
Older Americans

R E P O R T

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MEDICATION

Older Adults at High Risk for Drug Interactions, Study Finds

Don't disregard those non-prescription medications.

That dietary supplement is harmless, right? Maybe not, if you're taking other prescription meds, one study says. One in 25 older adults — about 2.2 million people in the United States — takes multiple drugs in combinations that can produce a harmful drug-to-drug interaction, reported researchers from the University of Chicago Medical Center in the Dec. 24/31, 2008, issue of the *Journal of the American Medical Association*. And half of these drug interactions involve a non-prescription medication, the study found.

The number of people taking medications has remained stable for the last decade, but the number of drugs older people take has significantly increased, the study found. This growth may be due to more intense therapy for chronic illness, improved access to medications because of Medicare Part D, and the growth of the generic drug market. But regardless, more than half of older adults now take five or more medications or supplements. And the more drugs you take, the higher chances are that they may not agree.

“Older adults are the largest consumers of prescription drugs,” said study author **Stacy Tessler Lindau, MD**, assistant professor of obstetrics and gynecology and of medicine at the University of Chicago Medical Center in a press release from the center. “We find that they commonly combine these prescription medications with over-the-counter medications and dietary supplements, which can increase their vulnerability to medication side-effects and drug-drug interactions.”

Women Make Less Use of Cholesterol-lowering Drugs

The study found ethnic and gender differences in medication use: older Hispanics were more likely than other ethnic groups to be taking no medica-

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tions. Older women were less likely than older men to take medicines to reduce cholesterol.

“In our study, men and women were equally likely to report a history of cardiovascular disease,” said co-author **Dima M. Qato, PharmD, MPH**, research associate in obstetrics and gynecology at the University. Despite efforts to increase awareness in the medical community that older men and women are equally at risk for a cardiovascular event, “disparities persist in the use of statin medications,” she said. “Far fewer women than men were taking these effective cholesterol-lowering drugs.”

The study used data collected for the National Social Life, Health and Aging Project, a nationally representative multi-purpose survey of adults aged 57 to 85 administered between July 2005 and March 2006. The survey team interviewed 3005 participants in their homes about the medications they used on a regular schedule.

Ninety-one percent of all respondents regularly used at least one medication, and this percentage increased with age. Twenty-nine percent of older adults took more than five prescription medications.

Sixty-eight percent of the adults who took prescription drugs also used over-the-counter medications or dietary supplements. Men were more likely to take over-

the-counter medicines. Women were more likely to use supplements, such as vitamins or herbal remedies.

Of note, nearly half of the drug-drug interactions identified could cause bleeding problems. One of the most common was taking warfarin, a prescription drug designed to prevent blood clots, along with an over-the-counter drug such as aspirin, which also interferes with clotting.

Team Effort Can Head Off Drug Interactions

“Physicians and pharmacists need to ask their patients about the use of nonprescription medications,” Lindau said. “Patients need to inform their providers about all medications they use — prescription and non-prescription — and should ask their physician or pharmacist about interactions any time they start a new drug, on their own or following the doctor’s recommendation.”

Carrying a list of all medications in a wallet might be a good idea, the authors suggest. So is using the same pharmacy or chain for all medications, said Qato in the release. The researchers also stressed that health professionals need to stay on top of drug-safety information and consider the evidence, where available, for safety in older adults. ■

Prevent Dangerous Drug Interactions

The most common potentially severe medication interactions include:

Type	Medications	Risks
<i>Prescription-prescription</i>	Lisinopril-potassium	Elevated blood-potassium levels (can disrupt heart rhythm)
	Warfarin-simvastatin	Bleeding
<i>Prescription-non-prescription</i>	Warfarin-aspirin	Bleeding
	Atorvastatin-niacin	Muscle weakness, muscle breakdown
	Simvastatin-niacin	Muscle weakness, muscle breakdown
<i>Non-prescription-non-prescription</i>	Ginkgo-aspirin	Bleeding ■

Source: University of Chicago Medical Center

FINANCES

Economy Takes a Toll on Older Americans' Bottom Line *But older Americans are adjusting expenses at a lower rate than those aged 64 and younger.*

If you've been doing some belt-tightening of late, you're not alone. Americans 45 and older report increased difficulty in paying for essential items such as food, gas, and medicine, a recent AARP report found. Half of those surveyed during the December 2008 study reported difficulties paying for these basics over the past year, while 44 percent were having difficulty keeping up with utility bills.

