

Aging in Adults with I/DDMI Part 2

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Continuum of Care

Monday, April 11, 2016

Objectives

Part One

- **Definitions & Types of Aging**
- **Health Inequities**
- **Medical Problems**

Part Two

- **Assessment and Screening**
- **Psychiatric Disorders**
- **Medication Issues**
- **Counseling**

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Definitions and Types of Aging



Definitions of Aging

- Aging refers to the **natural progression of biological, psychological and social functioning after the point of maximum development** (Birren and Schaie, 1985).
- **Biological aging** begins after person is about 25 years of age, losing 1% of organ system functioning per year
- Research on aging **must begin with people who are still in their 20's**

Characteristics of Aging

- Changes and processes that **affect all people** over time that can be **attributed to aging**, rather than to the diseases that accompany aging
- **Prevalence of almost every chronic disease and disability** increases with age but sickness not an inevitable part of growing older
- Even within the same person, **different organ systems age differently**
- **Developmentally delayed individuals do not age similarly** to each other
- **Prevention** can help with the process of aging

Three Types of Aging

- Biological
- Psychological
 - Social

Three Types of Aging

- **Biological capacity** peaks earliest, then slow decline, reserves
- **Psychological maturity** peaks age 35, declines at slower rate
- **Social maturity** peaks last, about 55 measured by income, social roles and career advancement.

Paradigm Shifts of Aging in DDMI

a fundamental change in approach or underlying assumptions

1) From medical model that disability is a biological abnormality requiring treatment to the concept > disability occurs **primarily within the context of psychological social and environmental constraints** that may interfere with functioning.

2) Health is defined as the absence of disability or disease > viewing health as a **global state of social, emotional, and mental well being**

3) Individuals with DD **no longer considered inherently “sick”** and treated with a **palliative approach** but rather a **preventative one** (Frey, 2006).

What is Preventative Health Care?

- Consists of **measures taken for disease prevention**, as opposed to disease *treatment*.

- **Focuses on health** of individuals, communities, and defined populations.
- **Goal:**
 - **Protect**
 - **Promote and**
 - **Maintain health and well-being and**
 - **Prevent disease, disability, and death**

Lack of Preventative Health for DD

- Generally **exhibit poor health**
- At **risk for development of chronic disease and disability**
- **Yet life expectancy has increased** (WHO, 2000)
- **Direct medical** (physician visits, inpatient hospital stays) and **indirect** (productivity losses) **costs** in the US (for DD) are **over \$50 million**
- Account for **more than 80% of total lifetime economic costs**

Who Sets Up Schedule of Preventative Health Screens and What is it Based On?


- U.S. Preventive Service Task Force- leading cause of death for persons age 65 and older are heart disease, malignant tumors (lung, colorectal, and breast), cerebrovascular disease (strokes), chronic obstructive pulmonary disease, pneumonia and influenza.
- Periodic screening recommended with periodic health examinations
- Physical
- Counseling
- Immunizations

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Healthfinder.gov/
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Enter Age and Gender

- You said you want to help a **woman** age **65**. Talk with her about these important ways to stay healthy.
- Doctors recommend that **all** women age 65:
- **Get Tested for Hepatitis C** Everyone born between 1945 and 1965 needs to be screened for the hepatitis C virus. (USPSTF)
- **Talk with a Doctor about Your Alcohol Use** If you are concerned about your drinking, ask your doctor about screening and counseling. (USPSTF)
- **Get a Bone Density Test** Get your bone density tested starting at age 65. (USPSTF)
- **Get Shots for Older Adults** Get important adult shots (vaccinations). (ACIP)
- **Get Tested for Breast Cancer** Get a mammogram every 2 years. (USPSTF)
- **Get Tested for Cervical Cancer** Get a Pap test every 3 years. If you get a Pap test and an HPV test, you can get screened every 5 years instead. (USPSTF)
- **Get Tested for Colorectal Cancer** Get tested regularly for colorectal cancer, starting at age 50. (USPSTF)
- **Get Your Blood Pressure Checked** Get your blood pressure checked once a year. (USPSTF)
- **Get Your Well-Woman Visit Every Year** See a doctor or nurse for a checkup once a year. (IOM)
- **Get the Seasonal Flu Vaccine** Get the flu vaccine every year to help prevent the flu. (ACIP)
- **Get Help to Quit Smoking** If you smoke, ask your doctor about services to help you quit. (USPSTF)
- **Talk with Your Doctor about Depression** Talk with your doctor about how you are feeling if you have been sad, down, or hopeless. (USPSTF)
- **Talk with Your Doctor about Taking Aspirin Every Day** Talk with your doctor about taking an aspirin every day to help lower your risk of stroke. (USPSTF)
- **Watch Your Weight** If you are overweight, ask your doctor about screening and counseling for obesity. (USPSTF)
- **Get Tested for HIV** Get tested for HIV at least once. You may need to get tested more often depending on your risk. (USPSTF)

