Recommendations for Care Transitions for Individuals With Dementia

To provide practice recommendations for improving transitions for older individuals with dementia, two researchers from the University of Pennsylvania School of Nursing completed a review of the literature, which revealed seven evidence-based interventions that target transitions in care for older adults with dementia. The study, published in *The Gerontologist*, suggests that the best outcomes for individuals at high risk for care transitions, such as individuals with dementia, are associated with care that is person-centered in that it is coordinated, responsive, and tailored to the individual's and family’s needs and preferences. Best practice recommendations involve successfully connecting medical, social, and supportive care professionals and caregivers to achieve person-centered outcomes in transitions between care settings.


Tech-Enabled Health Services Company May Support Better Outcomes for Older Adults

A recent study by Seniorlink, Inc., a tech-enabled health services company, found that medially complex patients ages 65 and older had better outcomes when family caregivers and clinicians engaged with each other through a technology-enabled care plan. Older patients with five or more chronic health conditions, and needing assistance with three or more activities of daily living, experienced a 40% reduction in hospitalizations, a 32% reduction in emergency department (ED) presentations, and 75% fewer falls when supported by Seniorlink’s connected program. Analysis also revealed that this approach resulted in significant reduction in health care costs.

The results further illustrated the benefits of technology-enabled caregiving that were revealed in a joint study last year by Seniorlink and an independent researcher. That study, which examined data from approximately 2,000 Seniorlink patients in Massachusetts and Indiana and compared data to the Medicare Current Beneficiaries Survey, found that the U.S. health care system could...
save $2.8 million annually for every 1,000 highly complex patients by engaging family caregivers with clinical care teams. Furthermore, analysis of data in last year's study revealed that Seniorlink patients younger than 65 with behavioral health issues such as dementia or psychiatric conditions also had a 24% decline in hospitalizations, a 33% reduction in ED presentations, and an 88% reduction in falls when compared with the general Medicare population.


Higher Cholesterol Levels May Be Associated With Decreased Risk of Cognitive Decline

Individuals ages 85 and older whose total cholesterol had increased from their levels at midlife had a reduced risk for marked cognitive decline compared with those 10 years younger whose cholesterol was similarly elevated, according to a study by Mount Sinai researchers published online in Alzheimer’s & Dementia. Researchers found that individuals ages 85 to 94 with good cognitive function whose total cholesterol increased from midlife had a 32% reduced risk for marked cognitive decline over the next 10 years, compared with individuals ages 75 to 84, who had a 50% increased risk.

Researchers said that the results did not suggest that individuals 85 and older should increase their cholesterol for better cognitive health, but rather that those in that age cohort with good cognition and high cholesterol probably also had some protective factor that can be identified and studied.

Researchers evaluated the association of five total cholesterol values: midlife (average age = 40 years) total cholesterol, late-life (average age = 77 years) total cholesterol, mean total cholesterol since midlife, linear change (i.e., increasing or decreasing) since midlife, and quadratic change (i.e., accelerating or decelerating) since midlife. Data were obtained from the original Framingham Heart Study, a long-term, ongoing cardiovascular cohort study on residents of Framingham, Massachusetts. Researchers assessed whether marked cognitive decline was associated with the five cholesterol values, and whether associations with those values changed depending on one’s age of cognitive assessment. They found several cholesterol values associated with increased risk of a marked cognitive decline. However, as the outcome age increased, some associations were reduced, or even reversed. Furthermore, in the subgroup of cognitively healthy adults ages 85 to 94, a high midlife cholesterol level was associated with reduced risk for marked cognitive decline.

Health Care Costs and Mortality Related to Alzheimer's Disease Are Increasing

For the second consecutive year, total payments to care for individuals with Alzheimer’s disease (AD) or other dementias are projected to surpass one quarter of $1 trillion, which includes an increase of approximately $20 billion from the past 1 year, according to data reported in the Alzheimer’s Association 2018 Alzheimer’s Disease Facts and Figures report. An accompanying special report highlights new economic modeling data indicating that early diagnosis of AD during the mild cognitive impairment stage of the disease could save the nation as much as $7.9 trillion in health and long-term care expenditures. The report also highlights personal benefits of early diagnosis for individuals and families. According to the report, the total cost of care for AD is projected to increase to more than $1.1 trillion by 2050.

Furthermore, mortality from AD continues to rise. Whereas deaths from other major causes continue to decrease, new data from the report shows that deaths from AD have more than doubled, increasing 123% between 2000 and 2015. 


Levothyroxine May Be Associated With Increased Risk of Death

Treating some older adults with levothyroxine may increase their risk of death, according to new research from Israel presented at the 100th annual meeting of the Endocrine Society in Chicago, Illinois. According to the lead study author, in patients 65 and older with subclinical hypothyroidism and thyroid-stimulating hormone (TSH) <10 milli-international units per liter (mIU/L), treatment with levothyroxine is associated with significantly increased morality.

Researchers identified patients ages 65 and older with TSH levels between 4.2 mIU/L and 10 mIU/L who died from 2001 to 2016 and matched them with individuals who did not die during that period. Researchers matched patients according to age, gender, Charlson Comorbidity Index, TSH testing date, follow-up duration, and TSH quartile, and compared the use of levothyroxine between groups. Researchers excluded patients with known thyroid disease and those who had received anti-thyroid medications or glucocorticoid agents in the past 1 year before they were tested for TSH. During the follow-up period, 419 individuals who died were matched with 1,558 individuals who did not die. Treatment with levothyroxine was linked with significantly increased mortality (hazard ratio = 1.19). Factors associated with death included age, dementia, congestive heart failure, cerebrovascular disease, and chronic renal failure.


Older Adults are Uncomfortable Planning Their Final Years

According to a new survey by Home Instead, Inc., more than three fourths of older adults feel more comfortable planning for their funeral than their final years. In addition, whereas 73% of older adults have taken steps toward preparing financially for their final years, only 13% have prepared financially for their long-term care. The survey revealed that older adults and their loved ones overestimate the plans older adults have in place. More than one half of older adults who have made plans have not made actual arrangements—the main reasons being because they are still in good health (54%) and they trust their loved ones to handle their arrangements (48%). Furthermore, although adults (59%) and older adults (76%) agree that discussing and making plans for their final years helps them feel prepared, only 58% of adults have discussed their parents’ plans for their final years.