

demography, and sociology, as well as all those interested in the study of ageing populations.

Life and death are the two important phases of our lives. The transition from young to old takes place automatically but in different phases. We sometimes feel it, face it and many times we have to pay dearly for being ignorant of what is happening to our body, what we need to do and when. This book brings to you a wealth of information on what you must know to live a long happy life.

This book provides a comprehensive and systematic state-of-the science review of major primary care delivery models, how they address specific needs of older adults, and available evidence for their efficacy. Written by experts in the field, this book explores the patient-centered medical home model (PCMH) in depth and dives into the complexities of the "medical neighborhood". It describes and analyzes primary care specifically directed toward special, complex populations, such as the Health Home for safety net patients with mental health needs, and intensive primary care for older adults. It reviews an array of primary care models related to dual eligible patients including the GRACE primary care consultation model and PACE models. It describes primary care with Advanced Practice Nurses and Physician Assistants and explores in-depth the massive effort within the VA to develop the Patient Activated Care Team (PACT), a VA form of the PCMH that also has several offshoots that address complex older veterans and veterans with severe mental illness. Finally, it illuminates rarely discussed primary care that occurs within the home and within long-term care. Throughout the entire book, experts navigate the workforce, care quality, and financing challenges of primary care for older adults. Primary Care for Older Adults is a valuable resource for clinicians, researchers, patients, caregivers and their advocates, and policy makers who have an interest in designing, promoting, and implementing high quality primary care for older adults.

A History of Britain, 1900 to the Present

Not just another ordinary illness

Redefining Aging, Transforming Medicine, Reimagining Life

Elderhood

Ageing a boon or a bane

Tell Me that You Love Me, Junie Moon

Over the past two decades there has been a marked change in global age demographics, with the number of over-60s increasing by 82% and the number of centenarians by 715%. This new-found longevity is testament to the success of recent advances in medicine, but poses significant challenges to multiple areas of health care concerning older patients. Building upon its predecessor's reputation as the definitive resource on the subject, this new edition of the Oxford Textbook of Geriatric Medicine offers a comprehensive and multinational examination of the field. Fully revised to reflect the current state of geriatric medicine, it examines the medical and scientific basis of clinical issues, as well as the ethical, legal, and socio-economic concerns for healthcare policy and systems. Over 170 chapters are broken up into 16 key sections, covering topics ranging from policy and key concepts through to infection, cancer, palliative medicine, and healthy ageing. New material includes focus on the evolving concepts of malnutrition, sarcopenia, frailty, and related geriatric syndromes and integration of geriatric principles from public health, primary and specialized care, and transitional stages from home to emergency, medicine and surgery, rehabilitation, and long term care. The Oxford Textbook of Geriatric Medicine brings together specialists from across the globe to provide every physician involved in the care of older patients with a comprehensive resource on all the clinical problems they are likely to encounter, as well as on related psychological, philosophical, and social issues.

Advanced Age Geriatric Care A Comprehensive Guide Springer

This is the first book to describe the real lives of unmarried mothers, and attitudes towards them, in England from the First World War to the present day. The focus is on England because the legal positions, and other circumstances, of unmarried mothers were often very different elsewhere in Britain. The authors use biographies and memoirs, as well as archives and official sources, to challenge stereotypes of the mothers as desolate women, rejected by society and by their families, until social attitudes were transformed in the 'permissive' 1960s. They demonstrate the diversity of their lives, their social backgrounds, and how often they were supported by their families, neighbours, and the fathers of their children before the 1960s, and the continuing hostility by some sections of society since then. They challenge stereotypes, too, about the impact of war on sexual behaviour, and about the stability of family life before the 1960s. Much of the evidence comes from the records of the National Council for the Unmarried Mother and Her Child, set up by prominent people in 1918 to help a social group they believed were neglected, and which is still very active today, as Gingerbread, supporting lone parents in need of help. Their work tells us not only about the lives of those mothers and children who had no other support, but also another important story about the vibrancy of voluntary action throughout the past century and its continuing vital role, working alongside and in co-operation with the Welfare State to help mothers into work among other things. Their history is an inspiring example of how, throughout the past century, voluntary organizations in the 'Big Society' worked with, not against, the 'Big State'.

Stroke

Homegoing

Nursing Mirror and Midwives Journal

Models and Challenges

Oxford Textbook of Geriatric Medicine

Gender, Health and Welfare

Roger Eastman was in 1610 at Charleton, Wiltshire, England, the third of seven sons of Nicholas Eastman. He immigrated to America in 1638 and settled in the Massachusetts Bay Colony. He and his wife, Sarah Smith, had ten children. Descendants lived in Massachusetts, New York, New Hampshire and elsewhere.

