This bulletin includes recent articles and reports from selected journals and websites on the topic of Mental Health Older People.

This is not an exhaustive list and if you require further information on a specific topic you should carry out a full literature search, or ask Library Services to undertake this for you.

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### Key Journals – Ctrl Click to access current table of contents

- **Age and Ageing** (bimonthly)
- **Aging and Mental Health** (8 issues per year)
- **BMC Geriatrics** (monthly online open access)
- **Dementia – The International Journal of Social Research and Practice** (quarterly)
- **Drugs & Aging** (monthly)
- **International Journal of Alzheimer’s Disease** (annually)
- **International Journal of Geriatric Psychiatry** (monthly)
- **International Journal of Older People Nursing** (quarterly)
- **International Psychogeriatrics** (monthly) Username: cambridge1 Password: manlib
- **Journal of Aging and Health** (8 issues per year)
- **Journal of Gerontological Social Work** (8 issues per year)
- **Nursing Older People** (10 issues a year - full access available with Athens password)
- **The Journals of Gerontology Series B** (bimonthly)
Abstracts

Please note that access to fulltext pdfs is given only where available through NHS core content or library subscriptions. For access to articles that do not have links please contact the library service.

**Coexisting medical comorbidity and depression: Multiplicative effects on health outcomes in older adults**

Cyrus SH Ho, Liang Feng, Johnson Fam, Rathi Mahendran, Ee Heok Kua, Tze Pin Ng


Depression in the elderly is often associated with coexisting medical illnesses. We investigated the individual and combined impacts of depression and medical illnesses on disability and quality of life among community-living older persons.

Methods: Cross-sectional and longitudinal analyses of data from 1,844 participants aged 55 and above of the Singapore Longitudinal Aging Study (SLAS-1). Baseline depressive symptoms (Geriatric Depressive Scale, GDS≥5) and chronic medical comorbidity (≥2) from self-reports were related to baseline and 2-year follow up instrumental and basic activities of daily living (IADL-BADL), and quality of life (Medical Outcomes Study 12-item Short Form (SF-12) physical component summary (PCS) and mental component summary (MCS) scores.

Results: The prevalence of depressive symptoms was 11.4%. In main effect analyses of cross-sectional and longitudinal relationships, depression and medical comorbidity were individually associated with higher risk of IADL-BADL disability and lower PCS and MCS scores of quality of life, and only medical comorbidity was associated with increased risk of hospitalization. Significant interactive effects of depression and medical comorbidity were observed in longitudinal relationships with IADL-BADL disability (p = 0.03), PCS (p < 0.01), and MCS (p < 0.01) scores at follow up. The associations of medical comorbidity with increased odds of IADL-BADL disability and decreased SF-12 PCS and MCS scores were at least threefolds stronger among depressed than nondepressed individuals.

Conclusion: Medical comorbidities and depression exert additive and multiplicative effects on functional disability and quality of life. The adverse impact and potential treatment benefits of coexisting mental and physical conditions should be seriously considered in clinical practice.

**Cognitive functioning in older adults with early, late, and very late onset alcohol dependence**

Nicolien Kist, Janice Sandjojo, Rob M. Kok, Julia F. van den Berg

*International Psychogeriatrics*, FirstView article(s), Published Online on 15th May 2014

Alcohol dependence in older adults is associated with cognitive impairment. Age of onset of alcohol dependence is an important criterion to distinguish subgroups of alcohol-dependent people. Little is known about the influence of the age of onset of alcohol dependence on cognitive functioning. The primary aim of this study was to examine if older alcohol-dependent people with early, late or very late onset of alcohol dependence differ in terms of cognitive dysfunction.

Methods: A total of eighty-five older alcohol-dependent people who were admitted to an inpatient detoxification program, were categorized into three age of onset groups: early onset (< 25 years: N = 27, mean age 57.7 ± 7.4), late onset (25–44 years: N = 28, mean age 61.1 ± 6.7) and very late onset (≥ 45 years: N = 30, mean age 65.6 ± 6.5). A neuropsychological test battery (Kaufman-Short Neuropsychological Assessment Procedure (K-SNAP), Trail Making Test (TMT) and Stroop Color Word Test) was administered to assess cognitive functioning. Differences between groups were examined with analyses of variance (ANOVAs).

