

Resilience in Older Adults

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The Satcher Health Leadership Institute



MOREHOUSE
SCHOOL OF MEDICINE

Learning Objectives

By the end of this presentation, the participant's will be able to:

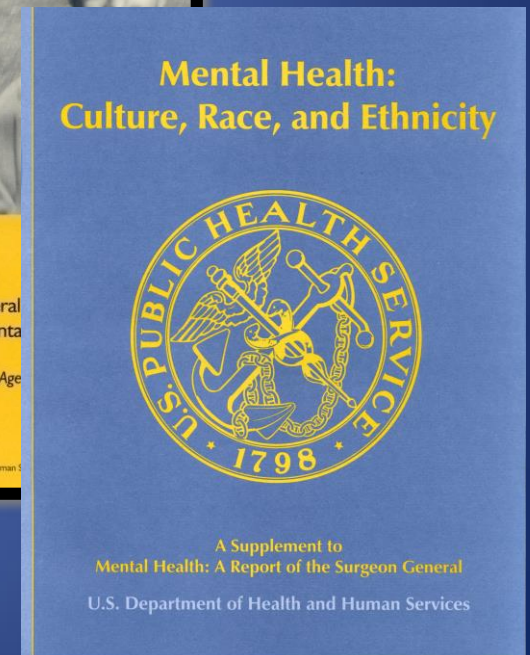
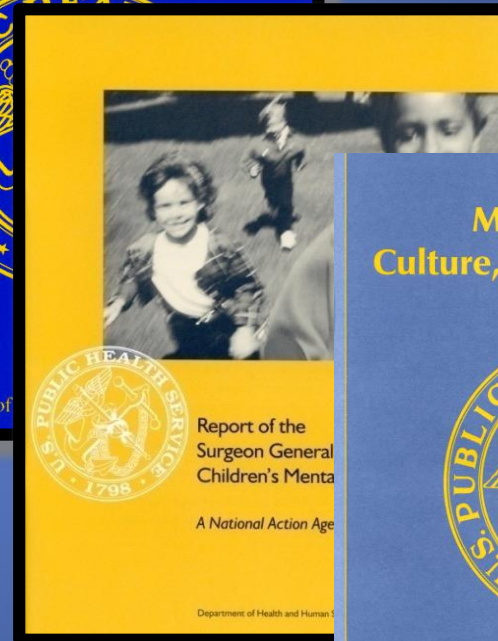
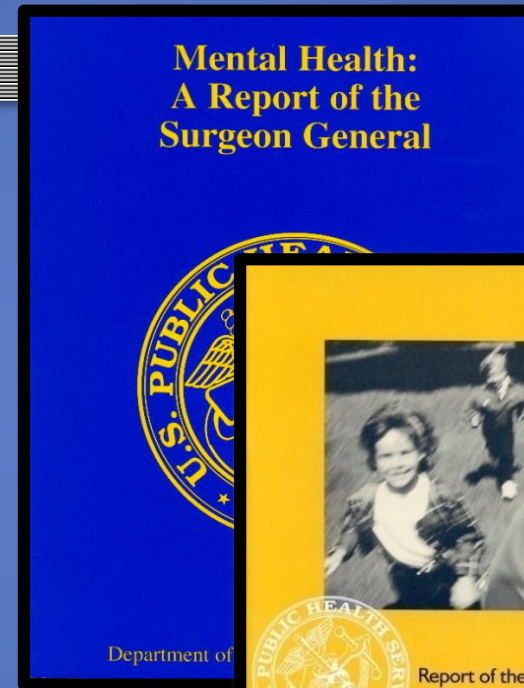
1. Understand factors associated with health aging and the importance of fostering well-being across the lifespan
2. Identify the disproportionate burden of Alzheimer's and caregiving among communities of color.
3. Explain how to promote recovery in older adults.

Surgeon General's Mental Health Reports

Mental Health: A Report
of the Surgeon General
December 1999

Supplements

- Children's Mental Health
January 2001
- Culture, Race & Ethnicity
August 2001
- Mental Retardation
February 2002



MENTAL HEALTH

The successful performance of mental function, resulting in productive activities, fulfilling relationships with others, and the ability to adapt to change and to successfully cope with adversity.