The good news: These numbers are down from AARP's April survey which found two-thirds of respondents having difficulty paying for food, gas, and medicine, while more than half had difficulty paying their utility bills.

And not surprisingly, people have had to cut down spending on some of the finer things in life — 68 percent of respondents had cut back on entertainment spending, and 64 percent were doing less eating out, AARP found. Other key findings included:

- **Employment trouble:** While only 9 percent of those surveyed indicated they had been impacted by a job lay-off, this number has doubled since April.
- **Housing cost pinches:** One in four adults surveyed found it more difficult to pay their rent or mortgage in the last 12 months, while 23 percent reported that they had postponed paying some bills.
- **Digging into savings:** One in three middle-aged or older Americans stopped making contributions to 401K, IRA, or other retirement accounts over the past year. One in six respondents had prematurely withdrawn funds from their retirement accounts during that same time period.

Older Adults Better Prepped for Poor Economy?

Seniors aren't making the drastic spending changes that some younger Americans are. The AARP study found that adults 65-years-old or and older are less like-

ly to make changes as a result of the economic downturn than are those aged 45 to 64. For example, more than seven in ten adults aged 45-64 cut back on entertainment spending in 2008 while only half of adults 65 and older did the same. And 35 percent of adults aged 45-54 reported postponing paying some bills while only 13 percent of those aged 65 or older took such action.

However, just because older adults are making fewer adjustments doesn't mean they aren't feeling a financial pinch. AARP theorizes that adults aged 65 and older may have already adjusted their spending and lifestyles to address the tougher financial climate, given their greater likelihood to be retired and rely on fixed incomes. In addition, older Americans may have less room to adjust their behavior due to their relying on fixed incomes.

Health and Housing Concerns Loom

The current difficult financial climate has older Americans taking a hard look at their future spending as well. Half of survey participants expressed concern over being able to pay for health care expenses over the next year while a third are worried about making rent and mortgage payments.

Three in 10 adults surveyed thought it likely that they would see their health insurance coverage reduced or lost over the course of the next 12 months. That same number feared losing employment over the next year.

Survey respondents looked to the government for help. Specifically they hoped for the government to:

- Extend unemployment benefits;
- Facilitate access to health care coverage;
- Make home mortgages more affordable; and
- Help people who face foreclosure to remain in their homes. ■

MEDICAID

CMS Aims For Better, Cheaper Health Care With Medicaid Final Rule

States will have more flexibility in tailoring benefits to their residents' needs.

Seniors on Medicaid can look forward to more tailored health care benefits if the latest changes to the program have the desired effect. The Centers for Medicare & Medicaid Services (CMS) will be giving states more flexibility in designing their own Medicaid programs, including adjusting their benefit package to more closely align with beneficiary needs. The announcement came through a Dec. 3 press release from the agency.

Of note, the rule implements provisions of the Deficit Reduction Act of 2005. It is the latest in a series of regulations to implement the administration's goals of aligning Medicaid more closely with private market insurance and giving states more control over local Medicaid benefits packages.

Many of those regulations, however, are the subject of a congressional moratorium.

The Goal: to Offer Better Care for Equal or Less Cost

“This new rule recognizes that states are in the best position to design plans that provide Medicaid beneficiaries better health care for the same or even lower cost,” said **Kerry Weems**, CMS Acting Administrator. “With this flexibility, beneficiaries will have more choices and greater control over their healthcare decisions.”

Benchmark Plans to Help States With Redesign

Under the regulation, states can offer their beneficiaries health care that has the same value as plans being offered to other populations in the state through alternative benefit packages called “benchmark plans.”