Results: There were no significant differences in performance on any of the neuropsychological measures between the three age of onset groups. However, compared to a non-alcohol-dependent norm group, all three age of onset groups performed below average.

Conclusions: The results suggest that older adults who start drinking heavily (very) late in life have similar cognitive impairments compared to their peers who have been drinking for decades. This emphasizes the vulnerability of the aging brain to the toxic effects of alcohol.
Correlates of psychological distress in study partners of older people with and without mild cognitive impairment (MCI) – the Sydney Memory and Ageing Study
Katrin M. Seeher, Lee-Fay Low, Simone Reppermund, Melissa J. Slavin, Brian M. Draper, Kristan Kang, Nicole A. Kochan, Julian N. Trollor, Perminder S. Sachdev & Henry Brodaty
Aging & Mental Health, 2014, Volume 18, Issue 6, pages 694-705

Psychological effects of supporting someone with mild cognitive impairment (MCI) are often overlooked. We aimed to establish correlates of psychological distress in study partners of individuals with and without nonclinical MCI.

Methods: Demographic, psychosocial and health measures were obtained cross-sectionally from 714 participants (39% MCI) and study partners of a longitudinal community-based study on cognitive aging. Study partners (i.e. family members/friends) were categorized as providing support with instrumental everyday activities or not. Psychological distress was measured by the Kessler psychological distress scale. Multiple hierarchical regressions examined determinants of psychological distress within Pearlin's stress process model.

Results: Psychological distress was generally low and not associated with MCI or whether study partners provided support or not. Instead, distress was greater if participants were male irrespective of study partners' sex and if study partners reported negative reactions to participants' behavioral symptoms, felt burdened by providing support and showed worse coping abilities; overall explaining 37% variance. Self-rated disability and aspects of health-related quality of life explained additional 7%.

Conclusion: Objective impairment measures were not associated with distress in partners or supporters. However, study partners' appraisals of functional and behavioral symptoms were linked to increased distress even in this very mildly affected community cohort.

Effects of cognitive speed of processing training among older adults with heart failure
Michelle L. Ellis, Jerri D. Edwards, Lindsay Peterson, Rosalyn Roker, and Ponrathi Athilingam
Journal of Aging and Health, June 2014, Volume 26, Issue 4, pages 600-615

Cognitive deficits pose serious problems for older adults with heart failure (HF). Cognitive speed of processing training improves cognition among older adults but has not been examined among older adults with HF.

Method: Data from the ACTIVE study were used to examine the effects of cognitive speed of processing training on cognitive and functional performance among older adults with HF. Results: Of the 54 participants included in the analyses, 23 who were randomized to cognitive training performed significantly better on a composite of everyday speed of processing from pre- to post-training compared with 31 participants who were randomized to the control group, $F(1, 51) = 28.67, p ≤ .001, \eta^2_p = .360$.

Discussion: Results indicate that speed of processing training may improve everyday cognitive performance among older adults with HF. Future studies should investigate the longitudinal effects of cognitive training with HF patients.

Health and grandparent–grandchild well-being: One-year longitudinal findings for custodial grandfamilies
Bert Hayslip, Jr., Heidemarie Blumenthal, and Ashley Garner
Journal of Aging and Health, June 2014, Volume 26, Issue 4, pages 559-582

Comparatively little longitudinal data exist focusing on grandparent caregiving, to say nothing of health's impact over time on grandparent and grandchild well-being. Accordingly, the present study explored relationships among grandparent caregiver physical health, well-being, and adjustment, as well as with grandchild well-being across a 1-year period.

Method: Participants were 79 grandparents who had full-time responsibility for their grandchildren. Measures of grandparent physical health, well-being, and grandchild well-being were completed across two assessments, 1 year apart.

Results: Cross-lagged analyses exploring potential causality over time suggested that with one exception,
the relationships between health and well-being appeared to be bidirectional.

Discussion: In general, these longitudinal data indicate that better perceived health may provide an adaptive advantage for both grandparent caregivers and their grandchildren, yet also underscore the potentially causal role that proactivity in the face of adversity plays in the maintenance and improvement of grandparent caregiver health over time.

