Demanding Jobs May Help Individuals With Frontotemporal Dementia Live Longer

Individuals with more demanding jobs may live longer than those with less skilled jobs after developing frontotemporal dementia, according to a new study in *Neurology*. Frontotemporal dementia, which often affects individuals younger than 65, results in changes in personality or behavior and problems with language, but does not affect memory. The findings add evidence to the cognitive reserve theory that experiences (e.g., more education and higher occupation and mental activity) build connections in the brain that create a buffer against disease.

Researchers reviewed the medical histories and primary occupations of 83 individuals who had an autopsy after death to confirm the diagnosis of frontotemporal dementia or Alzheimer’s disease. Occupations were ranked by U.S. Census categories, with jobs such as factory and service workers in the lowest level;

More Older Adults Relying On Walking Aids

America’s population of older adults is growing, and with it, a reliance on canes, wheelchairs, and scooters. The use of walking aids has increased by 50% in the past decade, according to a new study, and should continue to increase as the number of older adults is expected to double by 2050.

The proliferation of senior mobility devices is surprising considering prior research showed a correlation between device use and falling—the leading cause of death resulting from injury among adults 65 and older. Individuals fortunate enough to survive a fall spend more than $19 billion annually on directly related medical costs. However, the latest National Health and Aging Trends study showed that individuals who use mobility devices are not falling more than those who do not.

So why do more than 25% of older Americans now rely on canes (16.4%), walkers (11.6%), wheelchairs (6.1%), and scooters (2.3%)? The main culprit could be underlying problems leading to mobility device use in the first place, such as obesity, strength deficiencies, or issues with balance or cognition. More research is needed to understand if greater reliance is tied to physical (e.g., obesity, weakness) or social (e.g., greater acceptability and access) issues.

Regular participation in physical activity could prevent many mobility issues. Despite studies showing that active older adults are more likely to fall simply because they are creating more opportunities, the benefits of being active outweigh the negative health outcomes of being sedentary.

tradesworkers and sales people in the next level; and professional and technical workers (e.g., lawyers, engineers) in the highest level. Researchers measured when the symptoms began by the earliest report from family members of persistently abnormal behavior. Survival was defined as from the time symptoms began until death.

The 34 individuals with fronto-temporal dementia had an average survival time of approximately 7 years. Individuals in the highest occupation level survived an average of 116 months, whereas individuals in the lower occupation group survived an average of 72 months. Occupational level was not associated with longer survival for individuals with Alzheimer’s disease. The number of years of education did not affect the survival time in either disease.


Why Older Adults Are Discharged With Functional Decline

One in three patients ages 70 and older who are independent in their daily functioning and admitted for acute conditions, such as pneumonia, are discharged from the hospital with functional decline, and approximately one in two report a decline in functioning 1 month after, according to a new study in the *Journal of the American Geriatrics Society*.

The study included approximately 900 participants ages 70 or older who were hospitalized in internal medicine departments for illnesses that were not associated with loss of functioning (e.g., they did not undergo surgery or suffer paralysis).

Findings showed that one third of participants, when discharged, were in a state of reduced function compared to the period preceding hospitalization, and approximately one half (46%) reported reduced functioning as late as 1 month after discharge. One of the main factors leading to functional decline among older, hospitalized patients was reduced mobility while in the hospital. According to the researchers, patients often mistakenly think that if they are sick, they should be in bed; approximately one half of patients did not leave their rooms during the hospital stay.

Other factors found to be significantly associated with post-hospitalization functional decline were unnecessary use of catheters or adult diapers for urination, use of sleep medications, and inadequate nutrition.

A follow-up study is being conducted and changes have been made in the treatment protocols for older hospitalized adults.


Hospice Use Improves Depressive Symptoms of Surviving Spouses

Spouses of patients receiving hospice for ≥3 days more frequently reported reduced depression symptoms compared to spouses of patients who did not receive hospice, according to a study in *JAMA Internal Medicine*. This is the first national study to examine depressive symptoms as an outcome for spouses of individuals with all types of serious illnesses who used hospice care.

Researchers analyzed data from 1,016 deceased patients and their surviving spouses using the Health and Retirement Study, a national sample of adults older than 50 linked to Medicare claims. Surviving spouses were then followed up to 2 years after death. Hospice services included medical services, symptom management, spiritual counseling, social services, and bereavement counseling delivered by an interdisciplinary team of professionals for patients with a prognosis of ≤6 months to live and who agreed to forego curative treatments.

The research team found that improvement in depressive symptoms was more common among those who had used hospice—a benefit that was even more pronounced 1 year after a spouse’s death. It is unknown which specific aspects of hospice care are associated with improved symptoms for spouses.

Using Palliative Care Principles to Reduce Hospital Admissions

Applying palliative care principles to emergency departments (EDs) may reduce the number of geriatric patients admitted to intensive care units (ICUs), possibly extending lives and reducing Medicare costs, according to a 3-year analysis in *Health Affairs*.

Changes in emergency care examined in this preliminary analysis were developed through Mount Sinai’s Geriatric Emergency Department Innovations in Care Through Workforce, Informatics and Structural Enhancements (GEDI WISE) program.

Under GEDI WISE, changes in ED staff training and practice (e.g., workforce enhancements) were introduced, including role redefinition and education in palliative care principles. Training included:

- ED triage nurses learning to screen patients age 65 and older to identify those at high risk of ED revisit and hospital readmission; and
- ED nurse practitioners learning to identify high-risk patients suitable for and desiring palliative and hospice care, and how to expedite referrals.

Screening of ED patients with the Identification of Seniors at Risk tool was also instituted. Researchers found that 59% of 8,519 visitors ages 65 and older who were screened with the tool had a score that indicated an increased risk for revisit and readmission. The five most common presenting diagnoses among this cohort were chest pain, shortness of breath, malaise and fatigue, abdominal pain, and dizziness.

Using GEDI WISE resulted in an approximately 1.4% decrease in ICU admission rate for EDs for patients ages 65 and older, or a decrease of 535 ICU admissions. This decrease remained significant even after changes in comorbidity and other key characteristics of ED patients in this age group were accounted for. Assuming these patients were admitted to the hospital, this drop in admissions would produce an estimated savings of more than $3.14 million to Medicare.