Extending the range of research and interventions with older people and with researchers

Ethical practice in research has evolved since the early legal and research practice requirement to gain ethics approval from ethics committees and to approve safe and non-harming research procedures and provide information to potential research participant to inform and confirm they are voluntarily taking part in research. It is increasingly recognised that potential ethical harms and measures to protect people from encountering these in research must be seen to specifically identify their relevance to the situation of the participants, the research setting and research relationships. This is certainly the case for research with older people where intergenerational relations and diversities may magnify risks of researcher failing to recognise and address such relevant ethical harms to anticipate and measures to mitigate. Backhouse has provided a practice paper arguing for and exemplifying the researcher’s continuous accountability for taking such decisions about how to bridge protocols, including how to ensure ethical compliance with differing practices and settings.

Today there are increasing numbers and types of changes in our understanding of how different groups of older people may engage with and be included in novel areas of inclusion and connection. One such novel means of inclusion and connection is explored here by Lassells et al., for people with dementia and their family member/care partner to take part in Riding in the Moment (RM)™ programmes with supported trained support to carry out many aspects of horse-riding activity from initial contact, petting, grooming and riding. Case studies of these activities are described and evaluated here identifying three main types of potential gains for well-being, meaningful social connections and everyday functioning. This paper provides evidence for the appropriateness of such activities for people with dementia and their carers and a basis for developing further research to substantiate their usefulness as an intervention.

Mild cognitive impairment (MCI), a pre-stage to dementia, has not had appropriate medications evidenced to enable early treatment and even less in the difficult-to-treat condition of MCI with depression. It is therefore especially timely that Gong and Sato can report on their longitudinal study over three years of a non-pharmaceutical cognitive stimulation exercise intervention for this group when consistently performed over a long time. This found significant improvements in measures of cognitive function, motion in daily activity and geriatric depression, demonstrably delaying progression to dementia.

Fiona Poland
Editor, Quality in Ageing and Older Adults
May 2022.