“His” and “her” marriage? The role of positive and negative marital characteristics in global marital satisfaction among older adults

Kathrin Boerner, Daniela S. Jopp, Deborah Carr, Laura Sosinsky, and Se-Kang Kim


We explore gender differences in older adults’ appraisals of positive and negative aspects of their marriages, examine how these appraisals relate to global marital satisfaction, and identify distinctive marital profiles associated with global satisfaction in men and women.

Method. Data are from the Changing Lives of Older Couples Study (n = 1,110). We used a variant of principal components analysis to generate marital quality profiles, based on one’s endorsement of positive and negative marital characteristics. OLS regression was used to detect associations between marital profiles and global marital satisfaction.

Results. Men offered more positive marital assessments than women, particularly on items reflecting positive treatment by one’s wife. Three marital quality profiles emerged: Positive, Positive–Negative, and Negative. Although marital satisfaction was best explained by positive appraisals in both genders, they were less important for men than for women. The negative profile showed a tendency for a stronger prediction in men.

Discussion. Prior studies show small differences in men’s and women’s global marital satisfaction. Our work provides evidence that the presence and magnitude of such gender differences may vary based on the specific marital component considered. We discuss ways that gender shapes marital interactions, expectations, and perceptions, and the implications of our results for the well-being of married older adults.

Available in fulltext from *The Journals of Gerontology*

Hoarding severity predicts functional disability in late-life hoarding disorder patients

Catherine R. Ayers, Princeton Ly, Ian Howard, Tina Mayes, Ben Porter and Yasmeen Iqbal


Late-life hoarding is a serious psychiatric condition with significant implications in health and functioning. Geriatric hoarding patients show greater impairment in activities of daily living and have a greater number of medical conditions compared with same-aged nonhoarders. This study examined the relationship between geriatric hoarding severity and functional disability severity.

Methods: Sixty-five subjects age 60 or older with hoarding disorder (HD) participated in the current study. Participants were assessed with measures of hoarding severity, psychiatric symptoms, and general disability. Hierarchical regression was used to test the unique association of hoarding symptoms with functional disability beyond the effects of demographic factors, anxiety, and depression.

Results: When controlling for demographics (age and gender) and psychiatric symptoms (anxiety and depression), hoarding severity predicts functional disability severity. Analyses also show that clinician-administered measures of hoarding are stronger predictors of disability than patient self-report measures.

Conclusions: When treating older adults with HD, clinicians must consider symptom impact on daily life. A multidisciplinary team must be utilized to address the wide-ranging consequences of hoarding symptoms. Future work should examine how psychiatric treatment of HD affects functional disability

Leisure education reduces stress among older adults

Liang-Chih Chang

*Aging & Mental Health*, 2014, Volume 18, Issue 6, pages 754-758
The objectives of this study were to examine whether a leisure education program could facilitate leisure competence among older adults and whether it could also reduce their stress.

Methods: A pre-test–post-test randomized experimental design was conducted. Subjects were randomly assigned to either an experimental group (n = 30) or a control group (n = 30). A leisure education program was used to serve as the intervention. A day before this experiment was carried out, pre-test data were collected using leisure competence and stress scales. Thirty minutes after this experiment ended, post-test data were collected using the same scales. These data were analyzed using an analysis of covariance.

Results: The results indicated that the average post-test scores of leisure competence in the experimental group were significantly higher than those in the control group and that the average post-test scores of stress in the experimental group were significantly lower than those in the control group.

Conclusion: Healthcare practitioners should adopt the provision of leisure education as a priority to facilitate leisure competence and reduce stress among older adults.

Older lesbians and bereavement: Experiencing the loss of a partner
Carol L. Jenkins, Amanda Edmundson, Paige Averett & Intae Yoon


There is very little research focused on older bereaved lesbians. This study is a response to the lack of knowledge about the issues for older lesbians who lose a partner. We examined bereavement issues for 55 older lesbians. The study asked participants to describe their concerns and experiences after losing a partner. Qualitative analysis identified several themes that ran throughout, including disenfranchised grief, the loneliness of isolation, and the frustration of relentless battles. These findings indicate the need for social workers to educate themselves and others about the particular needs facing this vulnerable group of older women.

