Discussing End-of-Life Care

In a study published in the *Canadian Medical Association Journal*, seriously ill hospitalized patients and their families say the most important aspects to discuss are:

- preferences for care in the event of life-threatening illness,
- patient values,
- prognosis of illness,
- fears or concerns, and
- additional questions regarding care.

Researchers asked older patients and their families for their top priorities and discovered that gaps exist between what patients would like and the care that they receive. They surveyed 233 hospitalized older adults with serious illnesses and 205 family members about the importance of 11 guideline-recommended elements of end-of-life care.

Patients reported that of the 11 elements, an average of only 1.4 had been discussed with the health care team within the first few days of hospital admission. The more elements of care that physicians discussed with patients, the higher the satisfaction that they and their families reported regarding care received, and the higher the concordance between preferred and prescribed goals of care.


Women and Sleep-Disordered Breathing

Older women with sleep-disordered breathing were found to be at greater risk of decline in the ability to perform daily activities, according to a study in the *Journal of the American Geriatrics Society*. Sleep-disordered breathing involves repeated interruptions or decreases in breathing during sleep, which often leads to fragmented sleep and hypoxemia or low blood oxygen levels. Physicians rate the severity of sleep-disordered breathing with the apnea-hypopnea index (AHI), which reflects the number of breathing interruptions (apneas) and significant decreases in breathing (hypopneas) per hour of sleep.

The study included 302 women, with a mean age of 82.3, who underwent an in-home sleep evaluation and were asked whether they had difficulty performing daily activities or challenges with mobility. The study found that women with a moderate-to-severe AHI (≥15 breathing disruptions per hour of sleep) had a 2.2-times greater odds of decline in daily activity functions.

Women who reported no difficulties with daily activities during baseline evaluation but had a moderate-to-high AHI had a higher risk of reporting deteriora-

Training to Assess Elderly Drivers

To help keep roadways safe and preserve the freedom of mobility of older drivers, researchers are training law enforcement officers to recognize warning signs of impaired driving skills and take appropriate action. They are also training doctors to think more about their patients’ ability to drive safely with age.

A primary focus of the educational program, known as Training, Research and Education for Driving Safety (TREDS), is identifying signs of dementia and other medical conditions that can impair safe driving. Identified drivers may be referred for further assessment.

Researchers have conducted in-person TREDS training to more than 9,000 doctors and 3,000 law enforcement officers. Companion TV, radio, and online efforts have reached an estimated 1 million people. The idea is to get doctors to assess patients for age-related driving impairments—issues with vision, loss of mobility, fragility, and dementia—and provide them with information on necessary medications that have fewer driving-related side effects.

tion in daily activity function. No links between sleep-disordered breathing severity and decline in mobility were observed.


Primary Age-Related Tauopathy Closely Resembles Alzheimer’s Disease

A multi-institutional study published in Acta Neuropathologica has defined and established criteria for a new neurological disease closely resembling Alzheimer’s disease: primary age-related tauopathy (PART). Patients with PART develop cognitive impairment that can be indistinguishable from Alzheimer’s disease, but they lack amyloid plaques.

The study established that PART is a primary tauopathy—a disease directly caused by the tau protein in tangles. In contrast, neurofibrillary tangles in an Alzheimer’s brain are thought to arise secondary to amyloid or other stimuli. Researchers proposed that patients who have tangles resembling those found in Alzheimer’s disease but have no detectable amyloid plaques should now be classified as PART.

Given that tangles are nearly universal in the brains of older individuals, PART might be more widespread than generally recognized. New diagnostic tests using brain scans and cerebrospinal fluid biomarkers for amyloid and tau are finding high proportions of patients (as many as 25%) with mild cognitive impairment who are positive for tau but negative for amyloid.

New diagnosis criteria will help PART patients receive more targeted therapy and improve the accuracy of clinical trials for Alzheimer’s disease drugs.


AARP Warns Rise in Brand Name Drug Prices

Retail prices for brand name prescription drugs widely used by older Americans increased by an average of nearly 13% in 2013—more than eight times faster than the 1.5% general inflation rate, according to a new AARP Public Policy Institute report. Increased prices for brand name medications lead to higher out-of-pocket costs for consumers who pay coinsurance, or a percentage of their drug costs, instead of a fixed dollar amount.

Highlights of the report include:

- The average annual retail price increase for widely used brand name prescription drugs was more than twice as high in 2013 (12.9%) as in 2006 (5.7%).
- In 2013, the average annual cost of one brand name medication used to treat a chronic health condition was nearly $3,000, compared with approximately $1,500 in 2006.
- Retail prices increased for 97% of the 227 brand name prescription drugs in the study’s market basket.
- Seven brand name drugs had average annual retail price increases of more than 30% in 2013.


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Low Health Literacy

When it comes to the benefits of electronic health records, older Americans may be left behind. Less than one third of Americans ages 65 and older use the Internet for health information and only 10% of those with low health literacy go online for health-related matters, according to a study in the Journal of General Internal Medicine.

During the past 5 years, uptake of electronic health records in the United States has increased dramatically as a result of government initiatives and investment by health care providers. Many providers now offer patients access to parts of their own medical records via online health portals that include everything from reminders for wellness visits and screening tests to immunization records and laboratory results, as well as key information on obtaining and using prescription medications.