



Evidence-based Guidelines on Health  
Promotion for Older People:

Social determinants, Inequality and  
Sustainability

## **Overview on health promotion for older people in Greece**

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## 1 Introduction

The Greek population according to 2001 census was 10.964.020, of whom males were 5.427.682 and females 5.536.338. The age distribution was for 0 – 14 years = 1.664.085, 15 – 64 years = 7.468.395, 65 years and over = 1.831.540. Percentage distribution was for males 49,50% and females 50,50%, while for age groups was for 0– 14 years = 15,18%, 15 – 64 years = 68,12%, 65 years and over = 16,70% (NSSG Census 2001). In the period 1993-2004, cardiovascular diseases were the first cause of death. The second largest cause of death was malignant tumors, then cerebrovascular diseases, respiratory diseases and accidents. In 1990 the average life expectancy was 74,6 years old for males and 79,4 for females. In 2000, the average life expectancy rose to 75,42 and 80,54 respectively. In 2000, the population aged 0-14 was 15.3% and the population aged over 65 was 16.6%, while in 2005 was 18% (Eurostat 2006). In 2050, these proportions are expected to change notably. The first group will fall to 12.1% and the second will be approximately 31.5%. In the period 1993-2004, the ageing index rose from 80 persons aged over 65 to 125 persons. This ageing process has important social and political implications, as fewer persons of productive age will support the increasing demands on the health care system.

In recent years there has been a large influx of immigrants of whom the vast majority are of working age, therefore are expected to contribute to slowing down the ageing of the Greek population that has been rapid during the last decades, because of the decreasing birth rate on the one hand and the longer life expectancy on the other. The majority of patients consist of elderly people (over the age of 65). In comparison to the other age groups, the elderly account for 60% of ambulance calls, 80% of Homecare users, 49% of in-patient care and are 85% of the patients suffering from chronic diseases (Centers for Disease Control and Prevention, 2005)

## 2 Policy initiatives for older people/health promotion

Much of the recent Greek health policy, particularly public health, has focused on key targets such as reducing mortality and morbidity from cancer, coronary heart disease and promoting sexual health. The services for older people are mainly focused on

mental health promotion (Ministry of Health and Welfare 2006).

In Greece, Health Services are systematically provided by hospitals that are placed all over the country – there are over 130 secondary and tertiary hospitals -, which are state run. Primary health care is provided by Health Centres run by the National Health System (NHS) and Social Security Organisations. Until recently Home Care was provided through the PHC services or a few specialised units run by hospitals. In addition to the NHS, there are also health care services provided by the private sector, both at PHC level and hospitals.

The ageing of the population, the increase of the incidence of chronic diseases and disabilities, combined with the limited financial health resources forced the reorganization of the National Health System towards the development of Primary Health Care system. As a result of this development and considering that 80% of the users are elderly people, priority has been given to the establishment of homecare.

Therefore, Health Services in Greece have been placed in a dynamic way of evolution, but as the need for such services is growing daily, the procedures and the rhythms of changes have to be adjusted to the demands of contemporary life in a proper way.

In 1996 the Ministry of Health, in cooperation with the Ministry of the Interior affairs, in order to cover the need for health services, developed the so-called “Help at Home”, Health Care programs which provide health and social care services at home. These Programmes are an elementary form of a typical Homecare Unit and they are basically set up for Supportive Nursing and Medical Services. Even so, they are the first official, governmental effort to provide home care services all over Greece (Kiousi 2005 ).In Greece, the most important care network for older people is the open care centres for the elderly (KAPIs). Most health promotion programmes are applied in KAPIs. Health services (and health promoting services) are also provided in few care units (nursing homes) for the elderly, in psycho-geriatric homes and within programmes of the National Organisation of Welfare and other social care programmes. The Hellenic Association of Gerontology and Geriatrics, the Alzheimer Association and the Psycho-geriatric Association “NESTOR” (which also supports an Alzheimer Centre), have had the initiative for many health promotion programmes in Greece and support any kind of effort done in this field.