It Pays to Promote Wellness



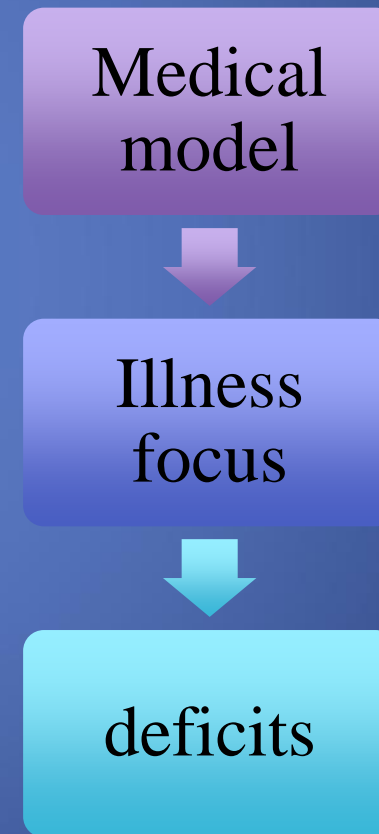
<http://blog.globalwellnesssummit.com/2014/10/wellness-is-now-a-3-4-trillion-global-industry-three-times-bigger-than-the-worldwide-pharmaceutical-industry/>

TENSION?

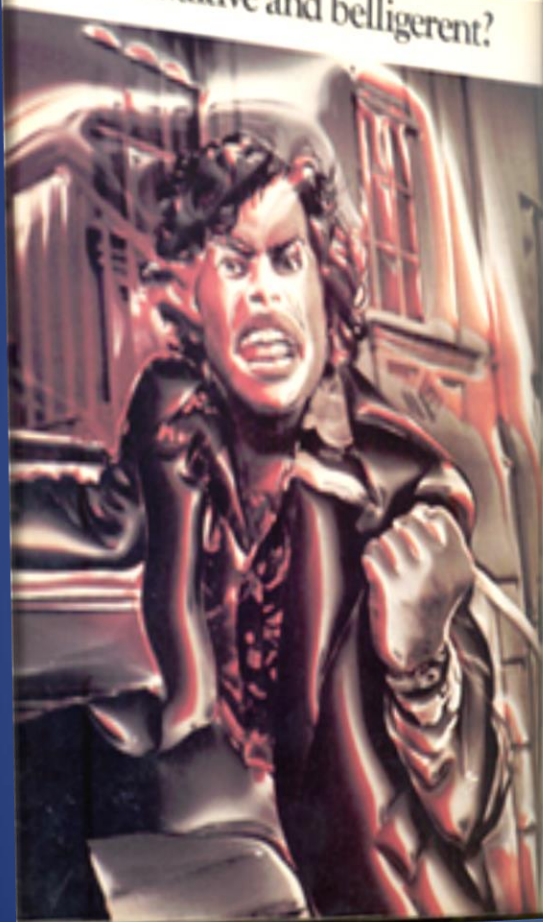
Resilience building



Symptom reduction



Assaultive and belligerent?



Cooperation often begins with
HALDOL
(haloperidol)
a first choice for starting therapy

Acts promptly to
control aggressive,
assaultive behavior

Several studies have reported the rapid effectiveness of HALDOL (haloperidol) in controlling aggressive and assaultive behavior. In one study, the number of violent assaults committed by a group of mental patients "reactive to minimal levels of provocation" was reduced substantially during treatment with HALDOL. Improved control can be achieved rapidly. Frequently within a few days when the intramuscular form could be used control of severely agitated patients may be achieved.

Usually
leaves patients
relatively alert
and responsive

Although acute treatment of schizophrenia has been described, marked sedation with HALDOL (haloperidol) is rare. In a report on a study with control patients the investigators state, "The patients remained alert and were amenable to psychotherapeutic interventions." Another investigator reports that HALDOL "sedated" behavior and produces a readiness to the extent that allows more effective use of the social skills and the therapeutic environment."

Reduces risk of
serious adverse
reactions

HALDOL (haloperidol), a neuroleptic, controls most of the problems associated with the sedation, hypotension, and other adverse reactions that have been reported. There is no likelihood of adverse reactions such as severe damage, acute changes, serious hemorrhage, necrosis and skin ulcers.

The most frequent side effects of HALDOL (haloperidol)—extrapyramidal symptoms—are usually dose-related and readily controlled.

Information is being sent by this firm to the U.S. Food and Drug Administration, Washington, D.C., and Bureau of Drug Administration, U.S. Health, Education and Welfare, Washington, D.C. The firm has also notified the U.S. Food and Drug Administration, Washington, D.C., and Bureau of Drug Administration, U.S. Health, Education and Welfare, Washington, D.C. The firm has also notified the U.S. Food and Drug Administration, Washington, D.C., and Bureau of Drug Administration, U.S. Health, Education and Welfare, Washington, D.C.

