More Older Adults Using Cell Phones While Driving

The distracted driving habits of young drivers have received a lot of media attention. However, there has been a lack of data on whether older adults also engage in these behaviors. Researchers at the Training, Research and Education for Driving Safety (TREDS) program at University of California San Diego School of Medicine released survey results describing the habits of older adult drivers in California.

The survey represented 397 anonymous older adults, assessing the relationship between their driving habits and potential distraction behaviors. Eighty-two percent of participants owned a smartphone. The survey found 75% of older adults believed they are capable of using a hands-free device while driving. Twenty-seven percent drove children younger than 11 in the past month, and of those drivers, 42% talked on the phone while driving. Findings also showed 3% of older adult drivers received a ticket for cell phone use, saying the penalty changed their driving behavior.

Hispanic Individuals More Likely Than White Individuals to Develop Alzheimer’s Disease

Hispanic individuals all share an unwelcome statistic: they are 1.5 times more likely to develop Alzheimer’s disease and other dementias than White individuals, and their numbers are growing every year.

The Alzheimer’s Association reports that although the rate of Alzheimer’s disease and dementia in Hispanic individuals is higher than in White individuals, they are less likely than White individuals to be diagnosed. According to the 2006 Health and Retirement Study, African American and Hispanic individuals with cognitive impairment were less likely than White individuals to say that a physician has told them they have a memory-related disease.

Hispanic and African American individuals are typically diagnosed in the later stages of the disease, when they are more cognitively and physically impaired—and therefore need more medical care. As a result, both groups use substantially more hospital, physician, and home health services, and incur substantially higher costs for those services than their White counterparts. The Alzheimer’s Association reported that Medicare payments for Hispanic individuals with Alzheimer’s disease and other dementias were 37% higher than those for White individuals.


New Intervention Improves Communication Between Spouse Caregivers and Individuals With Dementia

For individuals with dementia, communicating needs and emotions and interacting with others become increasingly difficult as communication deteriorates as dementia progresses. Problems in communicating lead to misinterpretations and misunderstandings, which often cause considerable stress for family members, especially spouse caregivers. However, all is not lost according to a new study in Issues in Mental Health Nursing that examined and measured communication outcomes in spouse caregivers and patients with dementia.

For the study, researchers videotaped and later analyzed and measured 118 conversations between 15 patients with varying degrees of dementia and their spouses to evaluate the effects of a 10-week communication-enhancement inter-
vention on participants’ communication and mental health.

Caregivers were taught to communicate in a manner that was clear, succinct, and respectful, and avoid testing memory and arguing. Spouses with dementia were given the opportunity to practice their conversation skills with a member of the research team who was trained in communication deficits associated with dementia as well as the intervention. Conversations were recorded at couples’ homes. After setting up the video camera, researchers left the room and couples were instructed to converse about a topic of their choice for 10 minutes.

The Verbal and Nonverbal Interaction Scale-CR (VNIS-CR) tool was used to take into account nonverbal and verbal behaviors. The VNIS-CR delineates social and unsociable behaviors, characterizes patient behaviors (not through the lens of a caregiver), and is targeted to spousal relationships in the home. Nonverbal, non-sociable items in the tool included aloofness, staring into space and being nonresponsive; nonverbal, sociable items included looking or gazing at the spouse, being affectionate, and joking. Social verbal behaviors included using coherent conversation, responding to questions, and addressing their partner by name or endearment. Unsociable verbal behaviors included shouting, cursing and unintelligible communication. The 13-item scores were summed to obtain the final score.


Addressing Language Gaps Between Patients and Care Providers in Home Health Care Settings

In the United States, one in five households speaks a language other than English at home. Research has shown that as English language proficiency decreases, positive health care outcomes also decrease. Patients with limited English proficiency (LEP) are at higher risk of 30-day readmissions, longer length of stay in inpatient and emergency department settings, and adverse events.

Adverse effects of language gaps may be most pervasive in home health care settings where the implementation of interpreter services is difficult and highly inconsistent, making effective communication between health care professionals and patients challenging. There is a paucity of research in this area. A new study in Home Health Care Management and Practice aimed to fill this knowledge gap.