### 3 Health determinants

All the collected data are relevant to health determinants, in some way. As health promotion is strongly combined with health determinants.

Given that, there is a certain difficulty in providing a broad collective picture of what determines the health status of an individual sufficiently, it is important to make the acknowledgement that income inequality, social inclusion and exclusion, contribution of the social economy and even factors such as family, food security and housing are some of health determinants that researchers describe. It becomes obvious that the socioeconomic circumstances of the individuals and groups in Greece are equally or more important to health status than medical care and personal health behaviours. Hence health determinants have a direct impact on the health status of elderly. The institutional and government structures like open care centers for the elderly (KAPIs). and programs like “Help at Home” which provide health and social care services at home indicate the orientation of policy makers towards health determinants as a part of the whole strategic of health promotion, disease prevention and health protection.

### 4 Search strategy

The search and the selection of the literature data was collected from:

- International Scientific databases: Medline, Cinahl, Pubmed.
- National Scientific databases: Iatrotek- health sciences literature, Disabled - disability website.
- National Scientific sources as: The library of Hellenic Association of Gerontology and Geriatrics, The Library of National and Kapodistrian University of Athens- Faculty of Nursing.

The keywords we used for the selection of the literature were: “health promotion, health education, elderly, older people, Greek population, prevention of disease, physical activities, nutrition, sexual activities and mental health”.

The search was halted at 144 items due to limitations of time and in order to manage the whole volume of material.

- 1 = Scientific Journal 9%
- 2 = Monograph/Book 15%
- 3 = Book section/Chapter in Book 3%
- 4 = Proceedings 58%
- 5 = Final report of a project 1%
- 6 = Grey literature 1%
- 7 = Newspapers 1%
- 8 = Magazines 2%
- 9 = professional journal 0%
- 10 = other 10%

## 5 Themes

All the collected items (100%) refer to health determinants and quality of life. 15% of the items are focused on the promotion of mental health, particularly 4% on depression, 1% on stress and burn out, 3% on cognitive issues, 1% on self respect / dignity and 6% on emotional support. Only 10% of the selected items mention empowerment. As far as the social participation / inclusion are concerned, 37% of the selected items are relevant. Specifically, 11% are about lifelong learning and education of older people, 23% are about social support and networks and 3% are about volunteering. Finally, the majority (42%) of the items report lifestyle. Particularly, 9% of the items deal with nutrition, 15% with physical activity, 8% with safety, 1% with the prevention of abuse and violence against older people and 8% with the disease prevention.

There was not found any literature concerning self-help groups, sexual activity or substance abuse.

### 5.1. Promoting mental health

The mental health promotion is addressed in 21 of the 144 articles found in the literature search. The majority of the items referring to mental health promotion were focused on the emotional support of the elderly (either “elderly” or “older people”) and their family. Most of the sources referred to elderly people who suffer from Alzheimer’s disease.

### 5.1.1. Addressing depression

Depression is referred to 6 out of the 144 sources, although it is generally accepted that depression is a common, serious and persistent problem of older people. The presence of depression in older people, who suffer from senility, was measured in a study. In this study a questionnaire was given to 30 people (21 women and 9 men), who were visiting KAPIs frequently, at the beginning and after three months. The study has shown that at the first visit 7 of the 30 older people had depression, whilst at the second visit the number of people with depression was 8 (Kyriakopoulou et al 2000).

The role of health professionals and patient's family is substantial for the confrontation of elderly people's depression. Another research study was performed in order to sensitize health professionals, who work in KAPIs and the "Help at Home" programme, for the diagnosis of depression of older people. The measurement of depression in older people was carried out in older people who visit KAPIs. For this reason a questionnaire was given to 304 people. The results showed that 29% of older people suffered from depressive symptoms (Kiriakopoulou et al 2000).

