

Energize: Prescription for Healthy Aging

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GAME SHOWS FOR
PEOPLE YOUR AGE

What is the longest authenticated life span for humans?

1. 106
2. 112
3. 118
4. 122
5. 145

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.

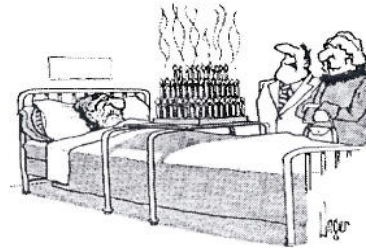
- What are the top 20 keys to living longer?

What % of those at age 80 have 2 or more chronic diseases?

1. 10%
2. 30%
3. 50%
4. 70%
5. 100%

What % of seniors aged 75-84 have no important functional impairments? (They are independent).

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



"If she has one more birthday, this whole place is gonna go up!"

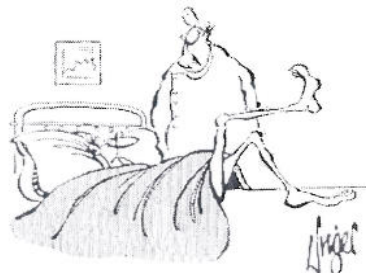
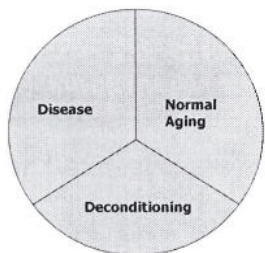
To Reach 100

1. Survivors (43%) CD < 80
2. Delayers (36%) CD 80-98
3. Escapers (21%) CD at 98

Prevalence of Chronic Diseases (2 or More)

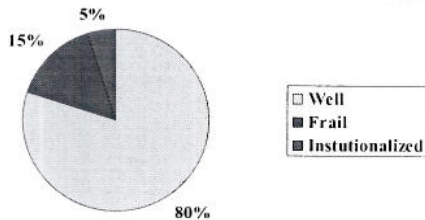
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|---------------|-------------|
| At age 65-69: | 35% (men) |
| | 45% (women) |
| At age 80: | 53% (men) |
| | 70% (women) |

The Elderly and Physiologic Decline



"I don't think you're strong enough to get out of bed yet."

The Elderly in Canada



SENIORS

1. 80% WELL
2. 15% FRAIL
3. 5% INSTITUTIONALIZED

THE GREATEST RISK FACTOR FOR ALMOST ALL DISEASES IS AGE

DEFINITION: FRAILTY

DEPENDENT ON OTHERS FOR ACTIVITIES OF DAILY LIVING OR HIGH RISK FOR DEPENDENCY

Recognition of Frailty is an
Opportunity to
"UNFRAIL"



- The frail elderly are 15% of seniors and 3% of the overall population.

• THIS 3% USES 30% OF HEALTHCARE \$

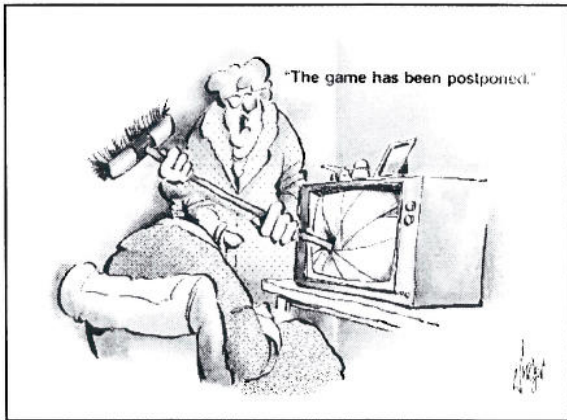
• ? DO ACUTE CARE HOSPITALS CONSIDER THE ELDERLY AS THEIR MAJOR CLIENTS?

Components of an appropriate assessment of illness in "Frail Elderly"

- | | |
|--------------------------------|---------------|
| • Presenting Issues | Usual |
| • Past Medical History | Assessment |
| • Medications | |
| • Communication | |
| • Cognition/Mood | Comprehensive |
| • Function | Geriatric |
| • Environment | Assessment |
| • Socio-economic Status | |
| • Formal and informal supports | |

Unfrailing: The Top 10

1. Health Promotion
2. Screening
3. Early detection of acute illness (Geriatric Giants or atypical presentation)
4. Appropriate Treatment (acute and chronic) optimize co-morbidities
5. Review medication
6. Mobilize
7. Improve nutrition
8. Rehabilitation
9. Optimize environment – minimize personal disabilities
10. Maximize Caregiver support (family and formal)



Old Age Ain't For Sissies

Only recent bad habits hurt you.