With an ageing population, there is little doubt that the majority of hospital-based consultants and their teams will be caring for older patients and the many complications this presents. This book provides an evidence-based guide for both trainees and consultants in geriatric medicine and those interested in geriatric medicine. Designed in line with the core Royal College curriculum, it provides a comprehensive and relevant guide to the issues seen in everyday geriatric medicine practice across the world in an easy-to-use double page spread format, highly bulleted and concise, Oxford Desk Reference: Geriatric Medicine is a quick referral for both trainees and consultants. Contributions from the leading figures in geriatric medicine throughout the world make this book indispensable for all those working in the field, and for all those who have to deal with older patients. Three young people--Arthur, Warren, and Junie Moon--have each been marked tragically by life. They decide to pool their resources

meager resources and face the world together. This is an off-beat play about off-beat people and their adventures a happy, comic and tragic.

Divided Kingdom

Herald and Presbyter

Prominent Families of New York

British Medical Journal

Being an Account in Biographical Form of Individuals and Families Distinguished as Representatives of the Social, Professional and Civic Life of New York City

Journal of Medical Biography

As the Baby Boomers age, concerns over healthcare systems' abilities to accommodate geriatric patients grow increasingly challenging. This is especially true with the population deemed to be "the oldest of the old," specifically those over the age of 85. Unlike any other time in history, this demographic is the fastest growing segment of most developed countries. In the United States the oldest old is projected to double from 4.3 million to 9.6 million by 2030. The increased life expectancy of the population since the early 1900s has been built on the improvement of living conditions, diet, public health and advancement in medical care. With this we have seen a steady decline in the age-specific prevalence of vascular and heart diseases, stroke and even dementia. Older persons are healthier today than their counterparts decades ago. More importantly than in any other age group, the care of the oldest old must be individualized; management decisions should be made taking into consideration the older persons' expressed wishes, quality of life, function and mental capacity. The inevitable consequence is that there will be an increase in the prevalence of older persons with chronic diseases, multiple co-existing pathologies and neuro-degenerative diseases. The oldest of the aging population are often excluded from drug trials and their treatments are largely based on findings extrapolated from that of the younger old. Furthermore, among the oldest old, physiologically they are more diverse than other segments of the population. Their demographic characteristics are unparalleled and different compared to that of the younger old. Several studies have drawn attention to the differing attitudes among health professionals towards elderly people and many show prejudice because they are old. As a result, the use of age as a criteria in determining the appropriateness of treatment is of very limited validity, yet there are limited resources that guide physicians through these challenges. This book creates a greater awareness of these challenges and offers practical guidelines for working within the infrastructures vital to this demographic. This book is designed for geriatricians, primary care physicians, junior medical officers, specialty geriatrics nurses, and gerontologists. It is divided into 3 sections: General Considerations, Chronic diseases and Geriatric Syndromes. Each chapter provides a summary of important and essential information under the heading of Key Points. Case studies are included in some of the chapters to highlight the principles of management.

A NEW YORK TIMES NOTABLE BOOK • Ghana, eighteenth century: two half sisters are born into different villages, each unaware of the other. One will marry an Englishman and lead a life of comfort in the palatial rooms of the Cape Coast Castle. The other will be captured in a raid on her village, imprisoned in the very same castle, and sold into slavery. One of Oprah's Best Books of the Year and a PEN/Hemingway award winner, Homegoing follows the parallel paths of these sisters and their descendants through eight generations: from the Gold Coast to the plantations of Mississippi, from the American Civil War to Jazz Age Harlem. Yaa Gyasi's extraordinary novel illuminates slavery's troubled legacy both for those who were taken and those who stayed—and shows how the memory of captivity has been inscribed on the soul of our nation.

A clear, comprehensive survey of British history from 1900 to the present, integrating political, economic, social and cultural history.

Issues, Concerns and Remedies

Collaborative Practice in Palliative Care

Dementia is Different

Sinners? Scroungers? Saints?

The Saturday Evening Post

Primary Care for Older Adults

Collaborative Practice in Palliative Care explores how different professions work collaboratively across professional, institutional, social, and cultural boundaries to enhance palliative care. Analysing palliative care as an interaction between different professionals, clients, and carers, and the social context or community within which the interaction takes place, it is grounded in up-to-date evidence, includes global aspects of palliative care and cultural diversity as themes running throughout the book, and is replete with examples of good and innovative practice. Drawing on experiences from within traditional specialist palliative care settings like hospices and community palliative care services, as well as more generalist contexts of the general hospital and primary care, this practical text highlights the social or public health model of palliative care. Designed to support active learning, it includes features such as case studies, summaries, and pointers to other learning resources. This text is an important reference for all professionals engaged in palliative care, particularly those studying for post-qualification programmes in the area.

Gender inequality and discrimination not only in India, all over world is a multifaceted issue that has been related to both men and women. Some people think gender equality indices place men at a disadvantage, when India's population is surveyed, women are found to be at disadvantage in several ways. These trends are disturbing, as a natural prediction would be that with growth comes education and prosperity the dowry system, involving a cash or in-kind payment from the bride's family to the grooms at the time of marriage, is another institution that disempowered women. It reinforces the inferior status of Indian women and puts them at risk of violence in their marital households. The normalization of intra-household violence is a huge detriment to the welfare of women. Crimes against women have doubled. Gender inequality extends across various facets of society. Political participation is a key factor to rectify this situation. Gender bias extends to electoral politics and

their representative also. The book deals with Population Stabilizing Measure, Juvenile Delinquency, Gender Based Violence, Women Fish Retailers, Gender Inequality, Geriatric Issues in Women and their Management in India, Women ' s Attitude And The Environment, The Journey of Indian Women across ages, Gender Discrimination in the Workplace, Violence Against Women: dowry system, Women ' s Role in Developing Technology: Increasing Productivity, Improving Lives, Gender Budgeting, Trafficking of women for Sexual Exploitation and Women In Politics.