The benchmark plans are similar to the flexibility provided to states under the State Children's Health Insurance Program (SCHIP). Benchmark coverage includes:

- The standard Blue Cross/Blue Shield preferred provider option service benefit plan under the Federal Employees Health Benefit Plan;
- State employee coverage;
- Coverage that is offered by the largest commercial health maintenance organization in the state; or
- Coverage that the Secretary of Health and Human Services approves.

Focus to Be on Flexibility and Affordability

States can use the benchmark plans as models when designing new programs — which means states have the opportunity to target benefits to meet the specific needs of individuals. In some cases, state employee benchmark coverage might be more generous than the state Medicaid plan. Approved coverage might also offer the opportunity for disabled individuals to obtain integrated coverage for acute care and community-based long term care.

If individuals cannot afford the premiums associated with health insurance offered through their employers, states have the option of helping pay the employee premium to make it more affordable and allow the employee to maintain private coverage. The final rules also give states the flexibility to provide wrap-around and additional benefits, such as dental coverage.

“Until passage of the Deficit Reduction Act of 2005, states had few options, other than through waivers, to update the health benefit packages offered through their Medicaid programs to meet the needs of the people they serve,” Weems said. These changes allow states to use modern methods of providing health insurance coverage and encourage families to participate in their own healthcare decisions.

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CMS also published a final rule giving states the flexibility to change current premiums and cost sharing requirements.

The rule implements Sections 6041, 6042, and 6043 of the DRA, and closely follows SCHIP. Individuals with family income below 100 percent of the federal poverty level (FPL) can expect only “nominal” cost sharing and premiums. Individuals with

incomes above 150 percent of the FPL can expect higher out-of-pocket fees. As with SCHIP, all cost sharing must be limited to no more than 5 percent of the family’s income.

The 2008 FPL for a family of four is \$21,200. Both final rules are available on the Federal Register Web site: www.archives.gov/federal-register. ■

ADA

ADA Takes Flight on a State Level HHS helps create local plan for New York County.

Accessing vital services just got easier for residents of Schenectady, NY. Persons with physical disabilities will have better access to existing social service buildings in Schenectady, according to a voluntary agreement between the U.S. Department of Health and Human Services (HHS) and the Schenectady County Department of Social Services (SCDSS).

According to a statement from HHS, the agreement ensures that all SCDSS public buildings are accessible to individuals with physical disabilities or mobility impairments. It also brings SCDSS in compliance with Section 504 of the Rehabilitation Act of 1973 and Title II of the Americans with Disabilities Act of 1990

HHS’ Office for Civil Rights (OCR) and SCDSS began working together at the onset of OCR’s evaluation of a public complaint concerning accessibility of SCDSS public buildings. The resulting agreement encompasses the following objectives, according to an HHS statement:

- New SCDSS office space that has physical accessibility and is free of architectural barriers;
- Structural modifications at existing SCDSS offices to ensure physical accessibility of its parking lot, entrance doors, and public restroom;
- The continued use and improvement of interim procedures to ensure program accessibility (including establishing a dedicated telephone line so individuals with disabilities can be served, if possible, within 24

hours and posting outside signage with the telephone number and a statement that services are available at other locations);

- Development and distribution of a notice regarding consumer rights and responsibilities under Section 504 of the Rehabilitation Act and/or Title II of the ADA;
- Establishment and publishing of procedures for consumers to follow when filing grievances alleging disability discrimination under Section 504 of the Rehabilitation Act and/or Title II of the ADA;
- Appointment of a senior SCDSS staff member to coordinate compliance efforts, train employees on procedures to prevent and/or address disability discrimination, and respond to consumer grievances alleging disability discrimination in a timely manner; and
- Regular compliance reports provided to OCR and OCR access to SCDSS offices for the one-year term of the agreement.

Section 504 of the Rehabilitation Act of 1973 requires that state and local governments ensure that qualified individuals with disabilities have equal access to programs, services, or activities receiving federal funding assistance. Title II of the ADA protects qualified individuals with disabilities from being discriminated against on the basis of his or her disability, in the

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services, programs, or activities of state and local governments.

“This is the culmination of the efforts that Schenectady County has taken for the past five years in finding a long-term solution,” said SCDSS Commissioner **Dennis J. Packard**. “SCDSS has introduced many creative procedures to provide access to services to people who could not physically enter the

old location. Those procedures were included in the voluntary agreement and improved through collaboration between the agencies.”

