Baby Boomers at Risk of Hepatitis C

According to the Centers for Disease Control and Prevention, 300 million individuals across the globe are unaware they are living with viral hepatitis. Baby Boomers (i.e., individuals born between 1945 and 1965) are five times more likely to have hepatitis C than other populations, although the exact reason for this higher prevalence is unknown.

Unlike other types of hepatitis, there is no vaccine for hepatitis C. Hepatitis causes scarring (cirrhosis), and two of every three liver cancers are caused by hepatitis.

The only way to know whether one has hepatitis C is a blood test, which looks for antibodies to the hepatitis C virus. Treatments for hepatitis C—direct-acting antiviral agents that attack the virus head-on—are highly effective and can remove all traces of the virus from one’s bloodstream within 3 months.


Many Older Adults May Be Unaware They Have Dementia

A Johns Hopkins Medicine analysis of information gathered for an ongoing and federally sponsored study of aging and disability adds to evidence that a substantial majority of older adults with probable dementia in the United States have never been professionally diagnosed or are unaware they have been. A report of the findings was published in the *Journal of General Internal Medicine*. Most findings, researchers say, confirm previous similar estimates, but unaccompanied visits to physicians or clinics emerged as a newly strong risk factor for lack of or unawareness of diagnosis.

Researchers drew on data from the National Health and Aging Trends Study, an ongoing study of Medicare recipients ages ≥65 across the United States, and selected those who met criteria for probable dementia in 2011. The research team identified 585 adults and examined demographic data, such as highest level of education attained, race/ethnicity, and income, and data on whether participants were able to perform activities such as laundry, shopping, or cooking on their own. Among individuals with probable dementia, 58.7% were determined to be either undiagnosed (39.5%) or unaware of their diagnosis (19.2%).


Hispanic Millennial Caregivers Need More Information About Heart-Healthy Diets

With most U.S. Hispanic millennials (73%) serving as caregivers to their aging parents, grandparents, and other family members in some capacity, Saborea Uno Hoy®, a science-based food and wellness education program, surveyed their knowledge about heart health and nutrition.

The survey revealed a prevailing misperception among Hispanic individuals regarding dietary fat. More than 75% of Hispanic millennial caregivers incorrectly agreed that it is best to avoid all fats in foods as much as possible. For all ages, fat is a major source of energy that helps the body absorb nutrients from foods.

Hispanic individuals continue to face higher risks for heart disease than non-Hispanic individuals because of high rates of high blood pressure, obesity, and diabetes. As caregivers are typically responsible for grocery shopping and preparation of meals, they have an important opportunity to help reduce risk factors facing their loved ones through education and lifestyle changes, including having on hand more heart-healthy foods.

Participants who were Hispanic, had less than a high school education, attended medical visits alone, or were deemed more able to perform daily tasks were more likely to be undiagnosed. Participants who were diagnosed but unaware of their diagnosis had less education, attended visits alone more often, and had fewer functional impairments.


Sarcopenic Obesity May Predict Cognitive Performance in Older Adults

A new study has found that skinny fat, the combination of low muscle mass and strength in the context of high fat mass, may be an important predictor of cognitive performance in older adults. Whereas obesity and sarcopenia, the loss of muscle tissue that is part of the natural aging process, negatively impact overall health and cognitive function, their coexistence poses an even greater threat.

The study, published in Clinical Interventions in Aging, used data from a series of community-based aging and memory studies of 353 participants. Researchers assessed the relationship of sarcopenic obesity with performance on various cognition tests. The average age of participants was 69. Data included a clinic visit, valid cognitive testing such as the Montreal Cognitive Assessment and animal naming, functional testing such as grip strength and chair stands, and body composition (i.e., muscle mass, body mass index, percentage of body fat) measurements.

Using a cross-sectional design, researchers found consistent evidence to link sarcopenic obesity to poor global cognitive performance in participants. Sarcopenic obesity was associated with the lowest performance on global cognition, followed by sarcopenia alone and then obesity alone. Obesity and sarcopenia were associated with lower executive function such as working memory, mental flexibility, self-control, and orientation when assessed independently and even more so when they occurred together.


Financial Literacy Associated With Hospitalization Rates in Older Adults

Older adults with higher financial literacy are at lower risk of being hospitalized, according to a study in Medical Care. The study included 388 older adults without dementia enrolled in an ongoing study of factors affecting healthy aging. Participants completed a questionnaire assessing their financial literacy. Their financial literacy scores were evaluated as predictors of risk of hospital admission, with
adjustment for a range of other factors. During average follow up of 1.8 years, 30% of older adults were hospitalized at least once.

Lower financial literacy was associated with a higher risk of being admitted to the hospital. Average financial literacy scores (on a 23-point scale) were 11 points for older adults who were hospitalized versus 13 points for those who were not.

In the final model, a 4-point increase in financial literacy score (the standard deviation) was associated with a 35% lower risk of hospitalization. The only other independent risk factors were older age and problems with daily activities of independent living (e.g., cooking, cleaning). The link between financial literacy and hospitalization risk was mainly related to knowledge of financial concepts, not ability to perform calculations.


Older Adults in Public Senior Housing Communities Experience Large Degrees of Loneliness

Older adults living in public senior housing communities experience a large degree of loneliness, found a study published in the Journal of Gerontological Social Work. The study examined the extent of loneliness of individuals in three public senior housing communities in the St. Louis area. Two of three complexes were in urban neighborhoods, and the last was in a suburban neighborhood. All were publicly funded under Section 202 Supportive Housing for the Elderly Program. Data were collected with survey questionnaires, with a total sample of 148 respondents. Loneliness was measured using Hughes’ three-item loneliness scale. Questionnaires contained measures on sociodemographics, health/mental health, social engagement, and social support.

Results showed that approximately 30.8% of the sample was not lonely, 42.7% was moderately lonely, and 26.6% was severely lonely. In analyzing data, researchers found loneliness was primarily associated with depressive symptoms. Loneliness in senior housing communities may be higher for reasons such as high prevalence of individuals with low incomes and single marital status, which are independent risk factors for loneliness.

Despite the findings, however, researchers believe that senior housing communities may be better suited to combat loneliness than traditional residential homes, as they are embedded in communities with peers. There are activities and support from senior housing management to encourage building friendships, bonds, and social support among senior housing residents.


Older Adults With Asthma Want More Say in Their Medical Care

A study published in Annals of Allergy, Asthma, and Immunology surveyed 189 adults ages ≥55 with asthma, showing that an increasing number of individuals want a say in their medical care. The study used the Autonomy Patient Index, an 11-question survey designed to help physicians understand how much patients like to be involved in their medical care. Appreciating the extent to which patients desire to be involved in their care may improve outcomes and create a stronger relationship between patient and allergist.

Of the 189 participants in the study, 74% were women. Participants had an average age of 66, and 43% of participants were diagnosed with asthma after age 40. The median educational level was college graduate.

The study showed that a greater desire for improvement—demonstrated by a higher decision-making score—was associated with better quality of life. Female gender, higher educational levels, and lower depression scores were associated with higher decision-making scores.