For information relating to Indications, Contraindications, Warnings, Precautions and Adverse Reactions, please refer page 1000.

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THE PROTEST PSYCHOSIS

How Schizophrenia
Became
a Black Disease

JONATHAN M. METZL

Author of *Prozac on the Couch*

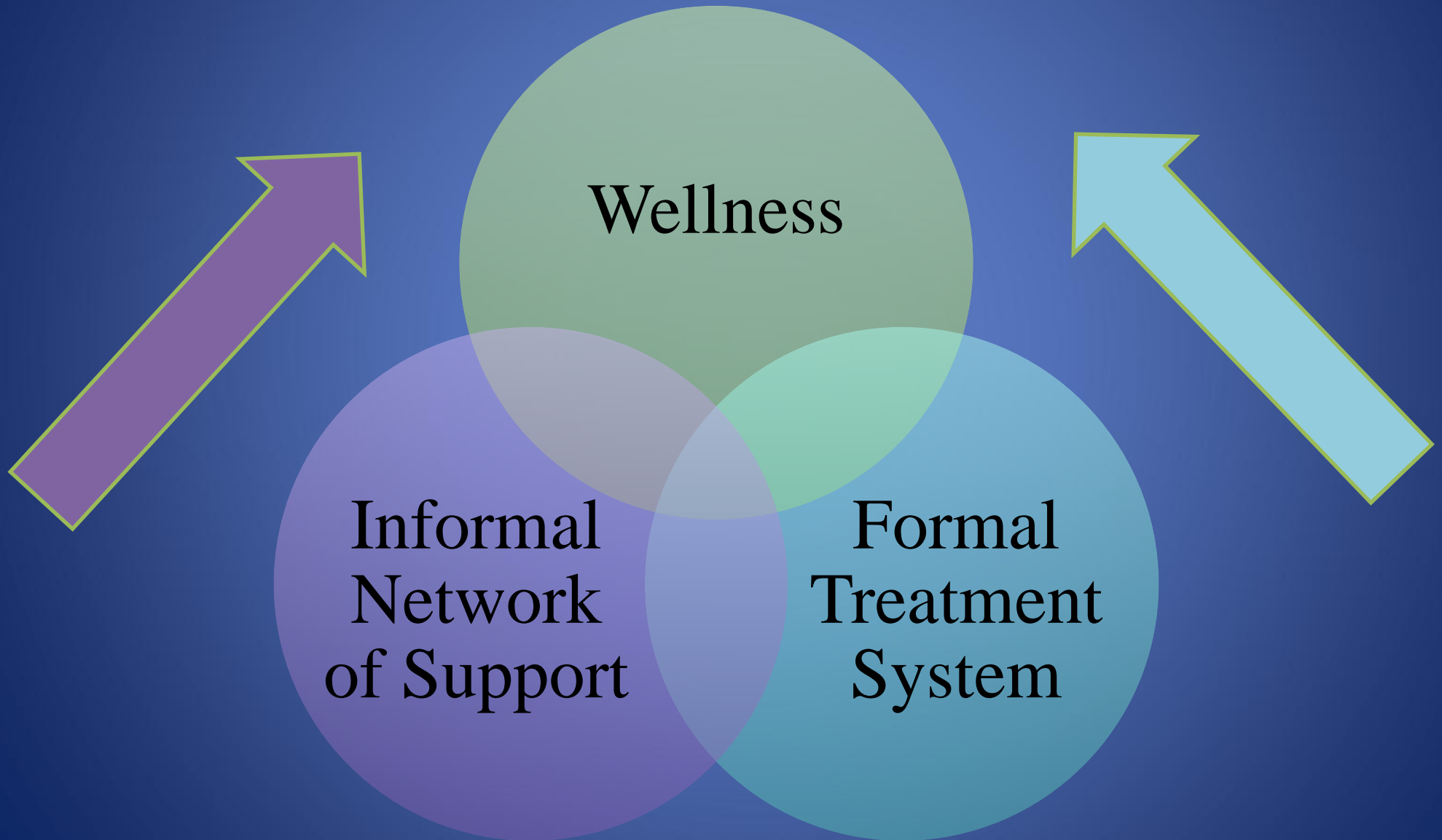
UNNECESSARY TENSION?