Many studies have shown that depression reinforces physical symptoms in patients, who suffer from chronic diseases. In many cases, physical symptoms dominate mental symptoms in the elderly. A study was carried out to detect depression in older people who visit Health Centres frequently. 312 old people (145 men and 167 women), who visited the Health Centre of Kropia, filled in a questionnaire. Depressive symptoms were recognized in 71 patients (22,75%), of which 48 were women (15,38%) and 23 men (7,37%). In this study, they tried to examine if patients with depression visited their family doctor more frequently. To conclude, the study showed that the frequent visits in a Health Centre from older people must sensitize the Primary Health Care physicians, to look for depressive symptoms through appropriate diagnostic tools (Mihailidis et al 2000).

Finally, the presence of depression in older people, as a cause of psychiatric hospitalization, was measured by another study. In a sample of 47 older people (22 women and 25 men), 17 (36%) people suffered from depression. The researchers believe that the existing social policy should be re-sketches, in order to include programmes, which are important for the maintenance of mental health, such as occupational therapy (Christofeli et al 2000).

### **5.1.2. Addressing stress and burn-out**

Stress and burn-out were addressed in 2 of the 144 items of the literature research. The Psychogeriatric Society, "Nestor", has published several booklets referring to stress. These booklets include information about the stress that elderly people and their caretakers experience. Moreover, guidelines for the prevention of stress and burn-out are included. However, none of them are part of a research project.

### **5.1.3. Cognitive issues: memory training.**

Of the 144 sources covered by the literature search, 4 of these referred to cognitive issues. The stabilization of a good level of cognitive functions is significantly important for the elderly. In a research of "Aristotelian University of Thessalonica", 30 old men were separated into 3 groups according to their level of physical activity (high, medium, low) and into 2 groups according to their age (<68, >68). The research demonstrated the positive effect of physical activity in the reaction to complicated situations speed. This underlines the importance of an active way of life for the elderly people. Since elderly people in Greek society are not prompted to participate in exercising programmes, chances for physical activity should be given through the daily routine (Zisi et al 2000).

### **5.1.4. Self-respect / dignity**

Only one literature finding referred to self-respect and it is an article in a scientific journal. A theoretical discussion about transactional analysis and the concept of self-care with particular considerations for elderly patients are presented in " Orem's self-care theory, Transactional analysis and the Management of elderly rehabilitation ". It was argued that transactional analysis could enhance the rehabilitative role of nurses by influencing positively an individual's self-care agency, which is the power component of self-care behaviour. The authors recognise the congruence of the nurse and patient perceptions as a vital factor while providing nursing care. It is necessary that the nurses validate any held perceptions with the patient. Only then they can work together effectively and reach the desired goal, which is the acquisition and maintenance of self-care behaviour (Parissopoulos & Kotzabassaki 2004).

### **5.1.5. Emotional support**

Emotional support of older people was addressed in 10 of the 144 literature items. The adjustment of older people to the retirement circumstances and the factors that influence the promotion of retiree's mental health were examined in a research. The total number of participants was 160 retired persons (age: 55- 89 years, 103 men and 57 women). The sample was selected from KAPIs in 9 urban municipalities of Athens and Piraeus. The 39,4% of the retired presented depressing behaviour. The retirement is a major change in elderly people's life, which demands great adjustment ability. There are two basic ways of reaction for the elderly to the retirement, either stress and disappointment or optimism. One significant factor, that facilitates people to adapt themselves to the retirement circumstances, is the strong psychosocial supportive network. The need to create a psychosocial supportive network for the retired people, both from their family and the society, is substantial. The contact with friends from the job, they used to ply, offers self-confirmation, mental stimulation, and pleasure to older people. Firm and happy marriages are important to the old age. In Open Care Centers for the Elderly, retired people participate in activities, share their problems and happy moments, amuse themselves and organise festivals (Avedisian - Pagoropoulou et al 2002).

