IAGG 2013
June 23 -27, 2013
Seoul, Korea

REPORT OF THE 20TH IAGG WORLD CONGRESS OF GERONTOLOGY AND GERIATRICS

Digital Ageing: A New Horizon for Health Care and Active Ageing
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<EDITORIAL NOTE ON AGEING AND AGING>
Both spellings, ageing and aging, have been used in this report according to the original manuscripts of speakers or presenters.
It is my great pleasure to inform you that the 20th World Congress of the International Association of Gerontology and Geriatrics has been successfully concluded. The congress was launched with congratulatory messages from the president of the Republic of Korea, the secretary general of the United Nations, the prime minister of Korea, and the director of the World Health Organization, Western Pacific Region.

At this occasion, I would like to salute all delegates and participants who have attended the 20th World Congress of the IAGG in Seoul. From the 86 countries in the 5 IAGG regions of the world, 4,289 participants came and presented 3,445 papers and 1,679 posters altogether. The findings contained here covered a wide range of scientific topics and practical approaches to issues of aging, as described in this report.

Facing the challenges of global aging and the growing numbers of disadvantaged elderly persons, the overarching theme of the 20th IAGG World Congress was “Digital Ageing: A New Horizon for Health and Active Ageing”. The convention provided a unique opportunity for participants in biology, medicine, as well as the social and behavioral sciences from all over the world to discuss, to study, and to explore the implications and the significance of information technology for the aged along with other important approaches and strategies to solve a wide array of aging-related problems.

As the representative of the IAGG group that has organized and orchestrated this world congress, I would like to express my gratitude for the generous support provided by the government of Korea, Samsung Corporation, Sunkyung Corporation, Seoul Metropolitan Government, MSD, and Pfizer. Their generous financial assistance was instrumental in enabling the congress to successfully carry out its mission.

Collaborative endeavors during this international event attest to the fact that the character of this convention has been truly multidisciplinary and global. As we now enter the new four-year-period cycle of IAGG activities, universal aging phenomena are, coincidentally, becoming an even more critical issue for all regions and nations around the globe, which will call for more collaborative efforts now and the near future.

The 20th World Congress has undoubtedly contributed significantly to sharing science, education, and the practice of aspects of gerontology and geriatric medicine among all the participants. Building on the accomplishments of the convention, I firmly promise to commit myself to further advancement of the IAGG’s ideals in cooperation with the members of all regional committees.

It has been my wish and, at this juncture, I trust that the positive experience and the significant outcomes of this world congress will be a solid foundation for the next 2017 World Congress in San Francisco, U.S.A. I also hope sincerely that all overseas participants have left Korea with rich information about the most recent scientific findings to further support innovation, initiatives and actions to benefit the older population.

That stated, I am now looking forward to meeting you again at international events associated with the IAGG that will be held during the coming years in various parts of the world.

Heung Bong Cha, Ph.D.
President and Chairperson
The 20th IAGG World Congress of Gerontology and Geriatrics
### IAGG2013 ORGANIZING COMMITTEES

#### IAGG Executive Committee

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## IAGG2013 ORGANIZING COMMITTEES

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## IAGG2013 ORGANIZING COMMITTEES

### Sponsorship Special Committee

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| Members        | Chang Young Ahn  
|                | Sa Hyun Seo  
|                | Yongoe Han  
|                | Jae Sung Song  
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### Digital Ageing Special Committee

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### Chinese Special Committee

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### Japanese Special Committee

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### Secretariat

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|                     | Eun Sung Hwang  
|                     | Dong Woo Lee  |
| Assistant Secretary-General | Jung-Hwa Ha  |
| Senior Executive Secretary | Ju Hyun Song |
| Scientific Secretary | Jeeyeon Kim |
| Executive Secretary | Moon Hee Choi |

THE 20TH IAGG WORLD CONGRESS OF GERONTOLOGY AND GERIATRICS

SPEECHES AND MESSAGES
Mr. Prime Minister, dear colleagues from IAGG from each region of IAGG Presidents, and dear colleagues and dear colleagues from Korea, it is not easy to speak about a picture like that, a movie like that, but I will do my best. And I will speak about our presidency.

As you know, population aging from 461 million people over 65 years old in 2004 to close to 2 billion people in 2050, and most of the population will come from this part of the world. IAGG is a society of 72 national societies from 64 countries within 5 regions worldwide, representing more than 45,000 professionals. Since 1950, as we have seen in the picture, our organization organizes world meetings every 4 years. And between these 4 years, IAGG focuses on science and research, education and training and protecting the rights of older people, like I will try to show you.

First, what is important is for us and for the future, the right to access to innovation and research for all, including the oldest old. In the past we were able to have the right to access to care and to diagnosis for older adults. Now we need to have the access to innovation and research. For that, we have worked on two initiatives: the Global Social Initiative on Aging and the Global Aging Research Network to increase the potential of IAGG for research. We need to implement research in nursing homes, despite the increase of both the aging population and the number of institutionalized older adults. Clinical and social research in nursing homes is still scarce. Research is moreover essential to improve the quality of care in nursing homes, and it is something that we need to improve.

Second, need to implement frailty into clinical practice; we have to move geriatric medicine and gerontology forward to frailty. In many countries, geriatrics and gerontology focus on severely disabled older adults, and this should be continued, but we need to go forward to the stage of frailty in order to be more effective and to prevent further disability. That will be a major step for the future and the European Commission has decided to launch the Innovative Medicine Initiative that will focus on frailty with major funding in the next 4-5 years for frailty research and frailty initiatives. The aim of this big European program is to develop innovative therapeutic intervention against physical frailty and sarcopenia as a prototype of geriatric indication.

We need also to translate from observational study to practice what we can do for Alzheimer’s disease prevention, how we can move from theory to practice. Do we need to wait for randomized control trials that will take decades and are difficult to conduct? Can we lose a generation for potential effects? We are working closely with the Alzheimer’s Drug Discovery Foundation in New York to see what we can implement now without losing a generation.

We have organized in collaboration with IAGG and the French Society for Gerontology and Geriatrics that we need to acknowledge and thank the W.H.O. for some international workshops whose consensus papers have been published and are available on the IAGG website. We have done the first workshop on the “Identification of the main relevant domains for clinical research and quality of care in nursing homes” aided by Prof. J. Morley. We have work on “Health promotion program on prevention of late onset dementia”. We have work on “Promoting access to innovation and clinical research for frail old persons” with Prof. A. Benetos. We have work on “Connecting African and Global Endeavour on Human Rights and Older Persons” with our teams in Brazil, South Africa and France.

One important topic for the future will be also to prevent iatrogenic disabilities, mostly during hospitalization of frail older adults. The project aims to prevent dependencies that are induced during the course of care, mostly during hospitalization. Iatrogenic disability is very common during hospitalization in frailer adults, and it is important to inform our scientific community and politicians on this topic. We have done a survey at Toulouse University hospital, that is the fourth university hospital in France, and we have looked at dependency at entry and at the end of hospitalization of every older adult more than 75 years old hospitalized in all the university hospitals in every kind of specialty. And we have found that iatrogenic disability is in probably around 10% of all older people hospitalized. And we have here a very big opportunity to prevent disability in the near future. You can find also all of this data and consensus papers on the IAGG website.

We have been working closely with the IAGG Standing Committee, with the African Research and Aging Network, with the International Council of Gerontology Students Organizations, with the International Network for the Prevention of Elder Abuse and with the International Society for Gerontechnology. We have worked very closely with Prof. Michel to implement the IAGG Master Class on Aging. We have had several Master Classes in Taipei, in Hong Kong, in Beijing and in the near future in Kyoto, Japan.
Protecting the rights of older people is very important for IAGG. IAGG is concerned about the situation of older people around the world, the respect of their civil status, their right to their autonomy, the need to maintain their standard of living and the need for social protection. And that is one important topic for us: the right to live without loss of autonomy and dependency. It is something we need to achieve for the near future.

As you know, most of the IAGG geriatric and gerontological societies were very active with the first IAGG African Region Congress in Cape Town, South Africa, that was very successful. We had also the IAGG 7 European Region Congress in Bologna. The next meeting will be in Dublin, Ireland. The IAGG COMLAT Region Congress was a big success in Argentina. In each of these countries we have seen more and more people. Thousands of people that came to all of these meetings saw the importance of gerontology and geriatrics that is growing fast. We had the 4th Pan-American Congress in Ottawa, Canada and the next one will be in Cartagena, Colombia. We have the IAGG Asia-Oceania Congress that was in Melbourne, Australia, which was a very important success too, and the next one will be in 2015 in Bangkok, Thailand. Also, we had several meetings in the Middle East with organizations in September of 2012 with representatives from Bahrain, Egypt, Kuwait, Lebanon, Libya, Pakistan, Palestine, Qatar, Saudi Arabia, Syria, United Arab Emirates and Yemen that will join IAGG shortly, that will be one of the actions of our next President, Professor Cha.

To have done all of these actions, I would like to thank very much and give the IAGG 2013 Presidential Awards to Dr. Isabella Aboderin, Prof. Sung-Jae Choi, Dr. Bernard Forette, Dr. Renato Maia Guimaraes, Prof. Luis Gutierrez-Robledo, Ms Laura Machado, Prof. Jean-Pierre Michel, Prof. John Morley, Dr. Anthony Salva and Prof. Alan Sinclair for all of their tremendous efforts and contributions to IAGG.

Now as you have seen, the IAGG Seoul Congress is a great congress. We have received more than 2000 propositions of oral communication, poster and symposia, and 140 presidential symposia. This event will become a major milestone for the Asia region and is really important for us again aging to have Asia coming with us, and taking the lead, and we are very happy to see Asia taking the lead for the future in the fight against aging. And we are happy to have kept the IAGG finances in good condition that will give some opportunity to work. And now I am very happy to introduce our President today of IAGG, Prof. Heung Bong Cha.
CONGRESS ADDRESS

Heung Bong Cha, PhD
President
The 20th IAGG World Congress of Gerontology and Geriatrics

Your Excellency Prime Minister Chung Hong Won, Minister Chin Young of the Ministry of Health and Welfare, President Bruno Vellas of IAGG, Dr. Shin Young-So of the WHO, and distinguished Guests, Ladies and Gentlemen!
I’m very honored to take over the presidency of the IAGG, which has a prestigious history of 63 years.

I’m determined to carry out my responsibility with my best efforts so as to implement the mission of the IAGG, which is to contribute to the enhancement of the quality of life of older people around the world by producing valuable knowledge and experience through gerontological research and education.

I was born into this country during the international turbulence between the Second World War and the Korean War which broke out in 1950, the same year when the IAGG was also established. At that time, most Koreans were suffering from the long-term legacy of poverty and the agony of war. Korea was one of the poorest countries in the world.

The Korean village in which I was born was endowed with natural beauty and serenity. There, our elder fathers and mothers did the farming while being supported by their children. An elder was an object of high respect following the tradition of “Respect Your Elders and Support Them with Filial Piety”. My great-grandfather used to wear a traditional hat to show his authority in the family as you see now (point the screen)

During the last 70 years, Korea has seen a tremendous change. Its economy has achieved remarkable growth in the course of dramatic industrialization. In the old days we lived in thatched houses in rural villages, but nowadays we live in high rise apartment in big cities. With this rapid change of society, the authority which our elders had enjoyed is almost gone, and most of them adapted to the city life style.

In 2000, Korea had already entered the stage of an ageing society. Currently, Korea is ranked first in the world in speed of population ageing. Personally, I myself am already in the bracket of “older persons”. Though my great-grandfather passed away at 70, having lived all his life in a remote village, I, at his age of 70, enjoy active ageing and travel around the world working as president of the IAGG.

We are all living now in an era of global population ageing. While the population over 60 was 200 million in 1950, it is projected to reach 2 billion by 2050, increasing 10 fold. Thanks to the development of science and technology, and economic growth, the average world life expectancy is projected to reach 66 in 2050, a big jump from 46 in 1950. The number of centenarians is also increasing greatly.

Is global population ageing a celebration or a challenge?

Enjoying longevity has been a long-cherished dream of mankind. About 2,200 years ago, the Chinese Emperor Qin Shi Huang sent out hundreds of men and women all over China in search of the fabled elixir of life.

The increasing number of people who can enjoy longevity is certainly a celebration. However, the ageing population also poses a great challenge to human society across the world. Everyone worries about the situation of supporting the older population which is becoming a heavy burden.

As the tradition of the family unit supporting older persons has been gradually weakening, the country’s burden of ensuring income and healthcare security for older persons is ever increasing. An extended life expectancy and increased oldest old population will add to the burden of caring for older persons with chronic diseases.

We need insight to turn the challenge caused by population ageing into a new opportunity. We need a new paradigm. We need wisdom to change the challenge into something to celebrate. It is a great hope for human society. It is not a distant hope but a hope that we can realize.
CONGRESS ADDRESS

As for population ageing, the number itself is not a problem. When we see this challenge from the perspective of Science, Technology, Industry, Culture and Policy, We surely will see a new horizon.

Scientific development in gerontological and geriatric research based on rationality will bring solutions to the problems of ageing. A variety of technologies in the digitalized world that are being developed rapidly will dramatically improve the quality of life of older people. Age-friendly industry will support sustainable economic growth in the ageing society as well as advance the wellbeing of older people. Creative culture produced by a new paradigm will enable older people to become useful human resources instead of social burdens. What is really needed at this moment is a nation's political will as well as policy-making to counteract the immense challenge of population ageing.

We are now getting together in this 20th IAGG World Congress of Gerontology and Geriatrics here in Seoul, Korea. The Seoul Congress is of great significance in terms of time and place, because the event is being held at a time when the issue of population ageing is also emerging in developing countries, and because it is being held in Korea which has taken the last 50 years to go from a developing country to an advanced country.

Therefore, I sincerely hope that this Congress will be an academic festival where we can share experiences of the advanced and developing countries. I also hope that this Congress will be an academic party where you can find ways to transform the challenges of population ageing into something to celebrate.

As the President of the International Association of Gerontology and Geriatrics, I will do my best to promote the highest levels of achievement in gerontological research and training for our common mission.

My dear colleagues and friends,
I hope you enjoy your visit, once again, my warmest welcome to all of you.

Thank you very much for your kind attention!
CONGRATULATORY MESSAGE

Park Geun-hye
President of the Republic of Korea

I am pleased that the 20th IAGG World Congress of Gerontology and Geriatrics is being held in Seoul, and I offer my warmest welcome to all the participants in this very significant forum.

Since its founding in 1950, the IAGG has opened new chapters in research and education in gerontology and geriatrics with the help of its established professionals in these fields. My heartfelt appreciation goes to all of you who have made great contributions to making happier lives for older people around the world.

Population aging is one of the three major issues facing all humanity, together with climate change and poverty. The international community should lose no time in addressing and finding solutions to this crucial problem.

I look forward to seeing how this Congress, with all of the quality research it has brought together, will contribute in significant ways not only to finding solutions to the issues that pertain to older people but also to improving the quality of life for all people.

Once again, I welcome you to Korea and wish your organization continued success and prosperity.

CONGRATULATORY MESSAGE

Ban Ki-moon
UN Secretary-General

Excellencies, Distinguished Guests, Ladies and Gentlemen,

It is an honor to greet this opening of the 20th World Congress of Gerontology and Geriatrics. The Association plays a pivotal role in promoting research and development in this important field.

People around the world are living longer, healthier lives thanks to advances in health and wellbeing. This means more experienced workers and more custodians of culture and heritage. It also creates challenges, putting pressure on institutions such as healthcare and pension system. We look to your expertise in forging sustainable solutions.

I encourage the International Association of Gerontology and Geriatrics to continue to strengthen partnerships with and expand your work with members in developing countries.

We, at the U.N., value our strong collaborative relationship with you. Let us work together to intensify efforts to fully implement the Madrid International Plan of Action on Ageing.

Thank you once again for coming together in Seoul for this World Congress and for all your work to improve the quality of life of elder people.

I wish you great success. Thank you!
CONGRATULATORY SPEECH

Chung Hong-Won
Prime Minister, the Republic of Korea

President Bruno Vellas, President-Elect Heung Bong Cha, distinguished scientists and guests, ladies and gentlemen, I welcome you warmly and congratulate you from the bottom of my heart to the attendance at the 20th World Congress of International Association of Gerontology and Geriatrics at the COEX in Seoul.

Since 1950, which is 63 years ago, when the first world congress was held in Belgium, the IAGG - as the most authoritative academic conference of its kind - is now holding its 2nd World Congress in Asia. This is indeed a significant historical event for the continent. Population aging has emerged as a critical challenge, not only to developed countries but also to developing nations world-wide. This congress opens at the critical time that is best-suited to bring forth visions for rationally based policy and practice decisions imperative to meet the challenge.

At the 3rd UN World Assembly on Ageing held in Madrid, Spain, 2002, it was urged that all nations of the world should take concrete actions to resolve the problems accompanied by the phenomenon of global population aging and, hence, the Madrid International Plan of Action on Ageing - MIPAA - had been adopted. The key of the MIPAA lies in the development of policies and programs that nations must implement in order to meet the challenges of population aging and to deal with the consequences that accompany those phenomena.

The Republic of Korea has been taking positive actions in compliance with the UN resolution. In retrospective, when the IAGG started its global mission during the 1950s, Korea was one of the world-wide poorest countries with its population suffering not only from impoverishment but also health problems, mostly due to the aftermaths of the prolonged war. The majority of the aged were living in traditional farming communities, being cared for by their adult children.

However, during the past 60 years, Korea has made remarkable progress. In the majority, this is an outcome of the incessant execution of ambitious development projects. We have implemented novel economic development policies along with modernized social welfare policies. An example of these national undertakings is the establishment of Korea's advanced national pension system, national health insurance and long-term care insurance systems. We have also substantially expanded facilities for elderly persons' care and services.

Still, in the process of such nationwide development, we also had to encounter adverse major changes in the country's economic structure and an alteration of the traditional family system. Accompanied by these major changes came this new problem - population aging. Today, we are witnessing a rapid process of aging, mainly due to increased longevity. Extremely low fertility rates aggravate the problem. It is predicted that, by the 2030s, Korea's population will become the first or the second oldest in the world. Thus, Korea is now facing unprecedented challenges.

Distinguished gerontologists and geriatricians of the world, you are now about to share with each other your valuable scientific knowledge and research findings on aging. I hope you will generously provide us with validated, pragmatic solutions to the issues of our common concern. It is also my belief that the wisdom, knowledge and experience attained in developed countries can be shared with younger developing nations. That way, directions can be provided for all nations, regardless of their socio-economic resources, and implementable in whatever stage of population aging they might be.

Along with such activities, I also wish that the experience that Korea itself has accumulated in the process of development can be fruitfully shared with other countries.

The World Congress of Gerontology and Geriatrics as a truly historical event ought to become a valuable arena, where knowledge and wisdom, as well as the experience generated in the Western and Eastern cultures can be successfully exchanged to generate synergic effects.

Ladies and gentlemen, I lastly hope sincerely that all of you will enjoy the beauty of the nature and the friendship of people of our country, and that you will have a most pleasant stay and achieve great success at the congress.

I thank you very much.
OPENING REMARKS

Shin Young-soo
WHO Regional Director for the Western Pacific

Distinguished participants, honourable guests, colleagues, ladies and gentlemen. I am honoured to speak at this opening session of the 20th World Congress of the International Association of Gerontology and Geriatrics.

Ageing and health is a very important issue in the WHO Western Pacific Region. I commend the International Association of Gerontology and Geriatrics for its work and vast experience on ageing and health. I am pleased that the 20th World Congress is meeting in Seoul. The Republic of Korea is one of the world’s most rapidly ageing societies. And it is an ageing-friendly society, with a strong national policy on ageing. We have much to learn from countries such as the Republic of Korea. I also wish to commend the Government of the Republic of Korea for hosting this Congress. This is an excellent opportunity to exchange views and discuss ideas with partners from around the world.

I have three important messages today. First, population ageing is actually good news. Second, the window of time for action is short, so we must act now. And third, we already know much about what we need to do on ageing and health.

Let us consider my first message — that population ageing is actually good news. We must reject the notion that population ageing is a problem — something that will incur huge costs for governments, communities and families. I encourage everyone to view population ageing as a positive outcome — as an opportunity. People are now living longer than ever before — and that’s a success story for public health. Member States in our Region have made great strides in preventing and managing chronic diseases and in promoting healthy behaviours. They have expanded universal health coverage and strengthened health systems. Population ageing is the positive result of these successes. Of course, we recognize that an ageing population presents challenges. But it also provides an abundant and valuable resource — our older people.

Public and media attention too often focuses only on the challenges of ageing. There are fears that an ageing population will increase spending on health and welfare. These concerns are not entirely misplaced. We need advice from those of you who are experts in health economics and financing and in social security and welfare to identify new and sustainable options. If we tackle ageing and health properly, older people will continue to remain a vital resource in all of our communities. Indeed, in Asian societies, we have a tradition of honouring the wisdom and experience of our elders.

We all recognize that the economic and political influence of older people is on the rise. If we ensure that older people can retain their health and live in environments that promote their active participation, their experience, skills and wisdom will continue to be a great resource in their communities. My second message is that the window of time for action is short — so we must act now. Population ageing is both inevitable and predictable. The modern world is ageing at an unprecedented rate. Globally and in the Region, the proportion of the population above 60 is growing faster than any other age group.

In 2010, there were more than 235 million people aged 60 years and above in the Western Pacific Region, accounting for over 13% of the population. This proportion is expected to almost double between 1995 and 2025. The Western Pacific Region is a vast and diverse Region. We have the most “silver” country in the world — Japan. A tipping point was reached in Japan more than 20 years ago when the population aged 60 years and older first exceeded the population younger than 14 years. But our Region also has countries in which the majority of the population is young, such as Cambodia, Papua New Guinea and the Philippines. These countries have time to prepare for the inevitable greying of their populations. But they don’t have that much time.

In the past, it took up to a century for the proportion of older people in a country to double. Australia and New Zealand took more than 50 years to double their share of people aged 60 years and older. Now countries might double the share of their older population in just a generation. For example, here in the Republic of Korea, the number of people aged 60 years and above is projected to double from about 16% in 2010 to nearly 31% in 2030 — a very dramatic change in only 20 years. The speed of population ageing is expected to be especially rapid in low- and middle-income countries in the Region. Therefore, they face a much shorter time frame to prepare.

People live longer — but how can we ensure that longer lives are also healthier lives? This question brings me to my third message: We already know much about what we need to do. Ageing and health is not a new issue. Many of you have been working in this field for decades — leading the quest to find answers and solutions. It is critically important for every country to have a
comprehensive national policy that responds to the ageing of its population. WHO is committed to supporting Member States in developing such policies.

These policies need to address several key areas, including health, employment, social security, the environment and housing. I would like to highlight four areas of action in health that WHO views as essential: First, we need to build age-friendly environments through intersectoral action. Such environments support the health and well-being of older people and empower them to live active and productive lives. This can be achieved, for example, by policies that ensure open spaces for physical activity or the availability of affordable and nutritious foods.

We increasingly hear calls for intersectoral action in health. Ageing and health is one area where we need to work more closely with other sectors, such as transport, housing, social security and finance. This can ensure that we create truly supportive and age-friendly environments.

One example of how WHO is supporting this work is the Global Network of Age-Friendly Cities and Communities that aims to bring together cities and communities that share a commitment to become more age friendly.

A second approach is to promote healthy ageing across the life-course and prevent diseases among older people. Older people comprise a large share of those with noncommunicable diseases. In the Western Pacific Region, these diseases — which are preventable — are the leading causes of disability, morbidity and mortality. WHO advocates a life-course approach to healthy ageing. We recognize that good health in older age depends largely on choices made early in life — choices such exercising, eating healthy and not smoking — that minimize risk factors for ill health.

Thirdly, we must promote universal health coverage through age-friendly health systems. What does this mean? It means that population ageing must be incorporated into national health plans and policies. And, in turn, health must be featured in national plans on ageing. It also means that we need to strengthen age-friendly primary health care. Health systems need to be reoriented to better respond to the specific health needs of older people, including specialist care.

We need to develop integrated health service delivery models that can provide a continuum of care for older people — from promotion and prevention to treatment, rehabilitation, palliation and end-of-life care. Population ageing is also going to affect health workforce planning. Member States will face increasing demands for care by people such as you — specialists in gerontology and geriatrics. We will also need general health workers with the skills to respond to the health needs of older people.

We need to ensure the appropriate balance between care in informal settings — such as homes — and in formal health-care services. We need to support informal workers, communities and families, with the participation of older people themselves. Technology and innovation are central themes of this conference. New technologies touch the lives of older people in many ways, in particular, innovation in medical and assistive devices such as hearing aids or wheelchairs is a very promising area. But it’s also one with considerable challenges. We must encourage the adaptation and transfer of innovative solutions in an equitable manner.