Only recent good habits help you.

1° Prevention

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

1° Prevention

5. Safe Driving – Counselling /“Screening”
6. Vaccinations
 - Influenza (annual)
 - Pneumococcal – high risk, ? 65+, (once or twice?)
 - Tetanus – single booster at a ge 65
 - Herpes Zoster
7. Advice re: sun exposure.
8. Vitamin D 1000 IU

Exercise

1. RCT of exercise Training for Older People
(Senior Silver Centre Trial)
(I. Tsuji. Journal of Epidemiology. 2000 10:pg 55-64)
 - Intervention: Warm up, bicycle, resistance exercised (rubber films), cool down (2 – 3 x 2 hour classes/week x 25 weeks)
 - Results: Net gain $\dot{V}O_2$ Max \uparrow 2.1 ml/kgm/min (10.3%) equivalent to participants becoming younger in aerobic capacity by 5 YEARS

Exercise

2. High Intensity Strength Training in Nonagenarians in a Nursing Home
(Fiatarone M. JAMA. 1990. 38:1256-1300)
 - Intervention
 - 3 sessions quad strengthening exercises/week x 8 weeks
 - Results
 - Quad strength \uparrow 174%
 - Tandem gait speed \uparrow 48%

Exercise

1. Brain healthy
2. Heart healthy

2° Prevention

- | | |
|---------------------------------------|-------------------------|
| 1. Hypertension Treatment | Benefits to age 84 |
| 2. Osteoporosis/Cardiovascular | Estrogen Counseling |
| 3. Alcoholism | Case Finding/Counseling |
| 4. Vision/Hearing Problems | Screening/Aids |
| 5. Falls | Review Risk Factors |
| 6. Carcinoma Breast | Screening |
| 7. Carcinoma Cervix | Screening |
| 8. Excessive LTC Institutionalization | Home visit by nurse |

Screening

1. Who
2. For what

Routine Screening 65+

1. Q 1 yr: BP/breast exam/BMD
2. Q2-5 yr: Cognition/lipids/?PAP/pelvic/rectal exam/mammography/falls/ETOH
3. Q10 years: Colonoscopy

What Is the Healthy Aging Program?

1. Passport to Healthy Aging

- ½ day at Community Centres/Retirement Homes

8:30-9:30

Registration, passport distribution, written description of ½ day and brief overview/introduction (N= 60 participants maximum)

Healthy Aging Toolkit N=32

1. Cognition 19/32 +ve (2 on AChEI) Yield: 17/32 = 53%

- 4 item questionnaire (6) **Abnormal:** 1 (3)
- Animals in 1 minute (14) 2 (8)
- 3 item recall ≤ (13) 3 (6)
- Clock drawing (12) 4 (2)

2. Hypertension (Systolic 150) Yield: 13/32 = 41%

1. 150-160 (7)
2. 161-180 (3)
3. >180 (3)

3. Osteoporosis (BMD not done in ♀) yield: 10/28 = 36%

4. Weight > 80 kg Yield: 11/32 = 34%

- (1) 80-90 (5)
- (2) 90-100 (4)
- (3) >100 (2)

5. Pain ≥ 5 on scale 0-10 Yield: 10/32 = 31%

- (1) 5 (4)
- (2) 6 (4)
- (3) 7 (1)
- (4) 8 (1)

6. Depression: Yield: 9/32 = 28%

Defn = 2 or more of:

- (1) GDS ≥ 5 out of 15
 - (2) observer impression
 - (3) in the last 2/52, have you often felt downhearted/sad
- (2 residents were on antidepressants)

7. Incontinence of Urine Yield: 7/32 = 22%

8. Nutrition (under) Yield: 6/32 = 19%

9. Total Cholesterol >6 yield: 4/23 = 18%

10. Smoking Yield: 4/32 = 13%

11. Diabetes 2 hr pp >9 Yield: 5 (1 known) = 4/32 = 13%

