

## Transcranial Magnetic Stimulation May Determine Alzheimer's Disease from Frontotemporal Dementia

A new method may help determine whether an individual has Alzheimer's disease (AD) or frontotemporal dementia—two different types of dementia that often have similar symptoms—according to a preliminary study in *Neurology*.

Researchers examined 79 individuals with probable AD, 61 with probable frontotemporal dementia, and 32 who did not have any signs of dementia. Using transcranial magnetic stimulation, researchers were able to measure the brain's ability to conduct electrical signals among various circuits in the brain. They found that individuals with AD mainly had problems with one type of circuit, whereas those with frontotemporal dementia had problems with another type of circuit.

Researchers were then able to accurately distinguish frontotemporal dementia from AD with 90% accuracy, AD from healthy brains with 87% accuracy, and frontotemporal dementia from healthy brains with 86% accuracy. The results were almost as good when researchers tested only individuals with mild forms of the disease.

Source. "Is it Alzheimer's Disease or Another Dementia?" (2017, July 26). Retrieved October 2, 2017, from <http://bit.ly/2yVXZeT>.

## Edna Stilwell Writing Award Announced

*Journal of Gerontological Nursing (JGN)* authors Marcia Y. Shade, PhD, MSN, RN; Ann M. Berger, PhD, APRN, AOCNS, FAAN; Claudia Chaperon, PhD, APRN, GNP-BC; Gleb Haynatzki, PhD, DSc; Linda Sobeski, PharmD; and Bernice Yates, PhD, RN, were selected as the recipients of the 19th annual Edna Stilwell Writing Award for their article, "Factors Associated With Potentially Inappropriate Medication Use in Rural, Community-Dwelling Older Adults," published in the September 2017 issue of *JGN* (Vol. 43, No. 9, pp. 21-30). The article reports the importance of re-evaluating the monitoring of medications in rural, community-dwelling older adults and the need for sustainable interventions to reduce prescribing and over-the-counter potentially inappropriate medication use.



Marcia Y. Shade, PhD, MSN, RN

Photo courtesy of Marcia Y. Shade

The Award, which includes a plaque and a \$500 cash prize, was established by SLACK Incorporated, publisher of *JGN*, in recognition of the contributions of Edna M. Stilwell, PhD, RN, C, as Editor of *JGN* from 1974 to 1997. The purpose of the Award is to continue Stilwell's tradition of mentoring and recognizing authors in the field of gerontological nursing.

All authors published in *JGN* are eligible for this Award, given to the author or group of authors of the best article published each year. Entrants are nominated by Editorial Board and Review Panel members during blind peer review, and the winner is selected by a committee.

*JGN* congratulates the authors on their outstanding contribution.

## Risk Factors Predict Recurrent Falls and Adverse Events

More than one half of older adult patients who visited an emergency department (ED) because of injuries sustained in a fall experienced adverse events (including additional falls, hospitalization, and death) within 6 months, according to a new study in *Annals of Emergency Medicine*.

Of patients who visited the ED for injuries sustained in a fall, 7.7% developed adverse events within 7 days, 21.4% within 30 days, and 50.3% within 6 months. Within 6 months, 22.6% had at least one additional fall, 42.6% revisited the ED, 31.1% had subsequent hospitalization, and 2.6% had died. Risk factors associated with adverse events within 6 months of an ED visit for a fall included diabetes, polypharmacy,

and psychiatric and/or sedative medications.

Source. "Falls Lead to Declines in Seniors." (2017, July 6). Retrieved October 2, 2017, from <http://prn.to/2wweJaZ>.

## Food Insecurity Remains After the Great Recession

According to "The State of Senior Hunger in America in 2015," a new study about food insecurity among older adults in the United States, 5.4 million older adults (8.1%) were food insecure in 2015 (the most recent year for which data are available). An additional 4.4 million older adults (6.6%) reported marginal food security.

Combined, the 14.7% of older adults in total who faced the threat of hunger in 2015 represents a slight decrease over the prior year, and the first decline since 2009. Despite relative improvement, the rate and number of older adults



affected remains above pre-recession levels. In late 2007 when the Great Recession began, 6.3% (3.2 million) of older adults were food insecure—2.2 million fewer than the most recently reported total. These findings are further evidence that the benefits of the improved economy are not being enjoyed by all.

Source. "Food Insecurity Among Seniors Still High Nearly a Decade After the Recession." (2017, August 16). Retrieved October 2, 2017, from <http://prn.to/2xVP6DH>.

## Patients' Awareness of Diagnosis Linked to Lower Self-Ratings of Quality of Life

In a new study in the *Journal of Gerontology: Psychological Sciences*, researchers report that older adults who were aware of their diagnosis of either mild cognitive impairment (MCI) or mild-stage Alzheimer's disease dementia reported greater depression, higher stress, and lower quality of life than those who were unaware. They also found that older adults who had an expectation that their disease would worsen over time reported lower overall satisfaction with daily life.