A copy of the voluntary agreement and information about OCR's Section 504, ACA, and other civil rights enforcement activities can be found at www.hhs.gov/ocr. ■

NURSING HOMES

CMS Unveils New Rating System for Nursing Homes *'Stars' designate quality measures in 10 areas.*

Older Americans shopping around for nursing homes have some new feedback at their fingertips — if they're online-savvy, that is. For the first time ever, the Centers for Medicare & Medicaid Services (CMS) released quality ratings in December for each of the nation's 15,800 nursing homes that participate in Medicare or Medicaid. Information on the ratings came from the CMS Office of Public Affairs.

Facilities were assigned star ratings from a low of one star to a high of five stars based on health inspection surveys, staffing information, and quality of care measures. The ratings are available to the public on CMS' Nursing Home Compare Web site at www.medicare.gov.

“Our goal in developing this unprecedented quality rating system is to provide families a straightforward assessment of nursing home quality, with meaningful distinctions between high and low performing homes,” CMS Acting Administrator **Kerry Weems** said in a prepared statement. “The new information will also help consumers and families identify important questions to ask nursing homes and challenge nursing homes to improve their quality of care.”

The new rating system earned the approval of **Sen. Herb Kohl** (D-WI), chairman of the Senate Special Committee on Aging. “Transparency is key when it comes to nursing home quality,” he said.

Ratings Focus on 3 Key Areas

CMS consulted with a panel of experts from academia, patient advocacy, and nursing home provider groups to develop the rating system. Scores were based on each nursing home's performance in three critical areas:

- **Health inspection surveys:** Each year state and federal surveyors conduct on-site, comprehensive surveys of nursing homes' healthcare services and compliance with federal and state rules. Surveyors also investigate about 50,000 complaints each year. Information from the most recent three years of surveys was used to develop the ratings.

- **Quality measures:** The quality rating system uses 10 key quality measures out of the 19 that can be found on the Nursing Home Compare Web site. Areas examined include the percent of at-risk residents who have pressure ulcers after their first 90 days in the nursing home, the number of residents whose mobility worsened after admission, and whether residents received the proper medical care.

- **Staffing information:** There is strong evidence that low staffing levels can affect the level of patient care in a nursing home and is considered an important indicator of quality, the CMS statement said. This measure reports the number of hours of nursing and other staff care per patient per day. This measure is adjusted to account for

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the level of illness and services required by each facility's residents.

The Nursing Home Compare Web site shares a quality rating for each of these three areas, plus a composite or total score for nursing homes. A five-star designation means the facility ranks "much above average," four stars indicate "above average," three stars indicate "above average," two stars mean a "below average" ranking, and a single star indicates that the facility ranks "much below average."

Rankings are dynamic and will be updated monthly, CMS said.

Low-rated Nursing Homes Outnumber Five-Star Facilities

"Because quality and conditions within a nursing home can change at any time, this system is not intended to be the only tool families use in selecting the right nursing facility for a loved one," Weems said. "Nursing homes can make dramatic improvements between rating periods, just as a previously highly-ranked home could see its quality of care deteriorate. And nothing can substitute for visiting a nursing home."

In the first round of quality rankings, about 12 percent of the nation's nursing homes received a full five-star rating; 22 percent scored at the low end with one star. The remaining 66 percent of facilities were distributed fairly evenly among the two-, three-, and four-star rankings.

The addition of the five-star quality rating system is the latest in a series of improvements to the Nursing Home Compare Web site. In November 2007, CMS published a list of the nation's nursing homes with consistently poor performance records. Nursing homes selected as such "Special Focus Facilities" receive increased oversight, including onsite inspections that occur twice as often as better performing homes. Homes with the "SFF" designation are clearly marked on the Compare Web site.

"The new web site improvements also include links to information for community-based alternatives to nursing homes that may be of great interest to families," said **Thomas Hamilton**, director of the CMS Survey and Certification Group that helped develop the new quality rating system.

