is a cost-effective method to improve health and solve some of the problems associated with centre dialysis. The treatment generates great demands for equipment and training, and is suitable only for carefully selected patients. Home HD offers considerable more freedom and possibility for more frequent and longer dialysis than centre dialysis

473. Sigurdsson HK, Soreide JA, Dahl O, Skarstein A, Von Hofacker S, Korner H. Utilisation of specialist care in patients with incurable rectal cancer. Acta Oncol 2009;48(3):377-84.
Abstract: INTRODUCTION: About 25% of patients with rectal cancer have incurable disease at the time of diagnosis. In the current study from Western Norway (population of 981 000) we focused on the utilisation of specialist care in patients with primarily incurable rectal cancer. PATIENTS AND METHODS: Between 1997 and 2002, 1 167 patients were diagnosed with rectal cancer, of whom 297 (25%) had incurable disease, according to consecutive and prospective reporting to the Norwegian Colorectal Cancer Registry. Consumption of specialist care facilities was studied with regard to outpatient contacts, hospital admissions, and various treatment modalities. Data were analysed with regard to age, sex, marital status, type of residence, and geographical access to hospital facilities. Data were available for 287 patients (97%). RESULTS: The median age was 77 years. Elderly patients (>77 years) more often lived in nursing homes without a spouse. About 60% of the patients were treated with major surgery, chemotherapy or radiotherapy, either alone or in combination. Of those who did not receive such treatment, 87% were elderly. Oncological treatment, either alone or combined with surgery, predicted increased hospital admissions and outpatient contacts. Age >77 years predicted fewer hospital admissions. Survival varied statistically significantly with the various treatment modalities, and was highest for major resections combined with oncological treatment. The majority of the patients living at home died in hospitals (54%) and only 26% died in their homes, while two-thirds of residents of nursing homes died there. DISCUSSION: Patients with primary incurable rectal cancer are heterogeneous with regard to their needs of treatment. While younger patients receive extensive tumour-related treatment, elderly patients are most commonly treated according to their symptoms. Prospective studies of the effect of various treatment options on the ease of symptoms and improved quality of life in unselected populations are needed

474. Skumlien S, Aure Skogedal E, Skrede Ryg M, Bjortuft O. Endurance or resistance training in primary care after in-patient rehabilitation for COPD? Respir Med 2008;102(3):422-9.
Abstract: Resistance (RT) and endurance training (ET) prescribed by a rehabilitation centre and carried out under the supervision of primary care physiotherapists after the completion of 4 weeks of multidisciplinary in-patient pulmonary rehabilitation (IPR) were compared regarding capacity to induce further health effects. After IPR, 40 chronic obstructive pulmonary disease (COPD) patients were allocated to RT or ET twice weekly for 12 weeks. Primary outcome variables were walking capacity (treadmill endurance time, TET; 6-min walking distance, 6MWD), functional status (Glittre ADL-test; Hyrim Physical Activity Questionnaire) and health-related quality of life (HRQOL) (St. George's Respiratory Questionnaire, SGRQ). Body functions variables were included as secondary outcome measures. HRQOL and physical activity were reinvestigated after 1 year. Median attendance rates were not different between RT (21, interquartile range [17;23]) and ET (22 [18;24]). Both groups improved in TET (RT 7.7 min 95% CI {3.6;12}, ET 5.7 min {1.7;9.8}). 6MWD increased significantly after ET (46 m {20;72}). Functional status was unchanged. SGRQ tended to further improve after RT (-3.2{-7.4;1.2}), while ET maintained the improvement gained during IPR. Body functions measures changed according to training modality. After 1 year, a majority of patients in both groups were exercising regularly, but SGRQ was significantly better than pre-IPR only in the RT group (-7.9{-14.3;-1.5}). We conclude that supervised RT or ET twice weekly sustains and improves the effects of IPR. With no large differences detected between the two training modalities, the

choice of training may be guided by individual needs, patient preferences and the availability of equipment

475. Sorbye LW, Schroll M, Finne-Soveri H, Jonnson PV, Ljunggren G, Topinkova E, et al. Home care needs of extremely obese elderly European women. Menopause Int 2007;13(2):84-7.
     Abstract: OBJECTIVE: To examine the health and needs of extremely obese women aged over 65 years receiving home care in Europe. STUDY DESIGN: A cross-sectional assessment study based on the Aged in Home Care (AdHOC) project recruited 2974 women aged 65 or over who were receiving home care at 11 sites in European countries. Extreme obesity was defined as 'Obesity of such a degree as to interfere with normal activities, including respiration'. MAIN OUTCOME MEASURES: Resident Assessment Instrument for Home Care (RAI-HC version 2.0); Activity of Daily Living Scale; Instrumental Activity of Daily Living Scale; the Minimum Data Set Cognitive Performance Scale; and a health profile. RESULTS: One hundred and twenty women (4.0%) were extremely obese. They were younger than their thinner counterparts, with a median age of 78.3 versus 83.3 years, and they more often had multiple health complaints and needed more help with mobility outside the home. The extremely obese had received home care longer than the non-extremely obese (median 28.7 versus 36.6 months). Extremely obese women also needed more help with personal care than the other group and, due to lower age, they were less cognitively impaired. CONCLUSIONS: Extreme obesity is a problem that increasingly affects home care of elderly women.

476. Sundling I-M, Ekman S-L, Weinberg J, Klefbeck B. Patients' with ALS and caregivers' experiences of non-invasive home ventilation. Advances in Physiotherapy 2009;11(3):114-20.
     Abstract: The purpose of this study was to describe the patients' with ALS and their caregivers' experiences of non-invasive positive-pressure ventilation. In-depth interviews with seven patients and eight caregivers were analyzed using a qualitative content analysis method. Three main themes emerged: "Getting to know the ventilator", "Embracing the ventilator" and "Being on a ventilator on a 20-24-h basis". The patients reported improved sleep and improved activity level but also contradictory emotions as to starting on the ventilator. The ability to stay at home close to the family was mentioned. Findings for the caregivers revealed an initial period of stress and interrupted sleep followed by a period of harmony and relief from stress. When the patient was on the ventilator 20-24 h, the findings indicate an extensive involvement in the care of the patient, as well as dealing with several kinds of technical situations with the ventilator devices causing the caregivers another period of stress. The caregivers revealed a deepened understanding as to how the patients benefited from the non-invasive positive-pressure ventilation (NPPV) treatment. The patients and their caregivers in this study benefited from NPPV in several aspects but the caregivers also experienced periods of stress and interrupted sleep.

477. Tornkvist L, Gardulf A, Strender L-E. Patients' satisfaction with the care given by district nurses at home and at primary health care centres. Scand J Caring Sci 2000;14(2):67-74.
     Abstract: The main purpose of this study was to investigate patients' satisfaction with the care given by the district nurses at home and at the primary health care centres in one area of Greater Stockholm. The questionnaire entitled 'Quality of Care from the Patient's Perspective' (QPP) was used. A total of 168 adult, home-care (HC) and 264 outpatient clinic (OC) patients answered this questionnaire. Maximum median scores were reported for most items designed to measure the four following dimensions: 'medical-technical' competence of the district nurses; 'physical-technical' conditions of the care organization; 'identity orientation' in the attitudes and actions of the district nurses and the 'socio-cultural' atmosphere of the care organization; and the perceived accessibility of nursing care. Some areas were identified as being in need of improvement, for example, pain alleviation, safety of the patients' home environment, the possibility of the patients participating in the decision-making process, the feeling that the care is not based on the patients' desires and needs, and the possibility of always meeting the same district nurse. Differences between HC and OC patients and between sub-groups were found regarding demographic characteristics and self-rated, physical health and psychological well-being. HC and OC patients with poor, self-rated, physical health were identified as being likely to be dissatisfied with the care

478. Ugur A, Marashdeh BHS, Gottschalck I, Brobech Mortensen P, Staun M, Bekker Jeppesen P. Home parenteral nutrition in Denmark in the period from 1996 to 2001. Scand J Gastroenterol 2006;41(4):401-7.
     Abstract: OBJECTIVE: Home parenteral nutrition (HPN) has been provided to patients with intestinal failure in Denmark since 1970. The results of a national survey comprising a well-defined cohort receiving treatment with HPN in Denmark in the period from 1996 to the end of 2000 are presented, including data on incidence, prevalence, patient characteristics and complications of HPN treatment. MATERIAL AND METHODS: HPN was given to 202 patients (115 F, 87 M) 34% with short-bowel syndrome due to inflammatory bowel disease, 26% with cancer, 22% with surgical complications and 19% with other causes, for a total of 410 catheter years. RESULTS: At the end of 2000, the prevalence of HPN in Denmark was 19.2 per million, and the average annual incidence was 5.0 per million per year over the 5-year period. The incidence rates of catheter-related bacteraemia and thrombosis were 0.48 and 0.02 episodes per catheter year, respectively. The average catheter lasted 1.5 years. Venous inaccessibility was never encountered. The 5-year mortality was 25% (n = 51). However, only six deaths were related to HPN. Three patients died of HPN-related liver failure, two died of catheter-related sepsis and one patient died of an embolus induced by a catheter thrombus. CONCLUSIONS: Since its introduction in 1970 in Denmark, HPN has evolved from an experimental approach to a standardized therapy for patients with intestinal failure. Although HPN morbidity is increasing slightly compared with that reported in earlier surveys, HPN-induced mortality is still less than 1% per year

479. Wyller TB, Thommessen B, Sodring KM, Sveen U, Pettersen AM, Bautz-Holter E, et al. Emotional well-being of close relatives to stroke survivors. Clin Rehabil 2003;17(4):410-7.
     Abstract: OBJECTIVE: To compare the well-being of stroke patients' relatives with that of a reference group, and to identify variables related to the well-being of the relatives. DESIGN: Cross-sectional study. SETTING: Outpatient hospital department and patients' and relatives' own homes. SUBJECTS: Fifty-four

patients one year after a stroke and their closest relatives. A reference population consisted of 419 elderly people drawn at random from the census files. OUTCOME MEASURES: Emotional well-being was assessed with the General Health Questionnaire (GHQ-20), and the perceived burden attributed to the care of the patient with the Caregiver Strain Index (CSI). The personal and instrumental activities of daily life (PADL and IADL), motor and cognitive functions of the patients were assessed with standardized tests. RESULTS: The relatives rated their well-being lower than the reference group rated theirs, the odds ratio (OR) being 5.6 (95% confidence interval (CI) 3.1-10) adjusted for age and gender. No association was found between the relatives' well-being and the motor, cognitive, PADL, IADL or other characteristics of the patients. Strong relationships were found between the CSI and the GHQ scores of the relatives, the OR (95% CI) for a poor GHQ score being 2.4 (1.6-3.7) for each unit increase in CSI, adjusted for gender. CONCLUSIONS: Emotional well-being is influenced when a close relative gets a stroke. This seems to relate more strongly to the perceived burden of care than to objective characteristics of the patient

Sykehjem, beskrivelse av pasientene eller deres situasjon

480. Barca ML, Engedal K, Laks J, Selbaek G. A 12 months follow-up study of depression among nursing-home patients in Norway. J Affect Disord 2010;120(1-3):141-8.

481. **Abstract:** BACKGROUND: Depression is common in nursing-home patients and is often of chronic nature. AIMS: To examine the prevalence, incidence and the persistence rates of clinically significant depressive symptoms, and their risk factors among nursing-home patients. DESIGN: A 12 months follow-up study. METHODS: A sample of 902 randomly selected nursing-home patients was assessed using the Cornell Scale, the Clinical Dementia Rating Scale, the Self-Maintenance Scale and a measurement of physical health. Information was collected from the patients' records. Clinically significant depression was defined as 8+ on the Cornell Scale. RESULTS: At 12 months 231 had died, and depression was together with higher age, worse physical health, poor function in activities of daily living, higher CDR score and cancer a significant predictor of death (0.03). The prevalence of depression was 21.2% at baseline and follow-up, incidence rate was 14.9% and persistence rate was 44.8%. Predictors of depression at 12 months were: high Cornell score at baseline (p<0.001), a shorter stay in a nursing home (0.011) and use of antidepressants (p=0.050); for incident depression: higher Cornell score at baseline (p=0.019), a shorter stay (p=0.002) and higher CDR score (p=0.003); for persistent depression: higher Cornell score at baseline (0.011), use of anxiolytics (p=0.045) and not being married (p=0.037). CONCLUSION: The incidence and persistence rates of clinical significant depressive symptoms are high in nursing-home patients. A higher score on Cornell Scale at baseline and a shorter stay in a nursing home were predictors for both incidence and persistence of clinically significant depressive symptoms

482. Barca ML, Selbaek G, Laks J, Engedal K. The pattern of depressive symptoms and factor analysis of the Cornell Scale among patients in Norwegian nursing homes. Int J Geriatr Psychiatry 2008;23(10):1058-65.
Abstract: BACKGROUND: Depression is more prevalent in subjects with dementia than in those without it. Due to both psychological and biological risk factors it is suggested that a bimodal distribution of depressive symptoms exists with higher prevalence rates being found among patients suffering both with mild and with severe dementia. AIM: To confirm or reject the hypothesis of a bimodal distribution of depressive symptoms. METHODS: A sample of 1,159 randomly selected nursing home patients was assessed using the Cornell Scale, the Clinical Dementia Rating Scale (CDR) and Lawton's Scale of the activities of daily living. Additionally, information was collected from the patients' records. A factor analysis of the Cornell Scale was performed. RESULTS: The use of antidepressants and demographic characteristics, except for gender distribution, did not differ across CDR groups. Patients with dementia had more symptoms such as anxiety, irritability, agitation, retardation, loss of interest, lack of joy and delusion than those without dementia. No symptom was more frequent among non-demented subjects. The factor analysis resulted in a five factors solution: 'mood', 'cyclic', 'physical', 'retardation' and 'behavioural' factor. The score on the mood subscale did not differ across CDR groups (p = 0.326), whereas the scores on the four other subscales increased with increasing CDR scores (p < 0.001). CONCLUSION: We did not find a bimodal distribution of depressive symptoms. The explanation for the occurrence of the typical core symptoms of depression, the mood symptoms, is probably complex. The non-mood symptoms are probably strongly influenced by biological factors.