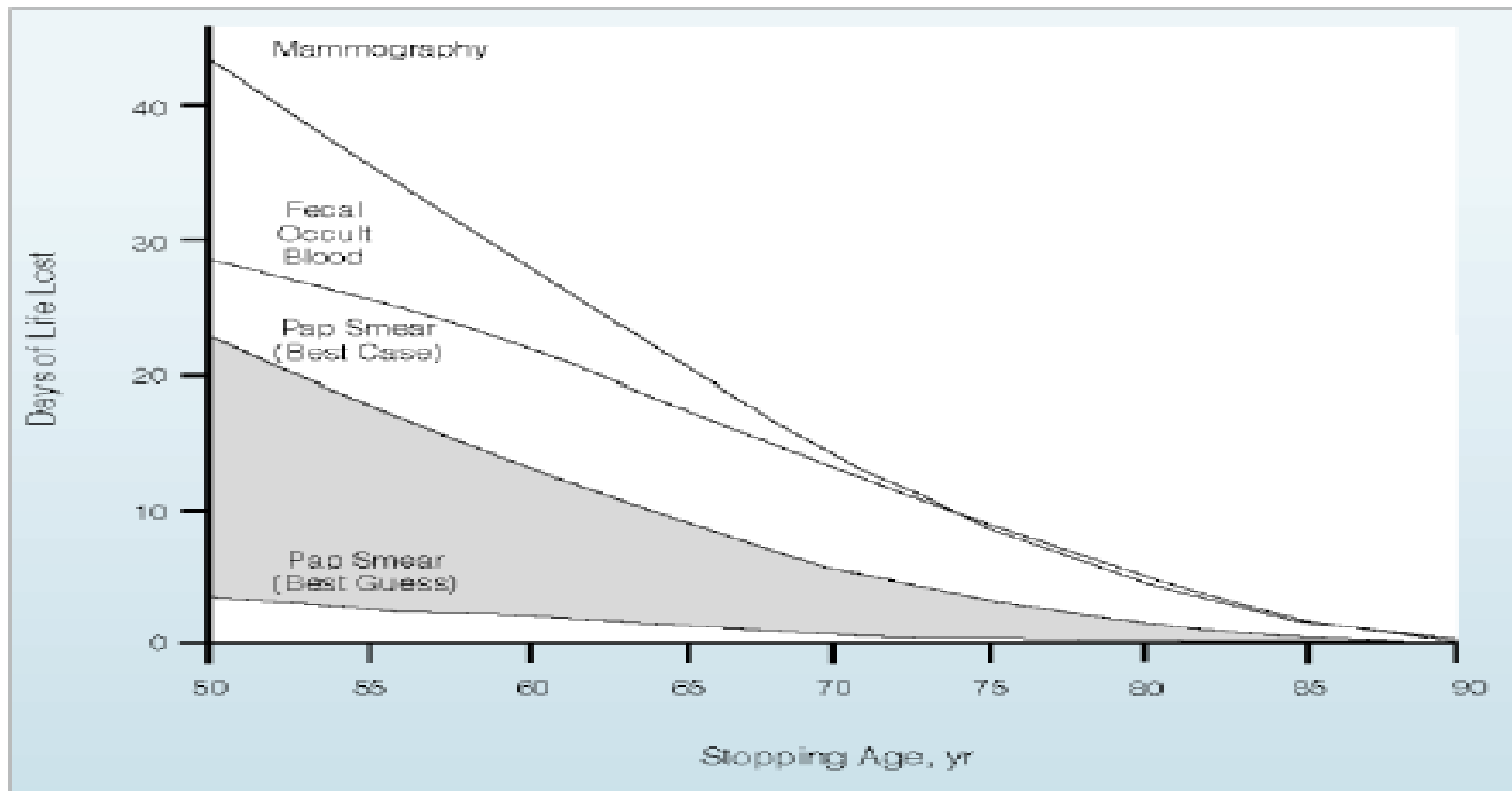