Personality and suicidal ideation in the elderly: factorial invariance and latent means structures across age
Paolo Iliceto, Emanuele Fino, Ugo Sabatello & Gabriella Candilera

Aging & Mental Health, 2014, Volume 18, Issue 6, pages 792-800

Suicide among the elderly is a dramatic global health problem. Although fatal attempts are frequent in the elderly, research indicated that they rarely present long-term elaboration of suicidal ideation and communicate their intents. Consequently, risk factor detection and assessment are salient. Although evidence on the association between personality and suicidal ideation in young adults is accumulating, little is known about its relevance in the elderly. The purpose of the present study was to analyze the components of a measurement model that are invariant across young adults and older adults and then investigate the relations among dimensions of personality and suicide risk. We postulated a specific relation pattern a priori and tested the hypotheses statistically in order to examine the models for equivalency of the factorial measurement.

Method: We investigated 316 young adults and 339 older adults, who were administered self-report questionnaires to assess depression, hopelessness, alternative five-factor model of personality, and self–other perception.

Results: Multigroup confirmatory factor analyses were conducted, yielding a final model with excellent fit to the data. This model showed a similar pattern of associations between suicidal ideation and personality across both groups.

Conclusions: Although the elderly are exposed to specific life stressors associated with suicidal ideation, our findings suggest that the elderly and young adults may be similar on personality and psychopathology variables predicting suicidal ideation than previously hypothesized. Implications are provided for enhanced assessment and intervention of the elderly high in neuroticism, depression, hopelessness, and with negative self–other perception.

Potentially inappropriate prescribing among older people in the United Kingdom
Marie C Bradley, Nicola Motterlini, Shivani Padmanabhan, Caitriona Cahir, Tim Williams, Tom Fahey, Carmel M Hughes
Potentially inappropriate prescribing (PIP) in older people is associated with increases in morbidity, hospitalisation and mortality. The objective of this study was to estimate the prevalence of and factors associated with PIP, among those aged >= 70 years, in the United Kingdom, using a comprehensive set of prescribing indicators and comparing these to estimates obtained from a truncated set of the same indicators.

Methods: A retrospective cross-sectional study was carried out in the UK Clinical Practice Research Datalink (CPRD), in 2007. Participants included those aged >= 70 years, in CPRD. Fifty-two PIP indicators from the Screening Tool of Older Persons Potentially Inappropriate Prescriptions (STOPP) criteria were applied to data on prescribed drugs and clinical diagnoses. Overall prevalence of PIP and prevalence according to individual STOPP criteria were estimated. The relationship between PIP and polypharmacy (>=4 medications), comorbidity, age, and gender was examined. A truncated, subset of 28 STOPP criteria that were used in two previous studies, were further applied to the data to facilitate comparison.

Results: Using 52 indicators, the overall prevalence of PIP in the study population (n = 1,019,491) was 29%. The most common examples of PIP were therapeutic duplication (11.9%), followed by use of aspirin with no indication (11.3%) and inappropriate use of proton pump inhibitors (PPIs) (3.7%). PIP was strongly associated with polypharmacy (Odds Ratio 18.2, 95% Confidence Intervals, 18.0-18.4, P < 0.05). PIP was more common in those aged 70-74 years vs. 85 years or more and in males. Application of the smaller subset of the STOPP criteria resulted in a lower PIP prevalence at 14.9% (95% CIs 14.8-14.9%) (n = 151,598). The most common PIP issues identified with this subset were use of PPIs at maximum dose for > 8 weeks, NSAIDs for > 3 months (3.2% 32,373 patients), and use of long-term neuroleptics.

Conclusions: PIP was prevalent in the UK and increased with polypharmacy. Application of the comprehensive set of STOPP criteria allowed more accurate estimation of PIP compared to the subset of criteria used in previous studies. These findings may provide a focus for targeted interventions to reduce PIP.

Available in fulltext from BMC Geriatrics (provisional PDF)

Reducing loneliness amongst older people: a systematic search and narrative review
Robert Hagan, Roger Manktelow, Brian J. Taylor & John Mallett
Aging & Mental Health, 2014, Volume 18, Issue 6, pages 683-693

Objective: To investigate the effectiveness of recent social therapeutic interventions to reduce loneliness in older people.

Method: To examine this matter, a literature review, using seven databases, was undertaken using search terms relating to the themes of ageing, loneliness and social support. A total of 17 relevant studies relating to loneliness interventions were analysed.

