

effective and continuous. This may be a sign of the development level of that society. This research was limited to women over the age of 65 who live at homes for the elderly and in their own family environment. The data of the study include data and related sources that were obtained through a survey form of 26 questions administered to 62 women over the age of 65 in order to determine their needs and problems about clothes. The obtained data were compared using statistical methods to determine the differences between the old people residing in the homes for the elderly people and old people living with their families. While a piece of clothing is being designed, the aim should be to provide physical comfort, decrease psychological problems, increase self-confidence, and ensure their acceptance in the society and their social harmonization. In this context, it is crucial to determine the problems, demands and needs of old women that form a special consumer group related to clothes, and designing and manufacturing clothes of optimal functional characteristics for them.

**PD7 691 AGEING, EPIDEMIOLOGIC TRANSITIONS AND DEMENTIA IN FOURTH WORLD ABORIGINAL AUSTRALIA**

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Introduction: Australian Aboriginal people, both remote and urban living, have high mid-life mortality rates from systemic diseases and a large life expectancy gap of around 17 years compared to the general Australian population. Remote Aboriginal Australians in the Kimberley Region have recently been shown to have the highest recorded rates of dementia, most commonly Alzheimer's disease, in any studies in the world literature. We have reviewed and compared epidemiologic transitions in Aboriginal and in non-Indigenous Australians to examine why urban Aboriginal people, who form the large majority, have high systemic disease rates, with the hypothesis that they also have high dementia prevalence rates. Methods and Materials: Using a life cycle approach we have conducted a major literature review of Aboriginal ageing, cognition and dementia; are undertaking a NHMRC funded study examining dementia prevalence in c.700 urban Aboriginal people aged 45 years and over assessing both social and biological determinants of health - to explore the high levels of dementia risk factors in urban Aboriginal communities. Results: From the 1990s, Aboriginal fertility is falling, survival is increasing and absolute numbers of older people are rising as a result of recent improvements in Aboriginal health; however this is occurring 50 years after the classic or western epidemiologic transition to delayed chronic systemic diseases. A new transition to neurodegenerative diseases characterises population ageing this century. A combination of persistent socio-economic and educational disadvantage in childhood/early-life and high chronic/vascular disease rates in mid-life, is likely to accelerate the epidemiologic transition to neurodegenerative diseases as Aboriginal people age. Conclusions: High dementia rates in Aboriginal Australians, occurring despite current improvement in health status, reflect the combination of educational disadvantage and a delayed epidemiologic transition to mid-life vascular diseases, producing an accelerated epidemiologic transition to neurodegenerative diseases.

**PD7 692 THE ELDERLY SUICIDAL GENRE IN BRAZIL**

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Introduction- Considering is a individual act,with a great psicological and social impact not only for the family,society,but also for the healthy professional who takes care of it,we found necessary to disseminate all the precious information we have.We choose to explore:"The Elderly Suicidal Genre",which we expected to contribute in relevance,bringing it to a never and greater visibility. Aim- To quantitatively analyze elderly suicidal mortality by genre,in selected Brazilian States,during the period of 2000 a 2005. Method- Demographic data,for individuals older than 60 years obtained from the Brazilian Institute of Geography and Statistics(IBGE),for the period of 2000 a 2005.Results-Our results show that 60% of the 16.5 millions Of elders in Brazil are concentrated in Five States: 1)Sao Paulo(23%),2)Rio de Janeiro(11%),3)Minas Gerais(11%),4)Rio Grande do Sul(7%) and Bahia(7%).From those,57%are womem.16% of elderly mortality is attributed to suicide,with a predominance of males committing suicide(82%).A growth in suicide among elders in all the studied states was found,except in Rio Grande do Sul.The, following, increase in females suicide is found at Bahia(25%),Minas Gerais(45%),Sao Paulo(7%) and Rio de Janeiro (7%).Conclusion: Even though a higher percentage of elderly suicide is found in male,the amount of female has grown in the period between 2000 a 2005.The dissemination of this information is extremely important for professionals who take of elders as it can play an important role in the diagnose of the conditions which contribute to risk factors for suicide.This may also aid the prevention of suicide or stimulate a creation of new public policy strategies.