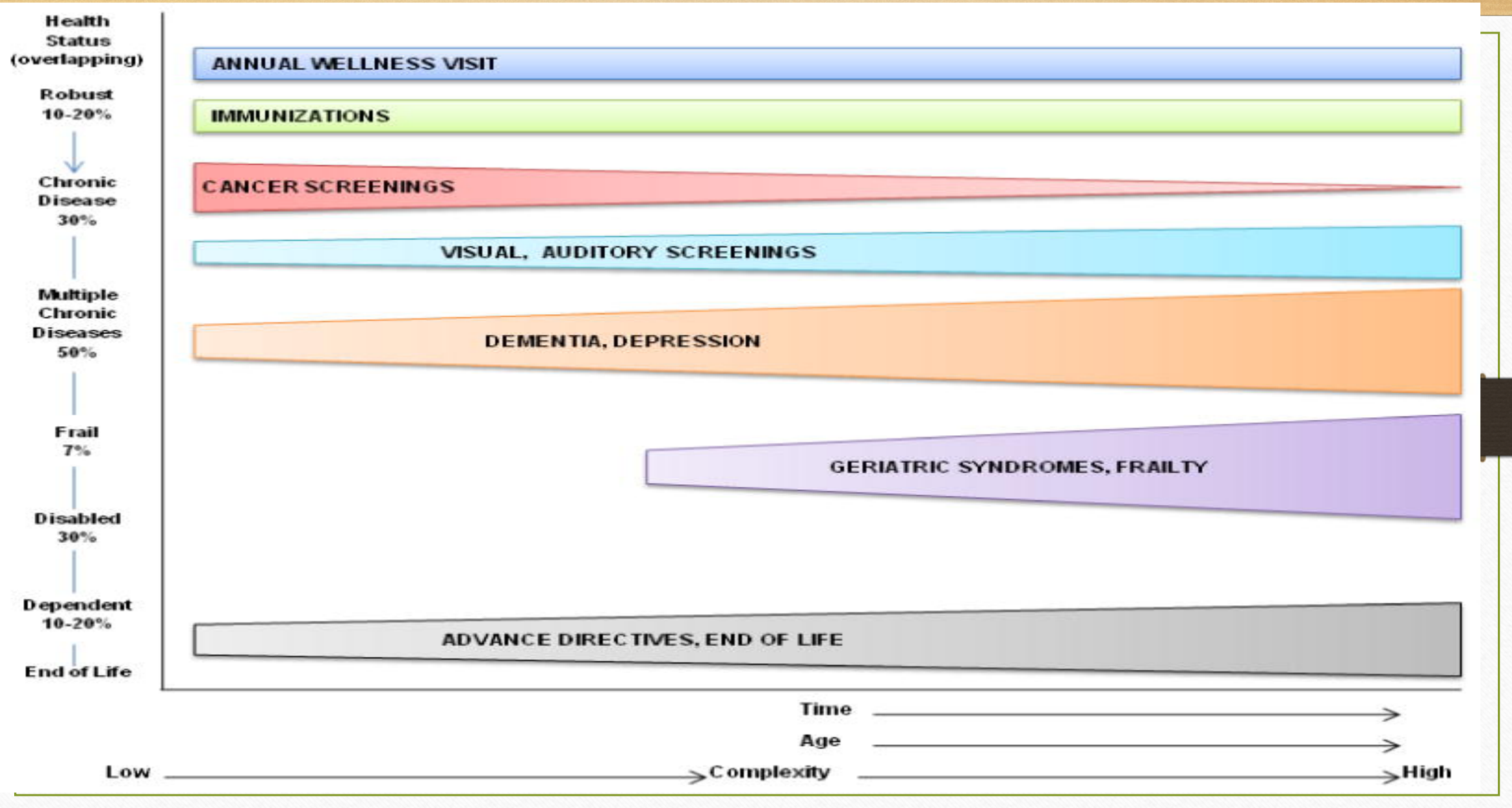