483. Fetveit A, Bjorvatn B. Sleep disturbances among nursing home residents. Int J Geriatr Psychiatry 2002;17(7):604-9.
Abstract: STUDY OBJECTIVES: This study assesses the prevalence and characteristics of sleep disturbances among an entire nursing home population, consisting of 29, mainly demented, long-term patients. DESIGN AND SETTING: Sleep was evaluated for 14 consecutive days using actigraphic measurements and nursing staff observations. No alterations were made in every-day routines or medications during the observation period. MEASUREMENTS AND RESULTS: Actigraphy showed a mean sleep onset latency of one hour and a mean wake after sleep onset of more than two hours, while there was no findings of early morning awakening. Mean sleep efficiency was 75%, and more than 13 hours were spent in bed. 72% of the subjects had sleep efficiency below 85%. Nursing staff reported sleep onset latency of more than 30 minutes in 158 of the 203 analysed days, while early morning awakening was reported in only 12 of 203 days. Actigraphical measurements and nursing staff observations gave similar results. The validity of actigraphy in this population is discussed. CONCLUSION: Sleep disturbances were common among the residents in this nursing home. Sleep onset latency was prolonged, and the patients experienced frequent wake bouts after sleep onset. The diminished ability of sustained sleep may have been influenced by the prolonged time in bed

484. Foss N. Nerves in Northern Norway: The communication of emotions, illness experiences, and health-seeking behaviors. Qual Health Res 2002;12(2):194-207.
Abstract: Studied diversity in the pragmatic use of the term "nerves" among different social settings in a coastal community in northern Norway. Data were collected as part of participant observation fieldwork conducted in a day care center for psychiatric patients. Perspectives from 3 groups were studied: center users and their families, helpers or health care workers, and individuals from the wider community. Results suggest that the term was connected to psychological or psychiatric problems, privacy, and stigma, but had the capacity to communicate a continuum from normal emotional problems to severe mental illness. This study also showed the effect of the term in encounters between patients and professional health workers. The author's comments focus on nerves as private and stigmatizing, nerves as alienation from others, and nerves as a descriptive term for a person's state of mind.

485. Nygaard HA, Jarland M. Chronic non-malignant pain in Norwegian nursing home residents: Patients' self-report and nurses' assessment. Tidsskr Nor Laegeforen 2005;125(10):1349-51.
Abstract: Background. Nursing home patients who have difficulties communicating are often undertreated for painful conditions. We assessed the agreement between nurses and patients regarding pain. Furthermore, we studied nurses' assessment of pain in non-communicative patients. Material and methods. Cross-sectional study, including 157 patients from four nursing homes. Demographic data, diagnoses and clinical information were collected. A study nurse interviewed patients and nurses with regard to pain over the last seven days. Patients who answered this question were regarded as communicative, the others as non-communicative. Cognitive function was assessed by means of the Abbreviated Mental Test. Results. A total of 109 patients (69%) were capable of answering the question of whether they had felt pain: 42% of the severely, 68% of the slightly or moderately cognitively impaired, and 97% of the cognitively intact patients. 53% of the patients indicated pain. There was agreement between nurses and patients in 77% of the cases (kappa = 0.54), among the severely impaired 33%, among the slightly or moderately impaired 69 %, and among of 78% of those cognitively intact. Nurses considered pain to be less prevalent in non-communicative than in communicative patients (44% versus 52%, p = 0.39). Nurses' pain assessment was significantly related to the presence of pain-related diagnoses. Interpretation. With regard to communicative patients, there was a fairly good/good agreement between patients' report and nurses' assessment of pain. A substantial proportion of the cognitively severely impaired are able to communicate their pain problems

486. Nygaard HA, Jarland M. The Checklist of Nonverbal Pain Indicators (CNPI): testing of reliability and validity in Norwegian nursing homes. Age Ageing 2006;35(1):79-81.

487. Nygaard HA, Naik M, Ruths S, Straand J. Nursing-home residents and their drug use: a comparison between mentally intact and mentally impaired residents. Eur J Clin Pharmacol 2003;59(5-6):463-9.
Abstract: AIMS. To investigate drug use relative to mental functioning and to explore the use of inappropriate drugs and potentially harmful drug combinations in nursing home residents. METHODS. Cross-sectional study in 15 nursing homes (1042 long-term care residents) in Bergen, Norway. Information on individual patients' scheduled drug use was obtained from drug dispensing cards. Mental functioning was assessed by means of the Clinical Dementia Rating scale. Drug use was considered inappropriate according to approved expert consensus criteria. Drug-drug interactions were considered relevant according to the national standard. Classification of interactions was based on pharmacokinetic and pharmacodynamic principles. RESULTS. Mentally intact residents used significantly more scheduled drugs than the mentally impaired (mean 6.2 vs 4.8, P<0.001). The mentally intact used generally more of all types of drugs, in particular hypnotics, cardiovascular and pain-relieving drugs. Of all drug users, 25.3% received inappropriate medications, comprising 6.2% of all drugs issued. Fewer mentally impaired residents received inappropriate drugs (21.6% vs 44.2%, P<0.001). Of the residents, 95 received 101 potentially harmful two-by-two drug combinations (1.9% of all prescriptions). The number of drugs used was weakly associated with inappropriate drugs (r=0.33, P<0.001) and with potentially harmful two-by-two drug combinations (r=0.27, P<0.001). CONCLUSION. The study shows considerable differences in drug use between mentally impaired and mentally intact nursing-home residents that may only partly be explained by a diagnostic selection effect. Mentally impaired residents are at greater risk of not receiving appropriate treatment for their complaints, but they are also less liable to suffer from hazards caused by inappropriate drugs

488. Nygaard HA, Naik M, Ruths S. [Mental impairment in nursing home residents]. Tidsskr Nor Laegeforen 2000;120(26):3113-6.
Abstract: BACKGROUND: Nursing homes are the corner stones in long-term institutional care for frail elderly people. Expansion and strengthening of community-based services during the last decade has enabled frail elderly who earlier would have moved into a nursing home to stay in their own home or in service apartments. MATERIAL AND METHODS: In a cross-sectional, anonymised study, changes in nursing homes in the city of Bergen between 1985 and 1996/97 were analysed with regard to prevalence of mentally impaired residents. The following items were assessed by nurses who were in daily contact with the residents: mental capacity by means of Clinical Dementia Rating (CDR), activities of daily living (ADL), and behaviour. The study population consisted of 1,296 residents from 21 institutions in 1985 and 1,141 residents from 16 institutions i 1996/97. RESULTS: The percentage of mentally impaired residents increased significantly, from 75 to 82, and the percentage of residents who were in need of extended nursing care rose from 87 to 91. The median duration of stay did not change significantly, but was reduced for residents with slight mental impairments (CDR 1), from 871 to 721 days. INTERPRETATION: Today, predominately mentally impaired and physically disabled elderly are cared for in general nursing homes. These are patients in need of continuous medical care and supervision, and do not fit into an ideology which "demedicalizes" severe medical conditions in old people. Both nursing homes and sheltered livings are needed

489. Ruset A. [Depression among nursing home residents--diagnosis and treatment]. Tidsskr Nor Laegeforen 2005;125(13):1841-3.
Abstract: BACKGROUND: Depression affecting the elderly can express itself atypically, thus making diagnosis difficult; treatment can also present specific challenges in this age group. Proper diagnosis and adequate treatment measures give good therapeutic results among the elderly. On the other hand: untreated depression in this age group can have dramatic consequences such as chronic depression. MATERIALS AND METHODS: Recent literature has been evaluated concerning diagnostic and treatment methods for the elderly, as have studies of the prevalence of depression among patients admitted to Norwegian nursing homes. A questionnaire survey was carried out on the use of medical treatment in four nursing homes. RESULTS AND INTERPRETATION: Prevalence studies reveal that depression increases with age generally and especially among nursing home residents. This overrepresentation can be explained by various factors associated with institutionalisation and the aging process as a whole. The survey indicated that there exists a potential for improving the diagnosis of depression in nursing homes. The background for this could be inadequate routines or diagnostic instruments, insufficient time for interaction between patient and physicians/other caregivers, as well as insufficient knowledge among professionals. Improvements could come from giving more attention to atypical depression, designing diagnostic routines, using standardised instruments more systematically, and strengthening the general awareness and knowledge of depression. As a general rule, non-pharmacologic treatment options for depression should always be available. Antidepressants can yield good results provided that a proper diagnosis has been made and that the dosage is adjusted according to age. Treatment should be evaluated regularly. Electroconvulsive treatment is effective for many elderly. [References: 13]

490. Saarela TM, Finne-Soveri H, Liedenpohja AM, Noro A. Comparing psychogeriatric units to ordinary long-term care units - are there differences in case-mix or clinical symptoms? Nord J Psychiatry 2008;62(1):32-8.
Abstract: This study is a comparative analysis of long-term psychogeriatric and mixed-care unit patient characteristics in nursing homes and hospitals in Helsinki. The role of the so-called psychogeriatric nursing homes is still under question and not well developed. The aims of the study were to identify and survey psychogeriatric wards and analyze whether these units differ from the rest of the long-term units/wards in terms of patients' characteristics. Participants studied were a total of 2828 elderly long-term care residents, of which 372 were living in long-term psychogeriatric and 2456 in ordinary long-term care units. Data were drawn from the Resident Assessment Instrument (RAI) database and had been collected in the project "Benchmarking and implementation of RAI in Elderly Care in Finland". Scales and items based on Minimum Data Set were used for the comparisons. Resident groups in psychogeriatric units and in ordinary, mixed-client settings were clearly distinguishable. The psychogeriatric residents were younger, had more comorbidity as to psychiatric diseases, and had more often psychiatric symptoms and psychotropic medications. The residents in psychogeriatric units did not differ in cognitive and functional status from those in mixed-client units and had similar comorbidity as to somatic diseases. This study shows that psychiatric symptoms that need to be addressed are common in long-care facilities. The results emphasize the importance of recognition of the multiple care needs of elderly with severe mental symptoms or illness

491. Selbaek G, Kirkevold O, Engedal K. The prevalence of psychiatric symptoms and behavioural disturbances and the use of psychotropic drugs in Norwegian nursing homes. Int J Geriatr Psychiatry 2007;22(9):843-9.
Abstract: BACKGROUND: Psychiatric and behavioural symptoms in dementia are associated with a range of negative outcomes, including institutional placement and the widespread use of psychotropic drugs in spite of limited evidence for their efficacy. AIMS: To determine the prevalence of psychiatric and behavioural symptoms and the pattern of psychotropic drug prescription in patients with various degrees of dementia. METHODS: A sample of 1,163 non-selected nursing home patients were assessed by means of the Neuropsychiatric Inventory, the Clinical Dementia Rating scale and Lawton's activities of daily living scale. In addition, information was collected from the patients' records. RESULTS: Dementia was found in 81% of the patients and 72% of them had clinically significant psychiatric and behavioural symptoms. The frequencies of symptoms increased with the severity of the dementia. Psychotropic medication was being prescribed to 75% of patients with dementia. There was a significant relationship between the type of drug and the symptom for which it had been dispensed. CONCLUSION: Psychiatric and behavioural symptoms are frequent in nursing homes and the rate increases with the progression of the dementia. Systematic programmes are needed for disseminating skills and providing guidance regarding the evaluation and treatment of these symptoms in nursing homes

492. Selbaek G, Kirkevold O, Sommer OH, Engedal K. The reliability and validity of the Norwegian version of the Neuropsychiatric Inventory, nursing home version (NPI-NH). Int Psychogeriatr 2008;20(2):375-82.
Abstract: BACKGROUND: Psychiatric symptoms and behavioral disturbances are highly prevalent in the residents of nursing homes. The Neuropsychiatric Inventory (NPI) is a commonly used scale for the assessment of such symptoms in diverse settings. We have conducted a study of the reliability and the validity of the Norwegian version of the NPI nursing home version (NPI-NH).METHODS: The reliability study comprised 41 patients. We established inter-rater reliability between raters with various levels of health education using kappa statistics. Fifty patients were included in the validity study. The patients were examined by a physician, who also rated the patient's behavior using "behavioral pathology in Alzheimer's disease" (BEHAVE-AD). Subsequently, a research nurse performed a standardized interview using the NPI and the Cornell scale. Concurrent validity of the NPI and the BEHAVE-AD was analyzed.RESULTS: Internal consistency, as measured by Cronbach's alpha was above 0.8. Inter-rater reliability was, except for one item, between 0.85 and 1.0 across assessors with different levels of health education. All correlations between the NPI and the BEHAVE-AD were significant, ranging from 0.38 to 0.72. The weakest correlations were between items assessing affective and anxiety symptoms.CONCLUSION: The Norwegian version of the NPI-NH is a reliable and valid instrument for assessing psychiatric symptoms and behavioral disturbances in the residents of nursing homes. The investigation of depressive symptoms merits particular attention.