The study examined language concordance visits for RNs and physical therapists (PTs). A language-concordant visit was defined as a duty call where the provider spoke the same language as the patient, or an interpreter accompanied the provider. The study used data from home health care services in the New York City area, representing the dominant immigrant demographics: English, Chinese, Italian, Greek, Korean, Patois, Russian, Spanish, Yiddish, and others.

Only 18.1% of RN visits and 26.7% of PT visits with patients with LEP were language concordant. Korean speakers had the highest percentage (31.3%) of language-concordant visits by RNs, followed by Russian (22.4%) and

Female Older Adults More Likely to Experience Recurrent Abuse

Older adults who have been hospitalized for injuries from an assault are more likely to experience subsequent physical abuse if they are female, widowed, diagnosed with dementia, or return home to live with the perpetrator, according to a new study in the Journal of the American Geriatrics Society.

Researchers examined the medical records of adults older than 60 who had been admitted to five of the largest hospitals in the Chicago metropolitan area for physical or sexual abuse from 2000-2011 and found 111 cases. More than one half had documented histories of being abused again after leaving the hospital, and approximately 80% of those who were re-victimized lived in private residences at the time of abuse. Repeat victims were most often abused by a relative—usually a husband, boyfriend, son, or son-in-law. Fifty-seven percent of victims had their abuse reported to Adult Protective Services or police. However, when researchers compared hospital records to the Adult Protective Services files, they found that only 26.6% had investigations on record, indicating that hospital reporting may have been overstated.

Chinese speakers (18.7%). Despite the fact that Spanish is the second most spoken language in the United States, only 13.1% of RN visits with Spanish-speaking patients were language concordant. Among patients with LEP receiving PT services, Korean speakers also had the highest percentage (45.1%) of language-concordant visits, followed by Chinese (30.1%) and Russian (25.1%) speakers. Only 12% of PT visits with Spanish speakers were language concordant.

These findings point to a lack of understanding of the language capacity of the U.S. health care workforce, and calls for more research on this subject, as it is an integral piece to determining the impact—and how to increase the percentage of—language-concordant health care visits.


Dementia Rates Increase When Treatment is Delayed for Patients With Atrial Fibrillation

A new study found that dementia rates increase when anticoagulation treatment is delayed for patients with atrial fibrillation. The first-of-its-kind, large-scale study included >76,000 patients with atrial fibrillation with no history of dementia who were treated with an anti-platelet or warfarin.

Researchers studied patients from the time of their atrial fibrillation diagnosis to actual start of an antiplatelet agent or anticoagulation therapy. Patients were then divided into two categories: those who received immediate treatment (started <30 days from diagnosis) and those who received delayed treatment (started after 1 year).

Using a measurement scale known as the CHADS2 Vasc score to predict stroke risks and identify those at highest risk of cognitive decline with a delay in therapy, researchers found the risk of dementia in low-risk patients was 30% higher for those who received delayed treatment, and a significant 136% higher for high-risk patients. Researchers also found that when the time period of delays were analyzed as a spectrum from <30 days, 31 days to 1 year, 1 to 3 years, and longer than 3 years, there was a linear risk of dementia as the delays in warfarin initiation increased.


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Adjusting Doses of Older Adults’ Psychiatric Medications May Reduce Fall Risk

Simply adjusting the dose of older adults’ psychiatric medication could reduce their risk of falling, suggests a new study in Social Science and Medicine.

Researchers evaluated the risk of falls from 2006–2010 among older adults surveyed for the National Health and Retirement Study. When they examined medication use, the strength of the relationship between depressive symptoms and falls decreased. Specifically, the study found that a moderate increase in depressive symptoms among older adults was associated with a 30% increase in experiencing a fall over the next 2 years.

The study did not formally measure the impact of medication use on falls, but when psychiatric medication was included in the experimental model, the relationship between falls and depressive symptoms became nonsignificant.