According to another research study, the sources of psycho-social support are different for male and female retirees. Specifically, men are involved in external activities (excursions, friends, café and participation in local associations), while women seem to receive support from their family, local customs and religion. There is a relationship between psycho-social support and depression in older people. Particularly, older people who take visits from their children, relatives and friends seem to have less risk for depression. The social environment (family, friends, society) and the communication have a fundamental role in elderly people's life. As elderly people have more need of human contact, due to the difficulties they cope with, it is obvious that the lack of this contact constitutes an important factor, which leads to the appearance of depressive behaviour easily. Finally, the psycho-social support differs in the urban and the area of origin for older people (Avedisian - Pagoropoulou et al 2000).

## **5.2. Empowerment**

The empowerment of older people was the subject of 15 out of 144 findings of the literature research. The evaluation of the "Social Care" programme was the aim of a research in Ioannina. The "Social Care" programme was established by the Ministry of Health and Social Welfare, in order to encourage older people to get involved in

their health care. This programme provides nursing care at home, services from social workers and domestic help to older people. The total number of the participants in the study was 98 old people, who received services from this programme. Data were collected by means of a questionnaire. The study showed that the 52% of the sample was not satisfied from their living conditions, while the programme staff thought that 51% of old people were living in inappropriate environment. Moreover, 43,9% of older people were not able to serve themselves and 40,8% did not have mental lucidity (Giotaki- Charatsi et al 2002).

At the same context, in a study realized in “Tzaneio” general hospital of Piraeus, 50 elderly hospitalized, were asked to complete a questionnaire in order to evaluate their ability to function independently and contribute decisively to their treatment and to measure their expectations from the current Health System. Respondents reported low indicators of empowerment and high level of stress which prevents them from participating efficiently in the therapeutic procedure. In the opposite ends, a psychiatric approach reveals that seniors have the ability to keep their self- esteem and increase their internal control if social and cultural models empower them. At the same time, elderly facilitate the interaction between themselves and their environment, shape the social support and avoid being excluded, patronised or objectified. (Giannakaki et al 2000).

### **5.3. Social participation – inclusion**

#### **5.3.1. Life long learning / education of older people (health): e.g. University of third age**

Literature concerning life long learning is a significant part of all published data (11%), mainly related to health promotion and the elderly.

Most of the findings concern occupational therapy, specifically how occupational therapy could improve elderly' mental health through life long learning.

One health education programme, focused on access to and adoption of healthier lifestyles towards cardiovascular risks in the elderly. It was implemented in the population of two Open Care Centres for the Elderly (KAPI) in Nea Ionia, an urban municipality in the greater Athens area. The results of this intervention were compared with those in a control group of the other two KAPIs in the same city, where no health education intervention was implemented. There was observed a statistically significant decrease of body weight, salt intake, smoking, as well as an increase in the daily walking time in the intervention but not in the control group. The alcohol consumption, however, was reduced in both groups. In this study people with known hypertension, diabetes or hypercholesterolemia seem to have modified their habits and improved their compliance with treatment. It was then concluded that a healthPROelderly – National Report (Greece)

well-designed health promotion program, based on integrated health education methodology and using existing community structures, may affect attitudes and modify behaviours in the elderly (Velonakis et al 1999).

Besides, some literature findings are referring to life long learning and education as it is provided in KAPIs, in a nursing home for the elderly, in a psycho-geriatric home and from a programme of the National Organisation of Social Welfare.

The rest of the literature findings were using a theoretical approach referring to interesting subjects of life long learning programmes.