**PD7 693 AN AUSTRALIAN PERSPECTIVE ON HOME EQUITY RELEASE PRODUCTS FOR OLDER PEOPLE: PANACEA OR THREAT TO AGEING IN PLACE?**

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Equity associated with home ownership can only be accessed in later life by property sale; through traditional home equity loans, which require regular payments; or through an equity release product, which requires no repayment until death or voluntary relocation. Reverse mortgages and home reversion schemes present both significant risks and benefits for older home owners. The measure of these risks and benefits appears to depend on a variety of factors, including contract terms, legal requirements, the consumer's use of the proceeds, the amount and manner in which the proceeds are paid, and unpredictable economic changes and life/independence expectancies. In addition to potential contractual issues, the type and conditions of a particular product may change a consumer's eligibility for government benefits and trigger tax liabilities. Australian reports on Ageing in place and intergenerational and intra-familial transfers indicate that a shift in values and priorities was evident with a number of older persons expecting to access home equity prior to death. Reverse mortgages and home reversion schemes present both significant risks and benefits for older homeowners. The multi-method research design employed in this Australian Housing and Urban Research Institute research project involved four overlapping phases: literature review, legislative review, data analysis, and focus groups and interviews. During each research stage, a user group (including policy makers, methodologists, content specialists) reviewed and commented on the research approach and the model development. This presentation reports on the potential advantages and disadvantages of our current equity release products by comparing them with outcomes and by making international comparisons. A synopsis of outcomes based on data triangulation will be used to comment on how policy initiatives could be better employed to shape equity release products outcomes for older consumers in order to maximise well being and ageing in place outcomes.

**PD7 694 EVALUATING POLICIES THAT SIMULTANEOUSLY TARGET SEVERAL CHRONIC DISEASES IN AUSTRALIA'S AGEING POPULATION**

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Introduction: Chronic diseases - eg heart disease, cancer, diabetes - affect around 80% of older Australians, are the main causes of disability and premature death, and account for 70% of health expenditures. Australia's population is ageing, so in future both the prevalence of chronic diseases and the related treatment costs are expected to increase considerably. We will report on a new person level model-system able to account for multiple chronic diseases (comorbidities) that Australians may acquire as they age. Under different assumptions about the rate at which Australia's population ages, we will simulate policy interventions that simultaneously target several chronic diseases. Methods: The chronic disease model-system we developed links disease-specific progression sub-models to an 'Umbrella' microsimulation model representing the Australian population. The current version considers type 2 diabetes, cardiovascular disease (CVD), and CVD as a complication of diabetes. It projects 20 years ahead and accounts for individuals' demographic, socioeconomic and health-risk-factor characteristics; progression of their health status over time; their number of chronic diseases; their quality of life; and health-related expenditures. Also, it estimates the costs and the benefits of simulated policy interventions. Results: Under different assumptions about the rate of population ageing, we will report on simulations of a 'life-style-change' policy intervention. The simulations will simultaneously account for people with diabetes only, CVD only and with CVD as a complication of diabetes. We will estimate the extent to which intervention-induced adoption of healthier lifestyles is likely to attenuate the impact of population ageing. Conclusion: Accounting for multiple chronic diseases at the level of the individual allows improved predictions of the health, quality of life and expenditure implications of population ageing.

**PD7 695 LONG-TERM CARE INSURANCE IN GERMANY IMPLIES PATTERNS OF LINKAGES AMONG BENEFITS AND SOCIO-ECONOMIC INDICATORS**

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Introduction: This study examines the public Long-Term Care Insurance program in Germany in view of socio-economic indicators, and shows linkages among benefits and socio-economic characteristics. Methods and materials: A principal component analysis was conducted using variables related to LTCI from Statistisches Bundesamt Deutschland. Results: Four interpretable significant principal components were found. Component I; High positive loadings had "nursing-home staffs", "monthly income of white-collar and blue-collar workers", "nursing-homes at care level 1, 2 and 3" and "nursing-homes". High negative loadings were "unemployment", "females and male needing care" and "home-care service facilities". This demonstrated a relationship between individual economic strength and care. Component II; High positive loadings were "home-care services at care level 1 and 2", "home-care service staffs" and "home-care service facilities". High negative loadings were "care allowances" and "population". It was associated with the availability of home-care services. Component III; High positive loadings were "nursing-homes at care level 1 and 2" and "nursing-homes". A highly negative loading was "home-care services at care level 3". This expressed factors related to the use of nursing-homes. Component IV; Positive loadings were "males and females needing care" and "using nursing-homes at care level 3". A highly negative loading was "aging of population". It