493. Sund-Levander M, Ortqvist A, Grodzinsky E, Klefsgard O, Wahren LK. Morbidity, mortality and clinical presentation of nursing home-acquired pneumonia in a Swedish population. Scand J Infect Dis 2003;35(5):306-10.
Abstract: Pneumonia has been stimated to be the second most common infection in nursing-home residents. However, to the authors' knowledge, no such Swedish data are available. Therefore, this study investigated the incidence, risk factors, and 30 d case-fatality rate and clinical presentation of nursing home-acquired pneumonia (NHAP) in 234 nursing-home residents aged 66-99 y. Activities of daily living (ADL status), malnutrition and body mass index were measured at baseline. The residents were then followed prospectively during 1 y for symptoms and signs of pneumonia. Pneumonia was verified clinically and/or radiologically in 32 residents, corresponding to a yearly incidence of 13.7%. The 30 d case-fatality rate was 28%. Cough and sputum production were the most specific, and fever [greater-than or equal to]38.0degreesC rectally and cognitive decline were the most common non-specific presenting symptoms. Chronic obstructive pulmonary disease, ADL status > 5 and male gender were risk factors for acquiring pneumonia. In conclusion, NHAP is associated with high morbidity and mortality in Sweden. In order not to delay treatment, it is necessary to be aware that specific symptoms of pneumonia may be lacking in the clinical presentation in the nursing-home setting

494. Torvik K, Kaasa S, Kirkevold Ö, Rustöen T. Smerte hos sykehjemspasienter i Norge. Geriatrisk Sykepleie 2009;1(2):13-8

Sykehjem og ulike typer behandling eller tilstander, ikke medisinering

495. Devik S. Overgrep og krenkelser i sykehjem. Tidsskriftet Sykepleien 2001;89(20):48-52

496. Fetveit A, Bjorvatn B. Bright light treatment against sleep disturbances in nursing homes: A non-pharmacological alternative. Tidsskr Nor Laegeforen 2005;125(12):1679-81.
Abstract: Background. Age-related sleep disturbances may be caused by changes in the circadian rhythm, either by phase shifting and/or by a reduction of its amplitude. This may result in less nocturnal sleep and less wakefulness during the day. Material and methods. The article is based on our own research and on relevant studies and reviews in this field. Results and interpretation. Bright light treatment may alter the phase and strengthen the existing circadian rhythm in patients with insomnia, thus creating a clearer distinction between night and day. It is reported that bright light treatment in the morning for patients with dementia may improve sleep maintenance

497. Fetveit A, Bjorvatn B. Sleep disturbances among nursing home patients: Practical advice on treatment. Tidsskr Nor Laegeforen 2005;125(12):1676-8.
Abstract: Background. Sleep disturbances are common among nursing home patients and get worse with age and their degree of dementia. Material and methods. The article is based on our own research as well as on studies and reviews in the field. Results and interpretation. Sleep disturbances among patients with dementia may have a range of internal or external causes. A thorough assessment of the patient's sleep pattern is crucial before treatment is instigated. Pharmacological interventions may have serious side effects in this population; non-pharmacological interventions have, on the other hand, shown promise

498. Fetveit A, Skjerve A, Bjorvatn B. Bright light treatment improves sleep in institutionalised elderly--an open trial. Int J Geriatr Psychiatry 2003;18(6):520-6.
Abstract: STUDY OBJECTIVES: This study evaluates the effects of bright light therapy among demented nursing home patients with sleep disturbances. DESIGN AND SETTING: 11 nursing home patients with actigraphically measured sleep efficiency below 85% took part in an open, non-randomised study where the subjects served as their own control. INTERVENTION: After two weeks of baseline measurements and two weeks of pretreatment measurements, patients received bright light exposure 2 h/day within the period 08:00-11:00 for two weeks. MEASUREMENTS AND RESULTS: Sleep-wake patterns during the 24-h day were evaluated by nursing staff ratings and wrist-worn motor activity devices (actigraphs). Sleep improved substantially with bright light exposure. Waking time within nocturnal sleep was reduced by nearly two h, and sleep efficiency improved from 73% to 86%. Corresponding improvements were found in nursing staff ratings. Effects were consistent across subjects. CONCLUSIONS: The findings add further evidence of the effectiveness of morning bright light exposure in the treatment of disturbed sleep among demented nursing home patients.

499. Hjort PF. Döden i sykehjem. Tidsskrift for den Norske Laegeforening 2004;124(22):2876

500. Kirkevold O, Engedal K. Prevalence of patients subjected to constraint in Norwegian nursing homes. Scand J Caring Sci 2004;18(3):281-6.
Abstract: BACKGROUND: A recent questionnaire showed that different kinds of constraint such as physical restraint, electronic surveillance, use of force or pressure in medical treatment and in activities of daily living (ADL) are frequently used in Norwegian nursing homes. The study did not include information at patient level, and except for studies about physical restraints, we have not found any studies reporting the prevalence of various forms of constraint. AIM: To describe the prevalence of various types of constraint in Norwegian nursing homes. MATERIALS and METHOD: A structured interview was carried out with the primary carers of a random sample of 1501 patients from 222 nursing-home wards in 54 municipalities representing all five health regions in Norway. Data were collected from regular units (RUs) and special care units (SCUs) for persons with dementia. Episodes of constraint during 1 week were recorded. Five main groups of constraint were aggregated, mechanical restraint, nonmechanical restraint, electronic surveillance, force or pressure in medical examination or treatment and force or pressure in

ADL. RESULTS: Patients (36.7%) in RUs and 45.0% of the patients in SCUs were subjected to any constraint. Most frequent was use of mechanical restraint (23.3% in RUs; 12.8% in SCUs) and use of force or pressure in ADL (20.9% in SCUs; 16.6% in RUs). Use of force or pressure in medical examination or treatment was more frequent used in SCUs (19.1%) compared with RUs (13.5%). Nonmechanical restraint was less frequently used (8.3% in SCUs; 3.0% in RUs) and electronic surveillance was seldom used (7.2% in RUs; 0.9% in SCUs). CONCLUSION: The use of constraint is a problem in Norwegian nursing homes. Studies are needed to learn more about why constraint is used, and if there is patient or ward characteristics that can explain the use of constraint

501. Kirkevold O, Engedal K. The quality of care in Norwegian nursing homes. Scand J Caring Sci 2006;20(2):177-83.
Abstract: BACKGROUND: Promoting the quality of life is an importing aim of the long-term care for the elderly, and the quality of life is related to quality of care (QoC). This way the QoC in nursing homes, and its correlates, is an interesting subject. AIM: To describe to what degree Norwegian nursing homes provide services in line with the core areas of the 'regulation of care' and whether patient or ward characteristics are associated with the QoC. METHODS AND MATERIAL: Cross-sectional study where data were collected in structured interview of the nursing staff in 251 wards regarding 1926 patients. RESULTS: Most of the patients receive good basic care in Norwegian nursing homes, but taking part in leisure activities and having the opportunity to go out for a walk are more often neglected. Acceptable QoC had a strongly negative association with patient characteristics such as low function in mental capacity, low function in activities of daily living and aggressive behaviour. In most of the measured areas of QoC, ward characteristics, such as type of ward, size of ward and staffing ratio, do have an influence on QoC

502. Kirkevold O. Use of constraints in nursing homes. Tidsskr Nor Laegeforen 2005;125(10):1346-8.
Abstract: Background. The use of restraints in care for the elderly is sparsely described, with the exception of the use of mechanical restraints. Material and methods. The use of restraints was investigated by interviews with the primary nurses of 1926 patients in Norwegian nursing homes. Five categories of restraint were mapped: mechanical restraints, non-mechanical restraints, electronic surveillance, the use of force or pressure in medical treatment or examination, and the use of force or pressure in activities of daily life (ADL). In addition, assumed explanatory variables were registered. Results. 45% of patients in sheltered units for the demented and 37% of those in regular wards were subjected to at least one type of restraint during a given week. The most common restraints were the use of force or pressure in ADL, the use of mechanical restraints, and the use of force or pressure in medical treatment or examination (particularly adding medicine to a patient's food or beverage). Cognitive decline, poor ADL performance, and the presence of aggressive behaviour were factors strongly associated with the use of restraints. In 65% of the cases, no written documentation could be found. In 44%, the nurse in charge made the decision to use restraint. In 20% of the cases in which medication was added to a patient's food or beverage, the decision was made by a physician. Interpretation. Restraint is frequently used in Norwegian nursing homes. High frequency, poor documentation and the arbitrariness of decision making make it reasonable to assume that the use of restraint is more often a result of inadequate routines than carefully judgment of each case

503. Larsen JP. Diagnosing and treating patients with parkinsonism in nursing homes: How to improve quality? Tidsskr Nor Laegeforen 2005;125(12):1669-71.
Abstract: Background. Studies have shown that diagnosing and treating patients with parkinsonism in nursing homes could be improved. Parkinson's disease is the most important cause of parkinsonism. Materials and methods. The data for this article have been obtained through a literature search and by research in our own centre. Results and interpretation. Parkinsonism is a frequent cause of functional impairment among the elderly. The diagnosis is based on an evaluation of the four cardinal signs of parkinsonism (resting tremor, akinesia, rigidity, and postural abnormalities). Parkinsonism may be caused by Parkinson's disease, symptomatic parkinsonism, pseudoparkinsonism or be a part of the presentation of other neurodegenerative diseases. A systematic examination for suspected parkinsonism followed by an evaluation of causes of parkinsonism will improve the diagnostic quality in nursing homes. Patients with Parkinson's disease have motor as well as non-motor problems, hence management should focus on all aspects of the symptoms experienced by these patients, not only the motor symptoms. Several investigations have shown that non-motor problems may detract more from the quality of life than the motor symptoms. 5 % of all residents in nursing homes in Norway have Parkinson's disease; 20 % of them are unrecognised by the medical staff. Intervention in nursing homes from physicians with more knowledge on parkinsonism has been shown to improve diagnostic accuracy as well as management

504. Naess T, Ruud E. Audible gestures: From clinical improvisation to community music therapy: Music therapy with an institutionalized woman diagnosed with paranoid schizophrenia. Nordic Journal of Music Therapy 2007;16(2):160-71.
Abstract: Clinical improvisation, or Creative Music Therapy (CMT) has come a long way since its original conception in the sixties by Paul Nordoffand dive Robbins both in terms of expanded musical and instrumental resources, new areas of practices including adult mental health, and new theoretical perspectives. Theoretically, CMT now draws from a whole range of discourses, from those inspired by recent approaches within relational psychotherapy, to performance theory and resource-oriented thinking, as well as from the field of community music therapy. A multidimensional perspective on the improvisational approach seems to fit well with the recent development within community mental health thinking about psychiatric rehabilitation. These multidimensional approaches within this field now require several theoretical perspectives, ranging from empowerment theory to social cognitive approaches. The following (instrumental) case study presents the results of music therapy with a woman born in 1953. Listening to live music, improvisation, and teaching keyboard skills were the basic music therapeutical approaches chosen over a period of nearly three years with almost weekly sessions. Within this improvisational approach, four theoretical perspectives are taken into consideration when we explain the changes that have occurred in behaviour: Relational music therapy, resource-oriented music therapy, performance-oriented

music therapy and community music therapy. However, we will focus especially on the relational aspect of the music therapy sessions concerning a) recognition and attunement by the therapist, b) nurturing through singing and playing, c) musical flow created through improvisation and groove-based play, and especially the sharing of time through gestural attunement and identification.

505. Torvik K, Kaasa S, Kirkevold O, Rustoen T. Pain in patients living in Norwegian nursing homes. Palliat Med 2009;23(1):8-16.
Abstract: The aims of this study were to describe the pain and use of pain medication in nursing home patients and examine which variables that were associated with pain. Inpatients (n = 307) older than 64 years from nursing homes were included. Pain was measured with a 4-point verbal rating scale in the self-reported group (SRG) and Doloplus-2 in the proxy-rated group (PRG). The mean age was 86 years (SD, 7), and more than two-thirds were female. A total of 128 (60%) patients were able to self-report their pain. Approximately 50% of the SRG reported 'pain now', and of these, nearly 50% reported moderate or severe pain intensity. Better cognitive function was associated with higher pain and receiving more potent pain medication in the SRG. The pain prevalence in the PRG was higher than in the SRG (67.5% vs 51%), but no variable was associated with proxy-rated pain. Nearly 30% in the SRG and 40% in the PRG did not receive pain medication in spite of pain. Pain is still a huge problem in the nursing homes, and more research is needed on pain management in nursing home residents

506. van't Leven N, Jonsson H. Doing and being in the atmospher of the doing: Environmental influences on occupational performance in a nursing home. Scand J Occup Ther 2002;9(4):148-55.
Abstract: The aim of this study was to explore how elderly residents perceive supports and constraints of the nursing home environment on their occupational performance. Interviews were conducted with 10 residents in one nursing home in Rotterdam, The Netherlands. The constant comparative method was used for data-analysis. Three themes were found: continuity of some familiar occupations of personal interest; self-determination and control in daily activities; and social contacts with people. In reference to familiar occupations this study showed that some persons need to continue performing such an occupation themselves while for others being in the atmosphere of the doing might fulfil the same need as the actual doing. The importance of recognizing this type of adaptation and its implications for a possible expansion of the concept of occupational performance is discussed

507. Wardh I, Berggren U, Andersson L, Sorensen S. Assessments of oral health care in dependent older persons in nursing facilities. Acta Odontol Scand 2002;60(6):330-6.
Abstract: The number of dependent elderly with natural teeth is increasing dramatically. If these elderly persons do not receive proper oral health care, severe oral problems are likely to result. In conjunction with an oral health care education program for the staff of nursing facilities, oral health status was assessed and semi-structured interviews performed with residents and their relatives about oral health care. The assessments were made at baseline and at an 18-month follow-up. The project was conducted as a longitudinal, controlled study with an intervention and a control group. The aim of the study was to evaluate differences between the intervention and control group after oral health care intervention. At follow-up, it was shown that the intervention group had established more dental contacts. However, the results also indicated that the residents were not concerned about their oral health. Nursing staff therefore have to be responsible for oral health care if improved care for residents is to be realized

Sykehjem og ulike forhold som berører medisinering

508. Bergman A, Olsson J, Carlsten A, Waern M, Fastbom J. Evaluation of the quality of drug therapy among elderly patients in nursing homes. Scand J Prim Health Care 2007;25(1):9-14.
Abstract: OBJECTIVE: To evaluate drug therapy quality among elderly nursing home residents. Secondary aims were to compare quality in young and old elderly and to determine whether number of prescribers affected quality of drug therapy. DESIGN: A cross-sectional population-based register study. SETTING: Nursing home residents in the Gothenburg area using the multi-dose system (e.g. patients who get their drugs machine dispensed into one unit for each dose occasion, a service offered by the National Corporation of Pharmacies). SUBJECTS: All nursing home residents aged 65 years and older. MAIN OUTCOME MEASURES: The quality of drug therapy assessed using five quality indicators for the elderly recently introduced by the Swedish National Board of Health and Welfare; number of prescribed drugs per resident. RESULTS: Over 70% of residents had one or more potentially inappropriate prescription. Younger nursing home residents (65-79 years) had significantly ($p < 0.001$) lower quality of drug therapy than older residents (80 +). The average number of prescribing physicians per resident was high at almost four per resident. An increasing number of prescribers per resident was associated with a higher number of drugs prescribed and a lower quality of drug therapy. CONCLUSION: Computerized quality assurance systems can provide support for healthcare providers. Quality indicators should be modified to give maximum support for users