Another challenge is the strains that population ageing places on health insurance and social security systems. We need to refocus these systems and expand their coverage to equitably meet older people’s health care costs. Older people, like others, face social and economic inequities. For example, women may live longer, but in old age they typically have a poorer quality of life than men.

Inequities women face in education and opportunity make them more likely to be poor in older age. As a result, responses to population ageing need to be gender sensitive. The fourth area of action is the need to strengthen the evidence base on ageing. Reliable information is key to sound policy-making. Data are lacking about the health status and needs of older people, their access to services and the quality of care they receive.

Besides, research and analysis on ageing will need a focus on equity. Older people are not all the same. Breaking down and analysing information by factors such as age, sex, income, and rural or urban location will help us understand and meet the health needs of everyone. For better evidence to be used in policymaking, we must put it in the hands of decision-makers and policy-makers. Our agenda is complex and challenging. There is no “magic bullet”. But there is growing awareness and willingness by governments and societies to address population ageing.

Moving forward will require political commitment, advocacy and strengthened partnerships. Ageing and health cannot be tackled by one institution or one team. This critically important issue requires contributions from governments, nongovernmental partners and older people themselves. WHO is committed to using our convening power to bring together various partners on ageing and health.
SPEECHES AND MESSAGES

We are seeing renewed global and regional action on ageing and health. Three of the six WHO regions already have endorsed strategies on ageing and health. These strategies serve as important catalysts for action in Member States.

In our Region, we have developed a Framework for Action on Ageing and Health. It lays out the four critical areas of action I have just outlined. The issue of ageing and health is on the agenda of the Regional Committee for the Western Pacific — which is our governing body — at its sixty-fourth session in Manila, Philippines, in October 2013.

Your advice and collaboration will be critical as we move forward. We need your knowledge and your passion. We look forward to working with you and with all of our partners — old and new — in finding innovative approaches and solutions. I hope you agree with me when I say that population ageing is not a problem. It is an opportunity. If we act now, our older people will enjoy healthier and more fulfilling lives — and societies will benefit from the socioeconomic impact of good policies and actions.

We also need to encourage another change — a change in the way we think about older people. We need to challenge old stereotypes and reject negative images. Investing in the health of older people has numerous benefits. We need to look beyond longer lives and do more to add life to years. Good health adds life to years. This World Congress is a welcome step in that direction. It has been a pleasure to speak to you today. I would like to conclude by showing a brief video on ageing and health produced by WHO for World Health Day last year.

World Health Day is celebrated each year to mark the founding of WHO in 1948 and highlight a priority health issue. Ageing and health is such a priority health issue for WHO and our Member States.

Thank you.
SUMMARY OF KEYNOTE LECTURES AND SYMPOSIA
DIGITAL AGING: WHY, WHAT AND HOW?
Sang Chul PARK (Well Aging Research Center, Samsung Advanced Institute of Technology, Korea)

Digital Aging is the new concept of aging in the technologically innovated world for the dynamic integrative interaction and adaptation of older individuals with new environment of the innovative artificial technology. Digital Aging can be analyzed in three domains of individual aging, life style changes and social influence. The individual aging is in the domain of Digital Genomics. Since biological nature is holistically analyzed in terms of genomics, as digital terms of genes, it is naturally assumed that nature of biological aging can be fully explained and modulated. The life style changes in the technologically innovated world are in domain of Digital Ubiquitous. With advance of IT, NT and BT, totally new patterns of life styles have been generated, leading to better quality of life with faster speed with higher efficiency. The social influence is in the domain of Digital Divide. Advance of technology results in social divide for haves and have-nots of the digital technology, directly linked to generation gaps between young and old groups, resulting in the neo-ageism. Since Digital Genomics and Digital Ubiquitous can be resulted from technological innovation, it can be readily expected that the quality of life and human dignity in the late stage of life might be improved. But in reality, Digital Divide is ensued, leading to dampening the quality of life and human dignity of the older people. Therefore, it is urgently required to develop the balancing strategy of Digital Genomics, Digital Ubiquitous and Digital Divide in order to overcome the global issue of new aging problem.

PATHWAYS MODULATING AGING? APPROACHES TO EXTEND HEALTHSPAN
Brian KENNEDY (Buck Institute for Research on Aging, USA)

Aging research has entered a new era. In the past three decades, the field has defined hundreds of genes that influence aging in model organisms. These studies have demonstrated that (1) aging can be manipulated relatively easily, (2) that many genetic interventions enhancing longevity also extend healthspan (the highly functional disease free period of life) and (3) there are many protein targets for small molecule interventions that extend lifespan. This latter observation has spawned a new breakthrough area in aging research — the identification of small molecules that promote longevity. Two forerunners are rapamycin and resveratrol, but there are a plethora of other compounds that are emerging in their wake. In this lecture, rapamycin and resveratrol will be explored and the likelihood that the small molecules that emerge from aging research can precede to clinical development will be discussed. Will aging research catalyze a new arena for drug development? Can small molecules be developed that are given to healthy people to maintain them in a disease-free state? Can drug development and preventative medicine more closely align? These questions will be explored.

ACTIVE AGEING: A POLICY FOR ALL AGES?
Alan WALKER (Social Policy & Social Gerontology, University of Sheffield, UK)

This keynote lecture focuses on active ageing and, specifically, the ubiquitous stereotypes of activity and age it evokes. Rather than a policy prescription and set of behaviours uniquely associated with the third age it is argued that active ageing should be ageless: concerned with function rather than age. The lecture starts with a brief overview of the origins of active ageing, its evolution from successful to active ageing, through productive, positive, healthy ageing. The key component of each approach is identified. Then attention is switched to the common stereotype of active ageing and its base reduction to working longer, it is argued that the neo-liberal policy context is the main driver of this reduction rather than science or the interests of older people. The severe limitations of this approach are discussed and include the exclusion of the oldest old and the failure to acknowledge the inherent gender bias in active ageing policies. Finally, an alternative policy approach is outlined, one which emphasizes the core element of all previous constructs: activity. The scientific foundations of the relationship between activity and well-being are summarized. Then the essential principles of a life course approach to active ageing are advanced, including inclusivity (all ages, all functional abilities) and empowerment. Among other sources the lecture draws on research under the UK New Dynamics of Ageing Programme. http://www.newdynamics.group.shef.ac.uk/

CHANGES IN FAMILY STRUCTURE AND CARE OF OLDER PERSONS
Karen A. ROBERTO (Virginia Polytechnic Institute and State University, USA)

The structure of families is changing worldwide. While an increase in life expectancy is resulting in the greater likelihood of more multigenerational families, population trends show future generations of families with fewer members. As a result, individuals in the middle generations will feel the emotional and financial pressures of supporting both their children and older parents, and possibly grandparents simultaneously and for a longer duration than in the past. Additionally, family structures and relationships are becoming more complex, requiring a new understanding of kinship beyond the nuclear family as the conceptual and ideological standard. Older adults acquire or develop relationships as new individuals enter their lives (e.g., in-laws; grandchildren; friends). Other relationships evolve as they expand or renegotiate existing roles (e.g., caregiver; sibling). Ties with partners, biological kin, step kin, chosen kin, and friends have implications for the care of old people. The goal of this presentation is to highlight changes in family structures by expanding upon normative models of kinship to develop perspectives more relevant for examining the roles and responsibilities of contemporary families in light of a rapidly expanding aging population. Scholars and practitioners around the world must attend to transformations of family structures and interpretations of family relationships and roles, both within families of origin and within families created through marriage, choice, adoption, or necessity, as they provide new opportunities and challenges for elder care.
ALPHA-KLOTHO IN HEALTH AND DISEASES
Yo-Ichi NABESHIMA1, Ryota MAEDA2, Hiroaki IMURA3
(1. Graduate School of Medicine, Kyoto University, Japan; 2. Tokyo Metropolitan Institute of Gerontology, Japan; 3. Faculty of well-being science, Fukuyama Heisei University, Japan)

α-klotho was first identified as an aging-related gene and later shown to regulate mineral homeostasis by binding to Na+,K+-ATPase complex and FGF23. However, the precise molecular mechanisms and functional roles of α-Klotho are still unclear. In this lecture, I will focus on two topics. (1) The first is “how does α-Klotho specifically and stably bind to its partners”. Regarding this, we isolated terminal glucuronidated O- and N-glycans from FGF23, and the other α-Klotho binding proteins such as NaK b-subunit, respectively. N-glycans play significant roles for preferential interactions of α-Klotho and its partners. If O-glycan of FGF23 is docked to α-Klotho, the homo α-Klotho becomes more thermodynamically stable, sifting α-Klotho toward a high-affinity state for FGF23. These support our conclusions that α-Klotho acts as a novel glucuronide-binding lectin and that the glycan initiates conformational/allosteric changes by docking to target proteins, leading to stabilized interaction. (2) The second is “how can we ameliorate the premature aging related phenotypes seen in α-klotho-/- mice”. We found that daily administration of calpain-1 inhibitor strikingly ameliorates phenotypes such as cardiovascular/soft tissue calcifications, bone mineral density reduction, pulmonary emphysema, atrophies of skin/ovary/testis/thymus/spleen, and so on. We also found that FGF23, Osteopontin, Runx2, and RANKL are ectopically induced in the aorta and arteries of α-klotho-/- mice in accompany with the progression of cardiovascular calcification. These support the clinical evidence that FGF23 levels are highly associated with the cardiovascular mortality and allow us to propose that calpain-1 inhibition may prove useful in the alleviation of aging related syndromes.

DRUG TRIALS FOR ALZHEIMER’S DISEASE: WHAT HAVE WE LEARNED, AND WHERE ARE WE ARE GOING?
Bruno VELLAS (Gerontopole, University of Toulouse, France)

After modest success in bringing symptomatic therapy to the clinic, there is still high drug discovery need for effective disease-modifying treatment for the worldwide exploding epidemic of Alzheimer’s disease (AD). From the development of the first transgenic mouse model of brain amyloidosis, and the report on the effect of active immunization against aggregated amyloid peptide on this model, anti-amyloid immunotherapy has been the leading strategy for disease-modifying drug development. However progress has been slow. While efforts turned to the development of safer active vaccines, using short sequence antigens to minimize toxicity mediated by cellular immunity, many investigators sought development of passive immunotherapy. At least 6 monoclonal anti-amyloid antibodies have advanced into mid- and late-phase trials. Results of the two largest AD drug development programs to date were announced recently, indicating little clinical benefit to immunologic attack on amyloid at the dementia stage of sporadic disease. In an international Phase III trial program involving four thousand individuals with mild to moderate AD, bapineuzumab did not demonstrate a favorable impact on the primary cognitive and functional measures. Two phase III studies of solanezumab failed on their primary cognitive and functional measures; however, planned, post-hoc pooled analyses of individuals with mild AD dementia did show cognitive benefit with treatment, so the development of this agent for the treatment of AD dementia will continue with a confirmatory clinical trial planned for launch later this year. In contrast to bapineuzumab, solanezumab is a humanized monoclonal antibody that targets a mid-sequence amyloid peptide epitope. This antibody binds tightly to monomeric amyloid peptides, but not to aggregated or fibrillar forms. Cenezumab is a monoclonal antibody that binds to both N-terminus and mid-sequence epitopes, and shows high affinity for fibrils. Like bapineuzumab, early studies demonstrated that treatment reduced brain amyloid as indicated by PET imaging, supporting target engagement. Trials in mild to moderate AD and prodromal AD are under way. SAR228810 is a humanized antibody that recognizes a particular conformational epitope that allows it to bind specifically protofibrils and fibrils. A phase 1 single and multiple dose administration clinical study in patients with Alzheimer’s Disease is ongoing. To optimize the development of disease-modifiers, careful attention must be directed to lessons from these studies. What characteristics of antibodies (eg, epitope specificity, tightness of binding, inflammatory potential) relate to biomarker, cognitive and adverse effects? How robust is reduction in amyloid PET signal? What is the impact on biomarkers of AD neurodegeneration such as cerebrospinal fluid tau and p-tau? How does immunotherapy alter regional atrophy rates as indicated by volumetric magnetic resonance imaging? Is there evidence relating biomarker effects to impact on cognition? Which cognitive assessments are most sensitive to immunotherapy effects? How do subject characteristics such as disease severity and genotype influence immunotherapy effects? Secondary prevention trials, at very early stage of the disease, seem much more likely than the recent dementia stage trials to demonstrate beneficial effects of anti-amyloid therapy on clinical progression. Drugs trials have to be now hosted in such well defined cohort studies. Several bace inhibitor are also in progress as well that new drugs targeting tau. Other approaches include multidomain preventive trials, eg nutrition intervention plus physical and cognitive exercise several projects have been funded worldwide. In this key note lecture an update will be presented on current drug trials in Alzheimer’s disease focusing on disease modifying drugs.
HEALTH CARE THROUGH GERONTECHNOLOGY
Alain FRANCO (Nice University Hospital, France)

Population aging and increase of longevity deeply modify socioeconomic basis of developed nations and their founding health and social paradigms. The most illustrative changes are the current shifting for the Health paradigms. As a person grows in age he/she might face multiple problems related with multiple acute or chronical diseases (polypathology, comorbidity) instead of a unique disease (monopathology) which is the usual case for younger persons. In that situation the objectives for health professionals are different. Monopathology leads to a disease management strategy needing a right diagnosis related to the 10th WHO International Classification of Diseases and an adapted if possible curative treatment. In case of multiple and chronical diseases it might not be possible to cure simultaneously all the patient’s diseases and the focus is to maintain the activity at the personal and social level that means quality of life, prevention of avoidable disabilities, rehabilitation, pain’s relief, care and indeed cure if possible. This new health paradigm is legitimated by the 2001 WHO International Classification of Functioning, ICF. Aging population is not uniform. It is better described with three different situations, morbidity, frailty and successful aging. A/Morbidity corresponds to the last part of the life leading to diseases, disability, dependency, long-term care and end of life situations. The good news for all of us is that there is a compression in morbidity in the aging countries, as described by demographers. That means that the rate of population in a morbid status decreases regularly, or in other words that the time life for morbidity is reduced more and more as the healthy part of life is increasing. B/ Frailty has to be better scientifically defined but this state corresponds to a reduction of functional reserves of persons and an increase of risk for a morbid situation shifting. This frailty status is a step to morbidity and all geriatric teams in the world are actively looking for finding of some reverse solutions. C/ Successful aging relates to an increasing proportion of aging persons, mainly in developed countries. It describes the fact that more and more aging persons are fully active in social and even professional life and remain in good health condition. Successful aging is probably the result of modernization, social and health progresses and healthy global conditions. Active and healthy aging becomes a political goal as it makes longevity growing happy for the persons and affordable by the families, the society and national economies. European Innovation Partnership for Active and Healthy Ageing and its plus two years active and healthy aging for European Citizens in 2020 is a current example. Other paradigms are changing as re-emphasis of primary care and home care, healthy aging as a human right, social solidarity and political concern of aging and healthy issues, and sustainable health systems and practices with the hope that the coming world economic crisis do not threaten the current progresses. But, the main goal is prevention of disability for all citizens including ageing persons, anticipation and preservation of functional independency. It needs a pro-active policy and a societal consensus. Technologies and services have a major role to play, in helping to maintain functional independency for the citizens upstream to the health issues, system and financing, and in increasing care productivity (1). Gerontechnology is defined by the ISG (2) as designing technology and environment for independent living and social participation of older persons in good health, comfort and safety. Actually all economic sectors may be involved, nutrition, transports, education, sports, cosmetics, finance, communication. All these sectors adapted to the digital revolution are able to contribute to the reduction of avoidable disabilities of aging population. It is probably in the mass economy that soft solutions may be efficient, adapted and respecting the aging consumer as an active economical actor, and avoiding to increase the financial burden of the health and social budgets. (1) Colombo, F. et al. (2011), Help Wanted? Providing and Paying for Long-Term Care, OECD Health Policy; Studies, OECD Publishing, http://dx.doi.org/10.1787/9789264097759-en; (2) International Society for Gerontechnology. http://www.gerontechnology.info.

POPULATION AGEING ISSUES IN DEVELOPING COUNTRIES
Peng DU (Institute of Gerontology, Renmin University of China, China)

Population ageing in developing countries has been accelerating and accounts for an increasing proportion of the world older persons, among the 810 million people aged 60 years or over in the world in 2012, 65.5% are living in the developing countries and it is projected to further increase to 79.4% by 2050. Meanwhile, the proportion of the older persons in developing countries will increase from 9% in 2012 to 20% by 2050, a similar level as that of the developed countries at the beginning of this century. Therefore, with less economic resources and shorter time to adapt to the more rapid population ageing process, how to meet the challenges of the ageing issues in developing countries will play a crucial role of achieving the global goal of “a society of all ages”. Population ageing has extensive socioeconomic implications in developing countries, many latent ageing issues in the traditional societies have emerged as the urgent social issues and fundamentally changed the socioeconomic systems and national strategies to adapt for. The erosion of family support function due to fewer children and emigration of the family members requires more adequate social pension, Medicare and daily care support from the society and communities; the changing living arrangements and increasing number of older persons with ADL difficulties and dementia need better long term care system and services; the new generations of healthier and better educated older persons need a more enabling social environment to actively participate the development, to promote new intergenerational relationships, to narrow and eliminate gender inequality, to develop more comprehensive protection system of the rights of older persons. Although some ageing issues are common in both developed and developing countries, a variety of ageing issues are more severe and become policy priorities in the developing countries, such as poverty, rural ageing, HIV/Aids, older persons in emergency situations, the lack of universal social pension, health program and services, gender discrimination, poorer housing condition, worsening affected by the financial crises and very limited protection by the laws and public policies. Most developing countries have already realized the urging needs to tackle the ageing issues and many countries have been trying to make efforts to adapt to the trend of population ageing and the changing needs of older persons and their families especially since the first UN World Assembly on Ageing in 1982, more active and concrete actions have been

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taken after the adoption of MIPPA in 2002 to meet the challenges of population ageing. The key progresses in the diverse developing countries include the development of social security system, community elderly services and institutional care, the efforts to have specific national strategy on ageing and the laws and policies to improve the life of older persons, more systematic collection of data through the census and surveys, increasing number of the professional geriatricians, gerontologists and social workers, etc. However, comparing to the developed countries, huge gaps in various aspects of systems, policies, research and practices on ageing issues still widely exist in developing countries, and far more efforts should be made before the age boom to come.
The panelists presented results which consolidated previous scientific findings about the relationship between metabolic efficiency and enhanced stress responsiveness during the life-span via extending effects of dietary restriction. The symposium focused on the exchange of ideas among speakers and the audience, as well as the elucidation of putative signals for longevity, which contribute to developments of interventions for a long life-span without serious illnesses in humans.

EPIGENETIC REGULATION OF AGING
J. M. SEDIVY (USA)

J. M. SEDIVY (USA); N. BARZILAI & G. ATZMON (USA); Z. ZHOU (Hong Kong)

Replicative cellular senescence contributes to the overall aging process. Investigators demonstrated how some of large-scale genomic changes take place, activated in normal senescent cells. One of the main statements of the session has been that exceptional longevity is characterized by genetic and epigenetic changes, and that initial discovery can lead to the discovery of counteracting drugs.

MITOCHONDRIA QUALITY CONTROL AND AGING
N. G. LARSSON (Germany)

N. G. LARSSON (Germany); T. ISHII, P. S. HARTMAN, & N. ISHII (Japan); G. YOON, H. O. BYUN, H. J. JUNG, & Y. M. KIM (Korea); E. HWANG (Korea)

Mitochondria quality deteriorates during aging. In this session, the nature of mitochondrial dysfunction and their roles in aging was revisited, and newest research about the molecular nature and metabolic modulation of cellular mechanisms that control mitochondrial quality was discussed.

AGEING INTERVENTIONS AND MECHANISMS
V. KHAVINSON (Russia)

V. KHAVINSON & B. VANYUSHIN (Russia); S. RATTAN (Denmark); S. KAUL & R. WADHWA (Japan); O. KORKUSHKO, V. SHATYLO, & V. ISCHUK (Ukraine)

At the biological level, accumulation of molecular damage during aging is a universal characteristic. In this session, the following topics were presented: Geroprotective activities of small peptides, the genetic and epigenetic regulation of cell proliferation, as well as a depiction of hormetics, hormesis, and hornetins.

STEM CELLS REGULATION AND USE DURING HEART AND LIVER REGENERATION
M. VINCI GUERRA (United Kingdom)

M. FERNANDEZ FRAGA (Spain); M. ALISON (United Kingdom); A. P. BELTRAMI (Italy)

In this session, current advancements in the comprehension of the epigenetic and signaling mechanisms regulating stem cell differentiation and homeostasis were presented, as well as perspectives on the use of stem cells for cardiac and liver regeneration upon pathologic insults and other damages.

CONSERVED MECHANISMS OF AGING – FROM MODEL ORGANISMS TO MAN
M. KAEBERLEIN (USA)

M. KAEBERLEIN (USA); B. KENNEDY (USA); J. D. HAN (China); Y. SUH (USA)

Studies of model organisms have led to the identification of many genetic and environmental determinants of longevity. This session discussed progress in our current understanding of aging mechanisms and the potential for developing interventions that alter the aging process, as well as the development of age-associated diseases by scrutiny through the aforementioned angles.

STRESS RESPONSES AND HOMEOSTASIS IN AGEING
A. VAISERMAN (Ukraine)

K. K. MURADIAN (Ukraine); K. J. MIN (Korea); A. VAISERMAN (Ukraine)

The molecular mechanisms of hormesis can trigger a stress response cascade and they can also act on other pathways of maintenance and repair. The purpose of this symposium has been to discuss recent advances in the study of the molecular mechanisms that link aging to main stress response pathways, and that mediate age-related changes in the effectiveness of stress responses.

NUTRITIONAL INTERVENTION IN AGEING
D. K. INGRAM (USA)

A. ISHI GAMI (Japan); J. LEE (South Korea); D. K. INGRAM (USA); G. S. Roth (USA)

Nutrition represents a major influence in the aging process. Both malnutrition and “over-nutrition” can increase the vulnerability to age-related diseases. Various functions can be impaired and longevity reduced. Identifying the biological mechanisms of aging affected by nutritional variables has been the subject of intense investigation over many years. This symposium covered a variety of important topics (nutrition, vitamin C, neurogenesis, stem cells, calorie restriction, glycolysis), highlighting nutritional interventions in aging and proposing research agenda for the future.
PRESIDENTIAL SYMPOSIA

CLINICAL MEDICINE

ARTERIAL COMPONENTS OF AGE-RELATED DISEASES
A. BENETOS (France), K. KOHARA (Japan)
O. HANON (France); K. KOHARA (Japan); A. BENETOS (France); J. B. PARK (Korea)
Arterial stiffness is related to changes in body composition and may be an underlying factor aggravating the process of general frailty in the elderly population. The session’s main message was that interventions in older cohorts should be a priority in order to address these risk factors by acting on changes in the current lifestyle. The “Vascular Aging Continuum” helps in understanding these concepts, and has been described and discussed in the symposium.

FRAILTY AND SARCOPENIA
J. HALTER (USA), H. CHOI (Korea)
L. K. CHEN, L. K. LIU, W. J. LEE, & L. N. PENG (Taiwan); J. E. MORLEY (USA); J. P. MICHEL (Switzerland); H. ARAI (Japan)
Studies conducted in Asia showed that appendicular muscle mass adjusted by height square was closer related to muscle strength and physical performance than muscle mass adjusted by weight. A combination of resistance training and multi-nutritional supplementation may be more effective for improving muscle mass and walking speed than interventions based solely on resistance training.

DISEASE OR DISABILITY – IMPACT OF GERIATRIC DISEASES ON FUNCTIONAL OUTCOME
R. TAKAHASHI (Japan)
H. KIM (Japan); D. H. OH, S. A. KIM, B. Y. CHOI, H. Y. LEE, & J. H. NAM (Korea); M. AKISHITA (Japan); C. Y. CHEN (Taiwan)
This symposium covered the impact of geriatric diseases on certain selected functional outcomes. The presentations illustrated that combined effects of both exercise and heat therapy, the potential effect of family structures and polypharmacy can predict and can also provide opportunities to prevent poor outcomes in daily functioning and to improve quality of life per se.

INTEGRATING GERIATRICS INTO ONCOLOGY CARE
M. EXTERMANN (USA)
M. EXTERMANN (USA); J. H. KIM (Korea); R. KANESVARAN (Singapore)
Three aspects were highlighted in this symposium: (1) Recent models that can be used to assess the individual risk of experiencing toxicity from chemotherapy, (2) how a multidisciplinary approach to the treatment of colon cancer can, at the same time, present both challenges to the elderly, but also be an opportunity for efficient implementations of geriatric evaluations and interventions in the management plan, and (3) recent studies that analyzed the impact of multi-disciplinary oncogeriatric interventions on the outcomes of cancer in elderly patients.