Figure 1. Days of Life Lost by Stopping Screening at Various Ages (39)



Screening for Older Adults American Public Health Association

- Only **one in three older adults is getting all recommended health screening measures.** [1]
- Older adults can live stronger, longer by making sure they get all health screenings on the schedule recommended by their doctor.
- Colorectal cancer is the **second-leading cause of death in the United States.** Early detection greatly improves chances of survival, yet **over 40 percent of older adults have never had a colonoscopy or sigmoidoscopy.** [2]
- More than **one in five women over age 65 has not had a mammogram** within the past two years. [3]
- Prostate cancer is the **second-leading cause of cancer death among men,** but can be treated if detected early. [4] Almost **30 percent of older men have not had a recent prostate-specific antigen (PSA) test** and over **40 percent have not had a recent digital rectal exam.** [5]
- High blood pressure, which increases the risk of heart disease and stroke, is **the most common chronic condition among older adults.** [6]
- Because high blood pressure does not have any noticeable symptoms, **regular blood pressure screenings are critical.**

- Abnormal Glucose- > than 20 million Americans between the ages of 40 and 74 have higher than normal blood glucose levels, a condition called "pre-diabetes." If detected early, lifestyle changes can prevent the onset of diabetes.
- Glaucoma - a serious vision condition that can lead to blindness - is treatable if detected during routine vision screenings. [7] Other vision problems that can cause falls are easily corrected if detected during an annual screening.
- Osteoporosis- An estimated 34 million older adults have low bone mass, placing them at an increased risk of developing osteoporosis. [8] If diagnosed early, osteoporosis can be treated with new drugs that help strengthen bones before life-threatening fractures occur. [9]

- Colon Cancer** - Colonoscopy every 10 years or a flexible sigmoidoscopy every five years.
- Breast Cancer** - Yearly mammogram and clinical breast exam for women over age 65.
- Prostate Cancer** - Annual PSA tests and digital rectal exams for men over age 50 with a life expectancy of at least 10 years.
- Diabetes** - Annual glucose test.
- Blood Pressure** - Blood pressure test at every medical exam, at least every one to two years.
- Vision** - Annual vision screening.
- Osteoporosis** - Women over age 65 should be tested at least once for osteoporosis.

Assessment and Screening

- Blood Pressure
- Height and Weight
- Colon Cancer and Rectum
- Pap Smears and Mammograms
- Vision and Hearing
- Problem Drinking

Blood Pressure

- Screening recommended for folks of all ages- leading risk factor for heart, brain, kidney and eye disease
- Particularly important for older people as untreated may lead to dementia.
- Hypertension diastolic (lower number) blood pressure of 90 mm Hg or higher and/or a systolic (upper figure) pressure of 140 mm Hg or higher.
- 43 million people have hypertension and more common in African American and older people.
- 63% of elderly 63-75 yrs of age have hypertension
- Must check for postural hypotension --- in morning best time to assess where you take BP of folks lying down and then have them stand up...and take again... if more than 20 mmHg, they may need elastic stockings to prevent this from happening.
- Postural hypotension – more than 20 mm Hg drop in BP which leads to fainting and falls and injury

Height and Weight

- Elderly can have **unexplained weight loss**
- Sometimes **higher BMI** for older adults **better sign of health** than a lower value
- Weight loss in this group **brings a greater chance of death** than does weight gain.