### **5.3.2 Social support / networks**

The social isolation and loneliness is a common phenomenon. Poverty is also a limitation to older people's access to social life. That is why social support and networks for health promotion in the elderly is a really important issue. 23% of the literature was referring to this issue. 8 out of 33 items were studies and 5 of these studies were quantitative studies. Most items present networks such as home care services, KAPIs, open and closed care foundations and social programmes. One survey has focused on the evaluation of a social programme, which was founded by the health and welfare ministry (Giotaki - Charatsi et al 2002). Home care services and services provided from the KAPIs were included in this programme. Old people who participated in the programme (98 persons) and services' providers (social workers, nurses, family assistants) were the main evaluators of the programme. According to the results of this study the real needs of the elderly depend on their physical or mental health problems, and their financial situation. In addition, the evaluators were asked for the amelioration of domains such as the access to laboratory tests (28,43%), the collaboration with the medical staff (23,03%), more home care visits (21,07%), first aid services (20,55%) and the collaboration with the health practitioner (7,05%).

### **5.3.3. Self-help groups**

Only one item was found about this issue. It describes the creation of a group that consisted of old people from a KAPI and children up to the age of 6 from two different kindergardens. The participants in this group improved their abilities through the collaboration and the mutual understanding. (Kalligeri - Vithoulka and Karalidi 2002)

#### **5.3.4. Volunteering**

10 items of the literature findings are about volunteering. Even though promoting health by actively involving elderly as volunteers is quite rare in Greece, 7 items have this as a main subject. 6 out of 7 items are about a European health promotion intervention study aimed to actively involving elderly as volunteers in promoting a healthy diet, to evaluate their capability in doing so, and their ability to influence the attitude and behaviour of the elderly concerned. The study took place over a twelve month period, in four KAPIs, in two suburban areas of Athens. The study was divided into two phases. In the first instance twenty seven elderly volunteers were trained to become Senior Health Mentors (SHM's). In phase two the mentors then visited other centres where they presented and discussed the basic principles of healthy diet with their peers. Finally, both the mentors and participants completed questionnaires, which were used to evaluate the project. In addition to the Project Team, staff from the KAPIs observed the project for evaluation purposes. Senior Health Mentors who completed the project were predominately women, with an average age of 69.2 years, and active members of their Centres. They were interested in healthy diet, practicing it themselves, believing in the importance of the elderly undertaking the role of Health Educators and the enlightening of their peers, following training. Project participants were enthused with the idea of other elderly acting as Health Educators. Findings showed that both SHMs and elderly people in general, value education and show an interest in the spreading of information, as they enthusiastically participated in the project. As a result of the project an information package developed that was used throughout both phases. The information package was evaluated, amended and published into separate booklets to form a training pack, available to anyone interested in the implementation of a similar project. (Sourtzi et al 2003)

#### **5.3.5. Other (communication with people of different age)**

Four items from the literature are about the communication of old people with persons of different age. One item is a research study, in which the main subject is the communication and the solidarity between the different generations. The sample consisted of 300 old people (>65 years old) and 300 young people (16-25 years old). According to this research study, 40 % of the old participants lived with their children and/or with their grandchildren. In 26,6% of the cases the elderly lived with their children and/or grandchildren so as to receive the appropriate care and not to feel isolated. Most elderly who lived with their family decided to do so, even though they could have had other choices. 65,7% decided to live with their children because they needed their children and grandchildren's company, while in this way 64,7% feel more useful as they were involved in their grandchildren' care (Georgouli et al 1996).

## **5.4. Lifestyle**

### **5.4.1. Nutrition**

Literature findings referring to nutrition (9%) were mainly focusing on disease prevention through the adoption of healthier nutritional habits and the presentation of information about the suitable diet for the elderly for combined health problems. Most of them were surveys (13 out of 17).

The SHMs project that has already been mentioned is one of the most interesting surveys focused on nutrition and health promotion in Greece.

An equally interesting project was a European project about Alzheimer disease and nutrition. In this project participated 456 elderly from Greece that were visiting KAPI. The survey took place in 26 KAPIs. As a result of the project, an information package was developed; including one booklet with practical information, one leaflet and one timetable. This information package would help the carers of old people with Alzheimer to prevent, recognise and control loss weight of the person they cared for (Mouyias et al 2000).