Is it wrong to
deny mental
illness?

Is it wrong to
focus on illness
symptoms?

Mutual Support



A photograph of a cemetery with numerous gravestones of varying heights and shapes, set against a background of green grass. The gravestones are arranged in rows, and the lighting is bright, suggesting a sunny day.

DISPARITIES IN HEALTH

Individuals with serious mental illnesses die, on average, 25 years earlier than the general population

DISPARITIES IN OLDER ADULTS

The most common disorders in older adults are depression, severe cognitive impairment and anxiety (CDC, 2008)

The 12 month incidence of a mental disorder among adults greater than 65 is upwards of **20%** (Karel, Gatz, & Smyer, 2012).

DISPARITIES IN OLDER ADULTS

Older adults in general are **less likely** than middle aged individuals **to perceive** that they **need** mental health care (Klap, Unroe, & Unutzer, 2003)

Older minority men are the least likely to obtain treatment and males are more likely to express their distress in what is considered atypical symptoms of depression such as **anger, rage** and **risky behavior** (Blazer, 2003; Hinton, Zweifach, Oishi, Tang & Unutzer 2006)

DISPARITIES IN OLDER ADULTS

Maintaining **stable housing** and a healthy living environment is essential to aging in place and especially so for vulnerable, older persons with a history of mental illness.



DISPARITIES IN OLDER ADULTS

In Georgia, an example of this vulnerable population can be found in the **11 AHA-owned low-income public housing high rises**, which each houses an average of 200 residents.

80% seniors (age 62+)



20% adults with disabilities (age 18+)

RECOVERY REQUIRES HOPE

Mental Health America of New York City (MHA-NYC) has taken the lead in developing the definition of “Recovery” in older adults. MHA-NYC asserts that recovery focused services for older adults supports the **attainment of integrity** which focuses more on **acceptance of one’s life**, a **sense of current meaningfulness**, and **interest in guiding future generations** more than on personal future achievement

(Williams & Beitchman, 2013)

ALZHEIMER'S: THE FACTS

- ✦ **5.4** million Americans currently have Alzheimer's Disease (AD)¹. **1.1** million are African Americans².
- ✦ **6th** leading cause of death for all Americans³, and the **4th** for older African Americans⁴.
- ✦ Globally, at least **44** million people are living with AD and other dementias⁵.

1. Alzheimer's Association (2012). Alzheimer's Disease Facts and Figures, *Alzheimer's & Dementia*, 8(2).
2. Gaskin, DJ, et al. (2013). The Costs of Alzheimer's and Other Dementias for African Americans. African American Network Against Alzheimer's .
3. Centers for Disease Control and Prevention (2015). Deaths: Final Data for 2013. *National Vital Statistics Report*, 64 (2).
4. African American Network Against Alzheimer's (n.d.). Alzheimer's Disease and its Impact on African Americans: At a Glance). Retrieved from http://www.usagainstalzhimers.org/sites/default/files/AAN_AtGlanceOnePager_FINAL.pdf.
5. Alzheimer's Association (2014). Alzheimer's Facts. Retrieved from <https://mybrain.alz.org/alzheimers-facts.asp>.

ALZHEIMER'S: THE FACTS

- ✦ Alzheimer's increases with age, but is not a normal part of aging.
- ✦ One out of every 8 individuals over age 65 has AD¹.
- ✦ Nearly half of individuals over age 85 have AD².

1. Alzheimer's Association (2014). Alzheimer's Disease Facts and Figures, *Alzheimer's & Dementia*, 10(2).

2. Alzheimer's Association (2012). Alzheimer's Disease Facts and Figures, *Alzheimer's & Dementia*, 8(2).

ALZHEIMER'S: A CANCER-SIZED PROBLEM

✦ A new, 8-year longitudinal study suggests its true toll may top half a million lives a year – placing it just below heart disease and cancer on the list of America's top killers.

- *Source: Rush University, Chicago.*
- *Published in the peer-reviewed journal Neurology*

ALZHEIMER'S DEATHS ARE UP

- ✦ Unlike **ALL** other major diseases, Alzheimer's deaths **increased by 68%** over the past decade¹.
- ✦ AD is the only disease in the top 10 causes of death without a disease-modifying treatment or cure.

1. Alzheimer's Association (2013). 2013 Alzheimer's Disease Facts and Figures [Fact Sheet]. Retrieved from http://www.alz.org/documents_custom/2013_facts_figures_fact_sheet.pdf.