LATE LIFE DEPRESSION – ADVANCES IN RESEARCH AND TREATMENT
D. R. ROYALL (USA)
D. R. ROYALL (USA); D. W. LEE (Korea); S. Y. YUM (Korea)
Mild cognitive impairments may invite dystonic diseases such an inflammatory response. They are thus secondarily related to potential dementias but - more specifically – closer related to depressive symptoms in dementing illnesses. Accompanying developments in genomics offer promises for vulnerability-to-depression (depression-proneness) identification by way of assessing those indicators, as well the odds of success to treatment.

SLEEP DISORDERS AND THE OLDER ADULT
P. ZEE (USA)
P. ZEE (USA); D. BLIWISE (USA); M. S. CHONG (Singapore)
In this session, age-related changes in sleep dynamics and circadian rhythms, including their impact on certain aspects of cognitive performance, as well as the overall quality of life were presented. Various interventions were reviewed in terms of how they might aid in alleviating sleep disturbances in acutely hospitalized delirious older adults.

LATE LIFE DEPRESSION - ADVANCES IN RESEARCH AND TREATMENT
D. W. LEE (Korea), D. R. ROYALL (USA)
D. R. ROYALL (USA); D. W. LEE (Korea); S. Y. YUM (Korea)
Depression is a disease that is commonly observed in the elderly. This session presented new perspectives on depression and dementia, and cognitive deterioration, the so-called “DED syndrome”. In addition, the limitations of antidepressants and other kinds of therapy were discussed.

SLEEP DISORDERS AND THE OLDER ADULT
P. ZEE (USA)
P. ZEE (USA); S. Y. YOON (Korea), P. ZEE (USA); M. S. CHONG (Singapore); S. ANCOLI-ISRAEL (USA)
Sleep disorders are common in the older adult, yet they are more of an additional disturbance to other medical or psychiatric illnesses, medications, changes in circadian rhythms or primary sleep disorders with a high, non-aging-related prevalence. The objectives of the session were to inform geriatricians about the importance of obtaining sleep characteristics information of their older patients for efficient treatments of sleep disorders with the eventual aim to improve life quality.
PREVENTING DELIRIUM IN HOSPITALIZED PATIENTS – INSTITUTING THE HOSPITAL ELDER LIFE PROGRAM (HELP)
S. Y. MOODY (Japan)
S. Y. MOODY (Japan), M. HONDA (Japan), N. HONG (Korea)
In this symposium, the following objectives, using an interactive approach, had been the aims: (1) Delivering a review, a definition, the identification of risk factors, the epidemiology, pathogenetic mechanisms, as well as the prevention, diagnosis, and treatment of delirium, (2) discussing the Inouye Hospital Elder Life Program (HELP) and its goals, and (3) supplying an example from Japan to describe one method of developing and implementing HELP.

THE INTERPLAY BETWEEN FALLS, OSTEOPOROSIS AND MOBILITY DISABILITY: THEIR IMPACT IN SEVERAL POPULATIONS
J. R. JAUREGUI (Argentina)
M. MONTERO-ODASSO (Canada); G. DUQUE (Australia); J. R. JAUREGUI (Argentina)
Falls, osteoporosis, and restricted mobility play a significant role in older adults’ quality of life. The main purpose of this symposium has been to discuss the relationship between falls, osteoporosis and disability in several types of populations such as differentiated by socio-economic status (poor vs. highly educated). It is well-known that a low socio-economic status displays associations with bad outcomes in various realms of elders’ functioning, but in some occasions or with specific therapeutic approaches, such can be remedied or altered.

U-HEALTH CARE IN AGING SOCIETY
N. J. PAIK (Korea)
S. K. MUN (USA); N. NAKASHIMA (Japan); H. HWANG (Korea)
According to the panel, the goals of U-Health development for the elderly are fully individualized. Concerns focus on mobility, to support people at home or in-home care facilities, to improve the delivery of health and social care, and to continuously, appropriately and effectively aid to improve elders’ quality of life. The session covered current U-health experiences in the US, Japan and Korea, accentuating the necessity to expand this industry while emphasizing its safety, efficiency, and effectiveness.

PREVENTION OF DEMENTIA
L. WHITE (USA)
L. WHITE (USA); S. H. RYU (Korea)
It has been suggested in this session that there exist modifiable risk factors that could become the target for specific preventive intervention strategies, notwithstanding the incomplete understanding of dementia pathogenesis. Recent findings from autopsies on individuals having participated in several longitudinal, population-based studies identified aspects that are likely contributors to the problem. A multi-strategic memory training with meta-memory components may improve memory ability. Such results suggest that cognitive training can delay dementia onset in the elderly.

HEALTH PROMOTION AND DISEASE PREVENTION FOR OLDER PERSONS
J. L. YOON (Korea)
J. L. YOON (Korea); L. K. CHEN (Taiwan); H. ARAI (Japan)
In this session, thorough up-to-date reviews were presented. Also, information on consensually appropriate, evidence-based health promotion and disease prevention programs for individuals towards healthy and successful aging was delivered.

SOCIAL AND BEHAVIORAL SCIENCES

NEW PERSPECTIVES ON SUCCESSFUL AGEING - CROSS-CULTURAL AND INTER-DISCIPLINARY APPROACHES
C. PHILLIPSON (United Kingdom)
T. CALASANTI (USA); L. L. THANG (Singapore); C. BROWNING (Australia); S. TORRES (Sweden)
The concept of successful aging was examined. Topics ranged from middle-aged individuals’ views of successful aging, cultural and inter-generational differences, and a bi-national comparison to successful aging in a migration context.

PRODUCTIVE AGING INITIATIVES IN ASIA - BEST PRACTICES FROM KOREA, JAPAN, SINGAPORE AND INDONESIA
K. L. BRAUN (USA)
K. L. BRAUN, T. OGAWA, T. KAY, T. B. RAHARDJO, & D. H. HAN (USA); T. B. W. RAHARDJO, L. KUSDHANY, R. I. ISMAIL, V. P. DEWI, D. A. NUGRAHA, S. L. DIPONEGORO, & E. HOGERVOST (Indonesia); T. KAY (Singapore); D. H. HAN (Korea); T. OGAWA (Japan)
Best-practice descriptions on productive aging were delivered for Asian countries, namely Korea, Indonesia, Singapore, Japan per se, as well as the Japanese city Fukuoka. An introductory talk about the issue covering all countries under scrutiny provided a sound base for comparison of the information delivered in the symposium.

CHANGING TIMES AND FILIAL PIETY
K. T. SUNG (Korea)
N. W. S. CHOW (Hong Kong) Y. SOMEYA (Japan); A. K. L. CHAN (Singapore) P. DU (China) K. T. SUNG (Korea)
Presenters from five East Asian nations report that, although the ideal and values upon which filial piety is rooted remain influential, the way in which filial piety is practiced is being modified as lifestyles and living environment change. In all nations, the practice is shift-
PRESIDENTIAL SYMPOSIA

FACING THE CHALLENGES OF LATER LIFE: LESSONS FROM SCIENCE OF PSYCHOLOGY OF AGING
B. KNIGHT (USA)
C. HERTZOG (USA); H. H-I. FUNG (Hong Kong); B. KNIGHT (USA); N.A. PACHANA (Australia)
Importance of positive emotions as the coping mechanism in later life.

INTERNATIONAL PERSPECTIVES ON FAMILY ROLES AND OBLIGATIONS
N. KEATING (Canada), A. LOWENSTEIN (Israel)
M. SILVERSTEIN (USA); R. KATZ, A. LOWENSTEIN, & D. HALPERIN (Israel); S. BIGGS (Australia)
Intergenerational relationships were examined, covering Europe, the USA, Israel, and Australia. The talks were, among others, about the impact of cultural forces on aging families, Israeli-European comparisons of potentially detrimental family relationships, and Australian family identity issues.

NAVIGATING NEW HORIZONS AT THE END OF LIFE
M. O’CONNOR (Australia)
M. O’CONNOR, K. KIM, H. Y. L. CHAN & E. W. H. POON (Australia); W. H. POON (Singapore); H. Y. L. CHAN (China); K. Y. KIM (Korea)
Presenters from the Asia-Oceania region explored the interrelatedness between palliative care and other care services for elders. The currently changing view of medical educators on end-of-life care issues and the needs for curriculum changes in medical schools have been discussed.

PROCESS OF RETIREMENT AND QUALITY OF LIFE OF BABY-BOOMERS FROM INTERNATIONAL PERSPECTIVE
G. HAN (Korea)
H. VAN SOLINGE (Netherlands); A. CHAN (Singapore); G. HAN (Korea); J. RAYMO (USA)
Presentations examined differences in opportunities among age cohorts in terms of leading an active life after retirement. Baby boomers, once thought to be a “lucky cohort” due to their activities in times of fast societal growth, turned out to be not that fortunate in labor markets because of the economic depression. Cross-cultural differences in the actualization of retirement plans and employment patterns of the baby-boom cohort have also been explored.

OLDER PERSONS’ ATTITUDES TOWARDS INFORMATION TECHNOLOGY AND INFORMATION SOCIETY
Y. SEO (Korea)
Y. SEO (Korea); A. ANTONIETTI, N. CHARNESS, H. KORT & R. BEST (Netherlands); Y. URANO (Japan)
This session affirmed that the use of information technology (IT) can significantly improve old persons’ self-esteem which, in turn, has a positive impact on their quality of life. Senior-friendly IT products and services need to be further developed.

RESEARCH, POLICY AND PRACTICE

THE INTERVENTION OF AGEING - APPROACHES AND STRATEGIES FOR THE DIGITAL AGEING ERA
D. INGRAM (USA)
K. T. SUNG (Korea); T. TABIRA (Japan); B. CHO (Korea); B. P. YU (USA)
Changes in values regarding East Asian elderly, pharmacodynamics of new dementia interventions, a comprehensive overview of geriatrics, and an epigenetic anti-aging approach were covered.

GOVERNMENTAL RESPONSES TO GLOBAL AGEING - LESSONS FROM SIX NATIONS
F. M. TORRES-GIL (USA)
S. J. CHOI (Korea); S. CARMEL (Israel); F. M. TORRES-GIL (USA); G. RAE (United Kingdom)
Six countries’ governmental responses to over-aging phenomena were presented. Speakers were from South Korea, Israel, Japan, the USA, and Great Britain, who covered also specific aspects such as elder needs, infertility rates, and legislative issues.

CROSS-ORGAN AGEING IS A KEY TO CARDIOPULMONARY DISEASE IN THE ELDERLY
M. AKISHITA (Japan)
M. ETO (Japan); K.I. KIM (Korea); L.K. CHEN, C.I. LIU, L.Y. CHEN, & M.H. LIN (Taiwan); T. OHRUI (Japan)
Old-age-associated cardio-pulmonary diseases were discussed in presentations from Japan, Korea and Taiwan. The individual talks stressed the complexity regarding diseases across the life-span, involving - among others - the endocrine and muscular-skeletal systems, as well as the respiratory tract.

GERIATRIC SYNDROMES RELATED WITH FRAILTY, DEMENTIA, AND DIABETES MELLITUS
H. BERGMAN (Canada)
H. J. YOO (Korea); K. TOBA, S. KIMURA, Y. YAMADA, R. NAKAI & K. KOZAKI (Japan); H. BERGMAN (Canada)
Frailty, dementia and diabetes in terms of geriatric syndromes. The features and management of these diseases are discussed.
PRESIDENTIAL SYMPOSIA

IMMUNE FRAILTY AND DEFENSE AGAINST INFECTIONS
G. PAWELEC (Germany)
J. M. LORD, N. A. DUGGAL, J UPTON & A. C. PHILLIPS (UK); T. FULOP (Canada); B. BLOMBERG (USA); A. AKBAR (UK)
This session informs of ageing effects upon human immune systems, in particular to the aged.

COMPARATIVE LONG-TERM CARE SYSTEMS IN EAST ASIA
S. KWON (Korea)
T. ZHANG (China); H. HASHIMOTO (Japan); S. KWON (Korea); Y. C. LEE (Taiwan)
Long-term care (LTC) systems were described for China, Japan, Korea and Taiwan. While the Chinese and Korean presentations were mainly describing LTC infrastructures as such, the Japanese contribution was salient, because it examined reform debates, while the Taiwanese speech had a unique focus on universal LTC insurance schemes.

HOUSING DEVELOPMENT FOR SENIORS
Y. S. LEE (Korea)
A. P. GLASS (USA); H. TAKAHASHI (Japan); Y. S. LEE (Korea); Y. E. VAN AMERONGEN-HEUER (Netherlands)
In this session the following contents were delivered: Empirical research results pertaining to beneficial aspects of elder cohousing, elders’ consultations for building senior housing, innovative socially integrated housing models, and healthy housing to maximize the quality of life for individuals with dementia. Ensuing discussions evolved around socially integrative elder cohousing - an architectural intervention in aging.

ADAPTING LOW AND MIDDLE INCOME COUNTRY HEALTH SYSTEMS TO AGEING POPULATIONS
I. ABODERIN (Kenya)
R. CUMMING (Australia); X. PEI (China); M. ROMERO (Mexico); J. BEARD (Switzerland)
Presenters - in unison - stressed the need that health systems must reorient themselves and be reorganized. This is, for instance, the case in sub-Saharan Africa which faces a very massive increase of old people. China is grappling with the inappropriate use of resources, a poor health system regarding geritification, and a reluctance of willingness for coordination among government sectors. In Mexico, Seguro Popular helped to provide medical services for old people, but they need to be improved in terms of quality.

LEVERAGING RESEARCH TO INFORM PRACTICE AND HEALTH POLICY
X. DONG (USA)
M. SIMON & X. DONG (USA); M. SIMON (USA); X. DONG, M. SIMON, & E. CHANG (USA); G. GUTMAN (Canada); M. LEE (Korea); B. L. PENHALE (United Kingdom)
This session addressed the need for collective efforts of all disciplines, as well as national and international organizations, to counteract elder abuse better. The roles of elder abuse organizations were illuminated, i.e. they bring together researchers, practitioners and policy makers to tackle the issues of victim identification and prevention.

SENIORS, DISASTERS, AND CLIMATE CHANGE - LESSONS FOR RESPONSE, RECOVERY, MITIGATION AND PREVENTION
G. GUTMAN (Canada)
A. PERWAIZ (Thailand); F. KUPANG (Philippines); G. PAUL (Thailand); J. GOODWIN (United Kingdom)
This session focused on the development and implementation of plans for disaster risk reduction. Lessons learned from Japan were adopted to develop disaster preparedness plans with a focus on the aging population. Communities prepared for calamities demonstrably have a low number of casualties among elderly people to lament. The role of elders in disaster preparedness has also been explored.

STRENGTHENING THE RIGHTS OF OLD PERSONS GLOBALLY - ADVANCES AND CHALLENGES
L. MACHADO (Brazil) & A. FRANCO (France)
L. MACHADO (Brazil); R. LANE (USA); I. ABODERIN (Kenya); M. R. GORMAN (United Kingdom); I. PAEK (Korea); A. KARACHE (Brazil)
This session examined the global movement toward the advancement of human rights of older persons and the challenges encountered in strengthening them. Civil society actors, including NGOs, are required to act within a wide range for the process of reinforcing these human rights.
SUBMITTED SYMPOSIA

BIOLOGICAL SCIENCE

INTERVENTIONS FOR PROMOTING HEALTHY AGING
S. ZOU (USA)
M. JAFARI (USA); S. ZOU (USA); D. LE COUTEUR, S. SOLON, A. MCMAHON, K. RUOHONEN, J. W. BALLARD, D. RAUBENHEIMER, & S. SIMPSON (Australia); S. Y. CHO (Korea)

One of the goals in aging research is to develop efficient and cost-effective interventions to lengthen the life-span, to maintain health, and to keep an active lifestyle. The speakers presented overviews of major advancements in aging interventions using nutraceuticals and dietary supplements, such as botanical extracts, microalgal products, and Panax ginseng berry pulp.

AGEING INTERVENTIONS AND MECHANISMS
C. YUN (Korea), R. WADHWA (Japan)
S. KAUL & R. WADHWA (Japan); C. YUN (Korea); M. THAKUR (India)

In this session, aging has been conceived as the progressive accumulation of changes associated with an ever-increasing susceptibility to disease and death. Speakers discussed novel aspects of the molecular biology related to Ashwagandha effects on replicative aging, stress-induced premature aging and age-pathologies such as various types of cancer and brain dysfunctions.

ANTAGONIZE CARDIOVASCULAR AGEING
K. SHINMURA (Japan), H. Y. CHUNG (Korea)
K. SHINMURA (Japan); H. ChoI & J. Y. SUNG (Korea); K. IIJIMA (Japan); H. Y. CHUNG (Korea)

In this session, the panelists discussed novel intracellular signaling pathways involved in vascular aging, pleiotropic effects of caloric restriction on the cardiovascular system, the molecular mechanism by which vascular calcification develops with the vascular aging process, and the potential of sirtuin activation for managing age-related cardiovascular diseases.

MOLECULAR MECHANISMS LINKING ALZHEIMER’S DISEASE AND ITS NON-GENETIC RISK FACTORS - TOWARDS NOVEL THERAPEUTIC STRATEGIES
N. SATO (Japan), M. HIGUCHI (Japan)
N. SATO (Japan); M. HIGUCHI (Japan); T. IKEUCHI (Japan); S. MURAYA MA (Japan)

Emerging evidence indicates that non-genetic risk factors contribute significantly to the pathogenesis of Alzheimer’s disease (AD). In this session, the speakers presented research findings about pathological signaling processes linking diabetes, inflammation, and aging per se, that is, signs indicating the onset of AD with ensuing discussions about novel therapeutic strategies matched to counteract these processes.

RISK PROFILE AND GENETICS IN HEALTHY AGING
C. A. HSUING (Taiwan)
M. M. LEE, C. C. CHEN, & K. LIU(Taiwan); M. TANAKA, M. SAWABE, T. ARAI, S. MORI, M. MURAMATSU, M. N. MIENO, & T. TANAKA (Japan); C. A. HSUING, I. C. WU, W. C. WANG, & I. S. CHANG (Taiwan)

In this symposium, two presentations on risk profiles of different ethnicities for international comparisons were delivered. Additional two speeches dealt with the genetics of aging-related traits such as geriatric diseases and physical functioning.

VASCULAR AGING I - BASIC MECHANISMS
J. R. KIM (Korea)
M. TOHRU (Japan); J. R. KIM (Korea); M. Hui ZOU (USA); C. H. WOO (Korea)

The influence of aging on cardiovascular diseases is, in part, attributable to changes of molecular signaling, which, in turn, involves several patho-physiological mechanisms that need consideration. In this symposium, several basic mechanisms of vascular aging were presented in light of this background.

CLINICAL MEDICINE

IMPROVING CARE IN NURSING HOMES - A SYMPOSIUM OF THE IAGG COMMITTEE ON NURSING HOMES
J. E. MORLEY (USA), Y. ROLLAND (France)
J. E. MORLEY (USA); Y. ROLLAND (France); J. WOO (Hong Kong)

The global agenda developed by the Task Force on Nursing Home Services provides a framework to enhance the quality of nursing home care. These recommendations can potentially be embraced by politicians, physicians, and other health care professionals throughout the world. If this occurs, the quality of life of all older persons is likely to be improved. The session also dealt with robotics, bearing the potential of physical therapy enhancement.

INTEGRATED BIOLOGICAL, CLINICAL AND POPULATION COMPONENTS OF FRAILTY
F. BELAND (Canada)
P. GAUDREAU, T. FULOP, H. PAYETTE, J. A. MORAIS, & F. BELAND (Canada); H. BERGMAN (Canada); L. M. GUTIERREZ-ROBLEDOR (Mexico); F. BELAND, H. BERGMAN, P. GAUDREAU, & H. PAYETTE (Canada)

several potentially modifiable factors, including specific blood signatures, were significantly associated with healthy aging and survival. This suggests that the odds of healthy aging may be, at least in part, within our control.
SUBMITTED SYMPOSIA

HEALTH AND LONGEVITY OF EAST ASIAN ELDERLY FEMALES
T. HAYASHI (Japan)
K. INA (Japan); B. K. YOON (Korea); Z. JIE (China); T. HAYASHI (Japan)
Issues pertaining to characters of post-menopausal women in China, Japan, and Korea were presented, including data from additional East-Asia-based studies.

ESTABLISHING AN INTERNATIONAL UNITED FRONT OF MEDICAL SOCIETIES AND MEDICAL BOARDS AGAINST ANTI-AGING AND AGE MANAGEMENT QUACKERY AND ORTHOMOLECULAR MEDICINE
R. D’AVILA (Brazil), A. SUCKELBERGER (Switzerland)
D. J. HANDELSMAN (Australia); G. ZAFALON, E. COSTA, M. GORIZONI, M. DO CARMO LENCASTRE, J. E. PINHEIRO, C. BURLA, S. PEREIERA, T. PERLS, E. MORIGUCHI, R. DE FRAGA JR, & R. D’AVILA (Brazil); A. SUCKELBERGER (Switzerland); T. PERLS, David J. HANDELSMAN, G. ZAFALON, A. SUCKELBERGER, & R. LUIZ D’AVILA (USA); T. PERLS (USA)
The duration of “andropause” is often not long enough to allow for certain rigorous scientific investigations. This session has been an important opportunity for different countries and miscellaneous organizations to orchestrate their efforts in effectively barring the promotion and provision of hormone replacement as a potential means to hinder or to reverse aging.

THE INTERPLAY BETWEEN COGNITION AND MOBILITY: IMPLICATIONS FOR DISABILITY AND FALLS IN AGING POPULATIONS
M. OH-PARK (USA)
M. OH-PARK (USA); R. HOLTZER (USA); J. Y. LIM (Korea); J. VERGHESE (USA)
This session dealt with the interplay between cognition and physical impairment. The knowledge obtained from this symposium provided insights into the process of disablement, help to guide risk group identification, and interventions in various practice settings.

CHALLENGING ASPECTS OF DELIRIUM – NEW INSIGHTS IN RECOGNITION AND TREATMENT
A. DE JONGHE (Netherlands)
S. JANSEN, M. BLOM, A. DE JONGHE, B. VAN MUNSTER, T. DE BOER, S. DE ROOIJ, H. TAN, & N. VAN DER VELDE (Netherlands); J. L. MACNEIL, M. VAN UITERT, A. DE JONGHE, S. DE ROOIJ, & B. C. VAN MUNSTER (Netherlands); A. DE JONGHE (Netherlands)
This symposium focused on aspects of the circadian rhythm and the role of melatonin in patients with delirium. The effect of melatonin was investigated for the prevention of delirium in older hip fracture patients. Together with two recently published RCTs on melatonin in delirium, this study suggested new and safe alternative treatment options for elderly patients.

NECESSITY OF SPECIFIC TREATMENT OF LIFE STYLE RELATED DISEASE FOR LATE ELDERLY - LESSONS FROM THE 4014 DIABETIC ELDERLY COHORT STUDY
T. HAYASHI (Japan)
T. HAYASHI (Japan); K. INA (Japan); H. NOMURA (Japan)
The presenters had performed a prospective cohort study (Japan Cholesterol and Diabetes Mellitus Study) with 4,014 type-2 diabetes patients. IHD and CVA in diabetic, elderly patients could be predicted by HDL-C. The LDL-C-to-HDL-C ratio may be an indicator of how both LDL-C and HDL-C exert influence. These age-dependent differences risk factors are important for individualized strategies to prevent atherosclerotic disease.

THE DIGITAL REVOLUTION AND THE PRACTICE OF GERIATRIC MEDICINE
L. FLICKER (Australia)
S. A. DE LA VEGA (Philippines); P. J. H. POI (Malaysia); R. Y. WONG (Canada); B. M. H. KONG (Hong Kong)
Information technology can provide aids in clinical settings for their staff and it also allows for better decision-making due to the availability of ample information. It may also be used to facilitate communication between clinicians, patients, and their caregivers. The development and implementation of education programs in geriatric medicine should potentially be transferable from more IT-enriched regions to undersupplied ones.

SARCOPENIC OBESITY: THE LINK BETWEEN SKELETAL MUSCLE AND ADIPOSE TISSUE
S. W. PARK (Korea), A. B. NEWMAN (USA)
S. W. PARK (Korea); K. M. CHOI (Korea); S. LIM (Korea); A. B. NEWMAN (USA)
We are now encountering an epidemic of an excess body fat and reduced skeletal muscle mass (and/or strength) combination with aging, also being often called “sarcopenic obesity”. The objective of this symposium was to provide an introduction to health problems related with sarcopenic obesity and to present viable solutions to overcome this remediable condition.