509. Kersten H, Ruths S, Wyller TB. [Pharmacotherapy in nursing homes]. Tidsskr Nor Laegeforen 2009;129(17):1732-5.
Abstract: BACKGROUND: There is a high risk of drug-related problems in nursing homes due to polypharmacy, multi-morbidity and age-related changes. We describe the drug use and compare the pharmacotherapy in two nursing homes with different staffing of physicians. MATERIAL AND METHODS: We included 48 long-term patients from two nursing homes in Oslo; i.e. nursing home A (24 patients) and nursing home B (24 patients). A pharmacist recorded information on patients' drug use, identified and classified drug-related problems, and classified the drugs used according to their anticholinergic burden. Two physicians (with experience in geriatrics and nursing home medicine) assessed the clinical importance of

the drug-related problems independently from each other. The physicians were blinded with respect to which nursing home the patients came from. RESULTS: Patients in nursing home A used a median (interquartile range [IQR]) of 7.0 (5.3-11.0) drugs, and those in nursing home B used 9.5 (8.0-12.8); the median difference was 2.0, 95% CI 1.0-4.0, p = 0.006). Patients also had lower anticholinergic drug scores in nursing home A (1.0 [0.0-2.0]) than in nursing home B (2.0 [2.0-3.8]); median difference 1.0, 95% CI 0.0-2.0, p = 0.009). Patients in home A also had lower numbers of drug-related problems (3.0 [2.0-4.0]) than those in home B (5.5 [3.3-8.0]); median difference 1.0, 85% CI 0.0-3.0, p = 0.007. No significant differences were found between the nursing homes with regard to patients' age, co-morbidity, kidney function, or dementia state, but nursing home A had a better staffing of physicians. INTERPRETATION: The number of drugs used as well as the quality indicators varied considerably between the nursing homes assessed. Differences in physician staffing might be one reasonable explanation. Our study highlights the importance of systematic multidisciplinary medication reviews for quality improvement in nursing homes

510. Kirkevold Ö. Bruk av tvang i norske sykehjem. Demens 2005;9(4):20-1

511. Kirkevold Ö. Bruk av tvang i norske sykehjem. Overgrep eller nödvendig del av god omsorg? Utposten 2007;36(6):11-4

512. Nygaard HA, Ruths S, Straand J, Naik M. Not less but different: psychotropic drug utilization trends in Norwegian nursing homes during a 12-year period. Aging Clin Exp Res 2004;16(4):277-82.
Abstract: BACKGROUND AND AIMS: The use of psychotropic drugs in nursing homes is generally considered to be inappropriately high. The aim of the present survey was to compare psychotropic drug use in nursing homes (NHs) in 1985 relative to 1996/97, and to explore predictors for this drug use. METHODS: Cross-sectional study. Mental capacity was assessed by means of the Clinical Dementia Rating scale (CDR), and behavior registered by trained nurses. Scheduled, daily use of psychotropic drugs among long-term care residents in 1985 (N=1247) and 1996/97 (N=1035) was recorded. Bivariate analyses and logistic regression analyses were applied to establish predictors for psychoactive drug use. RESULTS: From 1985 to 1996/97, the proportion of residents using any psychotropic drug increased from 52 to 57%. Antipsychotic drug use decreased from 33 to 22%, while anxiolytics increased from 11 to 16%, hypnotics from 11 to 14%, and antidepressants from 12 to 31%. Psychotropic drug use was predominantly associated with behavioral symptoms and not with mental impairment. Concurrent use of two or more psychotropic drugs increased from 23 to 32% of all psychotropic users. CONCLUSIONS: During the study period, a substantial decline in the use of antipsychotics was observed, but a generally increased overall use of psychotropic drugs, particularly antidepressants. Psychotropic drug treatment was mainly associated with behavioral symptoms

513. Ruths S, Straand J, Nygaard HA, Hodneland F. Drug treatment of heart failure--do nursing-home residents deserve better? Scand J Prim Health Care 2000;18(4):226-31.
Abstract: OBJECTIVE: To describe and assess drug treatment of heart failure (HF) in nursing-home residents. DESIGN: Descriptive cross-sectional study. Individual patient information was obtained from the medical records and drug-dispensing cards. SETTING: Nursing homes in Bergen, Norway. MAIN OUTCOME MEASURES: Demographic data, diagnostic data (main diagnoses, diagnostic indications for the drugs used), medications (drugs, dosage and duration of use). RESULTS: Data were gathered from 23 of 27 obtainable institutions representing 1552 residents (86% of the Bergen nursing-home population); 469 (30%) of the residents used drugs for HF, the majority of whom (293 patients) were treated with furosemide only. Supplementary angiotensin-converting enzyme (ACE) inhibitors (predominantly in subtarget doses) were provided to 17% of the HF patients. About one out of four used drug combinations which we considered to be potentially harmful for HF patients. CONCLUSIONS: ACE inhibitors are probably under-utilised for HF in nursing-home residents. Potentially harmful drug combinations commonly occur. Both diagnosis and drug treatment for HF should be challenged in the nursing-home setting

514. Ruths S, Straand J, Nygaard HA. Multidisciplinary medication review in nursing home residents: what are the most significant drug-related problems? The Bergen District Nursing Home (BEDNURS) study. Qual Saf Health Care 2003;12(3):176-80.
Abstract: AIM: Based on a multidisciplinary review of drug use in nursing home residents, this study aimed to identify the most frequent clinically relevant medication problems and to analyse them according to the drugs involved and types of problems. METHODS: Cross sectional study auditing drug use by 1354 residents in 23 nursing homes in Bergen, Norway. Data were collected in 1997. A physician/pharmacist panel performed a comprehensive medication review with regard to indications for drug use and active medical conditions. The drug related problems were subsequently classified according to the drugs involved and types of problems (indication, effectiveness, and safety issues). RESULTS: 2445 potential medication problems were identified in 1036 (76%) residents. Psychoactive drugs accounted for 38% of all problems; antipsychotics were the class most often involved. Multiple psychoactive drug use was considered particularly problematic. Potential medication problems were most frequently classified as risk of adverse drug reactions (26%), inappropriate drug choice for indication (20%), and underuse of beneficial treatment (13%). CONCLUSIONS: Three of four nursing home residents had clinically relevant medication problems, most of which were accounted for by psychoactive drugs. The most frequent concerns were related to adverse drug reactions, drug choice, and probable undertreatment

515. Ruths S, Straand J, Nygaard HA. Psychotropic drug use in nursing homes--diagnostic indications and variations between institutions. Eur J Clin Pharmacol 2001;57(6-7):523-8.
Abstract: OBJECTIVE: Psychotropic drug use among nursing home residents with regard to diagnostic indications and patient- and institution characteristics was analysed. METHODS: A cross-sectional study of medication data from 1552 residents at 23 nursing homes in Bergen, Norway, was performed. Psychotropic drug use (neuroleptics, anxiolytics, hypnotics, antidepressants, and two sedative antihistamines) was analysed with regard to prevalence, diagnostic indications, duration of use, and general patient- and institution characteristics. RESULTS: Psychotropic drugs were taken on a daily schedule by 59% of all

residents, most commonly as long-term treatment. Antidepressants (in 70% selective serotonin re-uptake inhibitors) were used by 31%, neuroleptics by 23%, and benzodiazepines by 22% of all the residents. Neuroleptics were given for non-psychotic behavioural and psychological symptoms in 66% of the cases. Sleeping disorders were most commonly treated with long-acting benzodiazepine hypnotics. Psychotropic drug use decreased with increasing patient age. Drug use patterns varied greatly between the different nursing homes: the prevalence of neuroleptic use varied from 0 to 61% of the residents, and antidepressant use varied from 10 to 63%. In nursing homes providing relatively more physician staff time, the residents were more likely to use antidepressants. CONCLUSIONS: Psychotropic drugs are used by a majority of nursing home residents as long-term symptomatic treatment. The great variations between the institutions can only to a small extent be explained by quantitative differences between the institutions

516. Ruths S. Evaluation of prescribing quality in nursing homes based on drug-specific indicators: The Bergen district nursing home (BEDNURS) study. Norsk Epidemiologi 2008;18(2):173-8.
Abstract: Objectives: To examine prescribing quality among nursing home patients. Methods: A cross sectional study in 23 nursing homes, based on drug charts. The evaluation of prescribing quality was based on selected drug-specific indicators established by the Swedish National Board of Health and Welfare. Logistic regression analysis was used to examine associations between prescribing indicators and predictors related to patient (age, gender, drug number) and institution (nurse and physician staff time) characteristics. Results: A total of 1513 nursing home patients (76% women, mean age 85 years) were included in the study. On average, the patients used 5.1 (SD 2.5) standing medications. Laxatives were most commonly used (58%), followed by loop-diuretics (35%), antidepressants (31%), and anti-thrombotic agents (27%). Altogether 850 (56%) patients used at least one potentially inappropriate prescription (PIP), including long-term use of contact laxatives without proper indication (25%), long-acting benzodiazepines (17%), and anticholinergic drugs (16%). The number of drugs used was the most important determinant for any PIP as well as for all individual indicators ($p<0.001$). Relatively younger patients were more likely to receive any PIP, and in particular anticholinergic drugs, multiple psychotropic drugs, and interacting drugs ($p<0.05$). Conclusion: Prescribing quality assessment by use of drug-specific indicators revealed great potentials for improving drug therapy in Norwegian nursing homes

517. Rytter E, Nakken KO, Morch-Reiersen LT, Efjestad A, Selvig K. [Use of antiepileptic drugs in nursing home residents]. Tidsskr Nor Laegeforen 2007;127(9):1185-7.
Abstract: BACKGROUND: Epilepsy is prevalent in elderly above 65 years of age, and treating epileptic seizures in this age group may be challenging. The aim of this study was to establish the prevalence of epilepsy and the use of antiepileptic drugs in nursing homes in two counties close to Oslo. MATERIAL AND METHODS: The two counties Asker and Baerum have 155,000 inhabitants and 19 nursing homes. The prescription charts of 1053 nursing home residents were examined in January 2005; for those who used antiepileptic drugs the medical records were also examined. RESULTS: 116 of the 1053 residents (11%) used antiepileptic drugs; 83 of the 116 (72%) due to epilepsy. 17 residents used antiepileptic drugs against pain, and 14 as psychotropic drugs. 92 residents (79%) were using antiepileptic drugs on a regular basis; 77 used one antiepileptic drug, 14 residents used two such drugs and one resident used four antiepileptic drugs. In 77% of the prescriptions, older antiepileptic drugs were prescribed, and slow-release formulations were seldom used. 24 of the residents reported side effects caused by antiepileptic drugs; sedation and dizziness being the most common. The last year, therapeutic drug monitoring was performed in 42%. Average number of drugs used, including antiepileptic drugs, was seven (range 1-16). In the epilepsy population 69 (83%) had a symptomatic, localization-related epilepsy. Cerebrovascular disease was the cause of epilepsy in 44 patients (53%). INTERPRETATION: Antiepileptic drug treatment and care for nursing home residents with epilepsy are suboptimal and could be improved

518. Selbaek G, Kirkevold O, Engedal K. Psychiatric and behavioural symptoms and the use of psychotropic medication in Special Care Units and Regular Units in Norwegian nursing homes. Scand J Caring Sci 2008;22(4):568-73.
Abstract: BACKGROUND: In a number of countries Special Care Units (SCUs) have been established to meet the particular needs of patients with dementia. The criteria for SCUs are poorly defined and often not met. AIM: To assess the frequency distributions of dementia, psychiatric and behavioural symptoms and the use of psychotropic medication in SCUs and Regular Units (RUs) across different regions. METHODS AND MATERIAL: By means of a structured interview, comprising the Neuropsychiatric Inventory, the Clinical Dementia Rating Scale and Lawton's Physical Self-maintenance scale, a representative sample of 1163 nonselected nursing home patients was assessed. In addition, information was collected from the patients' records. RESULTS: Overall SCU patients were significantly more likely to be younger, to have higher level of functioning, to have dementia, to exhibit clinically significant psychiatric and behavioural symptoms and to receive psychotropic medication. There were significant differences across regions in terms of psychiatric and behavioural symptoms and the use of psychotropic medication. The ratio of accommodation in SCUs to that in RUs varied across the regions. CONCLUSION: Patients in SCUs and patients in RUs are distinct nursing home populations. Regional differences, which might be due to diverse ratios of SCUs, are evident

519. Selbaek G, Kirkevold O, Engedal K. The course of psychiatric and behavioral symptoms and the use of psychotropic medication in patients with dementia in Norwegian nursing homes--a 12-month follow-up study. Am J Geriatr Psychiatry 2008;16(7):528-36.
Abstract: OBJECTIVE: This study investigates the natural course of neuropsychiatric symptoms and the concomitant use of psychotropic medication among a large and representative sample of nursing-home patients with dementia. METHOD: The authors performed two data collections with structured interviews in a 1-year follow-up cohort-study including 26 nursing homes in four counties in two Norwegian health regions. The main outcome measures were baseline and follow-up frequencies, persistence and incidence of neuropsychiatric symptoms, and the change in neuropsychiatric symptoms with regard to the use of psychotropic medication. RESULTS: At baseline a representative sample of 1,163 nursing-home patients participated, of whom 933 had dementia. At the follow-up interview after 1 year, 633 of the pa-

tients who had dementia at baseline were assessed. Clinically significant neuropsychiatric symptoms were exhibited by 84% of patients with dementia at the baseline or follow-up interviews. Overall persistence of symptoms was 79%. Individual symptoms, such as depression (58%), delusions (56%), and agitation/aggression (47%) had resolved at a high rate. Persistent use of antidepressants (79%), antipsychotics (75%), or any psychotropic drug (88%) was common. There were no differences between users and nonusers of antipsychotics or antidepressants regarding the course of psychosis, agitation, or depression over the 1-year observation period. CONCLUSION: Neuropsychiatric symptoms are ubiquitous in nursing home patients with dementia. Overall the symptoms are chronically present, whereas individual symptoms often show an intermittent course. Long-term use of psychotropic medication is extensive. Uncertainty about treatment effects emphasizes the need for further treatment trials