AND IT IS PROJECTED TO GROW

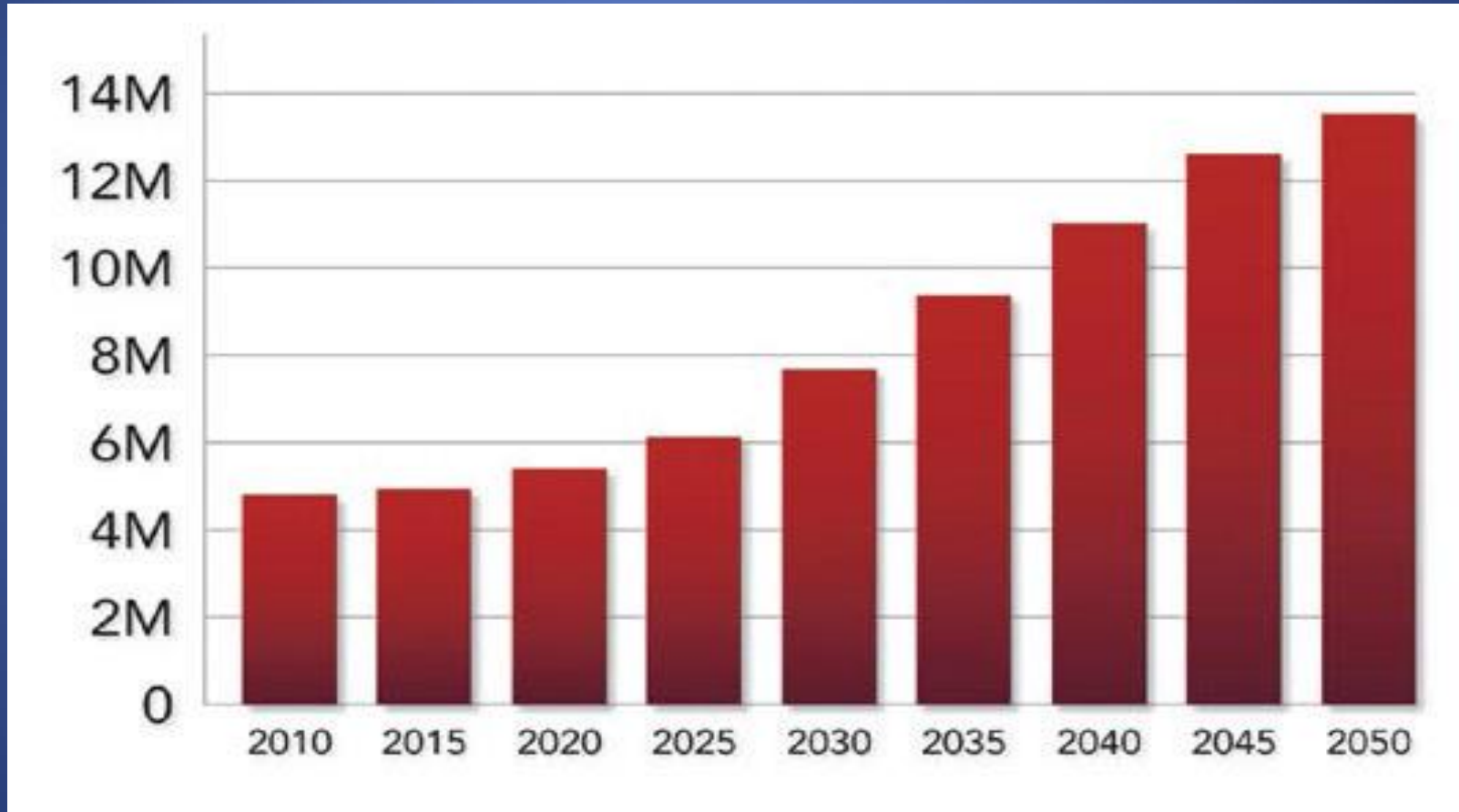
