Partnership to Increase Alzheimer’s Disease Awareness Education in Latino Communities

The Alzheimer’s Association and National Hispanic Council on Aging (NHCOA) announced a nationwide partnership aimed at increasing Alzheimer’s disease awareness and education in Latino communities across the country. The partnership will develop a network of health promoters to deliver Alzheimer’s education in Latino communities, while connecting individuals with the disease and their caregivers to free resources and support services offered through the Alzheimer’s Association. The health promoters will help bridge cultural and linguistic barriers that have slowed access to Alzheimer’s disease information and resources in these communities previously.

The groups will work together to deliver:

- materials and training tools to educate the health promoters recruited to deliver Alzheimer’s disease education;
- materials and training tools to assist Alzheimer’s Association local offices in recruiting, training, and activating health promoters in Latino communities nationwide; and
- targeted recruitment efforts of health promoters in key markets where NHCOA has strong, well-established relationships.

The Alzheimer’s Association and NHCOA aim to begin engaging promoters for work in targeted communities in early 2018.

Increasing Weekly Rate of Physical Activity Decreases Risks of Immobility in Older Adults

Adding 48 minutes of moderate exercise per week is associated with improvements in overall physical functioning and decreases in risks of immobility in older adults who are sedentary, according to a new study in PloS One. The work is part of the Lifestyle Interventions and Independence for Elders (LIFE) study.

For the LIFE study, researchers analyzed data from 1,635 men and women ages 70 to 89 over an average of 2.6 years. One half were randomly assigned to a program of walking and walking-based strength, flexibility, and balance training, and one half participated in health education workshops. All participants had low levels of physical functioning at the start of the study and reported <20 minutes per week of regular physical activity in the month prior to starting. Participants were evaluated at baseline and 6, 12, and 24 months. Researchers relied on movement monitors and self-reporting to measure physical activity outside study sessions.

Changes in activity were significantly greater in the physical activity intervention group than the health education group from baseline through 24 months. There was a continuous, graded effect, with the greatest benefits seen in participants who engaged in at least 48 minutes of physical activity per week. The greater differences were also associated with prevention of major mobility loss.


Study Aims to Improve Care Planning Conversations

Research has shown most frail older adult patients want to maintain quality of life rather than prolong it, but use of invasive life-sustaining
technologies in this population has increased. A new national study is aiming to narrow the gap between the care that frail Canadian older adults want and the care that they receive by evaluating ways to improve care planning conversations among patients, families, and health professionals. The new 3-year research project will engage older adults, families, clinicians, and health care organizations to implement and evaluate a suite of tools to support advance care planning. These tools include videos, workbooks, interactive websites, and conversation guides—all of which can support better communication and decision making about care, particularly for those who can no longer communicate their wishes. The study is being conducted in several health settings across Canada, bringing together a team of 32 investigators from 16 universities, five international collaborators, and 42 partner organizations. The study will be conducted within hospital, primary care, and long-term care settings.


**New Dementia Prevention Initiative Individualizes Medicine**

A leading neuroscientist at Florida Atlantic University has developed an innovative program called the Dementia Prevention Initiative (DPI), a 2-year clinical trial that abandons generalized methods used to research and treat Alzheimer’s disease. He uses a novel “N-of-1 design” that individualizes medicine to a single patient. Instead of conducting a conventional trial of 100 individuals all receiving the same treatment, he is conducting 100 single trials personalized to the individual. His youngest patient is 61 and the oldest is 86. The ultimate goal is to prevent dementia.

The approach follows a form of personalized treatment similarly used in cancer and delivers an individualized prevention plan, tailored to each patient’s risk profile based on their genetic traits, biomarkers, sociodemographics, lifestyle choices, and co-existent medical conditions. This approach specifically targets the heterogeneity of Alzheimer’s disease by identifying person-specific risk factors and applying a customized intervention directed against this risk profile. It is anticipated that this method will provide more rapid information on whether personalized prevention plans can improve person-centered outcomes.


**“Deintensification” of Diabetes Treatment May Help Older Adults Who are Over-Treated**

In some older adults, “deintensification” of diabetes treatment may be the safer route because of the risks that come with too-low blood sugar. A new study in the Journal of General Internal Medicine suggests more physicians and patients should work together to reduce diabetes treatment.

Researchers studied detailed records from 78,792 Medicare participants older than 65 in 10 states, all of whom had diabetes. Approximately 11% of Medicare participants with diabetes had very low blood sugar levels that suggested they were being over-treated. However, only
14% of these patients had a reduction in blood sugar medication refills in the next 6 months. Patients older than 75, and who qualified for Medicare and Medicaid, were most likely to be over-treated. Those who lived in urban areas or were of Hispanic origin were less likely to be over-treated. In comparison, patients who had more than six chronic conditions, or who lived in urban areas or had frequent outpatient visits, were more likely to experience a deintensification.


Most Older Adults Not Discussing Sleep Troubles With Physicians

Sleep does not come easily for approximately one half of American older adults, and more than one third have resorted to some sort of medication to help them sleep, according to new results from the National Poll on Healthy Aging.

Those who turn to medications may not realize that prescription, over-the-counter (OTC), and natural sleep aids carry health risks, especially for older adults. Most respondents said they had not talked to their physician about their sleep even though more than one third said their sleep posed a problem, and one half of respondents incorrectly believed that sleep problems come naturally with age.

Overall, 14% of respondents said they regularly took a prescription sleep medication, prescription pain medication, OTC sleep aid, or herbal supplement to help them sleep. Another 23% took one of these options occasionally. Twenty-three percent of respondents who had trouble sleeping said it was because of pain, and 40% of those with frequent sleep problems said their overall health was fair or poor. Other reasons for sleep troubles included having to get up to use the bathroom, and worry or stress.

This poll highlights the need for physicians to ask older patients about their sleep habits and what they are doing to address any issues.


No Evidence Found to Support Idea That Personality Changes Begin Before Onset of Mild Cognitive Impairment or Dementia

A new and comprehensive study in JAMA Psychiatry has found no evidence to support the idea that personality changes begin before the clinical onset of mild cognitive impairment (MCI) or dementia.

Researchers examined personality and clinical assessments obtained between January 1980 and July 2016 from >2,000 individuals who initially showed no cognitive impairment. Approximately 18% of participants later developed MCI or dementia. Researchers also found that the trajectory of personality traits did not differ between those who later developed dementia and those who did not.

Although personality change was not an early sign of dementia, the study provides further support that personality traits (including high levels of neuroticism and low levels of conscientiousness) are risk factors for dementia.