CMS also published an updated version of its Guide to Choosing a Nursing Home to help families through the process. The Guide and more information about the quality rating system for nursing homes can be found at www.medicare.gov. ■

HOUSING

Heads Up: Renting Is No Safeguard Against Foreclosure *Older Americans in multiple types of housing situations at risk amidst economic crisis.*

Homeowners aren't the only ones who are at risk of homelessness after a foreclosure — low-income renters may also find themselves out in the cold. Unfortunately, seniors may find their states' low-income housing assistance lacking when it comes to dealing with such a crisis.

Two recent reports from The National Low Income Housing Coalition (NLIHC) warn that state governments have not filled the gap left by the federal low income housing programs and that the problem is likely to get worse as rental markets become tighter and states find themselves in ever-more precarious fiscal conditions.

Housing Assistance for Low Income Families: States do not Fill the Gap reports that although states made some progress in assisting low income families — including the elderly and disabled — from 2001 to 2007, the response remained uneven and inadequate. The report predicts that few states will have the capacity to increase or even maintain new programs in an increasingly dire fiscal climate. Forty-two states and the District of Columbia offer a total of 112 programs providing some type of rental assistance, whether long-term, transitional, or emergency. Eight states have no rental assistance programs at all.

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Renters in Foreclosure: Defining the Problem, Identifying the Solutions summarizes research conducted by NLIHC to demonstrate the magnitude of the housing and foreclosure crisis on renters. While it is common to think of foreclosures as affecting those who are considered homeowners, in many cases a house in foreclosure is occupied by a renter, who may not even know his landlord has fallen behind on mortgage payments.

Key findings from Renters in Foreclosure include:

- More than 20 percent of the properties facing foreclosure nationwide are rentals.
- Because rental properties often are home to multiple families, renters make up roughly 40 percent of the families facing eviction.
- Very-low-income families and low-income and minority communities bear the brunt of rental foreclosures.

Congress Can Help


Advocates including NLIHC have called on Congress and the incoming Administration to take the needs of low-income families, especially those that are renting, into consideration when building an economic stimulus package. NLIHC has called on Congress to provide:

- 10 billion for the National Housing Trust Fund over 2009-2010 to rehabilitate or build 100,000 rental homes for the lowest income households, using green standards.
- \$2 billion in Emergency Shelter Grants, for homelessness prevention and housing assistance to prevent low income renter households from becoming homeless, and to rapidly re-house those that do lose their homes; 400,000 households would be assisted.
- 400,000 new housing vouchers over 2009-2010, which would assist another 400,000 low income families afford modest rental housing in what is likely to be a tightening market.
- Legal protections for tenants in properties subject to foreclosure, including the requirement that existing leases and contracts be honored by new owners and in the absence of a lease, renters be provided with at least 90 days' notice before eviction.

In addition, to ease affordability problems faced by households with low incomes, NLIHC has asked that an economic recovery package include:

- \$5 billion in public housing capital funds.
- \$3 billion for the preservation of Housing and Urban Development (HUD) and rural federally assisted housing.
- \$110 million in community development block grants for hurricane recovery efforts in Alabama.

"Allocating federal recovery dollars to housing will do two things: help those who are suffering the most in this recession, and stimulate the economy through construction and rehabilitation," said NLIHC President **Sheila Crowley**. ■



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Antipsychotic Use in Nursing Homes: Use With Caution. Go to www.audioeducator.com/industry_conference.php?id=1364.

February 19 – 1:00 pm ET
Rena Shephard, MHA, RN, FACDONA, RAC-CT presents:
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RESOURCE

Take These Key Steps to Prevent Carbon Monoxide Poisoning

New guide helps stop the 'silent killer.'

Carbon monoxide poisoning is the most common cause of death by poisoning in the United States and older Americans are especially vulnerable.

And the Environmental Protection Agency is right on top of this problem. Older adults can be especially vulnerable to accidental carbon monoxide poisoning because of their high frequency of pre-existing medical conditions, such as chronic heart disease, anemia, or respiratory problems, the EPA warns. These pre-existing conditions lower tolerance and increase the risk of a fatal exposure.