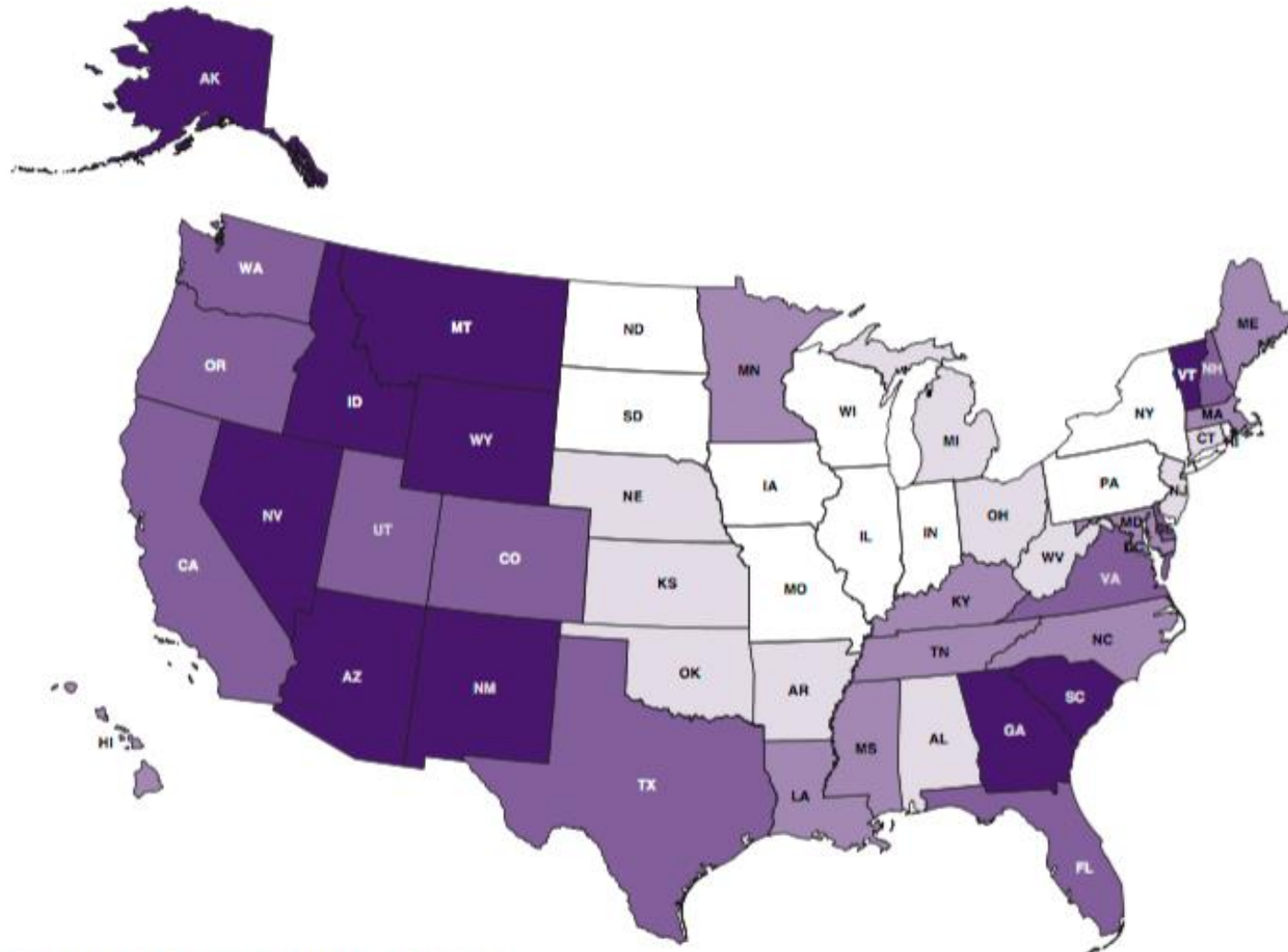