Another study supplements the previous one by focusing on the nutritional assessment of 193 peripatetic old people who visited 2 primary health care centres in a rural region, from September 1999 to November 1999 (Spatharakis et al 2000).

### **5.4.2. Physical activity**

24 items are about physical activity. Some of the findings are referring to the effects of a physical activity programme, including different kinds of activity such as dance, exercises, etc. and the evaluation of such programmes.

One of the studies evaluated the effects of a 12-week exercise programme on the physical abilities of 55 sedentary women aged 60 to 75. The variables tested were dynamic balances, muscular endurance, sitting and reaching flexibility, and muscular coordination. Participants were grouped into three exercise groups ( $n = 45$ ) and one control group ( $n = 10$ ). Exercise was performed for one hour, once, twice, and three times a week for the three experimental groups. Participants were pre- and post-tested for the selected variables. Statistically significant differences ( $p < 0.05$ ) were found between exercise and non-exercise groups. The main effects of the training programme were significant for all four variables examined, indicating that even those who participated in an exercise group once a week had significantly higher levels of physical abilities than the control group. The improvement of the experimental groups was proportional to the frequency of the training programme applied (Ourania M., 2003).

### **5.4.3. Safety – e.g. prevention of falls, accidents and injuries**

Nine items are referring to the prevention of falls and injuries in the elderly generally, while three are referring specifically to the prevention of falls and injuries of elderly with Alzheimer. Four out of nine items are about the prevention of ulcers. Almost none of them are research studies.

### **5.4.4. Prevention of disease**

Seven out of the 13 items filled in the Greek database are about prevention of disease in elderly generally, 2 are specifically referring to the prevention of mental diseases, and 4 are about the prevention of cardiovascular diseases. 3 out of the last 4 are related to the SHMs project. The 4th issue is a review about the prevention of cardiovascular diseases in the elderly (Porfiriadou et al 1998).

One study focused on the application of preventive measures for health problems of the elderly (Prinolakis et al 2002). 69 members of a KAPI, 65 to 85 years old were the participants of this study. According to this, hypertension is one of the most frequent health problems of the elderly. Appropriate therapeutic approach of the hypertension would lead to the prevention of many other health problems. According to this study other important preventive measures are the bone density for osteoporosis, colonoscopy, mammography, influenza vaccine, pneumococcal vaccine and a repeat dose of diphtheria and tetanus vaccine. Finally, they concluded that people should be informed about subjects of prevention of disease and health education.

### **5.4.5. Other (relationships with their family)**

The relationship among the members of the family is another factor strongly related to old people's health promotion. 7 items are about family relationships. One survey (Iordanou et al 2000) approved the importance of frequent contact with their family for old people who live in nursing homes. 100 older people (>65 years old) and 100 carers of different nursing homes in Athens participated in this study. Both old people and their carers mentioned that nostalgia for their family (husband or wife, children and grandchildren) is the most common feeling of the elderly (54% of the old people and 58% of their carers).

## **6. Transversal issues**

### **6.1 Research Methods**

The majority of studies are quantitative but there are a small part of them that are qualitative. Especially, 45 out of 49 studies are quantitative. Different research methods were used in the evaluated studies we selected. The following is an example of the method most frequently used, which is a randomized intervention study. The health promotion programme for the prevention of cardiovascular diseases in the elderly consisted of lectures by experts followed by open discussion on the selected issues, group work with participative style, written material prepared for this intervention and one- to-one counselling. For the evaluation of the programme, the subjects were studied before and after the intervention by completion of a purpose – designed questionnaire, as well as a number of screening tests. The behaviour modification was assessed by the follow – up in the intervention and the control group (Velonakis et al 1999)

### **6.2 Strategies of health promotion**

Health promotion in the Greek elderly is mainly supported by the ministries of education and health and welfare or by associations like the Hellenic Association of Gerontology and Geriatrics. There are also some projects funded by the European Commission. A significant number of the selected literature refer to health education employing participatory methods. Physical activity, occupational therapy, music therapy and speech therapy are the main strategies of health promotion, in which older people participated actively.