TOWARDS OPTIMAL PRESCRIBING OF OLDER PATIENTS IN ASIAN COUNTRIES
C. W. WON (Korea), L. K. CHEN (Taiwan)
M. Y. CHOU (Taiwan); A. RIZKA (Indonesia); H. GA (Korea); T. KOJIMA (Japan)
Inappropriate prescribing practices for older people are common. This survey analyzed and discussed the research findings on PIMs and PPOs status with STOPP and START criteria applied in long-term care settings at three Asian countries’ locations.

LATE LIFE OBSTRUCTIVE SLEEP APNEA SYNDROME (OSAS) - UPDATE 2013
F. ONEN (France)
F. ONEN (France); S. H. ONEN (France); D. BLIJWIE (USA)
SUBMITTED SYMPOSIA

New clinical tools to screen and to assess the Obstructive Sleep Apnea Syndrome (OSAS) in older adults are now available. OSAS is a risk factor for mild cognitive impairment, dementia and stroke with apolipoprotein 4 (APOE4) being possibly involved in these dynamics. In this session, clinical characteristics of, diagnostic approaches to, and management strategies for OSAS and related cognitive impairments in late life were discussed.

THE WAR AGAINST POLYPHARMACY - LET US TREAT THE PATIENTS, NOT THE NUMBERS
D. GARFINKEL (Israel), G. ONDER (Italy)
D. GARFINKEL (Israel); M. A. EVANS (USA); D. MANGIN (New Zealand); L. MALLERY, P. MOORHOUSE, M. ALLEN, I. FLEMING, K. KELLY, B. STEEVES, B. COOK, P. DUNBAR, T. RANSOM, & P. MCLEAN-VYSEY (Canada); P. MOORHOUSE (Canada)
The speakers discussed evidence-based medicine (EBM) "Treat to target" trials, informing about the rationales for back-titration of drug dosages, as well as about a validated approach for creating new treatment guidelines that fit the special circumstances of frailty in elders.

APPROACH TO THE FRAIL ELDERLY PATIENTS
J. L. YOON (Korea)
Y. K. ROH (Korea); B. CHO (Korea); H. GA (Korea)
The presenters introduced questionnaire assessments such as the Vulnerable Elders Survey, FrailtyWheel, the Korean Frailty Index, and the 15 item Kago-Yobo Check-List (Japan) for the evaluation of frailty. They discussed how the prevalence of frailty affects the health of the elderly, including a variety of aspects to prevent and to delay frailty, since many clinical interventions and tools with demonstrated delay of frailty are already at practitioners' disposal.

TREATMENT OF FRAILTY: PRACTICAL ASPECTS
I. CAMERON (Australia)
I. CAMERON (Australia); S. KURRLE (Australia); M. PERRACINI & C. SHERRINGTON (Australia)
The clinical syndrome of physical frailty has a high prevalence in older people. The goal of this symposium has been to present the practical experience of research groups who conducted intervention studies to treat frailty and to discuss the implications of the study findings described.

IAGG GLOBAL INITIATIVE IN DIABETES MELLITUS
A. J. SINCLAIR (United Kingdom)
A. J. SINCLAIR (United Kingdom); T. DUNNING (Australia); L. RODRIGUEZ-MANAS (Spain)
in diabetic care, planning for key transitions in older age is essential. Common transitions include supported care, e.g. moving from independent to supported care in the home or an aged care facility, plans to stop driving and preparations for end of life care.

TREATMENT OF DIABETES MELLITUS IN THE ELDERLY
A. ARAKI (Japan)
Y. TAMURA, Y. FUJIWARA, R. MAEBA, H. ITO, & A. ARAKI (Japan); H. UMEGAKI (Japan); C. C. HSU (Taiwan); H. JANG (Korea)
The presenters covered topics such as “plasma plasmalogens”, a new marker for cognitive impairment and also a risk factor for cognitive decline in diabetic people within the context of an epidemiological study. This session supplied comprehensive information about the prevention of geriatric syndromes in general, as well as - specifically - diabetic complications.

SMOKING CESSATION IN THE ELDERLY
S. T. CHIOU (Taiwan)
C. C. HSU (Taiwan); Y. W. TSAI (Taiwan); Y. TAKAHASHI (Japan); S. K. MYUNG (Korea)
Issues pertaining to smoking cessation policy in Taiwan, Japan, and Korea were presented.

BODY WEIGHT MANAGEMENT IN OLDER ADULTS: IS IT RELEVANT AND SAFE?
E. RIESCO (Canada)
E. RIESCO (Canada); M. BROCHU (Canada); D. M. TESSIER (Canada); I. J. DIONNE (Canada)
Research evidence exists that indicates the possibility of uncontrolled hypertension and diabetes mellitus promotes cognitive decline, which - perhaps – also contributes to the development of a frailty syndrome.

CARDIOVASCULAR RISK FACTORS, FRAILTY AND DEMENTIA: IS THERE A LINK?
J. C. MORIGUTI, N. K. LIMA (Brazil)
J. C. MORIGUTI (Brazil); N. K. LIMA (Brazil); J. DE SA RORIZ-FILHO (Brazil); E. FERRIOLLI (Brazil)
In this session, several pathways of how cardiovascular risk factors could promote brain aging and cognitive decline had been presented. The evidence of an association between cognitive impairment and the frailty syndrome was also scrutinized in-depth.

DEMENTIA CARE - FROM DIAGNOSIS TO INSTITUTIONALIZED CARE
J. MACNEIL VROOMEN (Netherlands)
O. UYSAL-BÖZKIR (Netherlands); J. L. MACNEIL VROOMEN (Netherlands); L. D. VAN MIERLO (Netherlands); J. MACNEIL VROOMEN (Netherlands)
The speakers presented cases of dementia care in the Netherlands. In this session, the main purpose of interventions was viewed as a means to improve the quality of care for people with dementia and their caregivers in the Netherlands. The lessons learned here could impact policy not just within the Dutch boundaries, but also in other countries.
THE ELDER FRIENDLY HOSPITAL - AN INTERNATIONAL RESPONSE TO THE AGING
B. PARKE (Canada)
S. T. CHIU (Taiwan); M. BOLTZ & E. CAPEZUTI (USA); H. HABETS & W. SIPERS (Netherlands); B. PARKE, B. LIU, & A. JUBY (Canada)
Research in several countries illustrated how gaps in the older adult-hospital environment fit can be addressed. This session presented cutting-edge research findings about key concepts and principles from a cultural perspective, quality standards for older people in the hospital, and ways to, internationally, facilitate the development of age-friendly hospitals.

THE AMERICAN MEDICAL DIRECTOR ASSOCIATION - THE CERTIFIED MEDICAL DIRECTOR FOR LONG-TERM CARE. A MODEL TO ENSURE CORE COMPETENCIES OF MEDICAL STAFF, DRIVE QUALITY, PATIENT CENTERED CARE AND TEACH IN THE NURSING HOME SETTING
S. VON PREYSS-FRIEDMAN (USA)
P. KATZ (Canada); S. VON PREYSS-FRIEDMAN (USA); I. HAMRICK (USA); R. J. SCHREIBER (USA)
The panelists presented core competencies of a “Certified Medical Director” and the AMDA’s efforts to develop a strong group of leaders in long-term care nationwide. It was illustrated how a certified medical director can promote consistent quality improvement processes in nursing homes.

TEACHING NURSING HOMES - PAST, PRESENT AND FUTURE
P. KATZ (Canada)
P. KATZ, J. E. MORLEY, S. VON PREYSS-FRIEDMAN, & D. SWAGERTY (Canada); J. E. MORLEY (USA); S. VON PREYSS-FRIEDMAN (USA); D. SWAGERTY (USA)
Objectives of the session included (1) a review of historical trends in new government-sponsored models of centers for learning research and innovation, (2) an overview of successful research models and their links to quality improvement initiatives, and (3) highlighted approaches to the integration of research, care, and education through enhanced inter-professional competencies.

CENTENARIAN STUDIES NETWORK - AN INTERNATIONAL COLLECTION OF STUDIES - LEARNING FROM OUR SIMILARITIES AND DIFFERENCES
A. PUCA (Italy), N. HIROSE (Japan)
N. BARZILAI, S. MILMAN, & J. CRANDALL (USA); N. HIROSE & Y. ARAI (Japan); J. VINA, C. BORRAS, J. GAMBINI, E. SERNA, K. MOHAMMED, J. A. AVELLANA, A. BELENGUER, & L. RODRIGUEZ-MANAS (Spain); A. PUCA & C. VECCHIONE (Italy); Z. YANG, W. WEN, P. SACHDEV, C. LEVITAN, M. SLAVIN, J. CRAWFORD, & H. BRODATY (Australia); M. POULAIN & G. PES (Italy); F. SEBASTIANI (USA); T. PERLS, N. BARZILAI, G. PESS, N. HIROSE, P. SACHDEV, C. LEVITAN, J. VINA, G. ATZMON, A. PUCA, & P. SEBASTIANI (USA)
The Centenarian Studies Network primary investigators and leading researchers presented (1) an optimal phenotypic variable selection for the study of exceptional survival, emphasizing the history of health habits, demographic indicators, neuropsychological, functional, and biochemical assessments, as well as (2) genetic studies, including a genome-wide association meta-analysis, micro-RNA studies, cross-ethnic comparisons, functional variants, and candidate pathways.

ARTHRITIS AND COMORBID CONDITIONS: IMPACT ON MANAGEMENT ACROSS THE GLOBE
L. PARKINSON (Australia)
S. CHUNG (Korea); D. L. WATERS (New Zealand); C. JAGGER (United Kingdom); L. PARKINSON, J. E. BYLES, & L. FRANCIS (Australia)
This symposium explored how the impact of arthritis on the management and the subsequent health outcomes for common comorbidities of older age (for example, cardiovascular disease, sarcopenia, and diabetes) had been explored in different countries. The relevance of different health care contexts to the understanding of these influences was demonstrated.

DEFINING SARCOPENIA: ASIAN PERSPECTIVES
Y. S. CHUNG (Korea)
T. SUZUKI (Japan); T. ZHANG, P. ZENG, S. WU, Y. HAN, Y. ZHANG, Y. ZHANG, E. ZHANG, & J. LI (China); K. M. KIM, Y. LEE, K. N. KIM, Y. J. CHOI, Y. S. CHUNG, & D. LEE (Korea); L. K. CHEN, L. K. LIU, W. J. LEE, & L. N. PENG (Taiwan)
The speakers presented various definitions of sarcopenia in diverse populations with a focus on risk factors, cognitive functioning, physical performance, with a basis of clinical trials’ results. These international studies bear potential to reveal global clinical research progress in the prevention and treatment of sarcopenia, and to serve as a basis for reaching a consensus, prospectively, on the definition of sarcopenia in Asia and beyond its geographical boundaries.

CLINICAL DIAGNOSIS IN GERIATRICS
C. O. KIM (Korea), S. PARK (Korea)
C. Oh KIM (Korea); K. I. KIM (Korea); J. S. SONG (Korea); D. CHUI, L. PIAO, H. ZHANG, & W. XIAO (China)
The presenters covered several topics about the newest developments in diagnostics of geriatric medicine. These contents encompassed specialities such as cardiology, rheumatology, neurology, and infections.

COGNITIVE FUNCTION IN OLDER POPULATIONS – RESULTS FROM LONGITUDINAL STUDIES OF AGEING IN EUROPE AND ASIA
P. ZANINOTTO (United Kingdom)
P. ZANINOTTO (United Kingdom); O. PACCAGNELLA, C. DAL BIANCO, & C. GARROUSTE (Italy); Y. ZHAO, X. LEI, X. SUN, & J. SMITH (China); S. I. CHO, H. LEE, H. CHUN, S. PARK, & S. N. JANG (Korea)
This session contributed to the understanding of the biological, social, and environmental factors that determine cognitive impairment. The rate of cognitive decline among older adults living in Europe, China, and South Korea had was also scrutinized.
SUBMITTED SYMPOSIA

THE NATIONAL AUDIT OF DEMENTIA: QUALITY IMPROVEMENT IN THE ACUTE HOSPITAL
P. CROME (United Kingdom)
P. CROME (United Kingdom); J. YOUNG, R. WOOLLEY, M. GODFREY, & J. HOYLE (United Kingdom); M. W. YATES, M. THEOBALD, & M. MORVELL (Australia); K. ROCKWOOD (Canada)
The speakers addressed different aspects of the audit and presented a hospital staff training program that improved the awareness of and communication with dementia patients in acute-care hospital wards. A bedside alert for cognitive impairment was also described.

UNDERGRADUATE AND POSTGRADUATE TEACHING IN MEDICINE FOR OLDER PATIENTS - THE CURRENT SITUATION AND IMPLICATIONS FOR FUTURE DEVELOPMENT, LESSONS FROM TWO EUROPEAN COUNTRIES
A. GORDON (United Kingdom)
A. G. BLUNDELL & A. L. GORDON (United Kingdom); E. TULLO (United Kingdom); J. SCHOLS (Netherlands); L. N. PENG (Taiwan)
Internationally, there are still tensions regarding the need for adequate, longer-term teaching in comprehensive geriatrics in contrast to shorter training periods with a focus on specialization. This symposium presented work describing current training and it explored and described the opportunities for improvement in three countries: Great Britain, the Netherlands, and Taiwan.

GOLDEN AGING FORUM - AGING IN PROPRIOCEPTION AND ROLES OF PROPRIOCEPTION IN REHABILITATIONS
G. YOUN (Korea), K. PARK (Korea)
G. YOUN (Korea); S. KO & E. M. SIMONSICK (Korea); S. G. LEE, M. K. SONG, H. S. YUN, J. Y. HAN, & I. S. CHOI (Korea); Keun-bae LEE (Korea)
A clinical study revealed age-associated declines in the tasks of rotation detection and rotation tracking for older adults’ ankle proprioception. However, it also demonstrated that proprioception training can improve and/or restore the walking ability in acute stroke patients. Such findings stress the importance of biomechanics’ roles in proprioception which is not only age-associated, but also strongly related with rehabilitation procedures of other age cohorts.

INFLAMMATORY BIOMARKERS AND FRAILTY - THE STATE OF THE ART
T. FULOP (Canada)
T. FULOP, A. LARBI, G. PAWELEC, J. MCELHANEY (Canada); A. LARBI, T. P. NG, F. LIANG, S. Z. NYUNT, A. VASUDEV, S. AYYADHURY, & C. T. Y. TAN (Singapore); J. E. MCELHANEY (Canada); A. MAIER (Netherlands)
The aim of this symposium was to provide an updated synopsis on associations between inflammation/frailty/aging, how those concepts could be narrowed down, and then applied to different aging trajectories. Different ethnicities’ and the socio-economic status’ characteristics of the cohorts under investigation were discussed with the purpose to identify the impact of genetics vs. lifestyle and environmental factors on susceptibility to frailty, as well as whether inflammatory processes would be similar in different populations.

GERIATRIC SURGERY - ADVANCES IN THE PERI-OPERATIVE MANAGEMENT OF GERIATRIC PATIENTS
E. WOO (Canada), K. Y. TAN (Singapore)
E. WOO (Canada); K. Y. TAN (Singapore); P. Xiuzhuang TAN (Singapore); J. KUSHNER-KOW (Canada)
This symposium examined the challenges of surgical management with elderly patients. It also reviewed the best ways to optimize procedures of intrusive procedures for this special patient population.

THE FUTURE PERCEPTIONS AND INTERVENTIONS OF ANTI-AGING
C. KIM (Korea)
A. STUCKELBERGER (Switzerland); G. Stanislav BURZYNSKI (USA); A. RASTEGAR (USA); C. KIM, N. D. KIM, Y. H. CHOI, J. H. LEE, C. H. LEE, D. Y. JUNG, & B. C. KIM (Korea); A. STUCKELBERGER (Switzerland)
Miscellaneous approaches about ideas in academia in general, and the science of anti-aging specifically were presented. The panelists delivered information about the development of materials and a device for prevention of age-associated muscle function weakening, as well as new findings on evidence-based-developed anti-aging medicine.

POOR ORAL HEALTH IN FRAIL OLDER PEOPLE - A NEW GERIATRIC GIANT
C. DE BAAT (Netherlands)
BART PEETERS & BJORN SODERFELT (Belgium); CEES DE BAAT, CLARR D. VAN DER MAAREL-WIERINK, Ewald M. Bronkhorst & GERT-JAN VAN DER PUTTEN (Netherlands); JACQUES VANOBBERGEN (Belgium); IOS SCHOLS, JUDITH MEIJERS & KPS SCHOLS (Netherlands); LIZE DE MEYER & LUC DE VISSCHERE (Belgium); RUUD HALFENS (Netherlands)
Data from the international literature have demonstrated that the oral health status of older people, in particular that of frail and disabled elders, is still rather poor. This symposium presented recently conducted scientific research projects on this often-neglected but most important topic by the Flemish-Netherlands Geriatric Oral Research Group (BENECOMO) on oral health care in, mostly frail, older people.

OPTIMIZING MEDICATION USE IN NURSING HOMES - EUROPEAN PERSPECTIVES
R. BERNABEI (Italy), E. TOPINKOVA (Czech)
G. ONDER (Italy); H. FINNE-SOVERI, E. TOPINKOVA, D. FIALOVA, A. FOEVEL, & G. ONDER (Finland); D. FIALOVA, J. REISSIGOVA, G. ONDER, E. TOPINKOVA, H. FINNESOVERI, J. GINDIN, & R. BERNABEI (Czech); E. TOPINKOVA, F. LANDI, D. FIALOVA, M. VLACHOVA, G. ONDER, H. FINNE SOVERI, H. VAN DER ROEST, & R. BERNABEI (Czech)
This symposium provided an opportunity to compare prescribing practices in different nursing homes across countries with contrasting characteristics. Discussions on approaches for the optimization of medication use in long-term care were also conducted.
SUBMITTED SYMPOSIA

NURSING CARE PHENOMENA IN THE ELDERLY - A EUROPEAN APPROACH
R. HALFENS (Netherlands)
N. VAN NIE, J. MEUERS, J. SCHOLS, C. LOHRMANN, S. BARTHOLOMEYZIK, M. SPREEUWENBERG, & R. HALFENS (Netherlands); E. MEESTERBERENDS, R. HALFENS, C. LOHRMANN, & J. SCHOLS (Netherlands); S. SCHONHERR, R. J. G. HALFENS, J. M. G. A. SCHOLS. & C. LOHRMANN (Austria); C. VANGELOOVEN, D. RICHTER, & S. HAHN (Switzerland)
The study presented in this symposium was “The Annual National Prevalence Measurement of Care Problems”, and it has increased awareness of relevant care problems in the participating countries. Data on preventive and treatment measures were provided, as well as quality indicators at the institutional and ward level. Such information can be used to improve the quality of care not only in the participating countries, but also beyond their boundaries.

MILD COGNITIVE IMPAIRMENT IN THE ELDERLY – DIAGNOSIS AND MANAGEMENT
C. Hwan KIM (Korea), S. TAKAO (Japan)
Y. H. KIM (Korea); A. T. REID & A. C. E. (Canada); H. T. PARK (Japan); H. SHIMADA (Japan); S. Y. KIM (Korea)
This session provided newest information for the understanding of mild cognitive impairment (MCI), as well as leads for possible early intervention. Presentation contents involved practical approaches to assess MCI, management in primary care, and the prevention of probable future cognitive decline.

SARCOPENIC OBESITY: THE LINK BETWEEN SKELETAL MUSCLE AND ADIPOSE TISSUE
S. W. PARK (Korea), A. B. NEWMAN (USA)
In modern societies, the prevalence of obesity in the elderly has dramatically increased. Aging results in a progressive loss of skeletal muscle mass and strength. The objective of this symposium has been to introduce health problems related with sarcopenic obesity and to seek for solutions for overcoming sarcopenic obesity, as well as changes in skeletal muscle mass and composition.

NEW APPROACHES TO IMPROVING CARE IN NURSING HOMES: THE JAMDA SYMPOSIUM
J. E. MORLEY (USA)
In this symposium, the increasing need for nursing homes in this modern era has been explored. Recent developments of international educational programs, increased competencies of physicians and of other health care professionals have been highlighted.

CANADIAN GERIATRICS SYMPOSIUM: INITIATIVES TO IMPROVE THE CARE OF HOSPITALIZED ELDERLY PERSONS
R. Y. WONG (Canada)
R. Y. WONG (Canada); J. A. MORAIS (Canada); B. LIU (Canada); A. JUBY (Canada)
The symposium’s contents encompassed a state-of-the-art review on evidence of best-practice models in the improvement of care for hospitalized elderly persons. The session also provided opportunities for interaction between the panel with the audience to discuss strategies about how to implement such models in their own work environments. Session objectives were (1) the description and discussion of successful Acute Care for Elders Units implementations, (2) initiation of a systems-based shift towards an age-friendly Hospital, (3) the adoption of a senior friendly hospital framework to prevent functional decline of older patients, and (4) the depiction of how these models can address unique problems related to elderly persons’ hospitalization.

THE FALLS AND FRACTURES CLINIC: A PRACTICAL GUIDE TO IMPLEMENT ONE
G. DUQUE (Australia)
In this symposium, the participants were provided with a general overview on current evidence and practical recommendations about falls’ and fractures’ prevention in clinical settings. A model was proposed for a “Falls and Fractures Clinic” that included the presentation of a comprehensive assessment and care planning.

ORAL HEALTH AND ORAL HEALTH-RELATED QUALITY OF LIFE IN OLDER ADULTS: THE IMPACT OF CULTURE AND COGNITIVE FUNCTION
B. WU (USA)
J. LIANG (USA); K. H. LEE (USA); B. WU (USA); E. S. MCCONNELL (USA)
The presentations (1) investigated the impact of oral hygiene on periodontal disease, (2) examined the association between cognitive function and oral health-related quality of life, (3) delivered a systematic review of oral health and its risk factors among Chinese immigrant elders, and (4) focused on the use of scientific implementation methods to improve the translation of clinical research findings into routine care for individuals with cognitive impairment.

FRAILTY IN COMMUNITY-DWELLING OLDER PEOPLE IN TAIWAN: PREVALENCE, NATURE COURSE, BIOMARKERS AND INTERVENTION
S. J. HWANG (Taiwan)
C. C. LI (Taiwan); C. Y. CHEN (Taiwan); H. Y. LAI (Taiwan); D. C. CHAN (Taiwan)
In a 2-year follow-up study, no single frailty index transition has been able to predict relevant outcomes of frail elderly well. The transition of accumulation deficits predicted them better than the phenotypic frailty in old people. A higher serum level of IL-6 was associated with current frailty status, but comorbidity, instead of single inflammatory markers, was a better predictor for the deterioration in frailty status and mortality.
SUBMITTED SYMPOSIA

DIABETES IN THE ELDERLY: A CHALLENGE IN MULTIPLE DOMAINS
D. TESSLER (Canada)
I. BOURDEL-MARCHASSON (France); D. TESSLE (Canada); A. ZEYFANG (Germany)
The session covered a review of the literature on the association between diabetes mellitus (DM) and frailty, the evaluation of frailty and possibly effective interventions, a survey on scientific evidence about the association of DM and cognitive decline, as well as an update on pharmacological treatment of DM and medication-related particularities in the older population.

BUILDING A GERIATRIC-FRIENDLY EMERGENCY DEPARTMENT
M. ROSENBERG (USA)
K. BIESE (USA); K. WALSH (USA); M. ROSENBERG (USA); C. L. FOO (Singapore); A. CHANG (USA)
First-hand experience and peer-reviewed papers in authoritative publications of the speakers provided a novel opportunity for the audience to understand the essential elements of a 21st century geriatric emergency department from the perspectives of trainees, educators, physicians, administrators, and patients.

STRESS: PREVENTION OR INDUCTION OF AGEING AND AGE-RELATED DISEASES? AN INTERDISCIPLINARY APPROACH
A. SIMM (Germany)
A. SIMM (Germany); F. KOLLAND, (Austria); H. W. WAHL (Germany); M. GOGOL (Germany)
Diseases at old age can be induced by biological factors as well as by psychosocial risk constellations. Geriatricians therefore have to analyze biological, mental, social, and psychological aspects of their patients for treatment. In this symposium, recent findings were summarized, specifically addressing the age prevention versus aging induction issue, illustrated by research findings from different gerontological fields.

THE ACUTE CARE FOR THE ELDERLY (ACE) UNIT IN THE DIGITAL AGE: UNDERSTANDING THE INTERFACE BETWEEN “HIGH TECH” AND “HIGH TOUCH” IN ELDERS ADMITTED TO THE ACUTE CARE HOSPITAL SETTING
Y. YE (USA)
L. OAKES (USA); A. KHAN (USA); Y. YE (USA); L. OAKES (USA)
The Acute Care for the Elderly” (ACE) model of inpatient medical care has been proven to improve the care of older hospitalized adults better as compared to conventional care. The goal of this symposium was to provide information on the specifics of the ACE model with the objective to facilitate international implementation of this concept.