FIGURE 2

Projected Increases Between 2016 and 2025 in Alzheimer's Disease Prevalence by State

14.3% - 18.5% 18.6% - 24.5% 24.6% - 34.6% 34.7% - 41.5% 41.6% - 61.8%



Change from 2016 to 2025 for Washington, D.C.: 0.0%

Created from data provided to the Alzheimer's Association by Weuve et al.^{166,AS}

ALZHEIMER'S: CAREGIVERS

In 2015, 15.9 million family and friends provided 18.1 billion hours of unpaid care to those with Alzheimer's and other dementias. That care had an estimated economic value of \$221.3 billion.

- Approximately two-thirds of caregivers are women, and 34 percent are age 65 or older.
- 41 percent of caregivers have a household income of \$50,000 or less.
- On average, care contributors lose over \$15,000 in annual income as a result of reducing or quitting work to meet the demands of caregiving.

ALZHEIMER'S: CAREGIVERS

Alzheimer's takes a devastating toll on caregivers. Nearly 60 percent of Alzheimer's and dementia caregivers rate the emotional stress of caregiving as high or very high; about 40 percent suffer from depression.

One in five care contributors cut back on their own doctor visits because of their care responsibilities. And, among caregivers, 74 percent report they are "somewhat" to "very" concerned about maintaining their own health since becoming a caregiver.

THE COSTS OF ALZHEIMER'S

✦ \$214 billion

✦ Yet we spend only \$560 million to find a cure

- Cancer: \$5.446 billion
- Heart Disease: \$4 billion

AfricanAmericans4AgainstAlzheimer's

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Empowering people with dementia to have high aspirations, confidence and know they can contribute



RESILIENCE IN AGING

external
connections

independence

meaningfulness

positive
perspective on
life

previous
experience
with hardship



self-care

altruism

grit

RESILIENCE FACTORS

External connections: these include family, social, and community connections; they may be formal or informal, and may include recreational activities with others.



Meaningfulness: a sense of meaningfulness can come from spiritual or philosophical grounding, and may involve religious practices; the grounding leads to a lessened sense of existential loneliness.

RESILIENCE FACTORS

Grit: this factor involves determination, or the will to survive and refusal to be defeated, as well as positively adapting to conditions of frailty.



Positive perspective on life: Positivity not only includes optimism, but also the desire and motivation to pursue dreams and not be overwhelmed by problems.

RESILIENCE FACTORS

Previous experience with hardship:

overcoming hardship, such as grief, loneliness, and other adversities in the past can contribute to resilience in the present.



RESILIENCE FACTORS

Self-care: self-care involves both the body and the mind; in addition to maintaining one's physical health, resilient people also manifested continuous curiosity and valued education highly.



Independence: a resilient person would also feel a sense of mastery and control over her life, and a belief in herself., etc