### **6.3 Settings**

In Greece most studies are taking place in the KAPIs. This is expected because it is the main place in Greece, where most elderly go some time in their life. In addition, some studies are taking place in hospitals, primary health centers, people's own homes, residential or nursing homes for the elderly and in the community (e.g. city, region).

## **6.4 Inequality/ Diversity**

Only 6% of the literature findings in Greece refer to inequalities, while none mentions diversities. The inequalities mentioned are related to social factors such as poverty, living in a rural or urban area, supporting network and retirement.

## **6.5 Sustainability**

Sustainability is addressed explicitly or more implicitly by 24,5% of the studies found. Totally, 20 studies are relevant to this issue. Most studies include evaluation of their results and some of them, like the project of training SHMs in Healthy Nutrition, even provide an evaluated training pack, available to anyone interested in the implementation of a similar project (Sourtzi et al 2003).

## **6.6 Consumer involvement**

In 27 out of 49 studies, 18,1% the participants had an active role to the progress of the survey. Indicatively, we refer to a study by Raftopoulos (2002) in which the main subject is the elderly patients' satisfaction with the quality of hospital care. Elderly patients are the central users of health care services and therefore the development and validation of a scale that assesses how they perceive quality of care is important for strategy planning and evaluation of health care services. The relevance of patient satisfaction studies is often questioned because of conceptual and methodological problems due to the underused qualitative research. The aim of this study was to develop a scale that, in comparison with existing patient satisfaction scales would: (1) be valid and reliable, assessing elderly patients satisfaction with quality of hospital care, based on the existing literature evidence, on results of a qualitative research and on a previous developed conceptual framework, (2) measure perceived quality of hospital care (PQHC) from the perspective of elderly patients (3) measure elderly patients expectations (EPE) (4) perceived performance care (PPC) and (5) explore how elderly patients depression (by using GDS scale) correlates with satisfaction and perceived quality of care. 380 elderly patients from 8 Greek hospitals participated to the study (209 male, 171 female).

## 7 Conclusions/summary

Throughout the literature search we ascertained that the majority of the collected data reflects the situation in a local or regional level and less in the national. Besides, only a small number of research studies refer to old people. Of the 144 literature findings, 49 were studies or projects. The overwhelming majority of them (68%) took place in KAPIs, which are open health care centers for the elderly. This occurs due to the fact that a large number of old people, who are generally healthy, visits KAPIs to spend their spare time in creative activities, such as painting, acting and organising festivals. The rest of them took place in the community (23%) and residential homes for older people (8%).

Furthermore, there is a significant interrelatedness of different themes and issues in many sources of the literature. The whole number of the literature findings refers to quality of life and health determinants in some shape or form. Many of the sources emphasize on the quality of life of old people who suffer from mental disorders, especially people with Alzheimer's disease. However, only 15% of the items were focused on the promotion of mental health. All the efforts in this area have been accomplished by the contribution of the psychogeriatric society "Nestor".

Issues surrounding lifestyle were obviously common themes in the literature, with 42% of the items pertaining in some sense to this. The importance of physical activity was referred to by 15% of the literature reviewed. Nutrition, safety and disease prevention was addressed in a considerable number of sources. As far as the nutrition is concerned, the related issues are mainly focused on the prevention of some diseases through the adoption of healthier nutritional habits.

Social support is, for obvious reasons, of crucial importance in social participation. Hence social isolation and loneliness may have a significant effect on mental wellbeing amongst older people. Social participation was addressed in the 37% of the items, specifically 11% referred to life long learning and education and 23% to social support. In Greece, social support is provided by Home Care Services named "Help at Home", KAPIs, residential and nursing homes and social care programmes. Taking into consideration the importance of communication and family relationships, we believe that we should form additional categories in the "social participation" theme.

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