Results: Three studies reporting on new technologies and one on a group work intervention identified significant reductions in loneliness.

Conclusion: Further research into interventions using new technologies to reduce loneliness in older people is recommended.

The association between life course socioeconomic position and life satisfaction in different welfare states: European comparative study of individuals in early old age
Claire L. Niedzwiedz, Srinivasa Vittal Katikireddi, Jill P. Pell, and Richard Mitchell

Whether socioeconomic position over the life course influences the wellbeing of older people similarly in different societies is not known.

Objective: to investigate the magnitude of socioeconomic inequalities in life satisfaction among individuals in early old age and the influence of the welfare state regime on the associations.

Design: comparative study using data from Wave 2 and SHARELIFE, the retrospective Wave of the Survey of Health, Ageing, and Retirement in Europe (SHARE), collected during 2006–07 and 2008–09,
respectively.

Setting: thirteen European countries representing four welfare regimes (Southern, Scandinavian, Post-communist and Bismarckian).

Subjects: a total of 17,697 individuals aged 50–75 years.

Methods: slope indices of inequality (SIIs) were calculated for the association between life course socioeconomic position (measured by the number of books in childhood, education level and current wealth) and life satisfaction. Single level linear regression models stratified by welfare regime and multilevel regression models, containing interaction terms between socioeconomic position and welfare regime type, were calculated.

Results: socioeconomic inequalities in life satisfaction were present in all welfare regimes. Educational inequalities in life satisfaction were narrowest in Scandinavian and Bismarckian regimes among both genders. Post-communist and Southern countries experienced both lower life satisfaction and larger socioeconomic inequalities in life satisfaction, using most measures of socioeconomic position. Current wealth was associated with large inequalities in life satisfaction across all regimes.

Conclusions: Scandinavian and Bismarckian countries exhibited narrower socioeconomic inequalities in life satisfaction. This suggests that more generous welfare states help to produce a more equitable distribution of wellbeing among older people.

Available in fulltext from Age and Ageing

The effect of telecare on the quality of life and psychological well-being of elderly recipients of social care over a 12-month period: the Whole Systems Demonstrator cluster randomised trial

Shashivadan Parbat Hirani, Michelle Beynon, Martin Cartwright, Lorna Rixon, Helen Doll, Catherine Henderson, Martin Bardsley, Adam Steventon, Martin Knapp, Anne Rogers, Peter Bower, Caroline Sanders, Ray Fitzpatrick, Jane Hendy, and Stanton Peter Newman

Age and Ageing, May 2014, Volume 43, Issue 3, pages 334-341

Home-based telecare (TC) is utilised to manage risks of independent living and provide prompt emergency responses. This study examined the effect of TC on health-related quality of life (HRQoL), anxiety and depressive symptoms over 12 months in patients receiving social care.

Design: a study of participant-reported outcomes [the Whole Systems Demonstrator (WSD) Telecare Questionnaire Study; baseline n = 1,189] was nested in a pragmatic cluster-randomised trial of TC (the WSD Telecare trial), held across three English Local Authorities. General practice (GP) was the unit of randomisation and TC was compared with usual care (UC).

Methods: participant-reported outcome measures were collected at baseline, short-term (4 months) and long-term (12 months) follow-up, assessing generic HRQoL, anxiety and depressive symptoms. Primary intention-to-treat analyses tested treatment effectiveness and were conducted using multilevel models to control for GP clustering and covariates for participants who completed questionnaire measures at baseline assessment plus at least one other assessment (n = 873).

Results: analyses found significant differences between TC and UC on Short Form-12 mental component scores (P < 0.05), with parameter estimates indicating being a member of the TC trial-arm increases mental component scores (UC-adjusted mean = 40.52; TC-adjusted mean = 43.69). Additional significant analyses revealed, time effects on EQ5D (decreasing over time) and depressive symptoms (increasing over time).

Conclusions: TC potentially contributes to the amelioration in the decline in users’ mental HRQoL over a 12-month period. TC may not transform the lives of its users, but it may afford small relative benefits on some psychological and HRQoL outcomes relative to users who only receive UC.