520. Sommer OH. Psykofarmaka på sykehjem - tenk bivirkninger! Demens & Alderspsykiatri 2007;11(4):8-13

521. Tobias DE. Medication-related problems in nursing homes. Consult Pharm 2004;19(7):629-30.

522. Tobiassen T, Berild D, Hjortdahl P. Use of antibiotics in a Norwegian nursing home; a one-year survey. Tidsskr Nor Laegeforen 2002;122(24):2376-8.
     Abstract: Background. The population in the industrialised world is ageing; this brings an increase in the nursing home population. Material and methods. In a 175-bed Norwegian nursing home a retrospective analysis was done by a manual search of all patient records for the year 1998, to establish the use of all systemic antibiotics that year. Results. Out of 223 residents, 111 (50%) received 239 antibiotic treatments during the year. An average of 4.5% of the residents received antibiotics at any one time. Urinary tract infections accounted for 50% of antibiotics use followed by lower respiratory tract infections (27%) and skin and soft-tissue infections (11%). Trimetoprim and penicillin V accounted for 56% of the antibiotics used. Interpretation. The choice of antibiotics was by and large in accordance with national guidelines for use of antibiotics in primary care. There is a need for further studies in order to develop consensus criteria for rational use of antibiotics in nursing homes

523. Valen-Sendstad A, Ro OC, Laake K. [Medical rehabilitation in nursing home--effects on functional outcome and use of the services]. Tidsskr Nor Laegeforen 2000;120(6):678-81.
     Abstract: BACKGROUND: Improved functioning is a primary objective in nursing homes. MATERIAL AND METHODS: A total of 146 patients participated in the study, 116 for rehabilitation and 30 for respite care. 122 were admitted from home, 23 from hospital and one from a full-time care facility. The mean age was 78. The multi-disciplinary team consisted of a geriatrician, registered nurses and auxiliary nurses, an occupational therapist, a physical therapist and a speech therapist. Assessments were made before admission and about two months after discharge. The mean number of days in the nursing home was 35 (28-42 days). RESULTS: A total of 141 were able to resume living at home, whereas five were discharged to permanent care in a nursing home. At the follow-up, gait was improved for 23, was unchanged for 121, and had deteriorated in two ($p < 0.001$). Of the 21 patients who had been confined to wheelchairs or were bedridden, eight were now able to walk. Regarding change in ADL functions, only personal hygiene reached statistical significance ($p < 0.05$). Perceived global coping was improved for rehabilitation patients ($p = 0.05$). No significant changes in mental functioning or in the use of nursing services were found. The average number of hours of home help was reduced from 3.3 to 2.7 a week ($p = 0.01$). INTERPRETATIONS: The most notable effects were improved mobility and decreased dependence on home-help services

524. Wannebo W. Tablettknusing i sykehjem - en sikkerhetsrisiko for pasienten? Sykepleien Forskning 2009;4(1):6-15

Sykehjem, faktorer som kan berører kvaliteten på pasientens opphold

525. Bergland A, Kirkevold M. Resident-caregiver relationships and thriving among nursing home residents. Res Nurs Health 2005;28(5):365-75.
     Abstract: The purpose of this study was to describe nursing home residents' experiences and perceptions of relationships with caregivers and to explore their importance to thriving. Data were collected through field observations and open-ended interviews with 26 residents. Receiving appropriate care from kind caregivers made life easier for all residents but contributed to thriving only for some. One group of residents emphasized personal relationships to individual caregivers as essential to thriving. A second group reported that non-personal relationships contributed to thriving. A third group preferred distant relationships to the caregivers but reported thriving as well. Personal relationships to individual caregivers were not essential to thriving for all residents.

526. Bergland A, Kirkevold M. The significance of peer relationships to thriving in nursing homes. J Clin Nurs 2008;17(10):1295-302.
     Abstract: AIM AND OBJECTIVE: The purpose of this qualitative study was to describe nursing home residents' perceptions of the significance of relationships with peer residents to their experience of thriving. BACKGROUND: Interactions between nursing home residents are limited. Knowledge about the importance of peer interactions to the residents' experiences of thriving is scarce. DESIGN AND METHOD: The study had a descriptive exploratory design and included 26 mentally lucid residents in two nursing homes. Data collection methods included field observation and interviews. RESULTS: To contribute to an experience of thriving, peer relationships had to be experienced as positive and meaningful. A personal relationship to peer residents was not essential to an experience of thriving among all the residents. Some of the thriving residents who had not managed to establish a personal relationship expressed wishes for being involved with peers. The caregivers' role as facilitators in the development of meaningful

interactions contributing to thriving was essential. CONCLUSIONS: Nursing home residents have varied wishes, expectations and capacity to interact with peer residents and the significance of peer relationships to thriving also vary. A personal relationship to peer residents is not essential to the experience of thriving among all residents. RELEVANCE TO CLINICAL PRACTICE: Caregivers in nursing homes have a great impact on how social gatherings intended to develop positive peer interactions and on whether the social gatherings fulfil their intentions. Skilled caregivers can secure pleasant and meaningful social gatherings in nursing homes contributing to an experience of thriving

527. Bergland A, Kirkevold M. Thriving in nursing homes in Norway: contributing aspects described by residents. Int J Nurs Stud 2006;43(6):681-91.
Abstract: BACKGROUND AND OBJECTIVES: Knowledge about residents' perception of what contributes to well-being and thriving in nursing homes is scarce. The aim of this study was to investigate mentally lucid residents' perspective on what contributes to thriving in a nursing home. DESIGN: A qualitative study with a descriptive-exploratory design. SETTINGS: Two nursing homes in Norway. PARTICIPANTS: 26 mentally lucid nursing home residents. METHODS: Data collection comprised participant observation and open-ended interviews. RESULTS: Two core aspects contributing to thriving were identified: The residents' attitude towards living in a nursing home and the quality of care and caregivers. The residents' attitude was the innermost core aspect. Five additional aspects contributing to thriving were identified: Positive peer relationships, participation in meaningful activities, opportunities to go outside the ward or nursing home, positive relationships with family, and qualities in the physical environment. CONCLUSION: Several factors contribute to an experience of thriving. The findings challenge the 'traditional' passive role of residents by documenting their active contributions to their level of thriving in a nursing home

528. Borge L, Martinsen EW, Ruud T, Watne O, Friis S. [Quality of life, loneliness and social contacts among persons with long-term mental illness]. Tidsskr Nor Laegeforen 2000;120(1):52-5.
Abstract: Chronic long-term patients who were residents in psychiatric nursing homes at a given point in time were traced six years later. Over this period, there had been deep cuts in the number of psychiatric beds in the county in question; we wanted to assess how the patients now perceived their quality of life. All 107 patients were traced; of the 75 who were still alive, 74 took part in the study and were visited at their place of residence. 42 patients, mean age 56.9 years, were able to respond to personal questions regarding social contact, loneliness and quality of life. Health care providers were the most important persons in the patients' networks. Most patients reported a satisfactory quality of life; those who lived outside institutions (N = 21) tended to be more satisfied than those in residential care, they were more socially active and had better contact with their families. The variables loneliness, satisfaction with neighbourhood and leisure activities explained 63% of the variance in quality of life

529. Drageset J, Eide GE, Nygaard HA, Bondevik M, Nortvedt MW, Natvig GK. The impact of social support and sense of coherence on health-related quality of life among nursing home residents--a questionnaire survey in Bergen, Norway. Int J Nurs Stud 2009;46(1):65-75.
Abstract: BACKGROUND AND OBJECTIVES: Few studies have examined the association between social support and health-related quality of life (HRQOL) among nursing home residents and whether the sense of coherence (SOC) modifies the effect of social support on health-related quality of life. The main aims of this study were to determine the relationship between social support and HRQOL and to investigate whether the SOC modifies the effect of social support on HRQOL. DESIGN: A cross-sectional, descriptive, correlational design. SETTINGS: All 30 nursing homes in Bergen in western Norway. PARTICIPANTS: Two hundred and twenty-seven mentally intact long-term nursing home residents 65 years and older. METHODS: Data were obtained through face-to-face interviews using the SF-36 Health Survey, Social Provisions Scale and Sense of Coherence Scale. Possible relationships between the Social Provisions Scale and the eight SF-36 subdimensions were analysed using multiple linear regression while controlling for age, sex, marital status, education and comorbid illness. Interactions between the Sense of Coherence Scale and Social Provisions Scale were investigated. RESULTS: Attachment affected the mental health subdimension (p=0.001), opportunity for nurturance affected social functioning (p=0.003) and reassurance of worth affected vitality (p=0.001) after adjustment for demographic variables and comorbid illness. After the analysis included the sense of coherence, nurturance still significantly affected social functioning and reassurance of worth still significantly affected vitality. No interaction with sense of coherence was found, and sense of coherence significantly affected all SF-36 subdimensions. CONCLUSIONS: The opportunity to provide nurturance for others appears to be important for social functioning, and sense of competence and sense of self-esteem appear to be important for vitality. Further, the residents' relationships with significant others comprise an important component of mental health. Finally, independent of the level of sense of coherence, social support is an important resource for better health-related quality of life. Clinical nurses should recognize that social support is associated with health-related quality of life and pay attention to the importance of social support for the residents in daily practice

530. Drageset J, Natvig G, Eide G. Health-related quality of life among old residents of nursing homes in Norway. Int J Nursing Practice 2009;15:(5):455-66.
Abstract: Research in Norway on the health-related quality of life (HRQoL) of nursing homes residents aged 65 or over. The Short-Form-36 Health Survey subscales were used to assess socio-demographic variables, medical factors and HRQoL, including physical and social functioning, pain, general and mental health and vitality. Differences according to age, gender and socioeconomic factors were analysed. 44 refs

531. Drageset J, Natvig GK, Eide GE, Clipp EC, Bondevik M, Nortvedt MW, et al. Differences in health-related quality of life between older nursing home residents without cognitive impairment and the general population of Norway. J Clin Nurs 2008;17(9):1227-36.
Abstract: AIM: To advance the understanding of health-related quality of life among older nursing home residents by assessing their health-related quality of life and comparing this with norms from the general population. METHODS: The study used a two-group cross-sectional comparative design. The samples

comprised 227 nursing home residents aged 65-102 years with at least six months' residence and a representative population sample of 1137 Norwegian citizens aged 65-102 years. All nursing home residents had a Clinical Dementia Rating Scale score > or =0.5 and were capable of conversing. The respondents provided demographic information and were surveyed using the SF-36 Health Survey. We used univariate and multivariate linear models to identify possible differences in health-related quality of life between the nursing home residents and the general population, controlled for age, sex, marital status and education. RESULTS: After adjustment for age, group, sex, marital status and education, the nursing home residents scored significantly higher on bodily pain and on physical and emotional role limitation and significantly lower on the other SF-36 subscales, except social functioning, with the largest differences for physical functioning (mean nursing home 23.2 and mean general population 62.9). The general population scores on all subscales generally increased with increasing education but not among the nursing home residents. CONCLUSIONS: The mean SF-36 scale scores differed markedly between the nursing home residents and the general population, with the nursing home residents generally scoring lower. The association with background variables known to be related to health-related quality of life differed between the groups. Healthcare professionals should increase attention to health-related quality of life among nursing home residents, periodically assess health-related quality of life and consider interventions that may improve health-related quality of life in older institutionalised populations. RELEVANCE TO CLINICAL PRACTICE: This study highlights the role of nurses and other health professionals in ensuring that nursing home residents have opportunities to improve their health-related quality of life

532. Drageset J, Nygaard HA, Eide GE, Bondevik M, Nortvedt MW, Natvig GK. Sense of coherence as a resource in relation to health-related quality of life among mentally intact nursing home residents - a questionnaire study. Health Qual Life Outcomes 2008;6:85.
Abstract: BACKGROUND: Sense of coherence (SOC) is a strong determinant of positive health and successful coping. For older people living in the community or staying in a hospital, SOC has been shown to be associated with health-related quality of life (HRQOL). Studies focusing on this aspect among nursing home (NH) residents have been limited. This study investigated the relationship between SOC and HRQOL among older people living in NHs in Bergen, Norway. METHODS: Based on the salutogenic theoretical framework, we used a descriptive correlation design using personal interviews. We collected data from 227 mentally intact NH residents for 14 months in 2004-2005. The residents' HRQOL and coping ability were measured using the SF-36 Health Survey and the Sense of Coherence Scale (SOC-13), respectively. We analyzed possible relationships between the SOC-13 variables and SF-36 subdimensions, controlling for age, sex, marital status, education and comorbidity, and investigated interactions between the SOC and demographic variables by using multiple regression. RESULTS: SOC scores were significantly correlated with all SF-36 subscales: the strongest with mental health (r = 0.61) and the weakest with bodily pain (r = 0.28). These did not change substantially after adjusting for the associations with demographic variables and comorbidity. SOC-13 did not interact significantly with the other covariates. CONCLUSION: These findings suggest that more coping resources improve HRQOL. This may indicate the importance of strengthening the residents' SOC to improve the perceived HRQOL. Such knowledge may help the international community in developing nursing regimens to improve HRQOL for older people living in NHs

533. Drageset J. The importance of activities of daily living and social contact for loneliness: a survey among residents in nursing homes. Scand J Caring Sci 2004;18(1):65-71.
Abstract: The aim of this study was to examine associations between functional ability to perform basic activities of daily living (ADL) functions (feeding, continence, going to the toilet, transferring from bed to chair, dressing and bathing), social contacts with family and friends/neighbours and emotional and social loneliness. A quantitative research approach, using a survey design, was performed. The sample comprised 113 subjects aged 65-101 years, living in nursing homes. Data were gathered through structured interviews by using the following measures: the modified Katz Index of ADL, the Revised Social Provisions Scale (SPS), and Family and Friendship Contacts Scale. Descriptive statistics, factor analyses, multiple correlation analyses and multiple regression analyses were used. Data showed a statistically significant relationship between dependence on the environment in carrying out ADL and low level of social loneliness. Likewise, high frequencies of social contact with sons, daughters and grandchildren had a statistically significant effect on low level of social loneliness. A confirmatory factor analysis (varimax rotation, eigenvalue 1.0) was employed to explore the two predefined dimensions (attachment and social integration) of the SPS. The results confirmed, to a very high degree, the two dimensions of the Weiss Model. Reliability (internal consistency), measured by Cronbach alpha, was 0.85 and 0.92, for attachment and social integration respectively. Based on this analysis, dependence in ADL function is important for a low level of social loneliness. From the present study it is concluded that ADL (feeding, continence, going to the toilet, transferring from bed to chair, dressing and bathing) and contact with a social network have a statistical effect on a low level of social loneliness. Hence, such associations may be of significance in nursing intervention and may influence the well-being of residents in nursing homes in different stages of life