The good news: A new fact sheet from the EPA, "Preventing Carbon Monoxide Poisoning for Older Adults and their Caregivers," offers guidance on how to protect against the odorless, colorless gas known as the "silent killer."

Tell the Difference between CO Poisoning and the Flu

Many of the symptoms of carbon monoxide poisoning are similar to those of the flu. As a result, older Americans might not think that CO poisoning could be the cause, the EPA points out.

Symptoms could be the result of CO poisoning when:

- You feel better when you are away from your home.

- More than one person in the home gets sick at the same time (it usually takes several days for the flu to pass from person to person).

- Family members who are most affected spend the most time in the home.

- Symptoms occur or get worse shortly after turning on a fuel-burning device or running a vehicle in an attached garage.

- Indoor pets also appear ill, exhibiting symptoms such as drowsiness and lethargy (human flu viruses are not transmitted to pets).

To prevent carbon monoxide poisoning, the EPA suggests remembering the acronym, "I CAN B:"

- Install CO alarms near sleeping areas.
- Check heating systems and fuel-burning appliances annually.
- Avoid the use of non-vented combustion appliances.
- Never burn fuels indoors except in devices such as stoves or furnaces that are made for safe use.
- Be attentive to possible symptoms of CO poisoning.

Find the full fact sheet here: www.epa.gov/aging/resources/factsheets/pcmp/pcmp_english_100-F-09-001.pdf. ■

EMPLOYMENT

Older American Unemployment Reaches 31-Year High

Increased dependence on stock market for retirement hits older Americans hard.

Many seniors nearing retirement have found themselves looking for new employment instead — 326,000 adults age 65 or older were unemployed in December

2008, according to a fact sheet released by the Urban Institute. This is an increase of 60 percent from November

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2007. This unemployment rate for older adults — 5.1 percent — is the highest seen in over thirty years.

Unemployment rates for older Americans are generally lower than those for the workers in the 25 to 54 years-old demographic because older adults often drop out of the labor force when they lose their jobs, so they aren't considered in unemployment statistics. The difference in unemployment rates between older employees and those considered to be in their prime working years was as large as 3.4 percent 25 years ago, but it has narrowed to .6 percentage points between January 2005 and December 2008, according to the fact sheet.

Current Recession Hits Seniors Harder Than the Last

Since November 2007, the last month before the current recession began, unemployment rates for those 65 and older have increased 1.7 percent. At the thirteen-month mark of the 1980-1981 economic downturn — the most recent to last as long as the current one — the number of unemployed older adults hadn't increased at all.

Seniors are also working longer, the Urban Institute points out. The share of adults aged 65 to 69 working or looking for work increased to 29.7 percent in 2007 when it had been just 20.2 in 1982.

Several factors have likely caused seniors to continue working longer, according to the fact sheet. These include:

- Declines in employer-sponsored pensions and retiree health care plans;
- Increase in Social Security's normal retirement age to 66; and
- Changes in Social Security benefits such as the delayed retirement credit and restricting the retirement earnings test that increase benefits for those who work past age 66.

Dependence on Stock Market Increases Risk

During the 1980-1982 recession, the stock market dropped six percentage points, but it plummeted by 41 percent from September 2007 to December 2008, the fact sheet explains. That created a loss of nearly \$2.8 trillion on 401(k) and individual retirement accounts. With the increased reliance on these forms of retirement income, seniors' reliance on stock market performance is greater, and the pressure to continue working after the downturn is increased.

Read the fact sheet here:
www.urban.org/UploadedPDF/901210_senior_unemployment_rates.pdf. ■

HOME HEALTH

Telehealth Improves Health for Vets With Chronic Conditions *Savings and increased patient involvement prove to be benefits of telehealth.*

At one point in time, the idea of providing health care, information, and education across a distance using telecommunications technology might have sounded like science fiction — but a recent study offers up facts about the health benefits of telehealth technology. Veterans with chronic conditions can avoid hospitalization by using telehealth technology in their homes, the study conducted by the Department of Veterans Affairs concludes.