Researchers studied how awareness of diagnosis impacts self-ratings of quality of life in individuals with MCI or mild-stage Alzheimer's disease dementia. Researchers compared these ratings to a group of older adults with normal cognition. Participants completed measures of multiple domains of quality of life, including cognitive problems, activities of daily living, physical functioning, mental well-being, and perceptions of daily life. The measure of quality of life was compared by cognitive performance, diagnosis awareness, and diagnostic group.

Further study is needed to understand what drives the impact of awareness of diagnosis and prognosis on quality of life.

Source. "Mild Cognitive Impairment and Alzheimer's Disease Diagnoses Trigger Lower Self-Ratings of Quality of Life in Older Adults." (2017, August 3). Retrieved October 2, 2017, from <http://bit.ly/2yn3hDi>.



## Tired Caregivers Increase Emergency Department Visits and Health Care Costs of Care Recipients

Emergency department (ED) staff call it a "pop drop"—when a disabled older adult comes in for medical attention, but it seems like his/her caregiver is also seeking a break from the demands of caregiving. It has been hard to study the phenomenon, but a new study in the *Journal of the American Geriatrics Society* suggests that tired family caregivers are associated with greater ED visits and higher overall health care costs for the care recipient.

The study included 3,101 couples older than 65, each with one

spouse acting as caregiver for his/her disabled partner. Researchers examined the Medicare payments and ED visits for disabled spouses in the 6 months after caregiver spouses took standard tests to measure their fatigue, mood, sleep habits, health, and happiness. Even after taking into account many factors, it was found that in just those 6 months, ED visits were 23% higher among patients whose caregivers had scored high for fatigue or low on their own health status. Patients with fatigued or sad caregivers also had higher Medicare costs in that same time period: \$1,900 more if the caregiver scored high for fatigue, and \$1,300 more if the caregiver scored high for sadness, even after

all other factors were taken into account.

Source. “‘Pop Drop’ Study Finds More ER Visits & Higher Costs for Older Disabled Patients with Stressed Caregivers.” (2017, August 24). Retrieved October 2, 2017, from <http://bit.ly/2hMz4GN>.

## Lesbian and Bisexual Women More Likely than Heterosexual Individuals to Experience Chronic Health Conditions

Lesbian and bisexual older women are more likely than heterosexual older women to experience chronic health conditions and sleep problems, and drink excessively, according to a new study in the *American Journal of Public Health*.

The study is the first to use national, population-based data to evaluate differences in health outcomes and behaviors among lesbian, gay, and bisexual (LGB) older adults. Using 2-year survey data of 33,000 heterosexual and LGB adults 50 and older from a probability-based study of the U.S. Centers for Disease Control and Prevention, researchers from the UW School of Social Work report noticeable health disparities between LGB and heterosexual adults. The new UW study relied on the 2013–2014 National Health Interview Survey, which for the first time asked respondents about their sexual orientation. In the United States, approximately 2.7 million adults 50 and older self-identify as LGB or transgender.

Findings included:

- Disability and mental distress are significantly more prevalent among lesbian women or gay men

than among their bisexual counterparts.

- Strokes, heart attacks, asthma, arthritis, and lower back or neck pain affected significantly greater percentages of lesbian and bisexual women than heterosexual women.

- Approximately 17% of LGB women compared to 10% of heterosexual women reported weakened immune systems.

- Lesbian and bisexual women were up to two times as likely to

engage in adverse health behaviors, such as excessive drinking.

- Approximately one half of lesbian and bisexual women had received an HIV test.

- Slightly more lesbian and bisexual women had health insurance than heterosexual women.

Source. “Lesbian, Gay and Bisexual Older Adults Suffer More Chronic Health Conditions Than Heterosexuals, Study Finds.” (2017, August 24). Retrieved October 2, 2017, from <http://bit.ly/2hN0Wu3>.

doi:10.3928/00989134-20171012-03

## Less Time in Rapid Eye Movement Sleep Linked to Increased Risk of Dementia

Individuals who get less rapid eye movement (REM) sleep may have a greater risk of developing dementia, according to a new study in *Neurology*.

Researchers examined 321 individuals (average age = 67) from Massachusetts who participated in The Framingham Heart Study. During that study, sleep cycles were measured for each participant. Researchers collected the sleep data and then followed participants for an average of 12 years. During that time, 32 participants were diagnosed with some form of dementia and, of those, 24 were determined to have Alzheimer’s disease.

Those who developed dementia spent an average 17% of their sleep time in REM sleep compared to 20% for those who did not develop dementia. After adjusting for age and sex, researchers found links between both a lower percentage of REM sleep and a longer time to get to the REM sleep stage and a greater risk of dementia. For every percent reduction in REM sleep, there was a 9% increase in the risk of dementia. The results were similar after researchers adjusted for other factors that could affect dementia risk or sleep, such as heart disease factors, depression symptoms, and medication use.

Source. “Less REM Sleep Tied to Greater Risk of Dementia.” (2017, August 17). Retrieved October 2, 2017, from <http://bit.ly/2xYU9ns>.



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