ICT IN DEMENTIA: FROM ASSESSMENT TO STIMULATION
P. ROBERT (France)
P. C. CHUNG (Taiwan); F. BREMOND (France); Y. KOMPATSIARIS (Greece); P. ROBERT (France)
In Alzheimer's disease (AD) and related disorders, none of the classical scales fully capture the complexity of the diseases. Information and communication technologies can be utilized for innovative ways of assessment. It is also important to develop non-pharmacological strategies for the management of behavior.

IMPROVING OUTCOME OF EMERGENCY CARE IN OLDER POPULATIONS
A. MATHUR (India), I. GAMBHIR (India)
P. C. DAS (India); P. CHATTERJEE (India); A. B. DEY (India)
There is a need to draw up guidelines for older individuals' emergency care, addressing issues such as the training of emergency room physicians, establishing and maintaining help lines, dedicated ambulatory departments, the sensitization of caregivers, home care after emergency care, and elder-friendly insurance schemes. Recommendations about how to improve the process and outcome of emergency care were offered.

THE WAR AGAINST POLYPHARMACY (2): LESS IS MORE – STRATEGIES FOR REDUCING THE CLINICAL AND ECONOMIC IMPACT OF POLYPHARMACY AND INAPPROPRIATE MEDICATION USE (IMU) IN THE ELDERLY
M. PETROVIC (Belgium), D. GARFINKEL (Israel)
A. SONNICHSEN (Austria); G. ONDER (Italy); D. GARFINKEL (Israel)
Creating safe and effective tools for reducing polypharmacy represents a major global goal in geriatrics to decrease medication burden, to improve elders' health and their quality of life, with an associated significant cost reduction. Preliminary results of systematic reviews were presented, that - among others - focused on the treatment of multiple chronic diseases in primary care settings to reduce polypharmacy or inappropriate medication use.

APPLYING QUALITY PROCESSES AND MODELS OF CARE IN LONG TERM CARE PRACTICE: CHALLENGES AND OPPORTUNITIES FROM INTERNATIONAL PERSPECTIVES
S. L. OAKES (USA)
S. VON PEYS (USA); D. YONG (Singapore); Y. YE (USA); S. L. OAKES (USA)
Focused presentations supplied information about clinical and quality improvement processes based on best practices around the world: (1) How to implement an effective process improvement in diabetes management and psychotropic medication reduction for long-term care (LTC) patients in the USA, (2) inter-professional educational curricula using INTERACT at nursing homes (USA), (3) LTC practice in Singapore, and (4) in Germany.
SUBMITTED SYMPOSIA

HOW TO ENGAGE ORGANIZED MEDICINE IN GERIATRIC EDUCATION, RESEARCH, AND KNOWLEDGE TRANSLATION
C. R. CARPENTER (USA)
M. ROSENBERG (USA); A. SOUTHERN (USA); C. CREGAR (USA); C. R. CARPENTER (USA)
The speakers in this session had won numerous teaching awards for their expertise in geriatric medicine and in the implementation of science. The panel was comprised of North American continuing medical education courses’ faculty that promoted ideas proven to be successful in geriatrics.

AGING IN A LIFE-SPAN DEVELOPMENTAL AND MULTIDISCIPLINARY PERSPECTIVE. THE PROS AND CONS OF LONGITUDINAL COHORT STUDIES
T. SVENSSON (Sweden)
B. JOHANSSON (Sweden); C. TESCH-ROEMER (Germany); D. DEEG (Netherlands); P. RAINA (Canada)
This symposium presented and discussed findings and methodological issues from five major longitudinal cohort studies conducted in Canada, Germany, the Netherlands, and Sweden. The findings covered results on medical factors and health transitions, cognitive development and decline, social development and epoch effects, as well as the importance of recognizing both cohort and aging effects in conjunction. Since a longitudinal study per definition is performed over a longer period of time, methodological and design challenges have been thoroughly addressed, since their results can affect to decisions with consequences reaching far into the future.

AGING, OBESITY, COGNITIVE FUNCTION, AND DEMENTIA - PROSPECTIVE ASSOCIATIONS AND CAUSAL PATHWAYS
M. C. GUDJONSSON (Iceland)
M. C. GUDJONSSON (Iceland); L. HASSING (Sweden); A. DAHL (Sweden); W. XU (Sweden)
The purpose of this session has been the exploration of effects that midlife BMI exerts on normal cognitive aging and dementia in late life, as well as the elucidation of potential causal pathways through which genes and physical activity may play a role in this context. The potential bidirectional association between obesity and cognitive function, based on literature reviews, were also discussed.

B-PROOF SYMPOSIUM: THE EFFECT OF B-VITAMIN SUPPLEMENTATION ON OSTEOPOROTIC FRACTURE IN ELDERLY
N. VAN DER VELDE (Netherlands)
A.W. ENNEMAN (Netherlands); K. SWART (Netherlands); J. VAN WIJNGAARDEN (Netherlands); S.C. VAN DIJK (Netherlands)
In 2011, the panelists had presented the given study’s design and cross-sectional baseline outcomes at the IAGG convention in Bologna. Follow-up measurements will now have been completed in March 2013. The longitudinal outcomes regarding effects of specific supplementations on bone health, cardiovascular diseases, and physical and mental performance have been presented.

ARE WE WALKING IN THE WRONG DIRECTION WITH FALLS PREVENTION IN HOSPITALS?
T. HAINES (Australia)
R. SHORR (USA); A. BARKER (Australia); T. HAINES (Australia)
Falls are among the most common adverse events which occur during hospitalization and they, therefore, constitute a major threat to patient safety. Practices to prevent falls in hospitals are diverse and the evidence base supporting their effectiveness are inconsistent, while their economic efficiency is virtually unknown. This research session presented recent findings from two of the largest falls prevention trials ever conducted in a hospital setting and it described an economic modeling way for falls’ prevention strategies.

URINARY CONTINENCE PROMOTION IN THE OLDER ADULTS: GLOBAL RESEARCH PERSPECTIVES
M. PALMER (USA)
M. ROSENBERG (USA); A. SOUTHERN (USA); C. CREGAR (USA); C. R. CARPENTER (USA)
The panel of international speakers presented findings from studies conducted in different care settings that investigated the prevalence, correlates, as well as general knowledge and practices about urinary incontinence (UI). This condition has an obvious impact on both patients and institutions. Some of these UI-related countermeasures are often restricted to mere efforts to contain urine, rather than to treat and to improve or reverse the underlying UI causes. Findings from Korea, the United States, and Israel further illuminated the global imperative for strategies to prevent UI from occurring and to provide effective, efficient, and humane care.

AGING AND ANTI-AGING: PERSPECTIVES OF THE DEVELOPMENT OF ANTI-AGING TECHNOLOGIES
T. SVETLANA (Russia), A. TRUKHANOV (Russia)
P. ROMAN (Russia); I. OLEG (Kazakhstan); N. JEAN-PIERRE (Switzerland); K. CIMEN (Turkey); T. Q. KHANH (Vietnam)
This symposium offered an overview of the recent approaches to the development of advanced anti-aging technologies in the participant countries. The session provided opportunities to interact with the leading specialists in the field of advanced scientific and medical technologies’ application for the early detection, prevention, treatment, and reversal of age-related dysfunctions, disorders, and diseases.

FRAILTY AS A DEFICIT ACCUMULATION: SCALING FROM CELL TO SOCIETY
K. ROCKWOOD (Canada)
S. HOWLETT (Canada); R. HUBBARD (Australia); O. THEOU (Canada); A. MITNISKY (Canada)
The purpose of this symposium was to review how sub-cellular deficit accumulation corresponds to macroscopically observable health deficits, and how these vary across countries. Three well-published speakers addressed these issues at those sub-cellular (Howlett), clinical (Hubbard), and country levels (Theou).
ASSSESSMENT AND TREATMENT OF SLEEP DISORDERS IN THE OLDER ADULT
S. SUH (Korea)
S. HONG (Korea); J. H. LEE (Korea); S. SUH (Korea)
This session had three main objectives: (1) To introduce three common sleep disorders – hypersomnia, circadian rhythm disorders, and insomnia, (2) to discuss various differential diagnoses that may have similar presentations with these sleep disorders through multi-angled types of assessment, and (3) to scrutinize how to tailor already existing treatments of these sleep disorders to fit them better to individual older adults’ characteristics.

HEALTHY AGEING AND LONGEVITY IN HUNGARY
S. G. IMRE (Hungary)
S. G. IMRE (Hungary); A. KOVACZ (Hungary); H. S. SHIN (Hungary); K. KOSA (Hungary)
The haemorrheological and general laboratory status as a function of age and the physical or nutritional culture has been studied in oldest-old individuals. Laboratory markers of antioxidant defense and free radical reactions were studied in those elderly. Eventually, a subsequent strategic plan for the promotion of healthy aging was presented.

SOCIAL AND BEHAVIORAL SCIENCES

THE BABY BOOMERS’ QUALITY OF LIFE AND THE RETIREES OF THE BABY BOOMER GENERATION
M. KIM (Korea), E. WEGNER (USA)
M. KIM (Korea); J. KIM (Korea); Y. R. PARK (Korea); E. WEGNER (USA)
The soon-to-be-old South Korean and US-American baby boomer generations were examined with regard to topics such as ICT, employment, and a Korean welfare model. Outcomes, i.e. yardsticks for success were (“digital”) life satisfaction, economic well-being, quality of life and gaining or maintaining a “sense of purpose”.

THE MULTIPLE FACES OF SOCIAL INEQUALITY IN THE SECOND HALF OF LIFE: CONSEQUENCES FOR HEALTH
C. TESCH-ROEMER (Germany)
H. AKIYAMA et al. (Japan); K. AJROUCH et al. (USA); D. FIALOVA et al. (Czech); M. HUISMAN et al. (Netherlands)
Effects of socio-economic status such as education, income and gender in ageing.

GENETICS, ENVIRONMENTAL SUPPORT AND FUNCTIONING IN VERY LATE LIFE: INTERNATIONAL PERSPECTIVES ON CENTENARIAN RESEARCH
P. MARTIN (USA)
Y. GONDO et al. (Japan); D. C. Willcox et al. (Japan); P. MARTIN et al. (USA); G. HAN (KOREA)
This session presents centenarian studies in Japan, USA and Korea, highlighting variables in longevity, such as genetics, environment and life style.

WHAT IT MEANS TO BE VERY OLD: A COMPARISON OF COUNTRIES AND CULTURES
C. JAGGER (United Kingdom)
C. JAGGER et al. (United Kingdom); J. GUSSEKLOO (Netherlands); R. TEH et al. (Japan); R. THE et al. (New Zealand)
This session points out socio-behavioral patterns in quality of life in old age, highlighting the importance of social engagement, maintaining hygiene in life / oral health, dealing with disability positively, as well as keeping low level of BMI to reduce cardiovascular disease.

A CHALLENGE FOR THE “THIRD AGE”: PRODUCTIVE ACTIVITIES AFTER RETIREMENT IN ASIAN COUNTRIES
K. KATAGIRI (Japan)
I. CHI et al. (USA); H. KIM et al. (Korea); I SUGAWARA et al. (Japan); J. PARK (Korea)
This session specifies the impact of employment status on people’s wellbeing, with studies on employment experience of older Koreans in USA, personal well-being, social connectedness and relationship between employment and heath status.

GLOBALIZATION AND THE DECLINE OF THE ‘SOCIAL’ IN AGEING: NEW FORMS OF RISK AND INEQUALITY FOR OLDER PEOPLE
D. DANNEFER (USA)
J. BAARS (Netherlands); D. DANNEFER (USA); C. R. PHILLIPSON (United Kingdom); C. ESTES (USA)
Discourses on the changing society and ageing, i.e., increasing risk of social exclusion and different ideology across cultures and economic crisis are debated in terms of challenges for the old and policy-makers.

PERIPHERAL SERVICES OF COMMUNITY CARE FOR AGING IN PLACE; AIMING A MEANINGFUL LIFE FOR THE ELDERLY
N. HAYATA (Japan)
N. HAYATA et al. (Japan); P. CHEN (Taiwan); M. KATAYAMA (Japan)
Discussions on quality community service for the elderly in Japan and Taiwan and engaging them to social participation and networking. Innovation in elderly day care services and intergenerational communication are underlined.
SUBMITTED SYMPOSIA

LONELINESS IN OLD AGE; WHO IS AT RISK?
M. AARTSEN (Netherlands)
J. GIERVELD et al. (Canada); C. VICTOR & M. P. SULLIVAN (United Kingdom); M. AARTSEN et al. (Netherlands)
Debates on loneliness in old age, with a comparative study of older immigrants in Canada and other adults born in the country. People’s awareness of their loneliness and the meaning of being lonely are also dealt with.

GERONTOLOGICAL AND GERIATRIC EDUCATION AND TRAINING: STUDENT AND RECENT GRADUATE PERSPECTIVES ACROSS MULTIPLE IAGG REGIONS
Chair: A. KUPFERSCHMIDT (Canada)
S. FREEMAN (Canada); C. MEYER (Australia); A. KUPFERSCHMIDT (Canada)
This session provides an overview of the current status of educational and training programs in gerontology and geriatrics in Canada and Australia.

MEETING THE CHALLENGES OF POPULATION AGEING THROUGH CAPACITY BUILDING: INTERNATIONAL PERSPECTIVES
J. TROISI (Malta)
P. DU (China); J. BEARD (Switzerland); M. GORMAN (United Kingdom); J. TROISI (Malta)
Analyses of the works being carried out by the international institutes on Ageing. Presentations include challenges of population ageing in Asian and Oceania countries (i.e., the majority of world elderly population), the role of WHO, the role of HelpAGE International, and elderly man power training by United Nations in Malta.

GERIATRIC MENTAL HEALTH AND POSITIVE AGEING IN THE ASIA-PACIFIC REGION
W. W. LI (Australia)
H. J. PARK (New Zealand); I. PONNUSWAM (India); W. W. LI & D. CARPENTER (Australia)
This session includes a study on elder abuse of New Zealand immigrants and its adverse effects on their well-being. Also, an analysis of Indian mental health care policy and managing better mental well-being in Australia and protective factors against mental disorder are discussed.

CROSS-CULTURAL PERSPECTIVES ON PSYCHOSOCIAL SYMPTOMS AT THE END OF LIFE
B. D. CARPENTER (USA)
B. D. CARPENTER (USA); A. Y. M. CHOW (Hong Kong); E. M. ANBACKEN (Sweden)
Dealing with psychosocial aspect of ageing, this session includes an examination of depression measures with their own strengths and weaknesses. This session also includes a review of bereavement care system in Hong Kong, followed by a comparative study of older persons’ need of existential care at the end of their lives at care homes in Japan and Sweden.

PSYCHOLOGICAL WELL-BEING IN THE OLDEST OLD
Y. GONDO (Japan)
Y. GONDO et al. (Japan); D. J. DEEG et al. (Netherlands); P. MARTIN et al. (USA)
This session presents characteristics in centenarians, nonagenarians and octogenarians and highlights age sensitivity in terms of being of paramount importance in achieving successful aging.

GERONTOLOGY TRAINING IN LATIN AMERICA
F. GOMEZ (Colombia)
A. L. NERI (Brazil); C. I. CURCIO (Colombia); J. R. JAUREGUI (Argentina); F. GOMEZ (Colombia)
This session reviews current addresses of gerontology training in Latin American countries as above.

INTERNATIONAL PERSPECTIVES ON THE MEASUREMENT OF HEALTH
J. APPLEBY (USA)
J. HALTER (USA); J. JACKSON (USA); M. A. BERNARD (USA); H. AKIYAMA (Japan)
Envisaging the aged society of 2030, impending issues in medical, social and behavioral, research agendas and communities redesigning are debated.

INTERGENERATIONAL SUPPORT AND NETWORK BETWEEN KOREA AND JAPAN: CROSS CULTURAL IMPLICATION
H. YOON (Korea)
R. TAKAHASHI (Japan); Y. FUJIWARA (Japan); H. YOON & J. YOON (Korea); Y. B. Kim (Korea)
Debates on the relationship between intergeneration, reciprocity, social support and subjective well-being in the contexts of Korea and Japan.

PHYSICAL, MENTAL AND SOCIAL ASPECTS OF HEALTHY AGING - RESULTS FROM STUDIES IN RAPIDLY AGING ASIAN COUNTRIES
C. C. HSU (TAIWAN)
S. P. OBUCHI (Japan); C. C. HSU (TAIWAN); I. C. WU et al. (Taiwan); S. SHINKAI (Japan)
Debates on healthy ageing regime in Asian countries with attention to physical, nutritional and social aspects of health, sense of control and physical function and measurement and therapeutic opportunity.
A COMPARISON OF AGING PROCESS OF TWO COUNTRIES: USA AND SOUTH KOREA
K. F. FERRARO (USA)
Y. YOUM (Korea); L. WAITE & E. LAUMANN (USA); H. C. KIM (Korea)
Case studies on older people in the contexts of Korea and USA, with attention to social life and physical health.

LONG TERM CARE INSURANCE FROM A COMPARATIVE PERSPECTIVE: GERMANY, JAPAN AND KOREA
Y. R. Park (Korea)
T. KLIplätze (Germany); W. SCHUETTE (Germany); K. HIRAOKA (Japan); K. H. KIM and Y. CHOI (Korea)
Reviews of old age security system and long term care policy in Germany, Korea and Japan both in micro and macro levels.

SOCIAL CLASS AND INEQUALITIES IN RETIREMENT
P. Higgs (United Kingdom)
C. VICTOR (United Kingdom); I. R. JONES (United Kingdom); M. FORMOSA (Malta)
This session discusses implication and impact of older people’s social class, social relations and material circumstances on their well-being.

USING TECHNOLOGY FOR THE CARE OF OLDER ADULTS
E. MARZIALI (Canada)
E. MARZIALI (Canada); A. LOMBARDO et al. (Canada); E. MARZIALI (Canada); L. MCDONALD (Canada)
This session addresses the use of Internet, online information tools and video conferencing systems by caregivers and to patients with chronic disease.

ACTIVE SENIOR’S PLACE AND ROLE IN SUPER AGING SOCIETY
Y. WADA (Japan)
Y. WADA (Japan); S. SAWAOKA (Japan); K. HORIIKE & Y. WADA (Japan); S. SEKIGUCHI (Japan)
Viewing Japan as one of the fastest growing ageing countries, older people’s social participation and their involvement are addressed as the coping mechanism of the current ageing issues.

PAIN ASSESSMENT AND PAIN MANAGEMENT AMONGST THE OLDER POPULATION
M. TSE (Hong Kong)
P. SCHOFIELD (United Kingdom); M. TSE (Hong Kong); S. ZWAKALEN (Netherlands)
Systematic review of research evidence examining diverse experiences of pain and pain management among the elderly.

QUALITY OF LIFE OF KOREAN OLDER CANCER PATIENTS
H. YOON (Korea)
D. R. CHOI et al. (Korea); Y. KIM et al. (Korea); H. LEE et al. (Korea); H.S. PARK et al. (Korea); M. TAKAYAMA et al. (Japan)
Case studies on older cancer patients and their lives in Korea and Japan, cross-sectional and longitudinal studies.

INTIMACY, ROMANCE AND SEXUALITY IN LATER LIFE
T. BILDTGARD (Sweden)
T. BILDTGARD & P. OBERG (Sweden); P. OBERG & T. BILDTGARD (Sweden); G. ZAMORA (Spain)
This session contains in-depth discussions on the attitude, experience and expectation on the new intimate relationship in later life.

AGEING AND PAID WORK: NEW RESEARCH PERSPECTIVES AND THEORIES
J. A. McMULLIN (Canada)
J. A. McMULLIN (Canada); C. KREKULA (Sweden); E. BROOKE and D. TOWNS (Australia)
This session provides insights into paid work, older women workers and old age security pension. Age, gender and class system have been highlighted in terms of human capital reward system and reinstating the human capital value.

GEROTRANSCENDENCE: EMERGING CONCEPT IN DESCRIBING LIVES OF OLDER PEOPLE
R. TAKASHASHI (Japan); Y. MASUI (JAPAN)
D. J. DEEG, et al. (Netherlands); F. AHMADI (Sweden); T. NAKAGAWA et al. (Japan)
Debates on gerotranscendence, a new theory in ageing as an alternative and complementary idea to existing models of aging.

APPLICATIONS OF ICF FOR HEALTHY AGING IN JAPAN AND THE USA
J. OKOCHI (Japan)
K. MULHORN (USA); J. OKOCHI (Japan); K. ORIMO (Japan); K. MULHORN (USA)
Debates on social functioning of the elderly in Japan and the USA, with the use of ICF (or International Classification of Functioning, Disability, and Health) based assessment tools.
DAILY STRESS IN MIDLIFE AND OLD AGE: IMMEDIATE AND LONG-TERM IMPLICATIONS FOR HEALTH AND WELL-BEING
S. ZARIT (USA)
D. M. ALMEIDA (USA); J. PIAZZA et al. (USA); S. LEE & D. M. ALMEIDA (USA); D. M. ALMEIDA et al. (USA)
Discussions on the process of daily stress which may contribute to an increased risk of illness and mortality. The long-term effect of stress on mental and physical health outcomes are highlighted.

THEORETICAL PERSPECTIVES ON AGEING IN TRANSNATIONAL FAMILIES
C. VICTOR (United Kingdom)
W. W. LI (Australia); V. BURHOLT et al. (United Kingdom); Y. K. FAN & M. SILVERSTEIN (USA); T. BUFFEL & C. PHILLIPSON (Belgium)
Debates around experiences of migrants in the international context and its impacts on identity formation and familial organization in elderly care.

CROSS-CULTURAL COMPARATIVE STUDIES ON THE EFFECTIVENESS OF POSITIVE PSYCHOLOGY APPROACH IN PREVENTING LATE-LIFE DEPRESSION AMONG OLDER ADULTS RESIDING IN JAPAN, CHINA AND KOREA
S. XIAO (China)
Y. J. SOHN (Korea); J. YU (Japan); S. XIAO et al. (China)
Debate on the effect of positive emotions and optimistic psychology in preventing late-life depression among older adults.

WELL-BEING IN LATER LIFE: HOW DO WE MEASURE IT AND WHAT ARE ITS DETERMINANTS
J. NAZROO (United Kingdom)
B. VANHOUTTE et al. (United Kingdom); J. SMITH et al. (USA); S. JIVRAJ (United Kingdom); S. KIM et al. (Australia)
Debate on subjective well-being and life satisfaction that enhances the sense of well-being in later life.

HEALTH LITERACY AND ITS IMPACT ON THE LIVES OF OLDER ADULTS: IMPLICATIONS FOR INTERVENTION, PRACTICE, AND POLICY
H. Y. LEE (USA); H. Y. LEE and M. LEE (USA); S. CHOI et al. (Korea); A. Y. M. LEUNG e al. (China); N. XIA and A. Y. M. LEUNG (China)
This session emphasizes the importance of health literacy among the elderly for maintaining good health. It suggests the need of refining contents of health literacy training and for health professionals to intervene with their patients’ health literacy.

CREATIVITY AND LEISURE IN ASIAN SOCIETIES: AN INTERDISCIPLINARY AND LIFESPAN APPROACH
A. N. HUI (Hong Kong)
A. N. HUI (Hong Kong); Y. C. FAN (Taiwan); E. LIANG (Hong Kong); C. CHING & E. S. C. A. LIU (Hong Kong)
Debates on the positive effect of creative/cultural activities of older adults in enhancing their life quality.

TECHNOLOGY AND AGING: RECENT ADVANCES IN GERMAN-SPEAKING COUNTRIES
H. W. WAHL (Germany), M. GOGOL (Germany)
C. BECKER (Germany); K. CLASSEN, et al. (Germany); D. BELL & R. RISSE (Austria); J. BENETT (Switzerland); S. BECKER & L. CORRADO (Switzerland)
Debates on the role of technology, technological devices and their psychological influences on people's technology acceptance in German-speaking countries.

MIGRANT CARE WORKERS IN THE CONTEXT OF AN AGEING WORLD
K. MEHTA (Singapore)
J. LINDBLOM & S. TORRES (Sweden); F. BARBABELLA et al. (Italy); A. M. L. CHONG (China); K. K. MEHTA (Singapore)
Focused upon migrant care workers, the first presentation addresses the ethnic minority in Sweden and newspaper articles which describe migrant care workers as ethnic others. Next presentation deals with opportunities and challenges of migrant workers in the long-term care system in Italy. Next presentation discusses the role of a migrant care worker in the family care of the elderly in Hong Kong. Final presentation discusses migrant care workers in ageing families and the immigrant policy of Singapore.

