

# **The Council on Aging of Ottawa**

## ***Annual Spring Luncheon***

### ***Wednesday, May 8, 2013***

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#### **Successful Aging: A Shared Responsibility**

- **What can you (Senior or “Junior”) do?**
- **What can our Health & Social Professionals do?**
- **What can our Health System do?**

Dr. William B Dalziel

Professor, Division of Geriatric Medicine, University of Ottawa

whatever  
happened to  
our sexual  
relations?

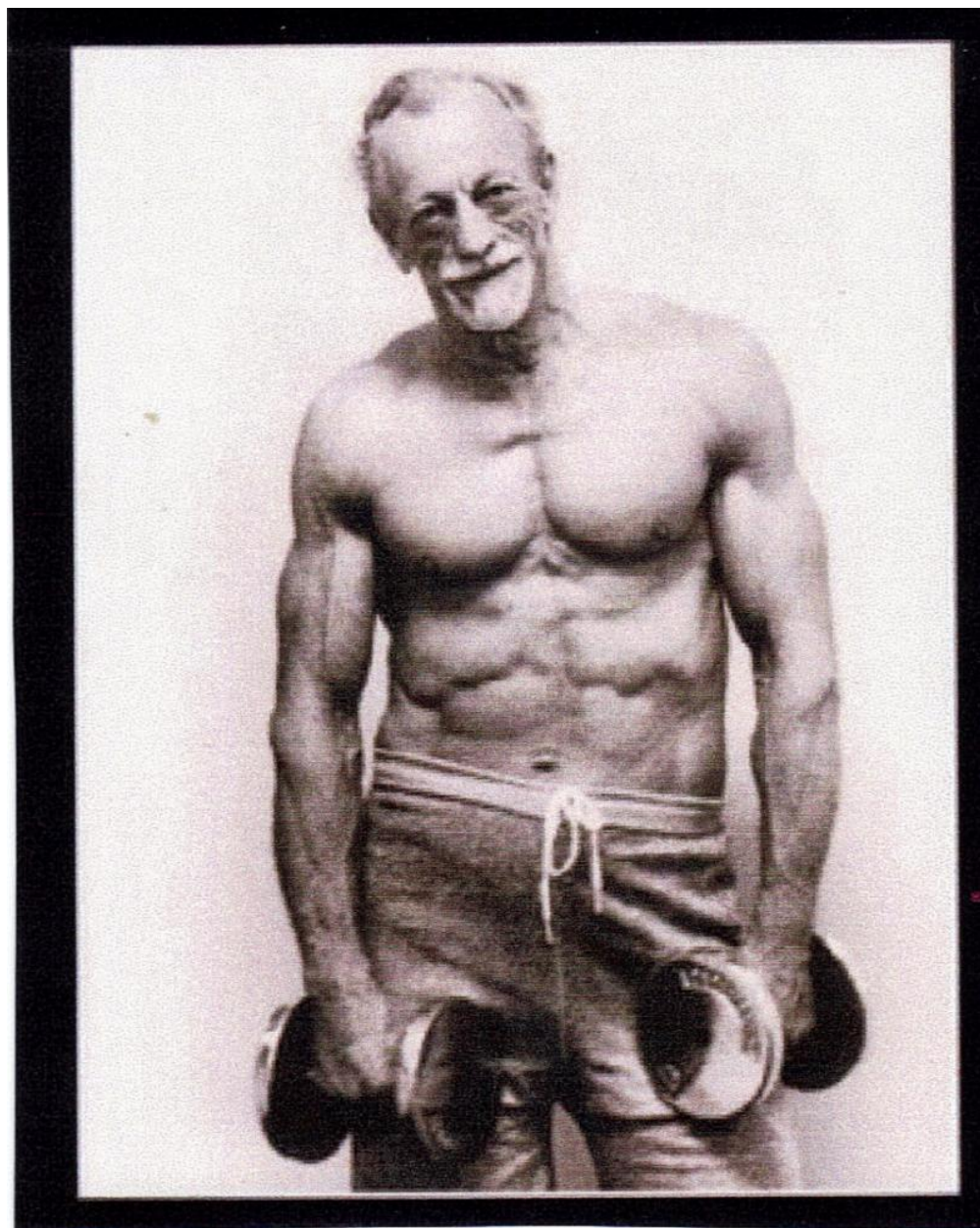
I don't know.  
I don't even  
think we got  
a Christmas  
card from them  
this year.



