Living Preferences of Older Adults

More adults ages 50 and older are sharing their homes with others as they age, up from 2% in 2014 to 16% in 2018, according to the American Association of Retired Persons’ Home and Community Preferences Survey. Most individuals who prefer to live alone as they age say they would consider sharing their home if they needed help with everyday activities, companionship, or extra income. Older adults also showed strong interest in other living and housing options, including joining a village or living in or building an accessory dwelling unit.

Survey respondents also ranked the top features they wanted in their communities. Although rankings between age groups differed slightly, the top community features among all ages were well-maintained streets (88%), health care facilities (87%), and safe parks (83%). Other community features important to individuals of all ages include affordable housing and safe, timely public transportation.

Source. “AARP Survey Reveals Shared Housing on the Rise for Older Adults” (2018, September 5). Retrieved September 25, 2018, from https://prn.to/2xMWtMA.

Marijuana Use Grows Among Middle-Aged and Older Adults

Marijuana use is becoming more prevalent among middle-aged and older adults, with 9% of adults ages 50 to 64 and approximately 3% of adults 65 and older reporting marijuana use in the past 1 year, according to findings published online in Drug and Alcohol Dependence.

The new figures, which use data from 2015 to 2016, demonstrate a significant increase in marijuana use over the past decade, with approximately double the percentage of adults ages 50 to 64 and more than seven times the percentage of adults 65 and older who reported use in 2006 and 2007.

Researchers analyzed responses from 17,608 adults ages ≥50 from the 2015 to 2016 National Survey on Drug Use and Health. Participants were asked about marijuana use, including when they first used it and whether they used it in the past 1 year. Researchers also looked at respondents’ demographics and several health factors, including other substance use and chronic disease.

In the past 1 year, 9% of adults ages 50 to 64 and 2.9% of adults 65

Nurses Should Educate Patients About Health Risks of Prolonged Sedentary Time

Nurses and health care professionals must prioritize educating patients about the health risks of prolonged sedentary time, including making suggestions to reduce and interrupt sitting times, according to an article published in the American Journal of Nursing.

Sitting for too many hours per day, or sitting for long periods without a break, is known to increase a wide range of health risks, even if one engages in recommended amounts of physical activity. As the evidence on adverse effects of prolonged sedentary time continues to grow, further studies are needed to determine interventions to reduce habitual sitting.

Immobility decreases stimulation of weight-bearing muscles, leading to decreased activity of the enzyme lipoprotein lipase, which plays an essential role in lipid metabolism, including production of high-density lipoprotein cholesterol as well as uptake of glucose from the blood. In contrast, breaking up sedentary times with frequent bouts of standing or slow walking may reduce these metabolic risks.

and older reported using marijuana. In addition, more than one half of adults ages 50 to 64 and more than one fifth of adults 65 and older reported using marijuana at some point in their lives.

Some adults who used marijuana in the past 1 year reported that a physician had recommended it to them, reflecting use of marijuana for medical purposes.

Adults who used marijuana were more likely to also report alcohol use disorder, nicotine dependence, cocaine use, and misuse of prescription medication.


Older Adults May Experience Impaired Ability to Recognize Their Mistakes

Older adults may be less apt to realize they have made a mistake, according to University of Iowa researchers.

Researchers devised a simple computerized test to gauge how readily young and older adults realized they made a mistake. Older adults performed just as well in tests involving looking away from an object appearing on the screen; however, younger adults acknowledged more often than older adults when they failed to look away. In addition, older adults were more likely to be adamant they did not make a mistake, indicating impaired ability to recognize an error.

A total of 38 younger adults (average age of 22) and 39 older adults (average age of 68) took a series of tests involving looking away from a circle appearing in a box on one side of a computer screen.

Younger participants were correct in acknowledging when they had erred 75% of the time. Older adults were correct 63% of the time when asked whether they had erred, meaning that in more than one third of instances, older participants did not realize they had made a mistake.


LGBT Individuals With Dementia May Face Unique Challenges

A new issues brief developed by the Alzheimer’s Association and Sage outlines the unique challenges facing lesbian, gay, bisexual, and transgender (LGBT) older adults with Alzheimer’s disease (AD) and other dementias and their caregivers. The brief outlines the unique issues that arise when AD, sexual orientation, and gender identification and expression intersect, allowing advocates and care providers to better meet the needs of LGBT older adults with dementia and their caregivers.

It is estimated that 2.7 million LGBT individuals older than 50 live in the United States, and that number is increasing rapidly as Baby Boomers age and more individuals self-identify as LGBT.

New research presented at the 2018 Alzheimer’s Association International Conference found that approximately one in 13 LGB older adults...
adults in the United States have dementia. Dementia rates for the LGB population are 7.4%, compared to approximately 10% for the general population.

The brief identifies seven areas that can create unique or additional challenges for LGBT individuals with dementia and their caregivers. These areas include stigma, social isolation, poverty, health disparities, sexuality and sexual expression, barriers to using existing services, and living with HIV/AIDS.

According to the brief, LGBT individuals may not reach out for services and support because they fear poor treatment due to their LGBT identity, because they fear the stigma of being diagnosed with dementia, or both.


Older Adults With Cognitive Impairment May Still Be Happy

Findings from a recent study indicate that cognitive impairment does not equate to unhappiness, according to researchers at the University of Kentucky.

Researchers analyzed data that included 53,000 observations from more than 15,000 individuals ages 65 and older who participated in the Health and Retirement Study between 1998 and 2014.

According to the study, 65-year-old White women can expect 4 of 19 total years of remaining life to be lived with some cognitive impairment. Results show that, of those 4 years with cognitive impairment, 3.4 years are expected to be lived happy, and 0.6 years are expected to be lived unhappy.


Eye Exams May Predict Alzheimer’s Disease

It may be possible in the future to screen patients for Alzheimer’s disease (AD) using an eye exam. Using technology similar to what is found in many eye physicians’ offices, researchers at Washington University School of Medicine in St. Louis have detected evidence suggesting AD in older patients who had no symptoms of the disease.

The study, published in JAMA Ophthalmology, included 30 participants with an average age in the mid-70s, none of whom exhibited clinical symptoms of AD. Researchers used a noninvasive technique called optical coherence tomography angiography to examine the retinas in their eyes.

Approximately one half of participants had elevated levels of AD proteins amyloid or tau as revealed by scans or cerebrospinal fluid, suggesting that although they did not have symptoms, they likely would develop AD. In patients with elevated levels of these proteins, researchers detected significant thinning in the center of the retina. In addition, the area at the center of the retina without blood vessels was significantly larger, suggesting less blood flow. Retinas appeared normal in patients who did not have elevated levels of these proteins.