534. Eika M. Samvaersfellesskap i sykehjem. Sykepleien 2007;95(18):74-5

535. Ellefsen B. Dependency as disadvantage - patients' experiences. Scand J Caring Sci 2002;16(2):157-64.
Abstract: Dependency as disadvantage - patients' experiences This is an empirical qualitative study of the dependent community patient. The investigation raises the question of what it is like to be a highly dependent patient and how they relate to the situation. A non-probability, volunteer sample was selected from home nursing patients in a large town in Norway. The data were collected through in-depth interviews with 15 patients in their home using a semistructured interview guide. A constant comparative approach was used for analysing data. The results show that dependency has disadvantages like constraints and burdens in daily life. The patient adjusts both in a reactive and proactive way. The constraints are apparent through reduced autonomy in daily life and limited possibilities for negotiation. The burden is demonstrated through uncertainty within the encounter situation, low esteem, and loss of privacy. Adjust-

ment is made through planning, guidance of the carer, acceptance of the situation, positive self-image and by protection of family and carer, and placing blame on the bureaucracy. The patient reacts in a more passive, reactive way regarding circumstances connected to the health care system and in a more proactive way by trying to influence the situation in the interaction in the private sphere of the patient's home

536. Frandin K, Borell L, Gronstedt H, Bergland A, Helbostad JL, Puggaard L, et al. A Nordic multi-center study on physical and daily activities for residents in nursing home settings: design of a randomized, controlled trial. Aging Clin Exp Res 2009;21(4-5):314-22.
Abstract: BACKGROUND AND AIMS: Nursing home residents constitute a frail, multi-diseased and heterogeneous group. As physical activity is essential for the preservation of function, personalized training and activities are of great importance. The main objective of this study was to describe the influence of an individually tailored intervention program, in a nursing home setting, on physical capacity, degree of dependence in Activities of Daily Living (ADL), long-term participation in physical and/or daily activities, and self-rated wellbeing. The aim of the present work is to describe the overall design of the study. METHODS: Nursing homes in Sweden, Norway and Denmark were involved, and 322 residents were randomized to either Intervention or Control groups. The intervention lasted for three months and consisted of physical and daily activities, led by physiotherapists and occupational therapists, and was built on their evaluations and on the goals expressed by each resident. Tests of muscle strength, mobility, balance function and confidence, ADL, level of physical activity, wellbeing and cognitive function were performed at baseline, directly after the intervention period and three months later. RESULTS: They will be presented in articles to follow. CONCLUSIONS: Although it is a great challenge to carry out an intervention study directed toward such a frail population, it is of great interest to find out whether individually tailored and enhanced activities can lead to decreased dependence in ADL and increased wellbeing

537. Hauge S, Kristin H. The nursing home as a home: a field study of residents' daily life in the common living rooms. J Clin Nurs 2008;17(4):460-7.
Abstract: AIM: This Norwegian-based study investigates how and to what extent the idea of the nursing home as a home has been realized. BACKGROUND: For the last two decades, Norway, as other Western Country has had an explicit national policy that nursing homes should become more like homes. The research literature indicates that residents in nursing home seem to lack the opportunities to maintain a private sphere. DESIGN: A field study design was conducted. METHODS: Data were collected in 1999 in two long-term units in a traditional nursing home by using participant observation and interviewing the residents. A phenomenological hermeneutic analysis strategy was used to get an impression of the residents' everyday life. RESULTS: The residents spend most of their time in the common living room. The common living room has an ambiguous boundary between the public and private spheres, unlike the clear boundaries characterizing a home. The relationship among the residents is fragile, and the residents who can, withdraw from the common living room. CONCLUSIONS: Despite having single rooms and more home-like interior decoration, the residents in nursing home still have reduced opportunity to develop a private everyday lifestyle. The long-term unit examined in this research had a forced relationship between the residents, and the residents with best health resources systematically withdraw from the common area to control both where and with whom they wish to spend their time. RELEVANCE TO CLINICAL PRACTICE: This study lays the foundation for rethinking daily routines in long-term units in nursing homes. One way to realize the idea of the nursing home as a home could be to define the living room as a clear public area and to give the residents a chance to develop a more private lifestyle by alternating between their private rooms and a public common living room

538. Kirkevold M. Relasjon mellom pasient og personale - en forutsetning for verdig omsorg i sykehjem. Omsorg: Nordisk Tidsskrift for Palliativ Medisin 2001;18(4):36-40

539. Lundby IH. Systemrevisjon. Noen etiske refleksjoner etter et av fylkeslegens tilsynsbesök på sykehjem. Utposten 2000;29(2):24-31

540. Wressle E, Eeg-Olofsson A-M, Marcusson J, Henriksson C. Improved client participation in the rehabilitation process using a client-centred goal formulation structure. J Rehabil Med 2002;34(1):5-11.
Abstract: The aim was to evaluate whether the use of a client-centred instrument, the Canadian Occupational Performance Measure (COPM), affects the patients' perception of active participation in the rehabilitation process. The study included 155 patients in the experiment group and 55 in the control group, within geriatric, stroke, and home rehabilitation. The COPM was used in the experiment group. A structured interview was performed within 2-4 weeks after discharge with 88 patients in the experiment group and 30 patients in the control group. The results show significant differences between the groups. More patients in the experiment group perceived that treatment goals were identified, were able to recall the goals, felt that they were active participants in the goal formulation process, and perceived themselves better able to manage after completed rehabilitation compared with patients in the control group. The study indicates that the COPM improves client participation in the rehabilitation process

Betydning for ansatte

Institusjoner, ikke pasientens hjem eller på sykehjem.

541. Helseth S. Help in times of crying: nurses' approach to parents with colicky infants. J Adv Nurs 2002;40(3):267-74.
Abstract: BACKGROUND: Colic, a condition that is well known to parents and nurses working in child health centres, is characterized by excessive crying. However, the criteria for defining colic are vague, there is no agreed definition and no effective treatment exists. Even though there is no cure for colic, nurses in child health centres have to deal with the condition as parents bring their crying infants to them. AIM: To develop an understanding of how nurses deal with infant colic/excessive crying, how the parents perceive nurses' contribution, and whether nursing makes a difference to the situation or not. ETHICAL ISSUES AND APPROVAL: The project was reviewed and approved by the Research Ethics Committee in Norway where the study was carried out. METHODS: The design is explorative, and data were collected through qualitative in-depth interviews with nurses and parents of crying infants. The analysis follows the guidelines of Kvale, which imply a phenomenological/hermeneutical mode of understanding. FINDINGS: The primary aim of nursing is to assist parents in their efforts to cope with the challenges of infant colic. Nurses and parents differ to some extent in how they define the problems and the needs of the families. In addition, both parents and nurses question the nurses' knowledge and ability to help in this situation. A relationship with the parents based on trust is fundamental to enable the nurses to achieve their goals, but such a relationship is not always developed. CONCLUSIONS: Even though nursing interventions do not cure infant colic, the amount of crying may be reduced and life made easier for the families if the parents are offered help in coping with the situation. Consequently, this should be the primary aim of nursing when approaching families with a colicky infant

542. Lundstrom M, Saveman BI, Eisemann M, Astrom S. Prevalence of violence and its relation to caregivers' demographics and emotional reactions – An explorative study of caregivers working in group homes for persons with learning disabilities. Scand J Caring Sci 2007;21(1):84-90.
Abstract: The aim of the study was to investigate the prevalence of violence directed towards caregivers working in group homes for persons with learning disabilities, and to examine the relation between violent incidents and caregivers' demographics such as gender, age, years in service, years at the present workplace and education, as well as emotional reactions to violence expressed by the caregivers. A questionnaire was distributed to all caregivers, i.e. Registered Nurses, assistant nurses and nurse's aides, working in group homes for persons with learning disabilities. The results showed that 31% of the caregivers (n = 120) had been exposed to violence during the preceding year with physical violence being the most common type of violence. All categories of caregivers were exposed to violence and emotional reactions were common. Weak relations were found between reported exposure to violence and various demographics among caregivers, such as age and education. Daytime work was the only independent factor in a regression model predicting violence towards the caregivers. Feelings of powerlessness, insufficiency and anger were the most frequently reported emotional reactions elicited by violent situations.

543. Sellstrom E, Bremberg S. Education of staff–a key factor for a safe environment in day care. Acta Paediatr 2000;89(5):601-7.
Abstract: In order to create a safe environment in day-care settings, an understanding of factors within the organization of day care, factors which influence safety, is essential. Day-care directors in 83 daycare centres completed a mail-in survey that contained questions about professional experience, the day-care centre's organization of child safety measures and a battery of questions designed to evaluate the directors' perceptions and beliefs about child safety. The day-care directors also carried out a safety inspection at their centre. The results were analysed using the multivariate logistic regression technique. The existence of a continuing plan for continued staff education in child safety was shown to be the strongest predictor of few safety hazards in day-care centres. The day-care directors' perceptions and beliefs about injury prevention were of less importance. This study indicates that in order to promote safety in day-care settings, an on-going plan for continued staff education in child safety should be a matter of routine. The introduction of such a plan should be the concern of the individual day-care directors, policy-makers and managers at the local and national level, and health professionals working in this field)

544. Stabell A, Naden D. Patients' dignity in a rehabilitation ward: ethical challenges for nursing staff. Nurs Ethics 2006;13(3):236-48.
Abstract: The purpose of this study was to explore the challenges met by nursing staff in a rehabilitation ward. The overall design was qualitative: data were derived from focus interviews with groups of nurses and analyzed from a phenomenological-hermeneutic perspective. The main finding was that challenges emerge on two levels of ethics and rationality: an economic/administrative level and a level of care. An increase in work-load and the changing potential for patient rehabilitation influence the care that nurses can provide in rehabilitating patients, and therefore also affect patients' feelings of self-worth and dignity. Some patients wish to maintain their independence and autonomy, whereas others seem to 'lose themselves'. Independence and autonomy are associated with dignity, but their lack is contrary to it

I pasientens hjem

545. Devroey D, Van C, V, Walckiers D. The added value of the registration of home accidents in general practice. Scand J Prim Health Care 2002;20(2):113-7.
Abstract: Objectives - To determine the number, the nature and the circumstances of home accidents managed in general practices, and to compare the results with the European Home and Leisure Accidents Surveillance System (EHLASS) data. Design - A prospective population survey of all domestic accidents managed in 138 sentinel general practices during 1995/96. Setting - Primary health care. Subjects - In total, 4481 patients were included, of which 58% were female. Main outcome measures - The incidence of domestic accidents managed in general practices; the nature and place of the accident; the nature of the injury; the predisposing factors and related products. Results - The highest incidence of home accidents was measured among children and the elderly. The median age was significantly lower for men (36 years) than for women (54 years). Among women, 74% of all home accidents were the result of a fall. The lesion is often a contusion or wound. Fractures were recorded in 20% of all home accidents. Three-quarters of all fractures involved women, especially older women. Most accidents among women (80%) occurred during motion and housework. Among men, 65% of all home injuries occurred during motion and do-it-yourself jobs. Conclusion - Because of the close relation with most patients and a knowledge of their living conditions, the GP is able to provide more reliable information on the circumstances of accidents than are health care providers in hospitals. The prevention of home accidents should at least partly be based on the results provided by general practitioners

546. Ellefsen B. Changes in health visitors' work. J Adv Nurs 2001;34(3):346-55.
Abstract: AIMS: The purpose of this investigation is to describe Scottish health visitors (HVs) experience of changes in their work and compare these with their Norwegian counterparts. BACKGROUND: The renewed emphasis on community health care, health promotion and illness prevention is a strong reason to focus on health visiting work. Knowledge about changes in practice are of special interest for nursing science as such knowledge could contribute to the development and advancement of the health visiting service. DESIGN: The study used a comparative descriptive design. The data are based upon in-depth interviews with nine HVs from Scotland and 12 HVs from Norway. RESULTS: The results showed similarities as well as differences. HVs in Scotland and Norway experienced changes in work load with decreases in some areas and increases in others, changes in work practice, approaches and techniques with more emphasis on clients' empowerment, and also fewer management positions held by nurses. The differences mainly related to the ways that the health visiting service had specialized and expanded. The aim of Scottish health visiting from 'cradle to grave' service was not adopted by the Norwegian HVs to the same extent. Scottish HVs specialized individually in some areas and used each other's competence to a much greater degree than the Norwegian HVs. CONCLUSIONS: It appeared that the Scottish HVs had found a path where health visiting work aimed at illness prevention and health promotion for everyone was on the way to becoming a comprehensive service and a stronger and more integrated part of the health visiting service. This is a pathway that Norwegian HVs still have to pursue. The qualitative approach and the slightly different samples limited the possibility for generalizations. Further research should address the question of changes and patterns in health visiting work, of how the development came about, and what are the bases for the differences in specialization and expansion of the service. Secondly it should be asked to what degree the development influences the quality of health visiting and consequences for clients, community and health visiting service

547. Ellefsen B. The experience of collaboration: a comparison of health visiting in Scotland and Norway. Int Nurs Rev 2002;49(3):144-53.
Abstract: This investigation compared health visiting in Scotland and Norway by focusing on collaboration in health visiting. The data are based upon in-depth interviews with a non-probability sample, with voluntary participation of nine health visitors from Scotland and 12 health visitors from Norway. The results showed that there were more similarities than differences between the Scottish and Norwegian health visitors' experience of collaboration in their work. Both groups had a complex role-set and experienced dependency on role partners. Collaborative strain was experienced through lack of recognition and system deficiencies. Tensions in collaboration evolved from the definition and question of responsibility in grey areas, jurisdictional threats and conflicts. Within these areas the degree and importance of collaboration differed. The Scottish health visitors were more dependent on client referrals to them and their referrals to other agencies, whereas the Norwegians health visitors experienced an asymmetrical relationship, as they were more dependent on the capacity of the agency to accept the referrals. Lack of recognition seemed to be a stronger experience in Norway than in Scotland. All of this had a marked influence on the performance of the health visitors. Further research should address the question of collaboration in health visiting work and to what degree it influences the quality of health visiting and consequences for clients, the community and health visiting service

548. Eriksen HR, Ihlebaek C, Jansen JP, Burdorf A. The relations between psychosocial factors at work and health status among workers in home care organizations. Int J Behav Med 2006;13(3):183-92.
Abstract: A considerable proportion of sickness absence and disability pension is caused by subjective health complaints, especially low back pain (LBP). In recent years focus has been on psychosocial characteristics of work as potential risk factors. The aim of this study is to examine the relations between psychosocial work aspects and subjective health complaints, LBP, and need for recovery. A total of 779 employees working in home care participated in a cross-sectional study. Higher psychological demands were associated with subjective health complaints and need for recovery. However, decision authority, skill discretion, and the 2 aspects of social support did not seem to be important factors. Higher psychological demands do not seem to be associated with severity of LBP, but does show an association with sick leave

549. Fjelltun AM, Henriksen N, Norberg A, Gilje F, Normann HK. Functional levels and nurse workload of elderly awaiting nursing home placement and nursing home residents: A comparative study. Scand J Caring Sci 2009;23(4):736-47.