**James and Loretta**

# What is Successful Aging?

1. Chronic disease free?
  2. Disability free?
  3. Dependency free?
  4. Good cognition
  5. Quantity of life
  6. Quality of life (adding life to years)
  7. Dealing optimally with your dealt hand in the great poker game of life
- High function
- Rowe & Khan Definition



## Professionals

- Low risk of disease and disability
- High mental and physical function

Successful  
Aging

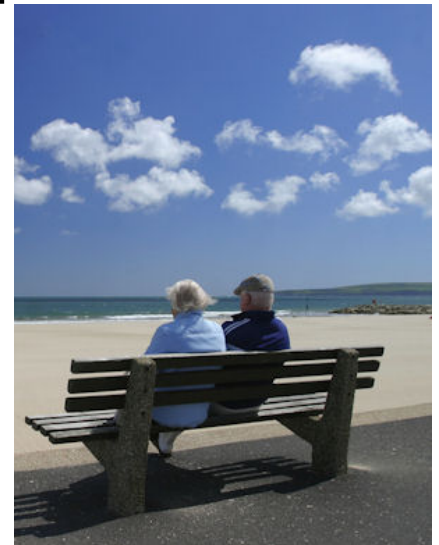
- Self acceptance/self contentment
- Active engagement with life/self growth

Older Adults

# Senior's Definition of Successful Aging

(Montroso, LP AM.J. Geriatrics. Psych 2006 (14) 43-51)

- 92% of seniors felt they were successfully aging although large majority failed to meet “Rowe & Kahn” definition because they had chronic diseases and/or physical/functional limitations.





GAME SHOWS FOR  
PEOPLE YOUR AGE





**COUNT THE NUMBER OF “F’S” ON THIS SLIDE**

**FINISHED FILES ARE THE RESULT  
OF YEARS OF EXPERIENCE  
COMBINED WITH MONTHS OF  
SCIENTIFIC RESEARCH**

- |    |   |
|----|---|
| 1. | 4 |
| 2. | 5 |
| 3. | 6 |
| 4. | 7 |
| 5. | 8 |





COUNT THE NUMBER OF “F’S”

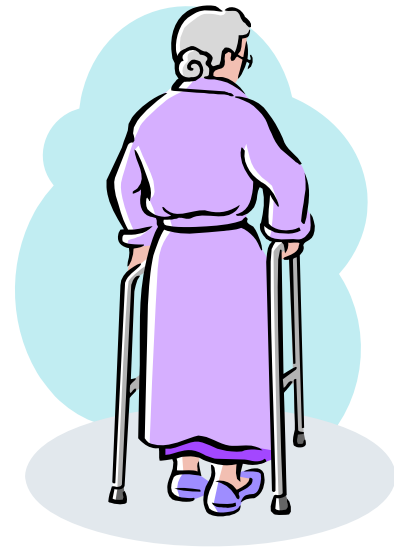
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OF YEARS OF EXPERIENCE  
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1. 4
2. 5
3. 6
4. 7
5. 8

# What is the remaining life expectancy for an 80 year old woman?

Another:

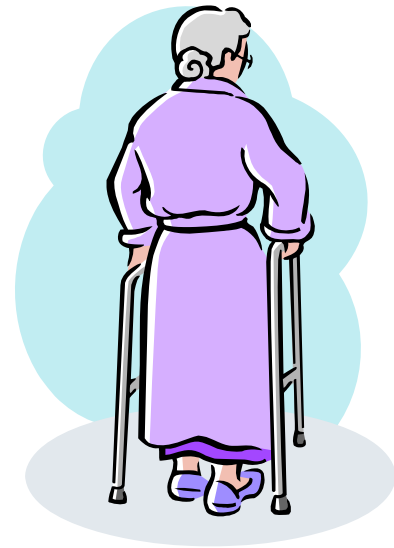
1. 2 years
2. 4 years
3. 6 years
4. 8 years
5. 12 years



# What is the remaining life expectancy for an 80 year old woman?

Another:

1. 2 years
2. 4 years
3. 6 years
4. 8 years
5. 12 years



**What % of seniors aged 80 have no important functional impairments?  
(They are independent).**

1. 10%
2. 30%
3. 50%
4. 70%
5. 90%



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**The Top 10% most complex needs seniors  
“consume” what % of seniors total health care  
costs?**

1. 20%
2. 25%
3. 30%
4. 45%
5. 60%



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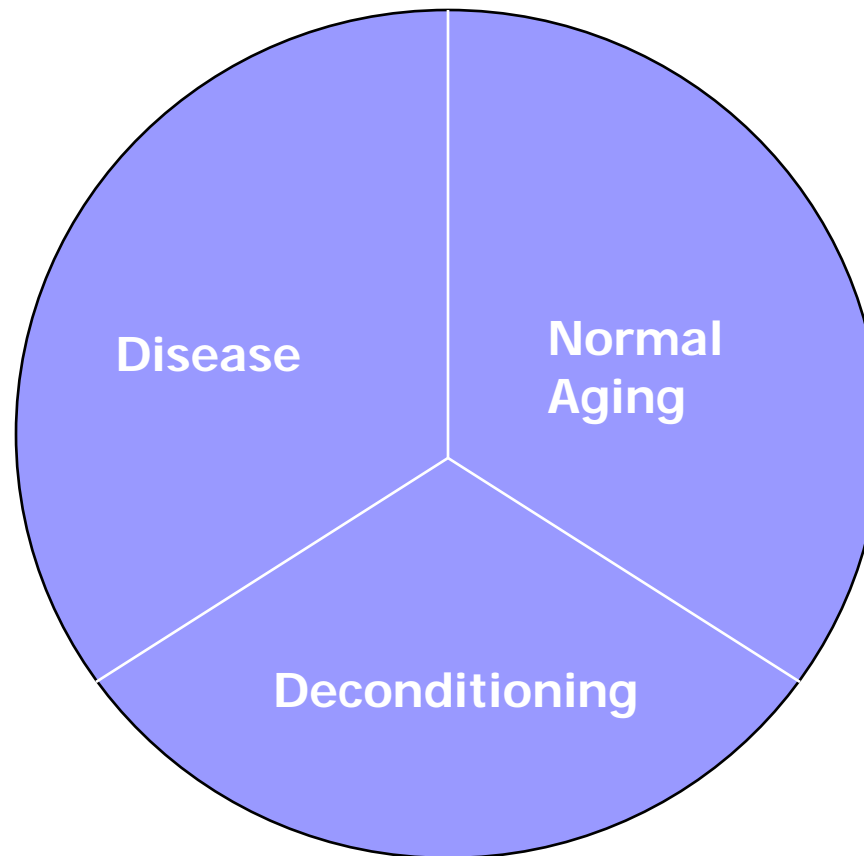


# Seniors are Heterogeneous (↑ Differences)

## Hospital Visits by Seniors Over 10 Years (Wolinsky)

- 43% NEVER
  - 25% ONCE
  - 4.8% consistently high
  - 6.4% Inconsistently
- 68% RARE
- 145030748
- 
- | Frequency         | Percentage | Category  |
|-------------------|------------|-----------|
| NEVER             | 43%        | 68% RARE  |
| ONCE              | 25%        |           |
| consistently high | 4.8%       | 145030748 |
| Inconsistently    | 6.4%       |           |

# The Elderly and Physiologic Decline



**"The game has been postponed."**



*Wings*



# **WHAT SENIORS AND “JUNIORS” CAN DO**

## **Old Age Ain't For Sissies**

Only recent bad habits hurt you.

Only recent good habits help you.