The study found that vets who used home telehealth experienced a 25 percent reduction in the average number of days hospitalized and a 19 percent reduction in hospitalizations, according to a VA press release.

Telehealth also proved a cost savings, the study found. For some patients, the telehealth costs reached only \$1600 over the course of a year — “much lower than in-home clinician care costs.”

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The key to the program's success is the VA's computerized patient record system, said **Michael J. Kussman, MD** under secretary for health with the VA in the release. "Data obtained from the home, such as blood pressure and blood glucose, along with other patient information in the electronic system, allows our health care teams to anticipate and prevent avoidable problems," he said.

Telehealth does not necessarily replace nursing home care or traditional care, VA officials warn. But it

can help veterans understand and manage chronic conditions such as diabetes, hypertension, and chronic heart failure. The patient's work in partnership with the medical team can delay the need for institutional care and maintain independence for an extended period of time.

The VA's telehealth program cares for 35,000 patients and is the largest of its kind in the world. ■

HOSPICE

African Americans Face Hospice Use Hurdles *Need-based eligibility could close the gap.*

A recent study found that restrictions may impede patients in need of hospice services from getting them. And researchers found that African Americans are particularly vulnerable, according to the study printed in the February 2009 issue of *CANCER*, a journal published by the American Cancer Society.

Previous studies have indicated that African Americans are less likely to use hospice services. Researchers from the University of Pennsylvania designed this study to find out whether this was the result of hospice eligibility criteria.

Current criteria require hospice patients to have a prognosis of six months or less if their illness runs its usual course. Patients must also accept the palliative nature of hospice care.

The University of Pennsylvania researchers theorized that if disparities in hospice use were caused by African American's preference for aggressive treatment, then redesigning eligibility criteria would boost their use of

hospice service. Researchers also considered whether African Americans were less likely to want hospice services, in which case the services themselves would need reworking rather than the eligibility criteria.

The researchers, led by **David Casarett, MD** found that African Americans had stronger preferences for continuing cancer treatments and that they also had a greater perceived need for hospice services due to financial need.

Study authors concluded that hospice participation criteria requiring patients to discontinue their cancer treatment could contribute to racial disparities in hospice use. The researchers also found that the criteria didn't do a good job of selecting those who most need hospice services.

Basing eligibility on need could address the racial disparity, the researchers found. Assessing the need for specific services such as pain management or symptom management could also help. ■

BRIEFLY NOTED

Socially Active and Calm Adults Less Likely to Develop Dementia

If you're calm, cool, collected and have a rich social network, you can rest a little easier. A new study shows

that people who are socially active and not easily stressed may be less likely to develop dementia. The research is published in the Jan. 20, 2009, print issue of

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Neurology, the medical journal of the American Academy of Neurology.

The study involved 506 older people who did not have dementia when first examined. Participants answered questionnaires about their personality traits and lifestyle. The personality questions identified whether the subjects were easily distressed. The questions also measured extraversion, or openness to talking to people. Those who were not easily distressed were calm and self-satisfied, whereas people who were easily distressed were emotionally unstable, negative, and nervous. Outgoing people scored high on the extraversion scale and were socially active and optimistic, compared to people with low extraversion who were reserved and introspective.

The lifestyle questionnaire determined how often each person regularly participated in leisure or organizational activities and the richness of their social network. Researchers followed participants for six years. During that time, 144 developed dementia.

The study found that people who were not socially active but calm and relaxed had a 50 percent lower risk of developing dementia, compared with people who were isolated and prone to distress. The dementia risk was also 50 percent lower for people who were outgoing and calm compared to those who were outgoing and prone to distress.

“In the past, studies have shown that chronic distress can affect parts of the brain, such as the hippocampus, possibly leading to dementia, but our findings suggest that having a calm and outgoing personality in combination with a socially active lifestyle may decrease the risk of developing dementia even further,” said study author **Hui-Xin Wang, PhD**, with the Karolinska Institute in Stockholm, Sweden in a press release from the American Academy of Neurology.

“The good news is, lifestyle factors can be modified as opposed to genetic factors which cannot be controlled. But these are early results, so how exactly mental attitude influences risk for dementia is not clear,” said Wang. ■



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