Colon Cancer/Rectum

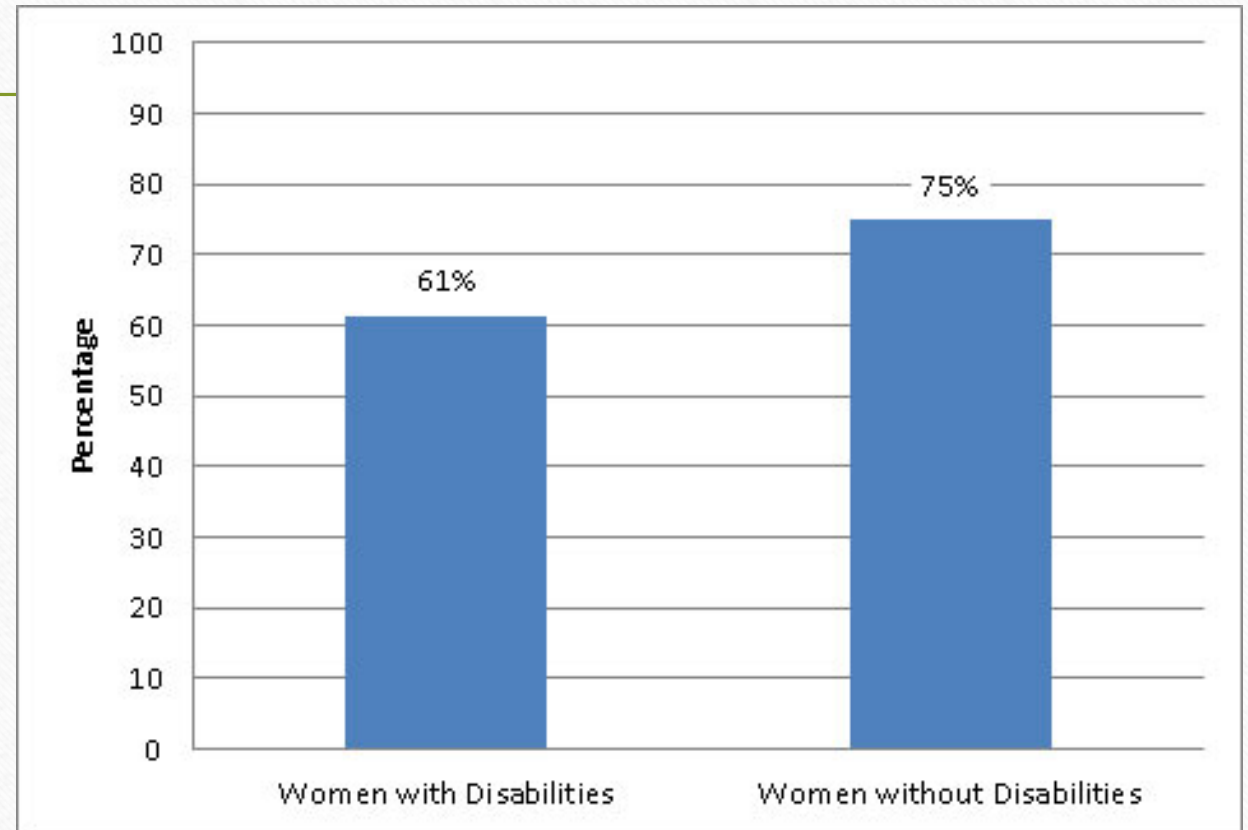
- For all people **50 and older**
- Annual check of occult (not easily seen) blood in the **bowel movement of colonoscopy or others**
- For DDMI usually performed with **simple occult blood test** at time of yearly exam
- **Family history of colon cancer should have colonoscopy**

Pap Smear

- Recommended **every three years** until age of 65
- Women who have **never been sexually active**, or who have had a complete **hysterectomy**, have no need for PAP smears

Mammograms

Women with Disabilities
Are Less Likely to
Have Received a
Mammogram During the
Past Two Years¹



Mammograms

- Routine screening every year or two with mammography alone or mammography plus yearly clinical breast exam for women aged 50-69
- No clear recommendation for women over 69

Vision

- Screening for **decreased visual acuity (sharpness)** recommended for aging adults
- **Visual problems common** and serious condition in older people
- Safety risks with decreasing vision **risk of falling, increased automobile accidents for older drivers.**
- **Presbyopia (farsighted)**, cataracts, age-related degeneration of the inside lining of the eye (**macular degeneration**) and glaucoma
- Of those 55-64 years, **33% had early cataract** and over 75 yrs of age **37% had early cataract** and **women need more surgical intervention**
- **DD and Down Syndrome have HIGHER PREVALENCE OF VISUAL PROBLEMS**

