Ageism Results in Overlooked Older Adults with HIV

When it comes to HIV prevention and treatment, older adults are being overlooked, and implicit ageism is partially responsible for this neglect, according to a presentation at the 125th Annual Convention of the American Psychological Association.

There is an enduring misconception that HIV is a disease of the young, particularly in young gay and bisexual men, but it is estimated that in developed countries with well-developed health care systems, approximately one half of all individuals with HIV are 50 or older. In some countries, the rate is expected to increase to 70% by 2020. Individuals 50 and older account for 17% of new HIV infections and are more likely than younger adults to be diagnosed with AIDS at the same time.

Although it may not be possible to reduce ageism at the societal level, opportunities exist at the community level for providers of health and human services to buffer or reduce the impact of ageism for those infected or at risk for HIV, including:

- Training health providers in HIV screening, early diagnosis, and initiation of antiretroviral therapy in older populations and integration of key services.
- Prevention, education, and outreach targeting older adults.
- Treatment guidelines for older adults with HIV.
- Funding in line with the aging of the epidemic.
- Engagement of communities, community-based organizations, and social service providers in outreach, mental health, and social support.

Family Connections May Benefit and Harm the Mental Health of U.S. Chinese Older Adults

Family relationships may both benefit and harm the mental health of U.S. Chinese older adults, according to new studies in the Journal of Gerontology.

Chinese populations consider family as the major source of protection against hardships, such as immigration. However, little is known about how these traditional values affect the mental health of Chinese older adults in immigrant families. Researchers interviewed >3,000 U.S. Chinese older adults to examine factors for family conflicts, as well as the association among grandchildren caregiving, filial discrepancy, and depression. Main findings include:

- Older adults who did not believe their children were fulfilling the cultural expectation of filial obligations were more likely to have family and marital conflict.
- Caring for grandchildren may be beneficial for mental health, but only if caregiving responsibilities are not burdensome.
- Chinese older adults may have high risk of depressive symptoms when expecting more care from children than they receive.

Blood Test Helps Identify Amyloid Beta Levels

Currently, the only way to detect amyloid beta in the brain is via positron-emission tomography (PET) scanning or a spinal tap. But a new study in *Alzheimer’s and Dementia* suggests that measures of amyloid beta in the blood have the potential to help identify individuals with altered levels of amyloid in their brains or cerebrospinal fluid.

Researchers examined 41 older adults. Twenty-three were amyloid-positive, meaning they had signs of cognitive impairment. PET scans or spinal taps in these patients detected the presence of amyloid plaques in the brain or amyloid alterations in cerebrospinal fluid. Researchers also measured amyloid subtypes in 18 participants who had no buildup of amyloid in the brain.

To measure amyloid levels, production, and clearance over time, researchers drew 20 blood samples from each participant over a 24-hour period. They found that levels of amyloid beta 42 relative to amyloid beta 40 were consistently 10% to 15% lower in those with amyloid plaques. By averaging the ratio of amyloid beta 42 to amyloid beta 40 over each individual’s 20 samples, they could accurately classify participants as amyloid-positive or -negative 89% of the time. On average, any single time point was also approximately 86% accurate.


Osteoporosis Treatment May Help Prevent Gum Disease in Postmenopausal Women

Treatment for osteoporosis may help prevent gum disease, according to new research from the University at Buffalo that examined the prevalence of periodontitis in postmenopausal women.

The research examined approximately 500 postmenopausal women who received service at an osteoporosis diagnosis center in Brazil. Of 356 women who were diagnosed with osteoporosis, 113 chose to receive estrogen therapy. Each participant was older than 50 and postmenopausal for at least 1 year. They were divided into two categories: women who received estrogen therapy for at least 6 months and those who never received treatment. Other factors, such as race, income, and level of education, were also recorded.

Researchers found that women receiving osteoporosis treatment had less periodontal probing depth and clinical attachment loss, as well as less gum bleeding, than those who did not receive therapy. The study also found that higher family income and more frequent consultations with a dentist were associated with a lower prevalence of periodontitis.

Future research is needed to understand if prevention and treatment of osteoporosis may also help control periodontal disease and tooth loss.


Emergency Hospitalizations Associated With Increased Rate of Cognitive Decline in Older Adults

Emergency and urgent hospitalizations are associated with an increased rate of cognitive decline in older adults, according to researchers at Rush University Medical Center. The results of their study suggest that hospitalization may be a major risk factor for long-term cognitive decline in older adults than previously recognized.

Data emerged from a study of 930 older adults (75% female, mean age = 81 years) enrolled in the Rush Memory and Aging Project (MAP) in Chicago. The study involved annual cognitive assessments and clinical evaluations.

Information on hospitalizations was acquired by linking records of 1999-2010 Medicare claims for these participants with their MAP data. All hospital admissions were designated as elective, emergency, or urgent (the latter two were combined as non-elective for analysis). Non-elective hospitalizations thus include emergencies and admissions for conditions that require immediate attention.

Of 930 participants, 613 were hospitalized at least once over an average of approximately 5 years of observation. Of those who were hospitalized, 260 (28%) had at least one elective hospital admission, and 553 (60%) had at least one non-elective hospital admission. These groups included 200 participants (22%) who had both types of hospitalizations.

Non-elective hospitalizations were associated with an approximately 60% acceleration in the rate of cognitive decline from before hospitalization. However, elective hospitalizations were not associated with acceleration in the rate of decline.

Older Adults with Genetic Susceptibility to Alzheimer’s Disease at Increased Risk of Diminished Cognition from Sleep-Disordered Breathing

Individuals who carry a genetic susceptibility to Alzheimer’s disease appear to be at greater risk of diminished cognition from sleep-disordered breathing than those without the susceptibility, according to new research in the Annals of the American Thoracic Society.

Researchers analyzed data from 1,752 participants (mean age = 68 years) in the Multi-Ethnic Study of Atherosclerosis who underwent an in-home polysomnography (sleep) study and completed standardized sleep questions and a battery of tests to measure their cognition. Sleep-disordered breathing was defined as an apnea-hypopnea index (AHI) >15 and sleep apnea syndrome as AHI >5 (<5 is normal) plus self-reported sleepiness (based on a standardized scale). The study found:

- Increased overnight hypoxemia (oxygen saturation <90%) or increased daytime sleepiness was associated with poorer attention and memory.
- More daytime sleepiness was associated with slower cognitive processing speed.
- Sleep apnea syndrome was associated with poorer attention and processing speed.
- These associations were strongest in apolipoprotein e4 carriers.

The researchers adjusted for race, age, body mass index, education level, smoking status, hypertension, diabetes, benzodiazepine use, and depressive symptoms. The effects of the various sleep factors measured on cognition were small, but in the range previously reported for several other lifestyle and health risk factors for dementia.


Natural Disasters Linked to Extended Older Adult Hospital Admissions

Older adults may still be checking into hospitals for weeks after a natural disaster, past the expected 3 days of anticipated injuries and health issues, shows a new study in the Annals of Emergency Medicine. The study found that in the 30 days after a rash of tornadoes swept through the Southeast and Midwest United States in 2011, hospital admissions for adults 65 and older increased an average of 4% in the affected zip codes in Alabama, Mississippi, Georgia, and Tennessee. On average, there were 5,028 hospital admissions in those zip codes during the 30 days after compared to 4,712 hospitalizations per 30 days the rest of the year. When researchers conducted the same analysis in areas of Alabama and Georgia untouched by the storm, hospitalizations remained constant and did not increase.

The next step is to use the same type of analysis to see what role existing chronic disease and socioeconomic factors play in hospitalizations after a disaster.