     Abstract: The aim of this study was twofold: to compare the functional levels of elderly awaiting nursing home placement and nursing home residents, and to compare their nurses' physical and psychological workloads. In Norway, the demand for nursing home placement has increased greatly. Elderly awaiting placement can receive care from home health care services and/or from their families. Documenting elderly's functional levels may illuminate the extent of the carers' workloads and the need for support during the waiting period. The study was conducted in 2005 on two groups in northern Norway. Using the Multi-Dimensional Dementia Assessment Scale to assess functional levels, one group of nurses assessed elderly awaiting nursing home placement (n = 36) and another group of nurses assessed nursing home residents (n = 47). The nurses also reported physical and psychological workloads in caring for these elderly. A comparison of the functional levels between elderly awaiting nursing home placement and nursing home residents showed few statistically significant differences. Nursing home residents had two lower motor functions, needed more assistance with activities of daily living, more regular administration of enemas, were more often unable to speak, and showed lower orientation levels. Clinically significant similarities were found in five motor functions, including rising from lying to sitting, rising out of bed and walking, and in behavioural and psychiatric symptoms. Both groups of elderly had a high prevalence of sadness and fearfulness. The results of this study indicate that elderly awaiting nursing home placement can be as frail as nursing home residents. These results highlight the elderly's need for assistance and reveal the need for more nursing home beds. Nurses in home health care and nursing homes rated physical and psychological workloads similarly. As many carers provide care 24 hours a day, these results also illuminate the need to support carers during the waiting period

550. Fjelltun AMS, Henriksen N, Norberg A, Gilje F, Normann HK. Nurses' and carers' appraisals of workload in care of frail elderly awaiting nursing home placement. Scand J Caring Sci 2009;23(1):57-66.

     Abstract: AIM: The aim of this study is to describe carers' and nurses' appraisals of workload in care of frail elderly awaiting nursing home (NH) placement. BACKGROUND: Carers' workload of care for frail elderly awaiting NH placement has been studied separately from that of nurses' workload. The literature neither addressed a comparison of carers' and nurses' appraisals of psychological and physical workloads nor the most strenuous factors common to the workloads of both nurses and carers in care of the same elderly person. The terms 'carers' and 'nurses' in this paper refer to informal caregivers and to both enrolled nurses and Registered Nurses respectively, when no particular one is stated. METHOD: The sample comprised 11 nurses and 11 carers paired based on care provided to the same elderly person awaiting NH placement in Norway. Data collected by a workload-scale was analyzed by descriptive statistics. Data collected by individual interviews were analyzed by qualitative content analysis. Carers' and nurses' appraisals of workload were compared and contrasted and most strenuous factors described. FINDINGS: The findings show that both carers and nurses rated workload levels maximum. Carers' highest ratings concerned psychological workload, while nurses' highest ratings concerned physical workload. The workload ratings concerning elderly with advanced dementia disease were most similarly aligned. Qualitative content analysis showed three categories that describe the most strenuous factors common to the workloads of both carers and nurses. These were feeling responsible, burdened and ambivalent. CONCLUSION: This study reports carers' and nurses' appraisals of workload in care of frail elderly awaiting NH placement. The results show many similarities and some differences. These results may help guide policy development to address resource allocations to elderly care. Further research is needed to address workloads of care for elderly awaiting NH placement

551. Heier KF, Olsen VK, Rognstad S, Straand J, Toverud EL. [Healthcare providers' experience with multi-dose packaged medicines]. Tidsskr Nor Laegeforen 2007;127(18):2382-5.

     Abstract: BACKGROUND: To prevent medication errors, community homecare services (CHS) increasingly use multi-dose packaged medicines (MDPM) for their clients. More knowledge is needed on how MDPM affects routines and quality of medication handling in the CHS. MATERIAL AND METHODS: Four CHS districts in a Norwegian community (27 GPs, 121 nurses) participated in the study. Structured questionnaires with some open-ended questions were used during interviews. The questionnaire focused on experience and satisfaction with MDPM as compared to the old system, and on how the MDPM had influenced collaboration between different categories of health personnel. RESULTS: With the MDP-system most nurses and GPs felt that medication control had become easier (CHS 76%, GPs 56%; p = 0.03) and that routines had improved (CHS 84%, GPs 52%; p < 0.001) with the MDP-system. Three of four GPs felt more confident than before about patients receiving the medication they had prescribed (CHS 73%, GPs 78%; p = 0.7). 44% of the GPs felt that they spent more time on prescribing medication with MDPM. INTERPRETATION: MDPM was generally found to improve routines, the quality of medication handling and medication safety. GPs were less content with the arrangement than nurses, probably because they had to collaborate with more CHS districts with different routines for exchanging information. When introducing MDPM in the CHS, explicit and definite orders of responsibility should be established as well as uniform collaboration routines between the GPs, the CHS and the MDPM-providers

552. Helleso R, Lorensen M, Sorensen L. Challenging the information gap--the patients transfer from hospital to home health care. Int J Med Inf 2004;73(7-8):569-80.

     Abstract: The purpose of this paper is to identify the information that nurses in hospitals exchange with nurses in home health care (HHC), and what nurses perceive to be the most significant information to exchange. METHOD: Nurses have an obligation to support and ensure continuity of patient care and to prevent an information gap when patients are transferred from one organizational of health care delivery to another organizational level, for example, from hospital to home health care. In an ongoing prospective study, nurses' pre-electronic nursing discharge note and their assessment of the information it was necessary to exchange at the same time was audited and analyzed. The results show variation in the completeness and content of the nursing discharge note. Nurses' understanding of the scope and content of information to be transmitted varies widely according to the context and the organizational health care level they work within. The implementation of an electronic nursing discharge note creates the opportunity to identify the accurate information elements that must be documented and exchanged between the nurses to ensure patient safety and inter-organizational continuity of care

553. Lindholm M, Nodlycke B, Martensson L. Personal assistants' conceptions of their cooperation in the rehabilitation of disabled persons. Scand J Occup Ther 2005;12(2):72-80.
Abstract: Personal assistants assist persons with severe disability in the performance of their daily activities. The law that covers the right to personal assistance is intended to strengthen the disabled individual's position as a member of society. The aim of the study was to describe personal assistants' conceptions of their cooperation in the rehabilitation of disabled persons. A qualitative method with a phenomenographic approach was used. Six personal assistants were interviewed. Strategic selection of the participants was carried out in order to obtain as wide a variation in conceptions as possible. The results showed that, apart from the factors related to the assistants, factors related to the disabled persons and the environment were of major significance for rehabilitation. The conceptions generated by the study were presented in the form of main categories and subcategories. Four main categories were developed: the meaning of will; the professional role; to consider ability; and awareness of the environment

554. Rasmussen B. Between Endless Needs and Limited Resources: The Gendered Construction of a Greedy Organization. Gender, Work & Organization 2004;11(5):506-25.
Abstract: One of the strategies of the modernization of public services is the decentralization of responsibilities and organizing work in autonomous cooperative teams with varied tasks. The empowerment of the public service workers in the front line is therefore a strategy in local government in Norway today. Under the assumption that women have 'natural' skills in caring, workers on the lowest levels are given responsibility for care and nursing. A study of the decentralization of public care for the elderly in their homes showed that being given interesting tasks and increased responsibility mobilized the efforts of the care workers. However, since the power of resources has been centralized, this has led to an intensification of work. In gendering the relevant discourses by explaining women's experiences of an over-heavy workload as a result of their 'mothering' and their inability to set limits, women care workers were constructed by their managers as unprofessional and not to be taken seriously. This has made the public care organization a greedy organization for the women care workers.

555. Roth Gjevjon E, Helleso R. Comprehensiveness of EPR documentation by home care nurses. Stud Health Technol Inform 2009;146:766-7.
Abstract: Nursing documentation of home health care was audited in a sample of 91 electronic patient records. The audit showed that documentation by home care nurses was unstructured and incomplete in terms of the nursing process. This supports similar findings from earlier research, and prompts questions about the feasibility of the nursing process as a framework for nursing documentation in practice

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Abstract: The purpose of the study was to investigate nurses' priority decisions and the provision of home-based nursing care services. Interviews were conducted with 17 nurses in various positions in this service. The data were interpreted and analyzed according to interpretive hermeneutic methodology. The authors particularly address the nurses' descriptions of the role of the patient and his or her family members for the provision of home-based care. Cooperative patients and family members represent an important resource for care and can make it possible for nurses to provide services for all the patients on an egalitarian basis and to prioritize those who live alone. However, demanding and resourceful patients and family members may "rule" the service at the expense of other patients who also have legitimate care needs--a practice that the nurses describe as unfair. In this article, the authors discuss how a fair and impartial distribution of common benefits can be achieved without some parties being unjustly treated

I sykehjem

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Abstract: BACKGROUND: It is a common belief that physical exercise at the workplace decreases subjective health complaints and reduces sickness absence, but this is not supported by previous randomized studies. AIMS: To evaluate the effectiveness of physical exercise at the workplace. METHODS: One hundred and twenty-nine employees in a community-based nursing home for the elderly were randomized into physical exercise or control groups. A weekly exercise class consisting of light aerobic exercise, muscle strengthening and stretching was held for a 6-month period. The control group was told to continue their ordinary activity. The main outcome measures were aerobic fitness (UKK, walking test), health-related quality of life (COOP/WONCA) and sickness absence. Blinded assessments were carried out at baseline and following the 6-month intervention. Complete sickness absence data were collected from a community register for two comparable 7-month periods. RESULTS: The average number of exercise sessions was 12 (0-26). Self-reported physical activity increased in the intervention group compared with the control group ($P < 0.01$). Aerobic fitness improved in both groups ($P < 0.01$). Mean sickness absence increased from 6.8 to 15.6 days in the exercise group and from 10.4 to 14.5 in the control group. No dif-

ferences between groups were found for aerobic fitness, health-related quality of life or sickness absence. CONCLUSION: The intervention neither improved health-related quality of life nor reduced sickness absence

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Abstract: Nurses working in community psychiatric care are expected to spend time with the residents, in a genuine, professional way, irrespective of their own feelings towards them. Fourteen nurses at two group dwellings in Sweden were interviewed about their experiences when caring for people with long-term mental illness. Narrative interviews were conducted and interpreted using a method inspired by Ricoeur. The analyses were performed in two steps: the first shows that residents could be divided into four different typologies or patterns--the good, the disabled, the invisible, and the bad residents, of which the nurses liked the first two and disliked the last two. In the second analysis, two themes were formulated to describe the nurses' experiences of 'replenishing one's self-worth and self-esteem' and 'giving up the caring role'. These results were interpreted and reflected on in the light of a theoretical framework in order to obtain a deeper understanding of the text. The study indicates that the question of whether nurses liked or disliked the residents appears to be closely related to whether or not the individual resident confirmed the nurse. Residents who confirmed nurses were liked and given attention, whereas those who did not were disliked and given a minimum of time together with the nurse.

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Abstract: Nurses in nursing homes care for patients with complex health problems that need to be followed up by medical treatment. Most patients benefit from the treatment, but for some the treatment seems only to lengthen their death process. Sometimes questions are raised as to whether life-sustaining treatment should be withheld/withdrawn. Decisions related to such questions are difficult to make as some patients are 'on the edge of life', which is understood as a transition between living and dying with an unpredictable outcome, whether the illness will lead to recovery or dying. The aim of this study was to acquire a deeper understanding of what it is to be a nurse in a nursing home for patients on the edge of life. The research design was qualitative, based on hermeneutic phenomenology. Fourteen nurses at two nursing homes were interviewed twice. The result shows that when facing a patient on the edge of life, the nurses were challenged as professionals and as human beings. Two main themes were identified, which included two sub-themes each. The first main theme: 'striving to do right and good for everyone' included the sub-themes 'feeling certain, but accompanied by uncertainty' and 'being caught between too much responsibility and too little formal power'. The second main theme: 'being a vulnerable helper--the prize and the price', contained the sub-themes 'needing emotional protection in professional commitment' and 'feeling undervalued in spite of professional pride'. The essence was: 'being a lonely and enduring struggler between opposite poles'. The findings revealed paradoxes in nurses' work which might threaten nurses' professional identity and put heavy demands on their professional performance. There is a need for formal involvement in end-of-life decisions from nurses, further education and support to nurses related to patients on the edge of life.