Hearing

- Periodically questioning them about their hearing
- Counseling them about availability of hearing aid devices
- Making referrals for abnormalities when appropriate
- 65 yrs and older, 25% have some hearing loss due to exposure to high noise levels
- Smokers and those who live with smokers higher incidence of hearing loss
- Hearing problems and Alzheimer-type dementia often co-exist
- Hearing impairment contributes to cognitive (thought) problems in people with dementia.
- **DD and Down's Syndrome have HIGHER PREVALENCE OF HEARING PROBLEMS**

Problem Drinking

- Alcohol consumption can have **good and bad effects** on health
- **Moderate alcohol slightly reduced overall mortality** in group of middle-aged and elderly people in some studies
- Problem drinking 8-20% of patients seen in primary health care settings
- 60 yrs old and above **hidden group of alcoholics**
- **As DD population ages this may be seen more.**

Assessment and Screening

- Blood Pressure every 1 to 2 years
- Height and Weight at every health examination, yearly
- Colon Cancer and Rectum 1 every 10 yrs unless family hx then 1 every 5 years
- Pap Smears and Mammograms 3 yrs pap and 1 to 2 yrs mammogram
- Vision and Hearing annually
- Problem Drinking every visit, annually

Psychiatric Disorders

- For older population, **organic mental disorder, mood disorder or psychotic disorder** found to have higher death rates than general population.
- Mood disorders more likely to die from disorders of **digestive system or suicide than the other two groups**
- Few studies regarding prevalence of mental illness in older adults with developmental disabilities- **Anxiety- Stereotypies/Tics and Impulse Control Disorders**

Medication Issues

- Medicines are **important therapeutic tools for living well in later life**, but there are also risks that increase with age.

- Older adults **use more medicines than other age groups**, and are at increased risk of serious adverse drug events for a number of reasons (e.g., age-related physiological changes, use of multiple medicines, drug interactions, inappropriate prescribing and monitoring of drug therapy).
- In addition, most older adults **live with at least one chronic condition, take multiple medicines, have more than one prescribing healthcare provider** and use at least one pharmacy.
- Studies **show important gaps in patient-provider communication about medicines**, which can contribute to improper medicine use.
- Older age must be taken into account when **recommending specific medicines and initial dose**.
- Strengthening efforts to **educate older adults and their caregivers about medicine use**

Age-Related Physiological Changes and Medications

- Impact how a drug works in the body and often necessitates dosage adjustments and careful monitoring (e.g., blood levels of the drug, patients' reactions).
- □ Reductions in liver and kidney function, which can affect the way a drug is broken down and removed from the body.^{8,9}
 - Medications may stay in the body longer and cause more severe side effects if doses are not properly adjusted. For example, diphenhydramine, commonly found in some OTC sleep aids and cold and allergy medicines, is typically well-tolerated in younger people, but can cause falls and confusion in older adults in whom the drug's sedative properties can circulate longer.⁸

Age-Related **Physiological Changes** and Medications

- Impact how a **drug works in the body** and often necessitates **dosage adjustments and careful monitoring** (e.g., blood levels of the drug, patients' reactions).
- **Memory impairments, hearing and vision loss**, which can make it very difficult to understand and remember medication instructions, especially for complicated regimens.¹¹
- **Declines in body weight, loss of body fluid and more fatty tissue**, which can alter the way drugs are **distributed and concentrated** in the body.^{8,11}
- **Increased sensitivity to many drugs**, especially those targeting the central nervous system. 7 ***ISSUE FOR DD POPULATION IN GENERAL**

Counseling

- Substance Use
- Diet and Exercise
- Injury Prevention
- Dental Health
- Sexual Behavior
- Immunization
- Hormone replacement therapy

Substance Use

- Smoking accounts for **1 out of every 5 deaths** in the U.S.-tobacco cessation counseling strongly recommended
- Causes 148,000 cancer deaths every years, promotes CV disease
- Effect of smoking on **neuromuscular and physical function of older women** showed that women who currently smoked were **weaker and had poorer balance** and poorer performance on measures of integrated physical function.