# ***Health Promotion: 1<sup>o</sup> Prevention***

1. Tobacco Cessation
2. Nutritional Advice
3. Calcium: 1200-1500 mg elemental Calcium
4. Exercise
  - ☐ Aerobic
  - ☐ Strength



# *Exercise*



## 1. RCT of exercise Training for Older People

(Senior Silver Centre Trial)

(I. Tsuji. Journal of Epidemiology. 2000 10:pg 55-64)

- Results: Net gain  $\text{VO}_2 \text{ Max}$   $\uparrow$  2.1 ml/kgm/min (10.3%) equivalent to participants becoming younger in aerobic capacity by 5 YEARS

# Exercise and the Aging Brain

1. Walking 1 hour a week vs talking decreased dementia at 3 years by 30%.
2. Walking 1 hour a week increased hippocampal volume 1% in a year vs control group decrease 2%
3. 30 trial meta-analysis of effects of exercise training in elderly persons with CI and dementia
  - Statistically significant benefits A,B,C (MMSE 16)



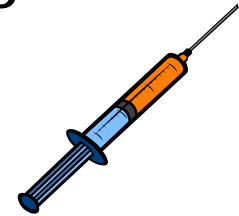


## ***Health Promotion : 1<sup>o</sup> Prevention***

4. Safe Driving – Counselling /“Screening”

5. Vaccinations

- ☐ Influenza (annual)
- ☐ Herpes Zoster (Shingles)
- ☐ Pneumococcal – high risk, ? 65+, (once or twice?)
- ☐ Tetanus – single booster at age 65



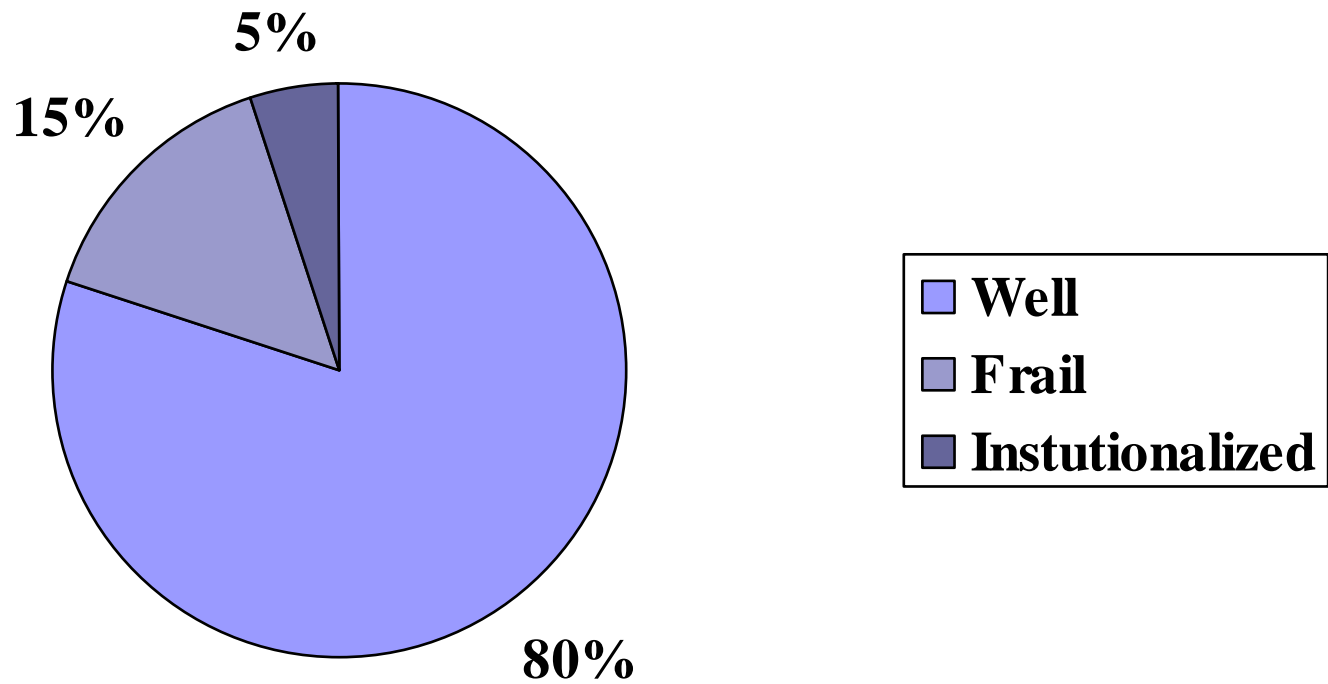
6. Advice re: sun exposure.