MANAGING AN AGEING WORKFORCE IN EASTERN AND WESTERN CONTEXTS: A COMPARATIVE AND INTERNATIONAL PERSPECTIVE
D. HOFAECKER (Germany), M. FLYNN (United Kingdom)
D. HOFAECKER (Germany); H. SCHRDER (Austria); J. LEE et al. (Korea); M. FLYNN (United Kingdom); Y. LI et al. (Germany)
Debates on managing the workforce beyond retirement age in different countries. Also, designing training programs which allow employees to both receive and provide trainings are underlined.

EXCHANGES OF SUPPORT WITHIN FAMILIES ACROSS THE LIFE SPAN
S. ZARIT (USA)
S. ZARIT & K. FINGERMAN (USA); G. HAN (Korea); K. KIM et al. (USA); J. E. LEE (USA)
Debates on familial support and support exchange within intergenerational relationships.
A MULTI-DISCIPLINARY APPROACH TO PROMOTING LONGEVITY, HEALTHY AND SUCCESSFUL AGEING
P. T. STRAUGHAN (Singapore)
P. T. STRAUGHAN (Singapore); J. SON (Singapore); Q. FENG (Singapore); E. J. CHOI (Korea); Z. ZHEN (China); M. KIM (Singapore); G. C. H. KOH & L. E. WEE (Singapore)
This session addresses successful ageing, health and longevity. Also, existing social inequalities which signify disadvantages among the elderly are debated.

GRANDPARENTS AS A RESERVE ARMY: GLOBAL PERSPECTIVES ON THE ROLE OF GRANDPARENTS IN DUAL-EARNER FAMILIES
F. THOMESE (Netherlands)
L. L. THANG (Singapore); M. SIVERSTEIN & Z. CONG (USA); P. C. KO & K. HANK (Germany); F. THOMESE (Netherlands)
Debates on dual-earner families where grandparents care for their grandchildren. Cultural, institutional, demographic, and socio-economic contexts are dealt with in the discussion.

PRODUCTIVE AGEING: AN ASIAN PERSPECTIVE
A. M. L. CHONG (Hong Kong)
S. LIU & A. M. L. CHONG (China); I. LEE, D. LEE, D. YU, & L. LOW (Hong Kong); T. WU (Singapore); S. LIU (Hong Kong)
An active lifestyle, namely productive aging, was the focus of this session, with mostly research reports on volunteer work in China/Hong Kong, as well as Singapore. Additional findings of one study about adaptation after retirement were presented.

COGNITIVE FUNCTION IN OLDER POPULATIONS - RESULTS FROM LONGITUDINAL STUDIES OF AGEING IN EUROPE AND ASIA (Social and Behavioral Sciences)
P. ZANINOTTO (United Kingdom)
P. ZANINOTTO (United Kingdom); O. PACCAGNELLA, C. DAL BIANCO, & C. GARROUSTE (Italy); Y. ZHAO, X. LEI, X. SUN, & J. SMITH (China); S. I. CHO, H. LEE, H. CHUN, S. PARK, & S. N. JANG (Korea)
Cognitive functioning was examined in two European and two East Asian countries, each talk approaching the field from a specific angle such as by viewing longitudinal development, early-life impact, differences between the genders, and work experience in conjunction with cognitive functioning of the elderly.

LIVEWELL - DEVELOPING INTERVENTIONS TO IMPROVE HEALTH AND WELLBEING IN LATER LIFE
P. MOYNIHAN (United Kingdom)
The United Kingdom's "Livewell Programme", an intervention for the promotion of wellbeing and health in old age, was presented from multi-methodological angles. Adding to an overview of the program, most notably the generation of cues for intervention development through narratives as well as the employment of co-design methods were depicted.

COMBINING CAREGIVING AND EMPLOYMENT - THE END OF FAMILY SOLIDARITY/FILIAL PIETY - OR ITS REINCARNATION?
J. PEREK-BIALAS (Poland)
M. REICHERT & A. HOFF (Germany); J. PEREK-BIALAS & A. HOFF (Poland); S. M. PARK (United Kingdom)
With European data presented from Germany, Poland, and Great Britain, the issue of combining caregiving and working roles was discussed while observing changes in familial solidarity and filial piety. Developments aspects of working carers, i.e. individuals providing caregiving as a compensated service, were investigated, utilizing a variety of information sources.

AGING, HEALTH AND TECHNOLOGY - EVIDENCE FROM ASIA
T. SAMANTA (India)
T. SAMANTA (India); L. J. Elizabeth KU, & L. F. LIU (Taiwan); S. N. JANG (Korea); M. ISAACSON, T. SAMANTA, L. A. D’AMBROSIO, & J. F. COUGHLIN (USA)
Living arrangements and health expenditures of India's elderly, factors contributing to paid help for disabled Taiwanes elders, as well as a comparison of old individuals’ health broken down by socio-economic status aspects and country (India vs. Korea) were covered in this self-designated “Asian” symposium.

ON MODERATORS AND MEDIATORS - NEW STEPS IN THE UNDERSTANDING OF EXERCISE BENEFITS ON COGNITIVE AGING
L. BHERER (Canada), C. T. ALBINET (France)
C. T. ALBINET, K. MANDRICK, P. L. BERNARD, S. PERREY, & H. BLAIN (France); M. AUDIFFREN, C. T. ALBINET, N. ANDRE, R. BODIN, M. H. JACQUES, C. FERRAND, & A. KITZIS (France); L. BHERER (Canada); K. ERICKSON & L. BHERER (Canada)
This session was comprised of Canadian and French presenters. Brain plasticity and cognitive performance, as they relate to physical activity, were outcome measures in two talks. In other presentations, the roles of genetic polymorphisms and cardio-respiratory functioning were examined within the exercise-cognition linkage.
SUBMITTED SYMPOSIA

PROMOTING MENTAL HEALTH AMONG CHINESE OLDER ADULTS IN TRANSNATIONAL COMMUNITIES: CHALLENGES AND INNOVATION
D. YU (Hong Kong)
D. YU & D. LEE (Hong Kong); D. LAI (Canada); A. M. GUO, H. TONG, & D. LAI (Canada); H. WANG, L. HU, X. LV, & X. YU (China)
Chinese and Canadian researchers presented mental health issues of elderly in Hong Kong, Canada, and rural China. Topics discussed included sleep disorders and lifestyle factors, extraneous determinants of mental health, as well as seclusion problems. Another Chinese investigation described mental health and daily functioning.

NEW DIRECTIONS IN RESEARCH ON OLDER PEOPLE AND SOCIAL EXCLUSION
N. KEATING (Canada), T. SCHARF (Ireland)
K. WALSH, T. SCHARF, & N. KEATING (Ireland); J. OGG (France); J. WARBURTON (Australia); N. A. APT (Ghana)
Ageism in the form of social exclusion was examined from European, Australian, and Sub-Saharan African perspectives. Notably, while an Irish presentation included a scoping review and a testable model, the French contributor dealt with social inclusion within an all-European family context.

DISASTER SUPPORT FOR ELDERLY INDIVIDUALS: BASED ON EXPERIENCES IN ASIA
H. MASAKI, S. IDE (Japan)
C. MATSUOKA (Japan); X. Y. HU (China); M. R. YOO (Korea)
Disaster-related research with pragmatic content was presented by Japanese, Chinese, and Korean panelists with respect to Japanese disaster nursing care guidelines for elders, the daily functioning and health of Sichuan earthquake’s elderly survivors, and old individuals’ views on disaster preparedness in Korean rural areas.

A NEW HORIZON FOR CAREGIVER SUPPORT
R. BLIESZNER (USA)
T. ANTONUCCI, K. AJROUCH, & S. ABDULRAHIM (USA); D. HALPERIN, R. KATZ, & A. LOWENSTEIN (Israel); R. BLIESZNER, K. A. ROBERTO, & N. BROSSOIE (USA); D. SHENK (USA)
Within caregiver support research, salient topics were Lebanese analyses, marital problems associated with caregiving working females, family support for both elderly with mild cognitive impairments as well as their caregivers, and the function of direct care workers serving demented individuals in an assisted living context.

OCCUPATIONAL GERONTOLOGY, A MULTI-DISCIPLINARY APPROACH (Social and Behavioral Sciences)
W. GOEDHARD (Netherlands)
W. GOEDHARD (Netherlands); S. A. PARK (Korea); M. KUMASHIRO (Japan)
Occupational therapy as it pertains to gerontology, e.g. occupational gerontology, was described, first in an overview, describing the peculiarities of this new field. This introduction was followed by two examples illustrating its usage in two separate presentations, namely gardening and productive work, respectively.

RIGHT TIME PLACE CARE - IMPROVING HEALTH SERVICE FOR EUROPEAN CITIZENS WITH DEMENTIA
G. MEYER (Germany)
Health services for elderly with dementing illnesses were described in an overview of eight European countries’ dementia care systems, a depiction of home-institution transition patterns in those nations, and best-practice recommendations for dementia care within a EU framework.

QUALITY OF LIFE IN OLDER ADULTS IN JAPAN AND BRAZIL
H. ARAI (Japan)
E. MORIGUCHI (Brazil); P. Y. SEWO Sampaio (Japan); R. A. C. Sampaio (Japan)
The effect of dietary, social and psychological, as well as environmental, cultural, and life style factors were found to be important in maintaining a sound quality-of-life level and to reinforce and longevity. These findings were derived from cross-cultural studies of Japanese who had emigrated to Brazil compared to those living in Japan.

DEMENTIA IN A DEVELOPMENTAL-CULTURAL PERSPECTIVE FROM POSSIBLE EARLY FACTORS TO LATE-AGE INTERVENTIONS
R. B. SAGES (Sweden)
P. BUSKAS (Sweden); C. CHEN (China); I. GUSTAFFSON JERTFELT (China); R. LUTZ (Germany); J. FLEMING, J. ZHAO, C. BRAYNE, L. FARQUHAR, CAMBRIDGE CITY OVER-75s COHORT STUDY COLLABORATION, & S. BARKLAY (United Kingdom)
The comprehension of culture increases an understanding of dementias and offers possibilities for its prevention. Severe maltreatment has been examined by analyzing diatribes in a clinical geriatric context. The advantages of dementia prevention programs by engagement in various activities and by co-residence with community members were explored.
LUCKY AND UNLUCKY COHORTS AND LATER LIFE - CONTEMPORARY AND FUTURE OLD AGE IN DISTINCT WELFARE REGIMES
A. MOTEL-KLINGEBIEL (Germany)
H. KENDIG (Australia); G. HAN (Korea); M. VAARAMA, P. MOISIO, J. EROLA, & S. KUIVALAINEN (Finland); J. SIMONSON & A. MOTEL-KLINGEBIEL (Germany)
Perspectives on later life well-being of baby boomer cohorts were presented. Rising concerns over the adequacy of retirement incomes, prolonged working careers, appropriateness of the work-pension system, and shifts in income distribution among different generations were critically reviewed.

WISDOM ACROSS CULTURES: AN ANCIENT CONCEPT IN DIGITAL AGE
H. OH (Korea)
S. Y. YANG (Taiwan); M. TAKAHASHI (USA); M. TAKAYAMA (Japan); H. OH (USA)
This session explored the cross-culturally conceived wisdom of older persons in this technologically advanced epoch. Wisdom scores were positively related to subjective well-being, indicating that wisdom might benefit the individual through eudemonic factors and the development of non-institutionalized welfare for one's self.

COGNITIVE TRAINING IN AGING: FROM NEAR TO FAR TRANSFER EFFECTS, FROM SINGLE TO MULTI-DOMAIN TRAINING, FROM NORMAL AGING TO ALZHEIMER'S DISEASE
L. BHERER (Canada), S. BELLEVILLE (Canada)
L. BHERER (Canada); C. Li (China); S. BELLEVILLE, S. MELLAH, C. DEBOYSSON, B. BIER, & N. MOFFAT (Canada); A. M. ELGIS & A. S. RIGAUD (France)
Approaches to cognitive-memory training and their beneficial effects were delineated and cases of older persons at-risk of cognitive decline described. Presenters found that cognitive trainings are a promising non-pharmaceutical tool to help improve cognition in older adults and that multi-domain cognitive trainings are safe and efficient measures.

FAMILY DIVERSITY IN CAREGIVING
J. FAST (Canada)
J. GIERVELD (Netherlands); N. Fukuda & J. GIERVELD (Japan); J. FAST & A. WAYE (Canada); T. RAPIERRE & N. KEATING (Canada)
In this session, long-term care arrangements in informal caregiving settings were compared across cultures, the results of which displayed marked differences. These were especially in caregiver needs which should be taken into account when designing caregiver support programs. Contributions of non-kin informal care are also expected to increase in number.

FAMILY CAREGIVING IN TRANSITION - CARE FOR THE ELDERLY IN EAST ASIAN COUNTRIES
I. H. CHOI (Korea)
J. KIM & M. CHUN (Korea); J. YEOM & I. H. CHOI (Korea); Z. Cong & M. SILVERSTEIN (USA); E. TAKAGI & Y. SAITO (USA)
This session explored factors affecting informal caregiving and filial support by adult children and families. The provision of instrumental support is influenced by gender, education, income, the number of offspring, and caregiving responsibilities. Increased involvement of formal care providers and the continuous presence of informal caregivers requires research about the optimal collaboration of both caregiving types.

MAKING THE CASE FOR AGE-FRIENDLY ENVIRONMENTS - AN INTERDISCIPLINARY APPROACH
J. HEUSINGER (Germany)
C. PHILLIPSON, T. BUFFEL, & F. THOMESE (United Kingdom); E. Y. L. YAU (Hong Kong); T. SCHARF & N. KEATING (Ireland); T. HEUSINGER & B. WOLTER (Germany)
Approaches to the development of age-friendly environments were explored, focusing on positive physical and social infrastructures which tend to increase psychological well-being of the elderly. Re-conceptualizing age friendliness by taking different community needs and resources into account has been recommended.

LEARNING AND USING TECHNOLOGY IN ASIAN CHINESE COMMUNITIES
V. W. Q. LOU (Hong Kong)
L. CHEN (China); Y. J. CHEN (Taiwan); K. S. HONG (Hong Kong)
Programs designed to motivate elderly persons to use information technology and cases of technology-friendly environments were introduced. Guidelines to facilitate aging-in-place, the utilization of government-initiated IT programs, and continued improvement of software and IT hardware were critically reviewed.

PALLIATIVE CARE EDUCATION FOR NURSES WORKING IN AGED CARE ENVIRONMENTS
M. O’CONNOR (Australia)
M. O’CONNOR, E. W. H. POON, & H. S. KIM (Australia); E. W. H. POON (Singapore); H. S. KIM (Korea)
This session explored methods of teaching caregivers about palliative care in geriatric settings and issues arising in the preparation for the pertinent education.
SUBMITTED SYMPOSIA

IDENTIFYING ELDER ABUSE AND NEGLECT - AN INTERACTIVE WORKSHOP
S. ALON (Israel), B. LANG (Israel)
S. ALON (Israel); B. LANG (Israel); A. BERG-BARMAN (Israel)
This session scrutinized the operation of interactive workshops for professional caregivers to identify elder abuse and neglect, revolving around approaches developed for the prevention of such problems in Israel. Use of a risk assessment tool and identification of abused elderly were stressed as the primary step toward quality healthcare.

WORKING LONGER IN A PERIOD OF ECONOMIC VOLATILITY - THE FLEXI-SECURITY OR FLEXI-INSECURITY OF GRADUAL RETIREMENT
P. TAYLOR (Australia)
P. TAYLOR & E. BROOKE (Australia); H. L. STERN & P. TAYLOR (Australia); C. PHILLIPSON (United Kingdom); G. NAEGELE (Germany)
This session addressed problems and challenges encountered by the elderly with respect to retirement and the extension of the work life, negotiating gradual retirement, and self-management; conclusions included the statement that organizational support is direly needed.

PREDICTORS AND MEDIATORS OF LONG TERM TRAJECTORIES OF COGNITIVE AGEING
M. AARTSEN (Netherlands)
L. ELLWART, M. AARTSEN, D. DEEG, & N. STEVERINK (Netherlands); T. N. VAN DEN KOMMER, H. C. COMIJS, M. J. AARTSEN, M. HUISMAN, D. DEEG, & A. T. BEEKMAN (Netherlands); M. AARTSEN, G. MUNIZ, T. N. VAN DE KOMMER, & H. COMIJS (Netherlands)
Predictors of cognitive aging in relationship to social support, depression and loneliness in old age, as well as latent class long-term trajectories of cognitive aging were explored. Findings on instrumental support and the need to differentiate between normal and pathological cognitive decline were discussed.

IMPROVING CARE FOR ELDERLY IN SOUTH-EAST AUSTRALIA
G. PINTER (Australia), W. MUELLER (Austria)
H. JANIG, G. PINTER, K. CERNIK, O. KADA, & R. LIKAR (Austria); G. PINTER, R. LIKAR, K. CERNIK, O. KADA, & H. JANIG (Austria); W. MUELLER, R. MOERTL, & H. LECHNER (Austria); W. Schippinger, H. PILGRAM, A. HIERZER, M. BOHNSTINGL, & I. OSPRIAN (Austria); D. SCHMIDT & G. PINTER (Austria)
This session addressed relocation problems of nursing home residents to hospitals and vice versa. The importance of measures for the optimization of care in homes, the communication of elders with nurses and family doctors during the interventions, and geriatric re-mobilization in the home setting were emphasized.

DEPRESSED MOOD AS A RISK FOR PSYCHOLOGICAL ADAPTATION IN OLD AND VERY OLD AGE
H. W. WAHL & O. K. SCHILLING (Germany)
H. W. WAHL, O. K. SCHILLING, K. BOERNER, J. P. REINHARDT, M. BRENNAN-ING, & A. HOROWITZ (Germany); Y. R. LEU (Taiwan); O. K. SCHILLING, O. REIDICK, & H. W. WAHL (Germany)
This session introduced studies on depressed mood affecting physical degradation and functional competence, as well as the inability in seeking help from health service institutions, such as among visually impaired older adults and elders afflicted with Parkinson’s disease. Specific screening, prevention, and treatment procedures for depressive symptoms of the patients were recommended.

IMPROVING PAIN MANAGEMENT FOR THE ELDERLY
N. A. HODGSON (USA), A. BUDNICK (Germany)
S. KALINOWSKI, A. BUDNICK, R. KUHNERT, L. M. JORDAN, B. HANNEEMANN, F. KOENNER, D. DRAEGER, & R. KREUTZ (Germany); C. R. SHILLAM (USA); N. A. HODGSON (USA); A. BUDNICK, F. KOENNER, B. HANNEEMANN, L. M. JORDAN, S. KALINOWSKI, R. KREUTZ, & D. DRAEGER (Germany)
Approaches to the improvement of pain management affecting functional performance in old persons and effective palliative interventions for pain and physiological stress reduction in nursing home residents with dementia were depicted.

DIGITAL COMMUNICATION AMONG SENIOR GENERATION - THE SENIORS’ LIFESTYLE ADAPTATION TO DIGITALIZED CULTURES
S. Y. CHO (Korea)
S. Y. CHO (Korea); D. CHOI (Korea); S. K. KIM (Korea); H. S. SHIN & J. W. LEE (Korea)
In this session, the utilization of current technology which prevents physical risks, the inclusion of the elderly in information and communication technology (ICT), and the use of measures for preventing senile suicide were stressed. Health promotion by means of ICT, continuance of bridging the digital divide, social support needed for job creation in the ICT sector, and related issues were reviewed.

RESEARCH, POLICY AND PRACTICE

SMART WALKERS - TOWARDS AUGMENTING THE AUTONOMY OF THE ELDERLY
V. PASQUIS (France)
SUBMITTED SYMPOSIA

D. MARIN, V. PASQUI, L. SAINT-BAUZEL, B. BOUDET, P. RUMEAU, & N. VIGOUROUX (France); H. YANG, W. CHO, I. KIM, B. MIN, & B. R. JO (Korea); K. R. MUN & H. YU (Singapore); P. RUMEAU, V. PASQUI, B. BOUDET, C. LAFONT, L. SAINT-BAUZEL, N. VIGOUROUX, F. LERASLE, F. NOURAHSHEMI, & I. FERRANE (France)

Miscellaneous novel smart-walkers were described, enabling prospective consumers in gerontology and geriatrics to keep abreast with the newest developments.

HOW POLICY, ECONOMIC AND CULTURAL CONTEXTS SHAPE INTERGENERATIONAL LINKAGES IN FAMILIES
P. DYKSTRA (Netherlands)
G. O. HAGESTAD (Norway); P. MARI-KLOSE, I. CALZADA & A. JAIME (Spain); C. MURESAN, M. HARAGUS & P. T. HARAGUS (Romania); A. ABRAMOWSKA-KMON & I. E. KOTOWSKA (Poland)

This session discusses about policy, economics and social culture altogether, having an impact on the intergeneration in the family.

ACTIVE AGEING IN THE HOME
L. MACKENZIE (Australia)
S. STARK (USA); J. E. BYLES, L. MACKENZIE, S. REDMAN, L. PARKINSON, L. LEIGH & C. CURRYER (Australia); L. CLEMSON, N. LANNIN, K. WALES, C. DAVIES, L. MACKENZIE & I. CAMERON (Australia); L. MACKENZIE (Ireland) & A. CLIFFORD (Australia)

Discussions around activity and functional independence of senior people at home, along with home modification and application of technology.

BACK TO THE FUTURE: INNOVATIONS IN HOME-BASED PRIMARY CARE FOR FRAIL ELDERS
S. SINHA (Canada); T. EDES (USA)
N. STALL, M. NOWACZYNSKI & S. SINHA (Canada); T. EDES & D. COOPER (USA); T. A. SMITH-CARRIER, S. SINHA, M. NOWACZYNSKI, T. N. PHAM & S. AKHTAR (Canada); S. SINHA (Canada)

This session concerns of home-based primary care of the elderly with home innovations and technical advancement.

A PRACTICAL TOOL FOR GLOBAL USE TO IDENTIFY AND RESPOND TO OLDER PEOPLE’S HEALTH AND CARE NEEDS
I. PHILIP (UK)
E. M. KHOO (Malaysia), V. MASILAMANI (Malaysia), S. OTHMAN (Malaysia), W. Y. LOW (Malaysia), C. J. NG (Malaysia), K. CHINNA (Malaysia) & Ian PHILIP (UK); V. ALIZAD, R. FADAYEVATAN, A. ASGARI, M.P. BRANDAO, L. SOUSA, A. CHAN CHEUNG, C. MA HOK KA, R. PINAR, A. ERGUN, E. SAIME, K. GUR, Z. KURTULUS, K. WIECZOROWSKA-TOBIS, E. M. KHOO (Malaysia) & I. PHILIP (UK); N. JERLIU (Netherlands), N. RAMADANI (Albania) & H. BRAND (Netherlands); M. OLDE RIKKERT (Netherlands), I. PHILIP (UK), M. PERRY (Netherlands), J. V. KEMPEN (Netherlands), R. MELIS (Netherlands)

This session introduces an elderly health care system called ‘EASYcare’ which enables geriatricians and GPs to find out health status of the elderly and detect early symptoms such as dementia and frailty.

LONG TERM CARE SYSTEMS IN EAST AND WEST. THE ROLES OF CLIENTS, FAMILY CARE, COMMUNITY CARE, AND STATE IN KOREA, JAPAN, NORWAY AND THE NETHERLANDS
C. VAN CAMPEN (Netherlands)
C. VAN CAMPEN (Netherlands); H. S. KIM (Korea); S. HOTTA (Japan); S. O. DAATLAND (Norway)

Long term care system in the East and the West. Role changes in the care system (the Netherlands), long term care insurance (Korea), integrated care and work force (Japan) and the sustainability (Norway) are discussed.

CIVIC ENGAGEMENT OF OLDER ADULTS: CROSS-NATIONAL PERSPECTIVES AND RESEARCH AGENDA
N. MORROW-HOWELL (USA)
D. B. KIM (Korea); G. CHEN (China); S. I. HONG (Singapore); L. M. CHEN (Japan); : N. MORROW-HOWELL (USA)

Volunteering of the elderly suggested in terms of sustainability, social development and implication for policy and practice.

AGEING AND THE POST-2015 GLOBAL FRAMEWORK
K. BLUESTONE (UK)
J. BEARD (Switzerland); A. ZAIDI (UK); I. ABODERIN (Kenya)

Discourses on strengthening global ageing-related statistics post-2015.