Diet and Exercise

- Disorders of **over and under eating common** in older adults and 40% don't eat enough of three or more nutrients
- Protein-calorie malnutrition common
- **Inadequate intake of calcium and vitamin D** contribute to osteoporosis
- **Habitual physical inactivity** causes loss of flexibility, function and strength.
- **Recommend daily physical activity of 20 to 30 minutes** daily, walking
- Buddy system to get them out and about

Injury Prevention

- PREVENTION OF FALLS
- Increase muscle strength through exercise
- Living area issues- smooth but not slippery flooring
- Removal of throw rugs and raised door sills
- Chairs comfortable, sturdy but light
- Tables more useful when they are square and supported by firm pedestal
- Lighting bright and not dim.

Dental Health

- **Regular visits** to dentist
- Floss and brush their teeth daily with fluoride toothpaste
- Dental and periodontal diseases- more common with **tobacco, alcohol abuse, poor diet, take certain meds, coexisting medical illnesses such as diabetes**
- **95% of elderly people have gum inflammation leading to bone destruction**

Sexual Behavior

- May 9th TUG

Immunizations

- **Vaccines recommended for older adults can prevent:**
- Influenza (Flu) **annually**
- Shingles (Herpes Zoster) **over 60 one time vaccine even if had chickenpox or shingles**
- Diphtheria **10 yr booster**
- Tetanus **10 yr booster**
- Pertussis (Whooping Cough) **10 yr booster Td or Tdap**
- Pneumococcal disease (Pneumonia) **65 years and older** who have already received one or more doses of PPSV23, the dose of PCV13 should be **given at least one year** after receiving the most recent dose of PPSV23.

Thank you for listening

- May 9 Sexuality and the DDMI Population
- June 13 Gender Issues in the DDMI Population
- July 11 Traumatic Brain Injury in the DDMI Population

Health Resources

- Health Meet Program – National Arc - www.thearc.org/page.aspx?pid=3686
- National Center on Health, Physical Activity, and Disability (NCHPAD) - www.ncpad.org/
- Health Pamphlets - www.easyhealth.org.uk/categories/health-leaflets
- American Association on Health & Disability - www.aahd.us/
- National Association for the Dually Diagnosed - <http://thenadd.org/>

References

- Braddock, D. L. (2015). The State of the States in Intellectual and Developmental Disabilities, Ed. 10th. 2011 <http://www.cdc.gov/ncbddd/disabilityandhealth/data.html>
- Courtney-Long E, Armour B, Frammartino B, Miller J. Factors associated with self-reported mammography use for women with and women without a disability. *Journal of Women's Health*. 2011; 20:1279-1286.
- Frey, Temple, & Stanish (2006). Introductions: preventive health and individuals with mental retardation. *Mental Retardation and Developmental Disabilities Research Reviews*, 12, 1-2.
- Health Inequities Experienced by those with Intellectual & Developmental Disabilities, Alexandra Andrews, Health Care Advocacy Program, ppt. presentation retrieved March 13, 2016 from www.advocacydenver.org
- Last, J.M., editor (2001). Dictionary of epidemiology. 4th ed. New York: Oxford University Press. p. 61.
- National Council on Disability (September 30, 2009) *The Current State of Health Care for People with Disabilities*. Accessed March 1, 2016 from <https://www.ncd.gov/publications/2009/Sept302009#exesum>

References

- Poindexter (2002). Health management of aging adults with mental retardation. Kingston, NY: NAAD Press.
- "The State of Health and Aging in America 2004," Merck Institute of Aging and Health and Centers for Disease Control, 2004.
- "The State of Health and Aging in America 2004," Merck Institute of Aging and Health and Centers for Disease Control, 2004.
- "The State of Health and Aging in America 2004," Merck Institute of Aging and Health and Centers for Disease Control, 2004.
- "Cancer Prevention and Early Detection Facts and Figures 2004," American Cancer Society, <http://www.cancer.org/downloads/STT/CPED2004PWSecured.pdf>
- Souroullas & Sharpless (2013). Down's syndrome link to ageing. *Nature*. 501, 325-326, doi:10.1038/nature12558 retrieved online March 1, 2016 from <http://www.nature.com/nature/journal/v501/n7467/abs/nature12558.html>
- Wisniewski, Silverman & Weigiel (1994). Aging, Alzheimer disease and mental retardation. *Journal of Intellectual Disability Research*, 38, 233-239.