7. Vitamin D 1000 IU- 2000 IU

# Definition of Frailty

- Increased **VULNERABILITY** to insult or challenges resulting from impairments in multiple domains that **COMPROMISE** compensatory ability. JAMA 1995

# The Elderly in Canada





- The frail elderly are 15% of seniors and 3% of the overall population.
- **THIS 3% USES 30% OF HEALTHCARE \$**

# Frail (Dictionary Definition)

- Physically weak or delicate
- Easily damaged or broken



# Increased Risk for:

- Geriatric syndromes
- Hospitalization
- LTC institutionalization
- Death



# What is Different About “**FRAIL**” Patients?



Multiple diseases with multiple drugs = complexity.

Multiple problem areas = multidimensionality.

Premorbid function disability = slippery slope.

Medical/Psychiatric interface.

- Increased importance of social network
- Need for a complex combination of medical and social services = **DISCHARGE PLANNING.**

**VULNERABLE**



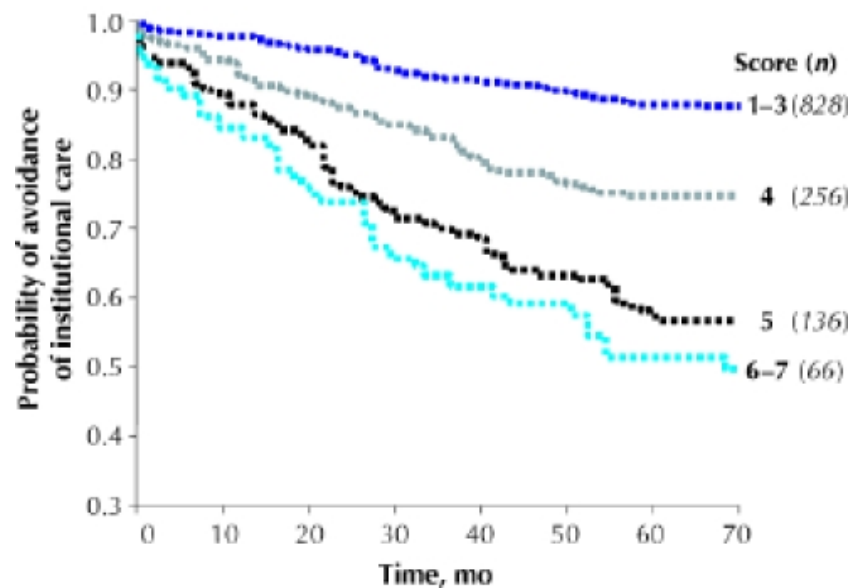
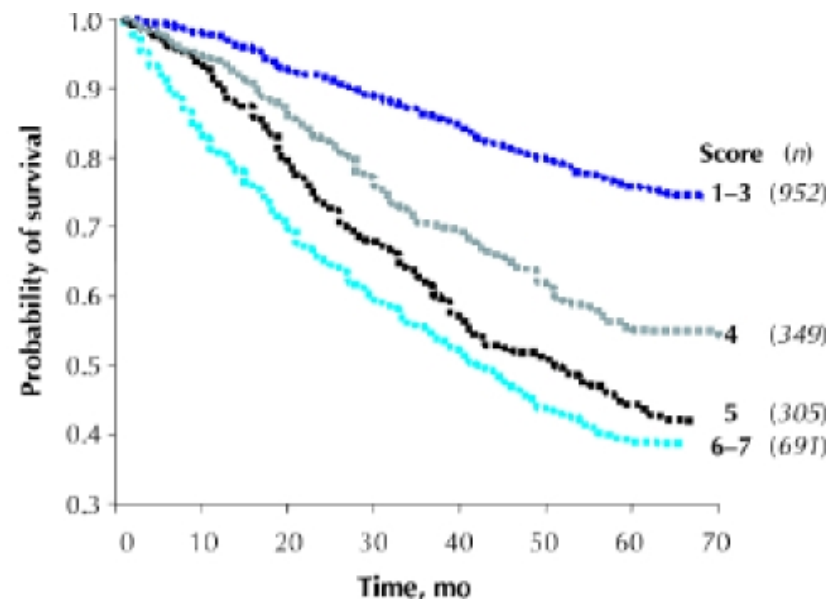
### **Box 1: The CSHA Clinical Frailty Scale**