CRITICAL ISSUES OF EQUITY AND WELLBEING FOR OLDER PEOPLE
J. NАЗROO (UK); C. WALDEGRAVE (New Zealand)
J. NАЗРОO, S. JIVRAI, A. MARSHALL, B. VANHOUTTE (UK); S. BIGGS, H. KIMBERLEY, D. BOWMAN (Australia); B. BARTLAM (UK), P. CROME (UK), L. FRANK (UK), A. BESWICK (UK), A. CHERUBINI (Italy), M. CLARFIELD (Israel), A. FARRE (Spain), C. HERTOGH (Netherlands), V. LESAU-SKAITE (Lithuania), M. GARY (UK), M. MULLER (Netherlands), J. ORISTRELL (Spain), G. PRADA (Romania), C. RUGGIERO (Italy), J. SINCLAIR-COHEN (UK), K. SZCZERBINSKA (Poland), E. TOPINKOVA (Czech), Z. ZALEWSKI (Poland); C. WALDEGRAVE (New Zealand)

Instability at work, retirement and social exclusion in the later life.
SUBMITTED SYMPOSIA

ACTIVITY ENGAGEMENT AND HEALTHY AGING
C. BAUM (USA)
C. BAUM (USA); G. M. ERIKSSON (Sweden); N. MORROW-HOWELL, M. PUTNAM & Y. LEE (USA)
Discussions on engagement in physical activity by older adults and health benefits, along with antecedents and health outcomes of activity patterns.

HOME & COMMUNITY SUPPORT FOR OLDER PERSONS IN DEVELOPING COUNTRIES
H. BERGMAN (Canada)
M. ZHU & X. LIU (China); G. LI (China); N. Y. WANG (China); W. C. LOKE (Singapore) & E. NIGEL (UK)
Discussions on home and community supports for older people to the betterment of health status, function and the usage of medical resources.

CROSS NATIONAL PERSPECTIVES ON OLDER COUPLE’S FINANCIAL AND HEALTH SECURITY
D. Price (UK)
D. PRICE (UK), K. T. D’AMURO (USA), D. BISDEE (UK), L. LIVSEY (UK) & T. DALY (UK); D. STREET & Y. FUJITA (USA); D. STREET & C. MELE (USA)
Research on the management patterns of household money by older couple in the East and the West.

AGING IN THE FOREIGN LAND: UNDERSTANDING THE MULTIPLE CONTEXTS OF AGING IMMIGRANTS
D. LAI (Canada)
D. LAI (Canada) & H. TONG (Canada); S. TORRES, E. FORSELL & A. OLAISON (Sweden); J. ZHANG (New Zealand); X. BAI & N. CHOW (Hong Kong); S. Li (China)
Studies on older migrants and social exclusions in multi-cultural contexts.

THE IMPACT OF DIFFERENT FINANCING MODELS ON CARE INTEGRATION
N. Y. WANG (China)
H. BERGMAN (Canada); W. C. LOKE (Singapore) & N. EDWARDS (UK); N. WANG (China)
This session starts with a study of Beveridge welfare system with the Canadian case. Next one goes on to argue for the new model of funding and integrated service delivery system. The session includes a study about 14 countries, along with a pilot study, Chinese case.

WHAT HAVE WE LEARNED FROM EACH OTHER IN LONG TERM CARE POLICY DEVELOPMENT? COMPARATIVE ANALYSIS OF STABLIZED SYSTEMS IN GERMANY AND JAPAN AND THE CONTINUING SEARCH FOR SOLUTIONS IN ENGLAND AND AUSTRALIA
E. OZANNE (Australia)
T. TSUTSUI (Japan) & N. MURAMATSU (USA); C. GLENDINNING (UK); A. HOWE (Australia); T. KLIE (Germany)
Analyses on the long term care system in Japan, UK, Australia and Germany.

INNOVATIVE WOUND MANAGEMENT FOR OLDER PEOPLE: CHALLENGING CURRENT PARADIGMS AND PRACTICES
H. EDWARDS (Australia)
E. LINDSAY (UK); H. EDWARDS (Australia); H. SANADA (Japan)
Discourses on policy and practices in relation to older people’s deep tissue injuries.

THE ROAD MAP FOR EUROPEAN AGEING RESEARCH: ADDRESSING THE GRAND CHALLENGE OF AGEING
A. WALKER (UK)
A. WALKER (UK); C. JAGGER (UK) & S. PARKER (UK); H. W. WAHL (Germany), S. IWARSSON (Sweden) & T. SVENSSON (Sweden); F. BARBABELLA (Italy), C. CHIATTI (Italy) & G. LAMURA (Italy)
Discourses on European ageing research, focusing on the theme of ‘active ageing’, health regime, inclusion and participations of the elderly.

INPEA/ILC GA - ADDRESSING ELDER ABUSE, THROUGH A HUMAN RIGHTS LENS: A MULTI-COUNTRY COMPARISON OF PERCEPTIONS, INTERVENTIONS AND AWARENESS AMONG DIVERSE CULTURES AND DISCIPLINES
S. SOMERS (USA)
M. H. KIM (Korea); L. S. DAICHMAN (Argentina); R. PEREYRA (Dominican Republic); S. HAN & T. KIM (USA)
Issues regarding elder abuse in selected countries were presented, including, but not limited to, Korea, the South American mainland as well as the Caribbean. Diverse contexts such as the field of long-term care and multi-disciplinary angles, also from medical and social viewpoints, were adopted. The topic of violating human rights of elderly individuals had been discussed under the auspices of INPEA.

TRANSLATING PRIMARY RESEARCH FINDINGS ON BALANCE SYSTEM CHANGES TO PRACTICE THROUGH PHYSIOTHERAPY LED BALANCE TRAINING PROGRAMS AND RATIONALE FOR SELECTION OF EXER_GAMING PROGRAMS
N. LOW CHOY (Australia)
N. LOW CHOY (Australia); J. BOUGHEN (Australia); J. NITZ (Australia)
Australian studies on fall prevention from the angles of postural instability, assessment, prevention through preemptive interventions as well as
MODEL OF SOUTH KOREAN SENIOR WELFARE CENTERS FOR A SUCCESSFUL OLD-AGE AND A HEALTHY AGED SOCIETY
H. G. LEE (Korea)  
K. SUH (Korea); H. G. LEE (Korea); J. W. LEE (Korea)
Senior citizens’ welfare centers in Korea were examined from a population perspective, and also daily-function-related details covered. Talks focused, among others, on elders’ policy development in the area of (social) welfare. One talk provided a case study about age-specific, demand-oriented services in one of those senior welfare centers.

SOCIAL WELL BEING OF OLDER PEOPLE BY DIGITAL LIFE
D. H. HAN (Korea); C. CONYBERE (USA)  
J. H. KO (Korea); D. H. HAN (Korea); C. T. HAYASHIDA (USA); B. K. CASTONGUAY (USA)
Contributions about technological aids in aging process ranged from policy to programs/services (aging in Korea with advanced technologies, ICT programs with elderly citizens as “Internet navigators”, and the issue of appropriate use of medical alert systems), with examples supplied about elders afflicted by chronic disease.

PILOT STUDY ON ABUSE AND NEGLECT OF OLDER ADULTS IN CANADA: PRECURSOR TO A NATIONAL PREVALENCE STUDY
C. THOMAS (USA)  
L. MCDONALD (Canada); A. LOWENSTEIN (Israel); M. BEAULIEU (Canada); C. THOMAS (USA)
Abuse of elderly individuals was the subject of a Canadian project, covering the life-course perspective as its underlying theoretical framework and the idiosyncrasies of this research. The latter involved issues related to multilingual and multi-center data collection. One contribution supplied additional information on experiences during the process and instrument validation.

LONG TERM CARE POLICY - CROSS-NATIONAL COMPARISON
E. F. LAWLOR (USA)  
E. F. LAWLOR (USA); T. MCBRIDE (USA); N. IKEGAMI, T. ISHIBASHI, & J. C. CAMPBELL (Japan); T. LUM, E. CHUI, V. LOU, & M. LAU (Hong Kong)
TEACHING NURSING HOMES - PAST, PRESENT AND FUTURE
Issues pertaining to long-term care (LTC) policy in the USA, Japan, and China (Hong Kong) were presented, including LTC for the workforce in the United States of America, and insurance problems related to long-term care in Japan. These talks had been designed as a session allowing cross-national comparisons.

TEACHING NURSING HOMES - PAST, PRESENT AND FUTURE
P. R. KATZ (Canada)  
P. R. KATZ, J. E. MORLEY, S. VON PREYSS-FRIEDMAN (Canada), & D. SWAGERTY (Canada); J. E. MORLEY (USA); S. VON PREYSS-FRIEDMAN (USA); D. SWAGERTY (USA)
The theme centered on “teaching in nursing homes” and included a historical overview on the topic, descriptions of the current state, as well as leads geared toward the future about improvements of professional competencies and residents’ contributions.

ADDRESSING END-OF-LIFE CARE ISSUES: A GLOBAL PERSPECTIVE ON RESEARCH, POLICY AND PRACTICE
S. CARMEL (Israel), A. CHAN (Singapore)  
C. MALHOTRA, T. FLYNN, A. FAROOQUI, M. BILGER, & E. FINKELSTEIN (Singapore); S. CARMEL (Israel); I. HOLMEROVA & H. VANKOVA (Czech); K. TSUJI (Japan)
End-of-life care issues were presented, two talks being associated with elders’ preferences in the context of care, the others with dementia and a nine-country study involving the role of gerontology-and-geriatrics-associated professionals.

QUALITY MANAGEMENT OF LONG-TERM CARE FACILITIES IN ASIA
J. LEE (Korea)  
V. W. Q. LOU, C. W. KWAN, & I. CHI (Hong Kong); J. LEE (Korea); R. ROKKAKU (Japan)
Information on quality indicators of nursing homes in Hong Kong and Seoul (South Korea) was delivered. One additional Japanese study investigated the quality of life enhancements of demented elderly through inter-generational cooperation.

EMERGENT MIDDLE EAST GERIATRIC MEDICINE
J. P. MICHEL (Switzerland)  
H. H. BALUBAID (Saudi Arabia); S. A. ALSUWAIDI (United Arab Emirates); M. RAMADAN (Qatar); A. B. ABYAD (Lebanon)
A combination of geriatric aspects from Middle Eastern countries was offered. Subfields like higher education in the field, health care services and the establishment of a Gulf-region-based research network were depicted.
THE ACSM SYMPOSIUM: IMPROVING QUALITY OF LIFE AND PROMOTING PHYSICAL ACTIVITY FOR OLDER ADULTS - INTERNATIONAL PERSPECTIVES

M. ORY (USA)
M. ORY (USA); C. H. PARK (Korea); K. HILL & J. SIMS (Australia)

COGNITIVE FUNCTION IN OLDER POPULATIONS - RESULTS FROM LONGITUDINAL STUDIES OF AGEING IN EUROPE AND ASIA

Physical activity for the elderly from an international viewpoint was scrutinized. In particular, the implementation and the promotion of validated (evidence-based) exercise programs have been at the core of this symposium, discussed in two talks by speakers from the Republic of Korea and Australia.

IDENTITY, POLICY AND CHANGE: EXAMINING THE THEORETICAL IMPLICATIONS OF THEMES ARISING FROM NATIONAL CONTEXTS AND INTERNATIONAL DISCOURSE

S. BIGGS (Australia); A. KARISTO (Finland)

S. BIGGS (Australia); A. KARISTO & I. HAAPOLA (Finland); M. T. YAP (Singapore); T. MOULAERT (Belgium)

Kaleidoscopic policy-related aspects contents had been assembled. Topics included migration and work as viewed from an Australian public-policy angle, a Finnish cohort comparison transitioning into old age, Singaporean active aging of baby boomers, and a Belgian view on active aging within “social participation” and “independent living” contexts.

HAPPY LIVING IN DARKNESS! LIGHTING IN OLD AGE IS RELATED TO THRIVING AND HEALTHY AGEING IN 75 YEAR OLD NORWEGIANS

H. K. FALKENBERG (Norway)

H. K. FALKENBERG, G. HORGEN, T. M. KVIKSTAD, O. EGILSDOTTIR, & G. EILERTSEN (Norway); H. K. FALKENBERG, G. HORGEN, G. EILERTSEN, & O. EGILSDOTTIR (Norway); G. EILERTSEN, G. HORGEN, O. EGILSDOTTIR, H. FALKENBERG, & T. M. KVIKSTAD (Norway)

Norwegian presentations about research on vision and lighting as related to old age encompassed an indoor lighting optimization intervention study, the impact of design/lighting on vision changes, and indoor lighting at home. The composition of this session provided a comprehensive understanding of a well-defined, specific environmental aspect affecting the aging process.

THE NATIONAL AUDIT OF DEMENTIA: QUALITY IMPROVEMENT IN THE ACUTE HOSPITAL

P. Crome (United Kingdom)

P. Crome (United Kingdom); J. YOUNG, R. WOOLEY, M. GODFREY, & J. HOYLE (United Kingdom); M. W. YATES, M. THEOBALD, & M. MORVELL (Australia); K. ROCKWOOD (Canada)

Within the acute-care setting of hospitals, facets as they relate to demented elders such as national audits and dementia care hospital programs were presented from research findings in Australia, Canada, and Great Britain.

TOWARDS ASIAN PACIFIC LONG-TERM CARE CERTIFICATE

K. LENZNER BRAUN (USA)

K. LENZNER BRAUN, T. OGAWA, T. KAY, C. HAYASHIDA, & T. B. RAHARDJO (USA); T. OGAWA (Japan); T. KAY (Singapore); T. B. W. RAHARDJO (Indonesia); C. T. HAYASHIDA (USA)

Concepts, criteria, training modalities, and general schemes regarding Asian-Pacific long-term care program certification were described for the USA, Japan, Singapore, and Indonesia. A special focus has been on training programs for the eldercare workforce in two speeches from the latter two countries.

UNDERGRADUATE AND POSTGRADUATE TEACHING IN MEDICINE FOR OLDER PATIENTS - THE CURRENT SITUATION AND IMPLICATIONS FOR FUTURE DEVELOPMENT, LESSONS FROM TWO EUROPEAN COUNTRIES

A. GORDON (United Kingdom)

A. G. BLUNDELL & A. GORDON (United Kingdom); E. TULLO (United Kingdom); J. SCHOLS (Netherlands); L. N. PENG (TAIWAN)

Multi-national aspects of education in gerontology and geriatrics were presented. The talks focused on dementia in Great Britain’s medical education system, tripartite geriatrics (three specialties) in the Netherlands, and the development of a Taiwanese fellowship geriatric medicine program with outlooks based on what had been learned in previous experience.

PNEUMOCOCCAL DISEASE: THE IMPORTANCE OF PREVENTION IN ADULTS

J. P. MICHEL (Switzerland)

E. BRESNITZ (USA); D. WEBER (USA)

Burdens and vaccination issues as they relate to pulmonary diseases in late life were presented in this symposium by two US-America-based scholars, stressing the importance of primary interventions. The topics had been tackled from epidemiological, as well as policy-specific angles.
SUBMITTED SYMPOSIA

THE SEOUL INSTITUTE SPECIAL SYMPOSIUM - AGING PEOPLE’S LIFE IN SEOUL: PAST, PRESENT AND FUTURE
H. K. SUH (Korea)
M. S. YOON (Korea); H. K. SUH (Korea); E. NOH (Korea); W. CHO (Korea)
The life of old people in the metropolitan area of South Korea’s capital Seoul had been investigated from a variety of disciplinary perspectives, encompassing past, current and prospective viewpoints, with a closing talk on the emergence of novel discourse approaches of elderly residents.

PROTECTING AND PROMOTING THE HEALTH AND HUMAN RIGHTS OF OLDER PERSONS - THE ROLE OF CIVIL SOCIETY AS AGENTS OF CHANGE IN MOVING TOWARDS A NEW CONVENTION ON THE RIGHTS OF OLDER PERSONS
A. KALACHE (Brazil); L. S. DAICHMAN (Argentina)
K. BLUESTONE (United Kingdom); L. S. DAICHMAN (Argentina); S. SOMERS (USA)
Aspects of elderly individuals’ human rights were presented. The talks – not all of them completely restricted to advanced age – stretched across British, Argentinian, as well as US-American stances, and they were quite suggestive that the present-day status quo is not viable, i.e. that new human rights conventions need to be implemented.

VISION AND HEARING IMPAIRMENTS IN OLDER PEOPLE? WHO CARES?
E. V. GRUE (Norway)
H. K. FALKENBERG, I. LANGEGEN, & J. DUGSTAD (Norway); J. SOLHEIM (Norway); E. V. GRUE (Norway)
Aging-related diminishment of vision and hearing, as well as quality-of-life changes due to sensory impairments following one year after hip fracture were presented within a nursing-home policy context, including a discussion of accountability issues (c.f. “Who cares?” in the session title).

GLOBAL APPROACHES TO POLICY SUPPORTING WORK AND CARE IN LATE MIDDLE AGE
S. YEANDLE (United Kingdom), J. FAST (Canada)
S. YEANDLE & M. STARR (United Kingdom); H. KENDIG & K. O’LOUGHLIN (Australia); X. PEI, H. LUO, H. WANG, & D. YEATTS (China); I. ABODERIN & J. R. HOFFMAN (Kenya)
China’s, Europe’s, Australia’s, New Zealand’s, and the Sub-Saharan Africa’s welfare systems were described and, in part, compared. A focus was on policy in relation with work and economic aspects, such as poverty. Other sub-topics involved the unification of Europe’s welfare system standards and family caregiving presented by UK researchers, as well as adaptations to rapid changes in China.

CURRENT STUDIES BY THE ASIAN WOMEN’S HEALTH RESEARCH NETWORK
E. O. IM, Y. S. LEE (USA)
S. H. LEE & S. O. YANG (Korea); Y. S. LEE, C. R. HOFSTETTER, V. L. IRVIN, & M. F. HOVELL (USA); S. J. CHANG, W. CHEE, & E. O. IM (Korea); Y. S. LEE, J. D. BAEK, K. YANG, & S. YOON (USA)
Various illnesses, as well as health promotion and disease prevention behaviors had been covered (self-care, hypertension, menopause, low femoral bone density, vaccinations and screening procedures), investigating different Asian female subsamples. Physical activity and subsamples’ differences were also examined.

IMPLICATIONS OF THE “DISABILITY WAVE” IN GLOBAL AGING
M. PUTNAM (USA)
M. PUTNAM (USA); C. BIGBY (Australia); K. MASUDA (Japan); T. Y. S. LUM (Hong Kong); S. CHOI (Korea)
The “disability wave” for old-age cohorts in Australia, Hong Kong, Japan, Korea, and the USA was described. Specific aspects, not uniformly depicted in all presentations, included disabled Japanese individuals’ participation while aging, the aging process with intellectual abilities in Hong Kong, and Korean preparations for aging with disabilities.

ACTIVE AGEING - A PERSPECTIVE OF KOREA-JAPAN CENTENARIAN STUDIES
M. TANAKA (Japan)
K. Y. KIM (Korea); S. K. LEE (Korea); H. KIM (Korea); M. TANAKA (Japan)
Three speeches of this symposium zoomed in on Korean active aging, namely daily functioning, the Korean “Health-Longevity Regional Plan”, as well as the description of centenarians’ daily lives through interview analyses. A fourth Japanese talk presented a life-situation, health-related analysis of centenarians.

CAREGIVING OF PEOPLE WITH DEMENTIA IN ASIA - PAST, PRESENT AND FUTURE
C. K. LAI (Hong Kong)
C. K. LAI (Hong Kong); J. A. SONG (Korea); P. J. H. POI (Malaysia); V. W. Q. LOU, X. ZHONG, & G. K. C. LAW (Hong Kong)
The cardinal theme of this session was caretaking of individuals afflicted with dementing illnesses. Historical frameworks and future outlooks were provided, while specifics involved the stance from of communities in Hong Kong, caregiver issues in Malaysia, and qualitative-analysis-based person-centered care, also from Hong Kong.
SUBMITTED SYMPOSIA

CAREGIVING FOR THE ELDERLY IN ASIA
A. CHAN (Singapore)
Y. K. DO & K. FOO (Singapore); D. B. MATCHAR & J. P. ANSAH (Singapore); R. MALHOTRA, C. L. CHEI, T. OSTBYE, A. CHAN, & D. B. MATCHAR (Singapore)
Topics covered in this all-Singaporean session: Caregiving for Asian elders, special investigations on bequest and informal-care expectations, a depression model for caregivers of physically, cognitively and behaviorally disabled elderly, as well as mediators between caregiver depression and care receivers’ cognitive impairment.

COMPARATIVE ANALYSIS ON SOCIAL PARTICIPATION AND HEALTH IN ASIA-PACIFIC REGIONS
Y. S. KIM (Korea)
Y. S. KIM (Korea); M. KURAOKA (Japan); C. BROWNE (USA)
In international talks about social participation and health, analyses of retired individuals within Korean, Japanese and US-American contexts were made accessible and amenable for trans-national comparisons.

AGEING IN CHINA: CHALLENGES AND OPPORTUNITIES
C. BROWNING (Australia)
C. BROWNING & T. ZHANG (China); H. YANG (Australia); D. E. YEATTS, C. M. CREADY, X. PEI, Y. SHEN, & H. LUO (USA); H. LUO & D. YEATTS (China)
Miscellaneous issues in China were presented, such as the appropriateness of the health care reform, ways of funding retirement, well-being of rural senior citizens as well as their villages’ sustainability, in addition to a talk on security and social stratification among elderly in the country as such.

ASSESSMENT ACROSS THE HOSPITAL CONTINUUM - THE INTERRAI MINI-SUITE FOR ACUTE CARE
L. C. GRAY (Australia)
L. C. GRAY (Australia); A. P. COSTA, L. GRAY, & J. P. HIRDES (Canada); M. MARTIN-KHAN & L. C. GRAY (Australia); N. I. H. WELLENS, E. DEVRIENDT, P. MOONS, J. FLAMAING, A. DECLERCQ, & K. MILISEN (Belgium)
The InterRAI Mini-Suite for acute care in the hospital was described in an overview and a talk on emergency departments. Two other speeches covered acute-care quality indicators related to elderly patients and the installation of an e-health system with the InterRai as one of its components.

ATTITUDES OF HEALTH CARE PROFESSIONALS IN GERIATRICS AND GERONTOLOGY TOWARDS USE OF TECHNOLOGY IN DAILY PRACTICE
Y. SCHIKHOF (Netherlands)
B. H. DIJKSTRA, F. HAAN DE LYON, & A. DIJKSTRA (Netherlands); M. E. NIEBOER & E. J. M. WOUTERS (Netherlands); T. VAN HOUWELINGEN, A. BARAKAT, N. CHARNESS, H. KORT, R. BEST, & W. BOOT (Netherlands); Y. SCHIKHOF (Netherlands)
After an introduction to “Healthy Aging Through Serious Gaming” (HASEGA), two presentations followed, one with dementia patients as subjects, and another one where gaming implementations and their outcomes were described. The remaining talks covered nursing care and technology, as well as predictors for remote telecare use by professionals.

JOHN’S HOPKINS UNIVERSITY - PEKING UNION MEDICAL COLLEGE INTERNATIONAL GERIATRICS COLLABORATION AND PARTNERSHIP WITH CHINA MEDICAL TRIBUNE IN CHINA - A MODEL FOR GERIATRICS PROGRAM DEVELOPMENT AND KNOWLEDGE DISSEMINATION IN DEVELOPING COUNTRIES
R. BESDINE (USA)
S. X. LENG, X. LIU, T. SHEN, & S. C. DURSO (USA); X. LIU (China); G. ZHENG (China)
The successful collaboration between Chinese medical schools and John’s Hopkins University Medical School in exchanging academic know-how and technologies for geriatric practice has been depicted.

NEW DIGITAL DYNAMICS OF AGEING: TOOLS TO FACILITATE POLICIES AND PRACTICES TO ENHANCE WELL-BEING IN LATER LIFE
A. WALKER (United Kingdom)
P. MOYNIHAN (United Kingdom); J. A. BICHARD & G. RAMSTER (United Kingdom); L. DAMODARAN, W. OLPHART, & J. A. BICHARD (United Kingdom); A. WALKER (United Kingdom)
An iterative design method with user involvement was employed to develop a computerized nutritional management system. In a multidisciplinary research program, using British digitalized information archive services, incontinence of elders could be bettered, turning them as ICT users into more active and independent citizens.

PROMOTING INTERNATIONAL EXCHANGE IN GERONTOLOGICAL RESEARCH AND EDUCATION IN THE ASIA-OCEANIA REGION
A. HOWE (Australia)
Y. H. JEON & Y. KANG (Australia); K. HILL & R. IBRAHIM (Malaysia); S. SCHERER, G. C. H. KOH, Z. AMIN, & R. MERCHANT (Singapore); L. PARKINSON, E. LEUNG, & A. HOWE (Australia)
This session reported on exchanges of health academics and professionals, international collaborations, including the description of the role that
**SUBMITTED SYMPOSIA**

Gerontological journals play in facilitating collaboration. As a sample case, an Australian-Korean project was introduced, in which medical professionals engage in research, policy development, and the provision of healthcare services.

**TRANSITION PROGRAMS - PERSPECTIVES FROM THREE CONTINENTS**
I. CAMERON (Australia)
L. C. GRAY, I. CAMERON, & M. CROTTY (Australia); S. G. PARKER, P. M. ENDERBY, & S. MANCARROW (United Kingdom); A. I. ARBAJE (USA)
Perspectives on transitional care were presented and newly developed approaches for transitional care introduced. Speeches included the description of comprehensive transitional-care models and a systematic review to investigate factors threatening patient safety during the transition into care.