The management of Alzheimer's Disease and the related dementias is one of the major challenges to health care professionals and American society-at-large for the coming decade and the coming millennium. The rapid growth of the over-eighty-five population, the group which, as recent studies have confirmed and as many of us clinicians have long suspected, has an even higher prevalence than previously quoted of dementing disorders, is the major cause of this. We are thus challenged by, as Bernard Issacs used to call it, "the survival of the unfittest," as well as the optimistic approach of "bringing life to years," as John F. Kennedy said. The fact is that we, as a society, tend to confuse "treatment" and "cure" (and "prevention"). As the proceedings of the conference which this book represents emphasize, there is considerable work going on about the potential prevention of, or at least the reduction of, symptomatology in these illnesses by interventions genetically, chemically, and so forth. However, the more we find out, the more complicated it becomes, and the more heterogeneous Alzheimer's and the related disorders appear to be, not only in their manifestations (as clinicians have long recognized) but also in the individual initiating and underlying processes. For these reasons, absolute preventive techniques or the likelihood of an intervention which will reverse the process in a high proportion of patients, do not appear to be just around the corner.

Gerontological Concerns and Responses in India
8 Steps to Successful Adult Sibling Relationships
Geriatric Programs and Departments Around the World
Oral History, Health and Welfare

GENDER ISSUES

New Directions in Understanding Dementia and Alzheimer ' s Disease

... 2020 ... 2019 ... (UN) 65 ... 7% ... 14% ... 20% ... 2019 14.9% ... 1999 6.9% ... 2018 14.3% ...

Oral History, Health and Welfare discusses the significance of oral history to the history of the development of health and welfare provisions. It includes discussion on: * the end of the workhouse * professional education and training of midwives * HIV and Aids * birth control * the role of the community pharmacist * pioneers of geriatric medicine * oral history and the history of learning disability.

Finalist for the Pulitzer Prize in General Nonfiction A New York Times Bestseller Longlisted for the Andrew Carnegie Medal for Excellence in Nonfiction Winner of the WSU AOS Bonner Book Award As revelatory as Atul Gawande's Being Mortal, physician and award-winning author Louise Aronson's Elderhood is an essential, empathetic look at a vital but often disparaged stage of life. For more than 5,000 years, "old" has been defined as beginning between the ages of 60 and 70. That means most people alive today will spend more years in elderhood than in childhood, and many will be elders for 40 years or more. Yet at the very moment that humans are living longer than ever before, we've made old age into a disease, a condition to be dreaded, denigrated, neglected, and denied. Reminiscent of Oliver Sacks, noted Harvard-trained geriatrician Louise Aronson uses stories from her quarter century of caring for patients, and draws from history, science, literature, popular culture, and her own life to weave a vision of old age that's neither nightmare nor utopian fantasy--a vision full of joy, wonder, frustration, outrage, and hope about aging, medicine, and humanity itself. Elderhood is for anyone who is, in the author's own words, "an aging, i.e., still-breathing human being."

A Comprehensive Guide
The Eastmans from Lockport, New York
Catalog of Copyright Entries. Third Series

Studies in the Social Services
Oxford Desk Reference: Geriatric Medicine

James Moody Tate was born 20 December 1833. His parents were William Tate and Ann Reed. He married Mary McIlroy in 1854. They had ten children. Their daughter, Emma (1861-1950), married James Monroe Hastings (1843-1925), son of William Hastings (1794-1859) and Rebecca Hunt, 3 September 1890. They had four children. Their daughter, Marjory Tate Hastings (1900-1999), married William Dwight Warren. Ancestors, descendants and relatives lived mainly in Massachusetts and New York. Includes Hunt, Lake and related families.

The conventional way that dementia is evaluated and managed is one-dimensional and outdated. We are fixated on identifying a cause, when we should be identifying the consequences. We use tests when we should be seeing and talking to people. Drawing from his long career in geriatric medicine, Dr Ludomyr Mykyta critiques the state of dementia treatment and care in Australia, highlighting the discrimination faced by our ageing residents. People suffering from dementia need continued high-quality health care from diagnosis until the end of life. Stable relationships and wellness are the prerequisites for quality of life. In countries like ours, this is the era of chronic illness of which dementia is the epitome. The seeming epidemic of dementia comes with the ageing of the population, which was predictable for generations and for which successive governments failed to prepare. What now passes for aged care in Australia is a travesty where the glowing reform rhetoric obfuscates the grim reality.

The Lancet
1970: July-December
Bulletin of the National Conference of Charities and Correction
Supplement
Munsey's Magazine