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Abstract: AIM: To explore the attitudes of staff caring for institutionalised dementia residents and the variables associated with these attitudes. METHODS: Fourteen nursing homes and one hospital-based geriatric ward in Bergen, Norway were surveyed, using the translation of an Approach to Dementia Questionnaire. The study population (n = 291) was a mixture of registered nurses, auxiliary nurses, nursing assistants and non-trained aides. DESIGN: Survey. RESULTS: Significant differences in hope and person-centred attitudes were identified in this study. Nursing assistants, compared with registered nurses (p = 0.02), had significantly lower hope attitudes. Staff over 50 years of age reported significantly lower hope attitudes (p = 0.01) than those under 40 years of age. Staff with 10 and fewer years of work experience reported significantly lower hope attitudes (p = 0.02) than those with more than 10 years of experience. Nurses with specialised training in geriatrics, psychiatry or dementia care had significantly higher hope attitudes, compared with nurses without any special training (p = 0.04). The person-centred attitude was lower among participants who were over 50 years old, compared with their counterparts under the age of 40 (p < or = 0.01). DISCUSSION: Education, age, work experience, care unit size and specialised training are associated with differences in attitudes. We recommend that employers be proactive in encouraging and facilitating staff development by offering further training that aims to impart more positive attitudes. RELEVANCE TO CLINICAL PRACTICE: Improvements in staff competency levels will be more important in the future, as a result of the forecasted increase in the percentage of the population who will suffer from dementia and reside in nursing homes

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Abstract: Background: In the mid-1990s, there was persistent critique of the quality of care provided in residential aged care facilities in Norway, in line with similar concerns expressed in many other countries. Difficulties recruiting qualified staff and high turnover led to difficult working conditions. Little prestige was associated with providing geriatric care. Collaboration between educational institutions, universities and elderly care institutions with the purpose of strengthening education, competence development, practice development and research within elderly care was poorly developed. The Norwegian teaching nursing home (NTNH) program was launched to address these issues. Aim: The purpose of the NTNH was to contribute to the quality of care of frail older persons by improving the competence of staff, improving the prestige of working with older people, stimulating development of services, facilitating research into the care of older persons, and developing good learning environments for students. Methods: The NTNH-program was developed over a period of seven years, applying a participatory action research design. Progressing through four phases, it involved a number of people and institutions across Norway. Results: Formal and informal competence of staff was increased. A large number of practice development projects contributed to increased quality of care in selected problem areas. Models of competence development were disseminated to other institutions, thereby improving the level of competence beyond the NTNHs. Learning conditions for students were improved. Following a formal evaluation of the program, teaching nursing homes (TNHs) were established on a permanent basis in 2004, with financial support from the Department of Health and Social Services. In 2008, a total of 20 TNHs are part of the NTNH program. Conclusions: The NTNH program led to permanent establishment of a series of TNHs responsible for contributing to competence development, practice development and research on a continuous basis in order to secure high levels of care to the Norwegian nursing home population. The program has created substantial enthusiasm within the nursing home sector and has increased the prestige of these institution

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Abstract: The aim of this study was to describe the reasons for the use of restraint, the decision-making procedure for their use and the documentation of their use in Norwegian nursing home units. Structured interviews were carried out with the carers of 1362 patients in 160 regular nursing home units and 564 patients in 91 special care units for people with dementia. The reasons given for the use of restraint were to protect the patient or others, and to carry out necessary care or treatment. The main reason for the use of force or pressure in medical treatment was non-compliance of the patient. The nurse in charge (44%, n = 670) or a carer (13%, n = 201) most frequently decided that restraint should be used. In 65% (n = 892) of all the instances of restraint, no documentation was found in the patients' records. It was concluded that routines for quality assurance for decision-making about, and the documentation of, the use of restraint are lacking in Norwegian nursing homes

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Abstract: OBJECTIVE: To examine the practice of concealing drugs in patients' foodstuff in nursing homes. DESIGN: Cross sectional study with data collected by structured interview. SETTING: All five health regions in Norway. PARTICIPANTS: Professional carers of 1362 patients in 160 regular nursing home units and 564 patients in 90 special care units for people with dementia. MAIN OUTCOME MEASURES: Frequency of concealment of drugs; who decided to conceal the drugs; how this practice was documented in the patients' records; and what types of drugs were given this way. RESULTS: 11% of the patients in regular nursing home units and 17% of the patients in special care units for people with dementia received drugs mixed in their food or beverages at least once during seven days. In 95% of cases, drugs were routinely mixed in the food or beverages. The practice was documented in patients' records in 40% (96/241) of cases. The covert administration of drugs was more often documented when the physician took the decision to hide the drugs in the patient's foodstuff (57%; 27/47) than when the person who made the decision was unknown or not recorded (23%; 7/30). Patients who got drugs covertly more often received antiepileptics, antipsychotics, and anxiolytics compared with patients who were given their drugs openly. CONCLUSIONS: The covert administration of drugs is common in Norwegian nursing homes. Routines for such practice are arbitrary, and the practice is poorly documented in the patients' records

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Abstract: OBJECTIVE: To analyse the effect of patient and ward characteristics on the use of constraints in nursing homes. METHOD: Primary carers in 222 wards in Norwegian nursing homes were asked about use of constraints towards 1926 patients during seven days. Constraints were grouped as mechanical restraints, non-mechanical restraints, electronic surveillance, force or pressure in medical examination or treatment, and force or pressure in ADL. The patients' mental capacity (CDR score), activity in daily living (ADL) and behaviour (BARS score) were rated. Type and size of ward, staffing level and educational level of the staff was recorded. RESULTS: In all 758 of the patients were subjected to any constraint. Degree of dementia, aggressive behaviour and loss of function in ADL had significant impact on all types of constraint except for electronical surveillance. The strongest associations were found between degree of dementia and mechanical restraint (OR 5.14), impaired ADL and mechanical restraint (OR 9.23) and aggression and force or pressure in ADL (OR 3.75). Mechanical restraint was less used towards patients in special care units for persons with dementia (SCU) (OR 0.38) compared to patients in regular units (RU), whereas non-mechanical restraint was more frequent used in SCUs (OR 2.28). Type of ward had no significant impact on use of other types of constraints. Staff level and education level of the staff had no significant impact on the use of constraint. CONCLUSION: Constraint is frequently used in nursing homes, and most frequent toward patients with severe dementia, aggressive behaviour or low ADL function

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     Abstract: AIMS: The aims of this study are, first, to describe attitudes held by nursing home staff on reporting acts of inadequate care committed by their colleagues, and second, to investigate whether nursing staff have different attitudes depending on age, education, and length of experience of working in the healthcare services. METHODS: A questionnaire survey was conducted among nursing staff in 16 nursing homes in the central part of Norway. The response rate was 79% (n=616). RESULTS: A positive attitude towards reporting acts of inadequate care committed by their colleagues was held by the participants in this study. Compared with younger staff, the older staff seemed to be more reluctant to report colleagues, to feel less brave, to be more afraid of what would happen to them if they reported, and to agree that it is best to deal with such matters internally. Regarding education, it seemed that a higher educational level was related with a more positive attitude towards a willingness to report and less fear of negative sanctions. CONCLUSIONS: Staff who observe acts of inadequate care committed by colleagues agree that it is their intention to report such incidents. Institutions need to develop and implement mechanisms for understanding and evaluating acts of inadequate care, and staff must be encouraged to speak out on behalf of residents rather than be punished for doing so

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     Abstract: Studies have shown that inadequate care, also referred to as abuse, violence, neglect and maltreatment occur in nursing homes in many countries. The aim of this study was to describe the frequency and types of inadequate care committed by staff in nursing homes. Another aim was to investigate if nursing staff reported differently depending on age, education level and years of experience working at nursing homes. A questionnaire survey was conducted among nursing staff (n = 616) in 16 nursing homes in the central part of Norway. Twenty items concerned staff behaviour in forms of acts of inadequate care. The respondents were asked to report how often they had observed colleagues commit acts and how often they themselves had committed such acts. The response rate was 79%. All in all, 91% of the nursing staff reported that they had observed at least one act of inadequate care and 87% reported that they had committed at least one act of inadequate care. Acts of negligent and emotional character were most frequently reported, both as observed and committed. Depending on the higher educational level that the nursing staff had more acts of all types were observed and committed. The oldest staff and those with longest experience at the present nursing home reported more observed and committed acts of physical character than did the others. The extent of inadequate care confirms that this is a common part of activities in nursing homes. Because emotional and negligent acts can be just as harmful as physical acts, more knowledge is needed about the reasons in order to take preventive actions

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     Abstract: OBJECTIVES: To review nursing sensitive indicators used for nursing home care across seven nations with similar elder care (USA, Australia, Norway, New Zealand, England, Sweden and Denmark), and to evaluate their validity. DESIGN: Systematic search in the literature and other sources to find descriptions of development and validity testing of national quality indicators. DATA SOURCES: Papers from scientific databases, relevant websites, additional papers and reports, and personal communication with experts in the field. The material was included if it contributed to the description of each country's processes in defining nursing sensitive quality indicators for nursing home care, and the main focus was use, developing and/or testing of quality. REVIEW METHODS: An overview of each country's utilization of nursing sensitive quality indicators was obtained. The evidence for the validity in development and testing procedures was analyzed using a set of evaluation criteria. RESULTS: All countries, except Sweden, have nationally standardized assessment of the patient before admission to the nursing home. There is large variation in the way these data collection tools were developed and how the data is used. Only the USA has systematically developed quality indicators on the basis of resident assessments. Twenty-three indicators used nationally in USA, thirteen in Australia, four in Norway, three in New Zealand and three in England were selected for review, and were evaluated for their validity as described in the literature. All selected indicators had satisfactory face validity, and for the twenty-three indicators used in the USA there was evidence for reliability testing. None of the quality indicators met all the criteria for validity. Evidence that the quality indicators can demonstrate meaningful differences in care and that the information can be extracted with minimal extra efforts was not found. Thresholds for high or low quality were determined only for the US quality indicators. CONCLUSIONS: There are concerns about the validity and reliability of nursing sensitive quality indicators for nursing home care. The indicator development is sparsely documented. It is recommended that the development of quality indicators follows a sound process and that extensive empirical testing of the indicators is done. [References: 58]

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Abstract: This article explores interview data from a study of 50 Norwegian generalist nurses' focus group accounts of caring for dying patients in the hospital and care home. An eclectic discourse analytic approach was applied to nurses' accounts of the patient and three discursive contexts of reference to the patient were identified: the 'taken as read' patient, the patient paired with particular characteristics and the patient as psychologically present. Talk about the patient falls mainly into the first two contexts, which position the patient in relation to three closely related discursive processes: individualization, anonymization and objectification. The third context presents the patient as a person with a particular identity. The analysis is discussed in a broader philosophical and sociological context in which we return to some of the theoretical work on death and dying of the 1990s and the topic of sequestration. We suggest that nurses' talk about the patient can be heard to participate in a continuing sequestration of the dying patient in healthcare institutions focused on 'result-oriented' care

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Abstract: Patients in nursing homes sometimes give accounts of episodes in which they feel their autonomy and/or self-respect are violated as a result of the care they receive from nursing staff. In these ethically difficult care situations nurses use strategies such as negotiation, explanation and, in some cases, restraint. This study investigates how nurses apply these strategies to resolve ethical dilemmas in such a way that patients experience respect rather than violation. Critical issues that will be discussed include the definition of ethically difficult care situations in nursing homes and the identification of strategies for resolving such situations. Examples of the use of three strategies are presented. The use of negotiation, restraint and explanation are discussed in order to ensure respect for patients' autonomy and thus to optimize health care outcomes

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Abstract: Ethical problems regularly arise during daily care in nursing homes. These include violation of patients' right to autonomy and to be treated with respect. The aim of this study was to investigate how caregivers emphasize daily dialogue and mutual reflection to reach moral alternatives in daily care. The data were collected by participant observation and interviews with seven caregivers in a Norwegian nursing home. A number of ethical problems linked to 10 patients were disclosed. Moral problems were revealed as the caregivers acted in ways that they knew were against patients' interest. We used a theoretical interpretation according to Habermas' discourse ethics on the importance of dialogue when deciding moral courses of action for patients. This theory has four basic requirements: communicative competence, equality, self-determination, and openness about motives

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Abstract: AIMS: The purpose of this nationwide study was to assess the prevalence of probable alcohol abuse (PAA) among women working in geriatric care, and to study its demographics, medical and work-related correlates. METHODS: The employees of geriatric nursing homes and geriatric hospital wards in Iceland with 10 patients or more were invited to participate in this cross-sectional study. The response rate was 80% (n=1515), with 96% being women (n=1432). Men were consequently omitted from the study. Questions were included on demographics, psychosocial factors, workplace environment, health behavior, and medical history. PAA was defined as (a) having been given such a diagnosis by a physician, (b) having missed work because of drinking, or (c) if alcohol use was considered a problem by the employee herself, her family, friends, or the employer. RESULTS: A total of 4.8% of the employees fulfilled the criteria for PAA. These women were younger (41 vs. 45 years of age), more often single (25% vs. 15%) or divorced (13% vs. 9%), and less satisfied with work than the other women. Odds ratios for asthma, fibromyalgia, chronic fatigue, pain syndromes, mental disorders, and work-related accidents were elevated. Despite this, no differences were found concerning amount of sick leave. Their psychosocial work environment was worse but the physical work environment was the same. CONCLUSION: Women with probable alcohol abuse working in nursing homes have significant medical problems and psychosocial morbidity that is not reflected in more sick leave

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ing home staff when working with patients with urinary incontinence. This article describes both the translation and testing procedure. Statistical analyses were carried out in the following steps of the testing procedure: (a) bivariate examination, (b) principal components factor analysis, (c) determination of internal consistency, (d) frequency analysis, and (e) estimation of test-retest reliability. Finally, the translated and tested questionnaire was compared with the original version. The Norwegian version consists of three factors with a total of 24 items, and is shown to be a valid and reliable version of the ISQ-SR. We conclude that we have achieved equivalence with the original version.

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Abstract: The aim of the study was to understand the variability of Norwegian staff's attitudes towards patients with urinary incontinence across years and place of work, age and education levels. The Incontinence Stress Questionnaire-Staff Reaction (Norwegian version) (ISQ-SR-N) was used to measure staff's reactions and feelings towards patients with urinary incontinence. A cross-sectional survey design was used to gather self-reported data. The research sites were five nursing homes, three home care districts and medical and surgical wards at a university hospital. Of the 745 staff invited, 535 (72%) returned the questionnaire. Staff members working in long-term care units were older than staff members working in acute care units. Most of the registered nurses worked in acute care, whilst most of the nursing assistants worked in long-term care. Stepwise regression analysis identified education, working in a medical/surgical units, and the interaction of education and working in a medical unit to be most predictive of attitudes. Nursing assistants had more positive attitudes than registered nurses. Working in medical/surgical units predicted the most negative attitudes. Only 15.2% of the variability of attitudes can be explained by the predictive variables

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