**STATE OF AGEING RESEARCH AND INNOVATION IN THE EUROPEAN REGION**
V. KHAVINSON (Russia)
S. RATTAN (Denmark); E. TOPINKOVA (Czech); D. DEEG & C. TESCH-ROEMER (Netherlands); A. STUCKELBERGER (Switzerland)
Topics of high priority in European biological research are frailty, dementia, and long-term care. The state of research in the social and behavioral sciences has been evaluated to be in a sound shape. Measures have been taken at the UN Human Right Council to encourage reports on older persons’ poverty, their human rights, and ageism.

**LONG-TERM CARE – COUNTRIES IN THE PROCESS OF SEARCHING FOR SUSTAINABLE LONG-TERM CARE POLICY STRATEGIES**
G. NAEGELE (Germany); I. TUFAN (Turkey)
G. NAEGELE (Germany); I. TUFAN (Turkey); G. LAMURA, F. BARBABELLA, C. CHIATTI, & M. D. ROSA (Italy); H. P. HUANG & K. Y. LIN (Germany)
Policies and strategies for long-term care insurance in Germany, Turkey, Italy, and Taiwan were presented with descriptions of the problems’ analyses encountered by the three countries in long-term care insurance development and maintenance.

**THE DEVELOPMENT AND APPLICATION OF INTERRAI IT SYSTEM FOR LONG TERM CARE SERVICES IN ASIA**
I. CHI (USA), L. GRAY (Australia)
N. IKEGAMI, T. ISHIBASHI, & T. AMANO (Japan); L. K. CHEN, C. F. LAN, & P. I. CHANG (Taiwan); H. KIM, M. CHOI, Y. I. CHUNG, J. KIM, A. YOO, E. JUNG, & M. SUNG (Korea); R. CHANG & S. LEUNG (Hong Kong)
The development and application of the InterRAI IT system for enhancing clinical benefits of long-term care were introduced. The reliability and validity of the system as a tool for comprehensive assessment of older people who need long-term care could be confirmed by empirical data.

**AGEING-IN-PLACE ACROSS CULTURES**
T. LUM (Hong Kong)
T. LUM, V. LOU, T. TONG & N. LU (Hong Kong); M. OHWA (Japan); E. OZANNE (Australia); S. STARK & E. SOMERVILLE (USA)
Low-income urban areas’ development of aging-in-place was explored. A neighbor support network was found to be positively associated with older persons’ willingness to stay in their communities. NPOs play a significant role in promoting aging-in-place. Smart technologies have been critically reviewed regarding their impact on aging-in-place.

**MALNUTRITION, FALLS AND SARCOPENIA-RELATED PROBLEMS IN FRAIL OLDER PEOPLE**
J. M. MEIJERS (Netherlands)
Effects of malnutrition on falls and impaired activity were examined, and health consequences of sarcopenia in residential and community dwelling situations scrutinized. Malnutrition, impaired mobility, and dependency on third-party care were found to be factors related to falls that could serve as starting points to change adverse conditions.

**A RESEARCH AND POLICY TRANSLATION PARTNERSHIP FOR REDUCING FALLS AMONG OLDER PEOPLE**
L. DAY (Australia)
L. DAY (Australia); T. HAINES, L. DAY, T. VU, C. FINCH, L. CLEMSION, & K. HILL (Australia); L. CLEMSON, A. DONALDSON, L. DAY, T. HAINES, & K. HILL (Australia); K. HILL, F. VRANTSIDIS, L. DAY, L. CLEMSON, M. LOVARINI, & M. RUSSELL (Australia)
Guidelines for the prevention of falls and person-environment approaches for prevention were explored, and home as well as group-based exercises to prevent falls introduced. Planning falls prevention approaches and the sustained participation in falls prevention exercises were discussed.

**GERONTECHNOLOGY - OPPORTUNITIES AND CHALLENGES**
Y. I. HSU (Taiwan)
P. I. CHANG (Taiwan); W. D. KEENS & J. L. FOZARD (USA); H. KORT, W. D. KEENS, & J. FOZARD (Netherlands); J. M. LU & Y. I. HSU (Taiwan)
New techniques for facilitating aging-in-place were presented, e.g. comprehensive geriatric assessment methods, surveillance for falls, physical requirements for daily life enrichment in care facilities, and the use of telepresent robots.
SUBMITTED SYMPOSIA

NATIONAL PROGRAMME FOR HEALTH CARE OF THE ELDERLY (NPHCE): A MAJOR INITIATIVE IN OLD AGE CARE IN INDIA
J. TROISI (Malta) & I. S. GAMBHIR (India)
I. S. GAMBHIR (India); A. MATHUR (India); A. B. DEY (India)
A situation analysis of old people and national programs for healthcare of the elderly in India was described. Needs of the Family - the primary caregivers - for training to improve elderly health care and to meet the needs of the government to translate political aims into real actions were discussed.

INTEGRATED CARE APPROACHES AIMED AT OLDER ADULTS WITH COMPLEX AND LONG-TERM CARE NEEDS
C. BAAN (Netherlands)
Literature reviews on comprehensive care for patients with multiple chronic conditions, effective case management in diabetic patients, and chronic care models for elderly in need long-term care were presented. Efforts to determine the best care and integrative care models were scrutinized.

ADDRESSING THE NEED FOR INTERDISCIPLINARY TEAM TRAINING
M. A. SUPIANO (USA)
R. KEISER, K. P. SUPIANO, M. MOTAGNINI, & M. A. SUPIANO (USA); R. KEISER & M. A. SUPIANO (USA); K. P. SUPIANO (USA)
Needs for interdisciplinary team (IDT) training and overcoming barriers to the training were addressed, and a model for integrated care of frail older adults described. With the use of an annotated bibliography, IDT training programs and strategies to overcome barriers to long-term success in geriatrics were reviewed.

ONLINE AND OFFLINE - SOCIAL NETWORKS AND SUCCESSFUL AGEING
H. BOOTH (Australia), T. WINDSOR (Australia)
H. BOOTH, R. ACKLAND, L. CHEN, T. WINDSOR, T. RIOSECO, & M. RAISSI (Australia); T. WINDSOR, P. RIOSECO, K. FIORI, & H. BOOTH (Australia); P. RIOSECO (Australia); H. BOOTH (Australia)
This event focused on the analysis of integrated online and offline research methods in the study of social networks of older persons. The usefulness of profile-based approaches and implications of social connectivity determinants of online activity were critically reviewed.

MEASURING AND TRANSLATING THE MECHANISMS OF FALLS IN OLDER ADULTS IN LONG-TERM CARE THROUGH VIDEO CAPTURE
Video-based studies of behaviors leading to falls and the benefit of such video footage in terms of injury prevention were highlighted. Designing effective interventions for falls prevention using a system-based fall investigation tool, and the utilization of falls’ impact estimating techniques in designing helmets, hip protectors, and compliant flooring were described in a recommendation format.

THE AGEING KOREAN TIGER: ANALYZING RETIREMENT POLICY CHALLENGES
T. KLASSEN (Canada)
J. CHANG (Korea); T. KLASSEN (Canada); Y. YANG & S. CHUNG (Korea)
Old age poverty, work and retirement dynamics in a family-centered culture were discussed. The prospects of reforming the contractual mandatory retirement system were also explored. Employment instability in the prime of age resulting in low pensions and early contractual mandatory retirement were criticized, while exploring the possibility of innovative solutions and revisions of current practices and policy.

TRENDS AND CURRENT CONCERNS OF THE SUBMITTED SYMPOSIA
The International Association of Gerontology and Geriatrics offered a wide array of information, useful to practitioners, academics and other participants involved in old-age and aging-related fields alike. However, if there were trends that could be discerned in the 20th World Congress of Gerontology and Geriatrics, they virtually all pointed toward diversification as well as more specialization, and some consolidation of the accumulated body of scientific evidence, rather than toward truly novel contributions, be they in research or practice. By the same token, this trend or “current concern” by itself does not need not be an indicator that gerontology and geriatrics are stagnating. Much rather, the assertion that applications and theories have reached a point of saturation or maturity seems just as valid. Therefore, in future conventions of this large a scale and/or well-cited international publications, we should be expecting very much of the same with varying contents – until, perhaps through more synergetic multi-party collaborations and/or the development of novel instruments, gerontology and geriatrics will arrive at a turning point, perhaps in the form of a paradigm shift.
SPECIAL SYMPOSIA

NPS (National Pension Service) SYMPOSIUM ON WAYS TO STRENGTHEN OLD AGE INCOME SECURITY
J. H. BAE (Korea)
R. FREDICKS (Germany); K. YAMAMOTO (Japan); H. YOO & I. Y. JUNG (Korea); Y. HOSOE (Japan); H. SUNG (Korea)
This special session explored the limitations and contradictions inherent in mechanisms of the current pension systems. It stressed needs to expand the coverage of pensions for vulnerable people, and it also indicated growing needs for late-life planning in the public sector.

KOREA-CHINA FORUM ON GLOBAL AGEING AND EAST ASIA: SOCIAL SECURITY SYSTEM
P. DU (China); S. J. CHOI (Korea)
J. SUN (China); Y. LIN (China); H. CHOI (Korea); B. HONG (Korea)
Starting with the opening ceremony, this session includes discourses on old-age insurance system and long-term care services in China, along with elderly welfare services and income maintenance programs in Korea.

KOREA-CHINA FORUM ON GLOBAL AGEING AND EAST ASIA: TRADITIONAL MEDICINE AND HEALTH FOR THE ELDERLY
X. GU (China); Y. JIN (Korea)
X. GU (China); Y. LIN (China); M. Y. Song (Korea); S. J. LEE (Korea)
Report on traditional medicines as a health regime and their application to the elderly as the new paradigm of healthy ageing in the East Asian societies.

ROUNDTABLE ON POPULATION AGEING AND THE ECONOMIC GROWTH
J. M. KIM (Korea)
J. M. KIM (Korea); A. BOERSCH-SUPAN (Germany); D. PARK and K. SHIN (Philippines); A. HOEKMAN (Netherlands)
Discourses on the subject of population ageing and the impact of population ageing on the economic growth, followed by a panel discussion.

KOREA-CHINA FORUM ON GLOBAL AGEING AND EAST ASIA: POPULATION AGEING AND LONGEVITY
Z. XIAO (China); I. K. KIM
Y. LI, H. LI, W. WANG, J. YU and B. YE (China); Y. YUAN (China); J. JUNG (Korea); Y. PARK (Korea)
This session deals with longevity as the theme with different perspectives - i.e., environment, regional differences, demographic aspect and quality life.

KOREA-CHINA FORUM ON GLOBAL AGEING AND EAST ASIA: CARDIOVASCULAR SYSTEM AND CEREBROVASCULAR DISEASE
D. HU (China); S. Y. KIM (Korea)
F. LING (China); M. LIU (China); K. H. KIM (Korea); H. Y. LEE (Korea)
This session informs the audience of Cardiovascular system and cerebrovascular diseases, along with the role of rennin-angiotensin system in vascular ageing.

IAGG GARN SYMPOSIUM ON IMPLEMENTING FRAILTY INTO CLINICAL PRACTICE AND CLINICAL RESEARCH
Session 1: Prevention of Frailty in Robust Older Adults
J. ROWE (USA); A. SINCLAIR (UK); I. PHILIP (UK);
Session 2: How to Implement Frailty into Clinical Practice and Clinical Research?
B. VELLAS (France); LK CHEN (Taiwan); J. MORLEY (USA)

KOREA-CHINA FORUM ON GLOBAL AGEING AND EAST ASIA: CHANGE OF FAMILY STRUCTURE AND LONG-TERM CARE SERVICE
X. ZUO (China); M. CHUN (Korea)
S. HU & H. ZHOU (China); X. JUN (China); C. W. KIM (Korea); J. S. CHOI (Korea)
This session deals with long term care services in China and Korea. Family size and its changed function and welfare policy, along with quality control of the service and evaluation system of nursing homes are discussed.

KOREA-CHINA FORUM ON GLOBAL AGEING AND EAST ASIA: ALZHEIMER’S DISEASE AND SPIRITUAL CARE
D. CHUI (China); I. W. HAN (Korea)
D. CHUI (China); W. ZHANG (China); S. CHOI (Korea); S. KIM (Korea)
This session informs of Alzheimer disease, discussing its influence on the patient, as well as prevention and intervention on the progression. One of the sessions also suggests a new paradigm of Alzheimer treatment.

SOCIAL ENTERPRISE SYMPOSIUM: PROMOTING SOCIAL ENTERPRISE ECO-SYSTEM IN AGING SOCIETY
T. K. PARK (Korea)
M. S. CHUNG (Korea); J. Y. RHA (Korea); Y. B. CHO (Korea); C. LUBELSKY (Canada); E. J. KIM (Korea); J. H. KIM (Korea); L. LOUIE (USA)
This session deals with different aspects of social enterprises. Based on the necessity of social enterprises deriving from population ageing, discourses of the session consists of social enterprise ecosystem, government roles in promoting social enterprises and elderly services provision, as well as giving illustrations of social enterprise with appropriate technology for the age-friendly society.
SPECIAL SYMPOSIA

KOREA-CHINA FORUM ON GLOBAL AGEING AND EAST ASIA: HEALTHY & ACTIVE AGEING
L. LI (China); S. LEE (Korea)
F. WU & H. LI (China); S. FEI, Q. ZHE & D. LI-JUN (China); D. SUNWOO (Korea); D. H. HAN (Korea); I. K. KIM (Korea); W. WANG (China)
Discourses focused on cultural tradition, active ageing and its impact on health of the elderly in China and Korea.

KOREA-CHINA FORUM ON GLOBAL AGEING AND EAST ASIA: SENILE OSTEOPOROSIS
Z. LIU (China), H. C. JANG (Korea)
H. ZHOU & Z. LIU (China); Z. ZHANG (China); J. H. KIM (Korea); Y. RHEE (Korea)
Discussions on osteoporosis in the elderly population. Its treatment and other medical conditions associated with it are discussed.

ELDER HEALTH CARE BURDEN - IS THERE BEST WAY FOR MEDICAL COST SAVING?
M. SUPIANO (USA); K. H. CHO (Korea)
J. BEARD (Switzerland); M. GAZIANO (USA); S. KWON (Korea); Panel Discussion: B. CHO (Korea); T. HAYASHI (Japan)
Discourses on the medical cost, along with health system for the elderly and health economics.

IAGG/WHO SYMPOSIUM ON AGE FRIENDLY CITIES: METRICS AND EVALUATION ISSUES
J. BEARD (Switzerland), A. PRASAD (Japan)
J. BEARD (Switzerland); M. KANO (Japan); K. ENGELHARDT (Philippines); K. Kondo, Y. ICHIDA, N. KONDO, T. OJIMA, & K. SUZUKI (Japan); L. PLOUFFE, C. FREIRE, & D. PARIS-MACKAY (Canada); S. C. LEE (Korea); A. PRASAD (Japan)
The special session aimed to enhance awareness about the WHO Age-Friendly Cities Indicator Development Project, and the Review and Development Plan for Age-Friendly Cities in the Western Pacific Region and Ottawa, Canada, also including Seoul and Japan.

GARY ANDREW MEMORIAL SYMPOSIUM
H. KENDIG (Australia)
M. ANDREWS & A. ANDREWS (Australia); H. KENDIG (Australia); A. WALKER (United Kingdom)
The session was dedicated to the commemoration of the late Gary Andrews, former President of the IAGG, who had greatly advanced the cause of internationally organizing gerontologists' interactions. His life, work, leadership, and dedication to the expansion of research in global aging and healthcare for older persons were subject to reflections of his activities.

MAIN FEATURES OF THE PRESENTATIONS
An array of themes related to old age and issues associated with the aging population was addressed in the areas of social and behavioral studies. Most frequently dealt-with topics were interdisciplinary and integrated social and behavioral approaches in research and development pertaining to eldercare, i.e. caregiving, preventive care for falls, long-term care, and end-of-life palliative care. The next most frequently covered issues were the needs for sustained provision of old-age insurance and the extension of work lives. These issues were critically explored, mostly by presenters from developed nations. Also, the increasing use of information technology by the elderly and the benefits accrued by the use of it in East Asian nations were discussed on the basis of empirical data. Issues emphasized in social and behavioral studies included the mitigation and prevention of abuse and neglect of elderly persons, cognitive trainings for older persons with dementias, and sarcopenia-related problems of the elderly, mostly in developed nations. Family care in transitions were discussed by presenters from both developed and developing nations, particularly those from East Asia. International collaboration in research and development in elder care has also been widely advocated by presenters from nations even with marked differences in the socio-economic status levels.
CONGRESS OVERVIEW
## CONGRESS AT A GLANCE

| Title | The 20th IAGG World Congress of Gerontology and Geriatrics  
IAGG 2013 |
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| **Organizer** | Federation of Korean Gerontological Societies (FKGS)  
- The Korean Gerontological Society  
- The Korean Society for Gerontology  
- The Korean Geriatrics Society  
- Korean Association for Geriatric Psychiatry |
| **Main Sponsors** | Ministry of Health and Welfare  
Samsung Life Insurance  
Seoul Metropolitan Government |
| **Programs** | - Keynote Lectures  
- Presidential & Submitted Symposia  
- Oral Papers & Poster Sessions  
- Satellite Symposia Sponsored by Industries  
- Award Lectures  
- Workshops, Round Tables, and Special Sessions |
| **Website** | www.iagg2013.org (closed as of Nov. 2013)  
Some information on the congress is available at the IAGG website (www.iagg.info) |
| **Secretariat** | IAGG Office  
Room No. 1107, Gwanghwamun Platinum  
Saemunanro 5ga-gil 28, Jongno-gu, Seoul 110-052  
Republic of Korea  
Tel: +82-2-737-2548  Fax: +82-2-737-1042  Internet Phone: 070-7743-2548  
E-mail: iagg@iagg.info |
### REGISTRATION STATUS

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## STATUS OF ACADEMIC PAPERS

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| Total | 661 | 2,818 |

BS: Biological Science  
CM: Clinical Medicine  
SBS: Social & Behavioral Sciences  
RPP: Research, Policy & Planning
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## SPONSORS

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PHOTO GALLERY
LETTER TO IAGG MEMBER SOCIETIES

Dear Executive Committee Members,

I’m writing this e-mail to solicit your kind cooperation and assistance in connection with the escalating tension between South and North Korea.

First of all, I’m pleased to report that the preparations for the 20th IAGG World Congress of Gerontology and Geriatrics are progressing smoothly without any big problem. For your reference, a total of 3531 persons have already finished their registrations as of April 18.

Quite recently, however, I was told that 39 persons had cancelled their registrations since March 1 simply because of their concern about the possible warfare in the Korean peninsula triggered by a series of military threats from the North and a lot of inquiries about the detailed information on the real situation continue to flow in from across the world. As a result, I feel nervous a bit about this unfavorable development, for the Seoul Congress is only two months away.

Let me clarify my position once again as follows;

The possibility of a war between South and North Korea is extremely slim when we take into consideration the following facts and situation.

- Many foreign news media clearly have reported that it is not a real war but a psychological war.
- In April, based on one-month period, the number of tourists from China has increased by 56.8% compared to March, which clearly indicates that a real war in the Korean peninsula is not a possibility.
- As you might know well, South Korea has been enjoying a booming economy and dynamic social development for the last 60 years in spite of the repeated military threats from the North.

Such being the situation, I do request earnestly all of you to reassure all those participants in your region who have already registered or are planning to register from now on and kindly persuade them to come to Seoul without any worries at all about their safety.

Thanking you in advance for your kind cooperation.

With best regards,

Heung Bong Cha, Ph.D.
President and Chairperson
The 20th IAGG World Congress of Gerontology and Geriatrics

April 16, 2013
Sincere thanks
2개의 메일

Alan Walker <a.c.walker@sheffield.ac.uk>
받는사람: hbchos42@gmail.com <hbchos42@gmail.com>

Dear Dr Cha,
Thank you for your wonderful hospitality in Seoul. It was a highly stimulating congress and a great chance to learn something about Korean culture. It was a pleasure to meet you as well.
With all best wishes
Alan Walker

Warm greetings and thank you!!
3개의 메일

Alexandre Kalache <AKalache@nyam.org>
받는사람: hbchos42@gmail.com <hbchos42@gmail.com>

Dear Professor Cha,

My very warm thanks for the superb congress, for all your kindness and hospitality and the exquisite gift you left at the reception. It is a beautiful inlaid box which I will keep with fond memories.

As I said to you during the congress, please count on my support for whatever you think I could do to help you making the next four years very successful to IAGG. And congratulations for the establishment of the standing committee on Human Rights at the Board.

With my personal and warm regards,

Alex

Alexandre Kalache, MD, PhD
President, International Longevity Centre - Brazil
Senior Advisor on Global Aging, the New York Academy of Medicine
HelpAge International Global Ambassador on Ageing
Tel: 55 21 2334 6840/34
akalache@nyam.org

greetings
2개의 메일

Ariela Lowenstein <ariela@research.haifa.ac.il>
받는사람: Haeung Bong Cha <hbchos42@gmail.com>

Dear Prof. Cha,

I want to thank you for a challenging and successful conference. I had learned a lot and so did many of the colleagues I have spoken with.

It was a pleasure getting to know you more personally and I thanks so much for your hospitality.

I hope we can collaborate in the very near future and I attach a short bio.

Anything I can do to facilitate the work of IAGG please let me know. Best Sincerely Yours Ariela

Professor Ariela Lowenstein
President, Yezreel Valley College
Head Social Gerontology
Center for Research & Study of Aging
Graduate Dept. of Gerontology
The University of Haifa, Israel
THANK-YOU LETTERS

IAGG : SEOUL2013 : Thank you
2개의 메일

De Seynes Constance <seynes@cidt.fr>

받은 사람: IAGG PRESIDENT - Heung Bong CHA <hbcha42@gmail.com>
참조: IAGG EXECUTIVE SECRETARY - Moon Hee CHOI & Myong Sook LIM  <iagg@iagg2013.org>, IAGG PAST PRESIDENT - Bruno VELLAS <vellas.bruno@gmail.com>, IAGG PAST SECRETARY GENERAL - Alain FRANCO <franco.ale@chu-nice.fr>, IAGG PAST TREASURER - Athanase BENETOS <a.benetos@chu-nancy.fr>

2013년 7월 3일 오전 6:38

Dear Prof CHA,

Please find below a message from Prof VELLAS:

Dear Prof CHA,

I would like to personally congratulate you and your team for the success of the Seoul congress. This achievement stages the tremendous work made by each member of the Organising Committee and highlights the professional way in which this event was setup. In addition, we greatly appreciated your kind hospitality that made this stay so pleasant and interesting for us.

With Alain FRANCO and Athanase BENETOS, we look forward to a continuous collaboration for the sake of IAGG and we will do our best to assist you in any way we can to further promote Gerontology and Geriatrics around the world.

With our many thanks and sincere compliments,

Bruno VELLAS

Warm regards,

Constance
IAGG Executive Board Officer
6bis Faculté de Médecine - Institut du Viellissement, 37 Allées Jules Guesde, 31000 Toulouse, France - Phone : ++33 (0) 5.61.14.56.39 - Fax : ++33 (0) 5.61.14.56.40

Thanks and congratulations
1개의 메일

Bernard Forette <bforette@noos.fr>

받는 사람: hbcha@hallym.ac.kr
참조: "hbcha42@gmail.com" <hbcha42@gmail.com>

2013년 7월 5일 오전 5:44

Dear Professor Cha,

The Seoul Congress was an outstanding achievement, with an absolutely perfect organization that was admired by all the participants. Let me join my congratulations for the huge amount of work it has represented for you and your collaborators. Gerontologists know now that their Society lies in the best possible hands.

I would express my gratitude for all you did for me, from travel and accommodation until a beautiful last minute gift deposited in my room, and for your warm welcome all along the Congress. I wish to have the opportunity to welcome you to Paris.

Pr. Bernard Forette
bforette@noos.fr
I would like to express my gratitude for financial support obtained by the Organizers of the 20th World Congress of Gerontology and Geriatrics from the Korea International Cooperation Agency, who enabled me and fellow students to participate at the 20th IAGG World Congress of Gerontology and Geriatrics presented in Seoul, South Korea. The financial support made it possible for me to expand my academic, professional and personal development as well as to establish an international network, which are important milestones for a novice in the field.

From Susan Jansen van Rensburg, South Africa, July 28, 2013
Digital Ageing: A New Horizon for Health Care and Active Ageing
THE 20TH IAGG WORLD CONGRESS OF
GERONTOLOGY AND GERIATRICS

June 23-27, 2013
Seoul, Korea

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