- 1 *Very fit*—robust, active, energetic, well motivated and fit; these people commonly exercise regularly and are in the most fit group for their age
- 2 *Well*—without active disease, but less fit than people in category 1
- 3 *Well, with treated comorbid disease*—disease symptoms are well controlled compared with those in category 4
- 4 *Apparently vulnerable*—although not frankly dependent, these people commonly complain of being “slowed up” or have disease symptoms
- 5 *Mildly frail*—with limited dependence on others for instrumental activities of daily living
- 6 *Moderately frail*—help is needed with both instrumental and non-instrumental activities of daily living
- 7 *Severely frail*—completely dependent on others for the activities of daily living, or terminally ill

Note: CSHA = Canadian Study of Health and Aging.

# CSHA Clinical frailty scale

Rockwood et al CMAJ 2005;173:489





# WHAT HEALTHCARE & SOCIAL CARE PROFESSIONALS CAN DO

Recognition of Frailty is  
an

Opportunity to

“UNFRAIL”



# How Do You Unfrail?

1. Primary Prevention
2. Better Primary Care System with:
  - FOCUS on FRAILITY
3. Focus on common Geriatric complaints including screening/case finding.



# Components of an appropriate assessment of illness in “Frail Elderly”

■ Chief Complaint	Usual Assessment
■ Past Medical History	
■ Medications	Comprehensive Geriatric Assessment
■ Communication	
■ Cognition/Mood	
■ Function	
■ Environment	
■ Socio-economic Status	
■ Formal and informal supports	



# Professional Unfrailing: The Top 10

1. Health Promotion/Case Finding
2. Exercise is everyone's business.
3. Review medication
4. Early detection of acute illness  
(Geriatric Giants or atypical presentation)
5. Identify high risk patients at admission



# Professional Unfrailing: The Top 10

6. Appropriate Treatment (acute and chronic) optimize co-morbidities
7. In Hospital Mobilize
8. Identify Rehabilitation potential
9. Optimize environment – minimize personal disabilities
10. Maximize Caregiver support (family and formal)





# Screening

Case find (Screen) for common conditions in high risk individuals

- ☐ Dementia
- ☐ Depression
- ☐ Pain
- ☐ Falls
- ☐ Osteoporosis
- ☐ Hypertension
- ☐ Incontinence

# Dementia Risk Calculator

< 65	1%
65	2%
70	4%
75	8%
80	16%
85	32%

✓Risk Doubles every 5 years of Age

✓Each additional vascular risk factor approximately doubles the risk

✓Positive family history doubles the risk

Screen 80 + or 65-80 with VRFs



# Dementia Quick Screen

- 3 item recall (**0-1 correct:** OR 3.1)
- Animals in 1 minute (**<15:** OR 20.2)
- Clock drawing (**abnormal:** OR 24)



# POW RH Cognitive Screening Project

- 41 Residents without dementia were screened → 73% failed, 15% refused
- 32 received full cognitive assessments → 47% preliminary diagnosis was dementia
- Extrapolation: 1800 RH residents in Ottawa may have undiagnosed Dementia.



# How to Avoid Getting Dementia

1. Recognize and treat ALL VRFs (vascular risk factors)
2. Go play outside: Exercise: walking and pumping
3. Stay in school...and keep learning
4. Wear a helmet
5. Eat like your Italian Momma



# How to Avoid Getting Dementia

6. Go find a nice girl or boy (and get married)
7. I love to cook with wine and  
SOMETIMES I even put it in the food.
8. Don't smoke or roll in the grass.
9. Go play with your friends.
10. Don't Worry...Be Happy



# What Else Can The System Do?

1. Hospital Focus on their MAJOR CLIENTS not just Senior Friendly but Senior Effective
2. Better Coordination (Integration is a false God)
3. Better Community Services: Focus on Frailty and Real Case Management
4. Informatics Integrated
5. Everyone makes Geriatrics their business.

# Texting for Seniors



1. DWI – Driving While Incontinent
2. LMDO – Laughing My Dentures Out
3. LOL – Living on Lipitor
4. TOT – Texting on Toilet
5. GGLKI – Gotta Go, Laxative Kicking in!