Available in fulltext from Age and Ageing

The importance of music for people with dementia: The perspectives of people with dementia, family carers, staff and music therapists

Orii McDermott, Martin Orrell & Hanne Mette Ridder

Aging & Mental Health, 2014, Volume 18, Issue 6, pages 706-716
Despite the popularity of music-based interventions in dementia care, there is a limited knowledge of how and why people with dementia find music beneficial for their well-being. A qualitative study was conducted to develop further insights into the musical experiences of people with dementia and explore the meaning of music in their lives.

Method: Separate focus groups and interviews with (1) care home residents with dementia and their families, (2) day hospital clients with dementia, (3) care home staff, and (4) music therapists, were conducted. The findings of the thematic analysis were investigated further in the light of psychosocial factors with the aim of developing a theoretical model on music in dementia.

Results: Six key themes were identified. The accessibility of music for people at all stages of dementia, close links between music, personal identity and life events, the importance of relationship-building through music making were particularly highlighted as valuable. The psychosocial model of music in dementia was developed. The model revealed the importance of music to support the personal psychology of people with dementia and the social psychology of the care home environment.

Conclusion: The effects of music go beyond the reduction of behavioural and psychological symptoms. Individual preference of music is preserved throughout the process of dementia. Sustaining musical and interpersonal connectedness would help value who the person is and maintain the quality of their life.

Available in fulltext from Aging & Mental Health

The influence of prior rape on the psychological and physical health functioning of older adults

Natalie Sachs-Ericsson, Kathleen A. Kendall-Tackett, Julia Sheffler, Darleine Arce, Nicole C. Rushing & Elizabeth Corsentino

Aging & Mental Health, 2014, Volume 18, Issue 6, pages 717-730

Older adults who have experienced traumatic events earlier in life may be especially vulnerable to additional challenges associated with aging. In a cross-sectional study of older females, the present study examines whether a history of rape is associated with current psychological and health problems.

Method: This study used existing data from the female respondents (N = 1228) in the National Social Life, Health, and Aging Project (NSHAP), a national probability sample of adults between the ages of 57 and 85 interviewed in their homes. It was determined whether or not the participant experienced forced sexual contact since the age of 18. Measures of psychological health (e.g., scales of depression, anxiety, and loneliness), the presence or absence of a number of serious health problems, and a one-item measure of self-esteem were obtained.

Results: Adult rape occurred in 7% of the sample. On average, 36 years had elapsed since the rape had occurred. Using structural equation modeling (SEM), rape was associated with lower self-esteem, psychological, and physical health functioning. Self-esteem partially mediated the association between rape and psychological functioning, but not health functioning. These associations were significant even after controlling for participant characteristics and risky health behaviors.

Conclusions: Mechanisms linking prior rape to psychological and health problems in older age are discussed, as well as treatment recommendations for symptomatic older adults.

What type of social support influences self-reported physical and mental health among older women?

Sabrina T. Wong, Amery Wu, Steven Gregorich, and Eliseo J. P. érez-Stable

Journal of Aging and Health, June 2014, Volume 26, Issue 4, pages 663-678

We examined which types of social support were associated with older women’s self-report of physical and mental health and whether the effects of social support were moderated by race/ethnicity.

Method: Women completed a health behavior survey that included the Medical Outcomes Study—Short Form—12 (MOS SF-12). Single race/ethnic group regressions examined whether different types of social support were related to health. We also examined Pratt’s relative importance measures.

Results: Emotional support had the strongest effect on both physical and mental health, explaining the highest amount of variation, except among African Americans. Race/ethnicity moderated the association of informational support for Asian women’s reports of their mental health.
Discussion: For clinicians, assessing individuals’ emotional support is important for maintaining or increasing physical and mental health. Clinicians can also assess Asian women’s stress, providing informational support accordingly as too much information could be detrimental to their health. For researchers, the inclusion of emotional support items is the most important.

New Books in the Health Library

**Depression in Later Life**
Robert C. Baldwin

Depression affects between 10-15% of older people, making it the most frequently encountered mental health condition in later life. Despite this, the condition is easily missed in clinical practice or not adequately treated. Part of the Oxford Psychiatry Library, this second edition of Depression in Later Life highlights areas of depression which are of special relevance to later life, how to diagnose depression in an older person, the overlap with dementia and various other physical illnesses, and important pharmacological and psychological considerations. All chapters have been updated with new data where relevant, and case vignettes are included to ensure the book is relatable and easy to read.

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