Suicidal Thoughts in Older Adults Driven By Physical, Economic Factors

The majority of thoughts of death and suicide among older adults may be a result of physical, economic, and family factors—not depression, according to study findings presented at the American Association for Geriatric Psychiatry Annual Meeting.

Researchers looked at data from the ongoing, longitudinal New York City Neighborhood and Mental Health Study, which included 3,497 New York City residents aged 65 to 75.

Study participants were screened for depression using the Patient Health Questionnaire-9 (PHQ-9). Question nine of the PHQ-9 explores suicidality and asks patients if they have experienced thoughts of death or suicide in the past 2 weeks. Those who responded “yes” were referred to a psychiatrist, who diagnosed suicidal ideas.

To elucidate motivations behind suicidality, the psychiatrist asked participants why they responded “yes” to question nine, as well as what reasons they had to live. According to researchers, the majority of participants said that factors other than depression, including illness, disability, pain, financial concerns, family problems, and bereavement were driving their thoughts.

Participants who had suicidal ideation and those who did not gave similar reasons at similar rates for answering “yes” to question nine of the PHQ-9. Among those with suicidal ideation, 26% cited depression as a reason for sometimes feeling that they would be better off dead, compared with 25% of those without suicidal ideation.

AAD Launches Public Service Announcement to Urge Older Men To Check Skin for Signs of Cancer

The American Academy of Dermatology (AAD) has launched Lawn, a public service advertisement (PSA) that encourages men 50 and older to examine their skin for suspicious or changing spots.

Using humorous scenarios, Lawn points out that if men will do anything to take care of a spot on their lawn, they should do the same for a spot on their skin. Distributed to television and cable stations nationwide, the television PSA encourages men to check their skin and have someone they trust check the areas they cannot see. The PSA can be viewed on the AAD YouTube channel and at www.aad.org/psa.

In addition to launching the PSA, AAD is teaching individuals how to SPOT Skin Cancer™.

SPOT Skin Cancer is AAD’s campaign to create a world without skin cancer through public awareness, community outreach programs and services, and advocacy that promote the prevention, detection, and care of skin cancer. On the campaign Web site (www.SpotSkinCancer.org), individuals can learn how to perform a skin cancer self-exam using the “How to SPOT Skin Cancer” infographic, test their knowledge of skin cancer with the SPOT Skin Cancer Quiz, and find free skin cancer screenings in their area.

In addition, individuals who have been affected by skin cancer can share their personal stories and provide support and inspiration for others fighting skin cancer. They can also communicate the importance of prevention and early detection.

Although melanoma, the deadliest form of skin cancer, can affect anyone, men older than 50 are at a higher risk of developing melanoma than the general population, and according to an AAD survey, men are less likely than women to know how to examine their skin for signs of skin cancer.

In both groups, family and satisfaction with support were most frequently cited as reasons to live. 


Researchers Say Surgery Decisions for Frail Older Adults Should Be Patient-Centered and Team-Based

Surgery for frail older adults can be risky. A new patient-centered, team-based approach to deciding whether these high-risk patients will benefit from surgery was championed in the Journal of the American Medical Association.

The article suggests that the decision to have surgery must balance the advantages and disadvantages of surgical and non-surgical treatment, as well as the patient’s values and goals. In addition, the decision should be made among the patient, his or her family, and a team of medical experts (i.e., surgeon, primary care physician, physician anesthesiologist), who can explain each surgical and non-surgical option, as well as each option’s benefits and risks.

Researchers have acknowledged that this shift to team-based care for this small patient population would increase the cost of medical care; however, they suggested that this increased cost could be mitigated by the use of virtual teams. For example, each team member would have electronic access to the patient’s data, and the team “discussion” could take place electronically.

Researchers predict that the management of patients in the future will occur in surgical homes, a concept that the American Society of Anesthesiologists (ASA) advocates through its Perioperative Surgical Home (PSH) initiative.

ASA’s PSH initiative is a patient-centered, physician-led, team-based practice model of coordinated care that guides a patient throughout the entire surgical experience. ASA is currently developing a learning collaborative for its PSH model of care. This collaborative of health care organizations will work to improve the care of surgical patients from the moment surgery is planned through recovery, discharge, and the first 30 days postoperatively.

One third of older adults in the United States have surgery in the last 12 months of their lives, and most have surgery within the last month. However, 75% of seriously ill patients say that they would not choose surgery if they knew they would have severe cognitive or functional complications afterward.


The article also suggests that high-risk older adult patients should be given the choice among treatments, including no treatment.

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Short Daily Walks May Reduce the Risk of Mobility Disability in Older Adults

A daily 20-minute walk may reduce the risk of major disability in older adults and enhance the quality of their later years, according to study results published in the Journal of the American Medical Association.

The Lifestyle Interventions and Independence for Elders (LIFE) study enrolled 1,635 men and women aged 70 to 89 who led sedentary lifestyles and were at risk of mobility disability. Participants were recruited from urban, suburban, and rural communities around the country, and they were randomly assigned to either a structured, moderate-intensity, physical activity program or a health education program focused on topics related to successful aging.

After more than 2 years of follow up, researchers found that the risk of major mobility disability was reduced by 18% among participants in the physical activity group, meaning they were more capable of walking without assistance for approximately one quarter of a mile.


In both groups, family and satisfaction with support were most frequently cited as reasons to live.

Study Finds Higher Risk of Early Death in Patients With Mild Cognitive Impairment

Study findings presented at the American Academy of Neurology’s 66th Annual Meeting indicated that individuals who have thinking problems, although their memory is still intact, may have a higher death rate in a 6-year period, compared with those who have no thinking or memory problems. The same was suggested in the study for those who are experiencing mild cognitive impairment (MCI) with memory decline; however, the first group had the highest death rate.

Two main types of MCI, which is often a precursor to Alzheimer’s disease, exist. In one type, the most noticeable symptom is memory loss. In individuals with the other type, language, attention, decision-making, and other abilities decline, but their memory remains intact.

For the study, 862 people with thinking problems and 1,292 with no thinking problems between the ages of 70 and 89 were followed for approximately 6 years. Participants were given tests at the start of the study and every 15 months thereafter to assess their thinking abilities.

Over 6 years, 331 participants in the group with MCI and 224 individuals in the group without MCI died. Those who had either type of MCI had an 80% higher death rate during the study than those without MCI.

Individuals with MCI with no memory loss had more than twice the death rate during the study than those without MCI, whereas participants with MCI with memory loss had a 68% higher death rate during the study than those without MCI.


Vitamin D Deficiency May Cause Cognitive Decline Over Time in Older Adults

Vitamin D deficiency and cognitive impairment are common in older adults, and a new study published in the Journal of the American Geriatrics Society suggests that an association exists between low vitamin D levels and cognitive decline over time.

Researchers used data from the Health, Aging, and Body composition (Health ABC) study to examine the relationship between vitamin D deficiency and cognitive decline in older adults. They looked at 2,777 well-functioning adults aged 70 to 79, whose cognitive function was measured at the study’s onset and again 4 years later. Vitamin D levels were measured at the 12-month follow-up visit.

The study cohort consisted of 3,075 Medicare-eligible, White and African American, well-functioning, community-dwelling older adults.

According to researchers, they could not conclude that low vitamin D levels cause cognitive decline using just baseline observational data. However, 4 years later, they found that low vitamin D was associated with worse cognitive performance on one of the two cognitive tests used in the study.

Researchers said that randomized, controlled trials are needed to determine whether vitamin D supplementation can prevent cognitive decline in older adults over time to definitively establish a causal relationship.

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