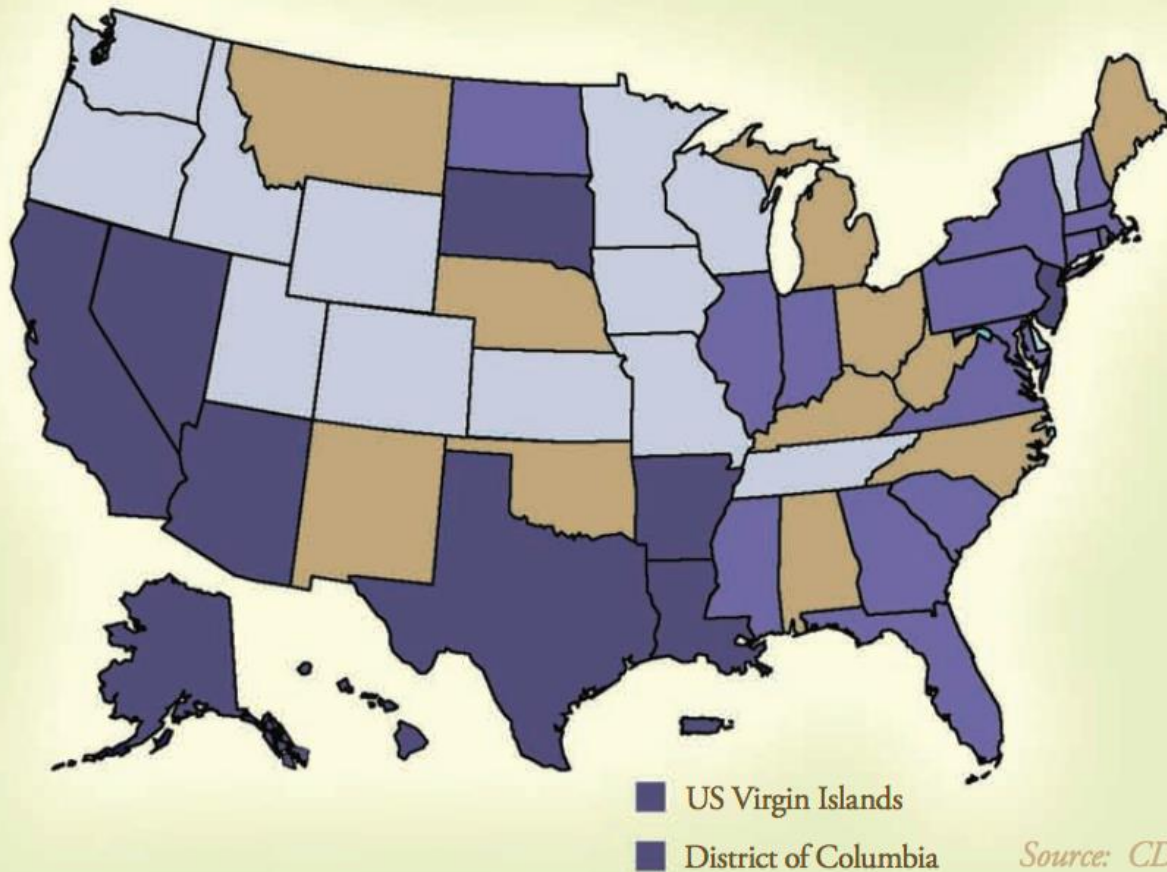
RESILIENCE FACTORS

Self-acceptance: this factor includes confronting mortality and aging, with a positive, affirming outlook.



Altruism: resilient people manifest a care for others, and extend themselves in giving, advocacy, volunteer work, mentoring, etc

HEALTHY AGING



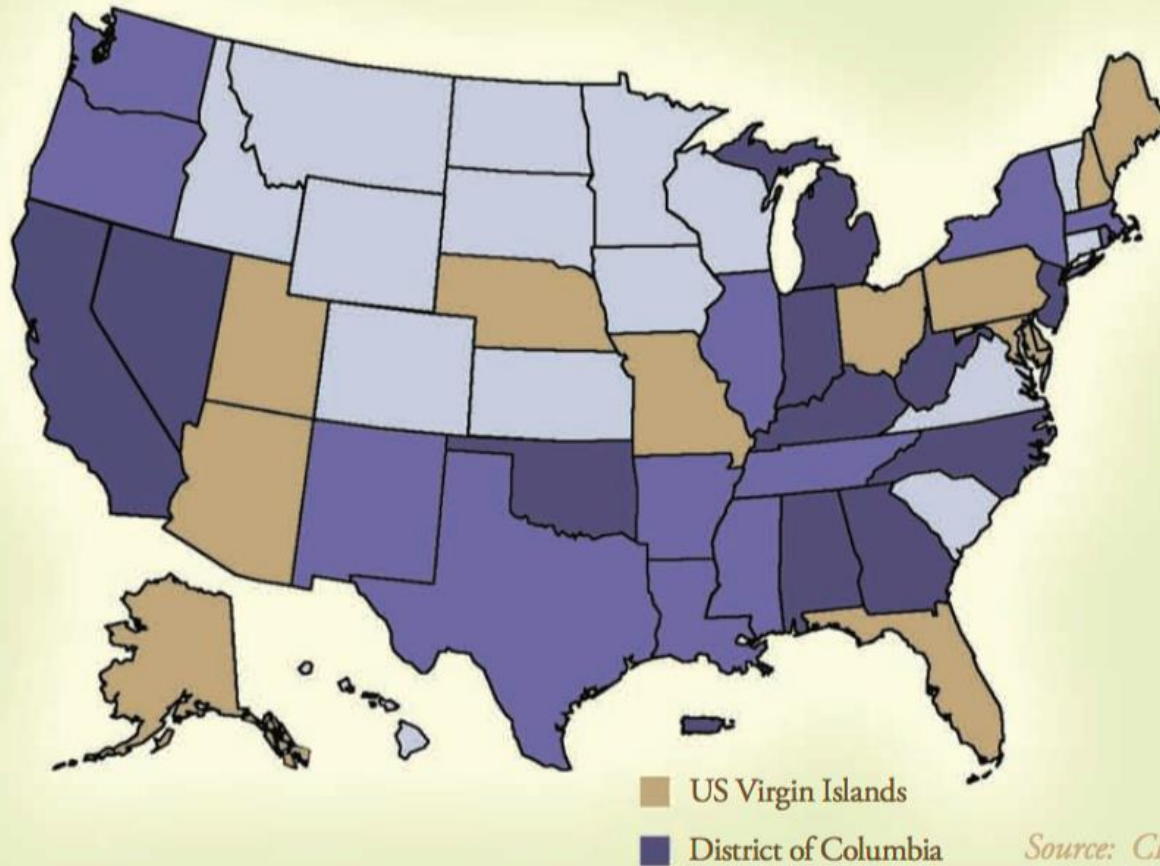
Social and Emotional Support

Percentage of adults aged 50 or older who reported that they 'rarely' or 'never' received the social support that they needed



Source: CDC, Behavioral Risk Factor Surveillance System, 2006

HEALTHY AGING



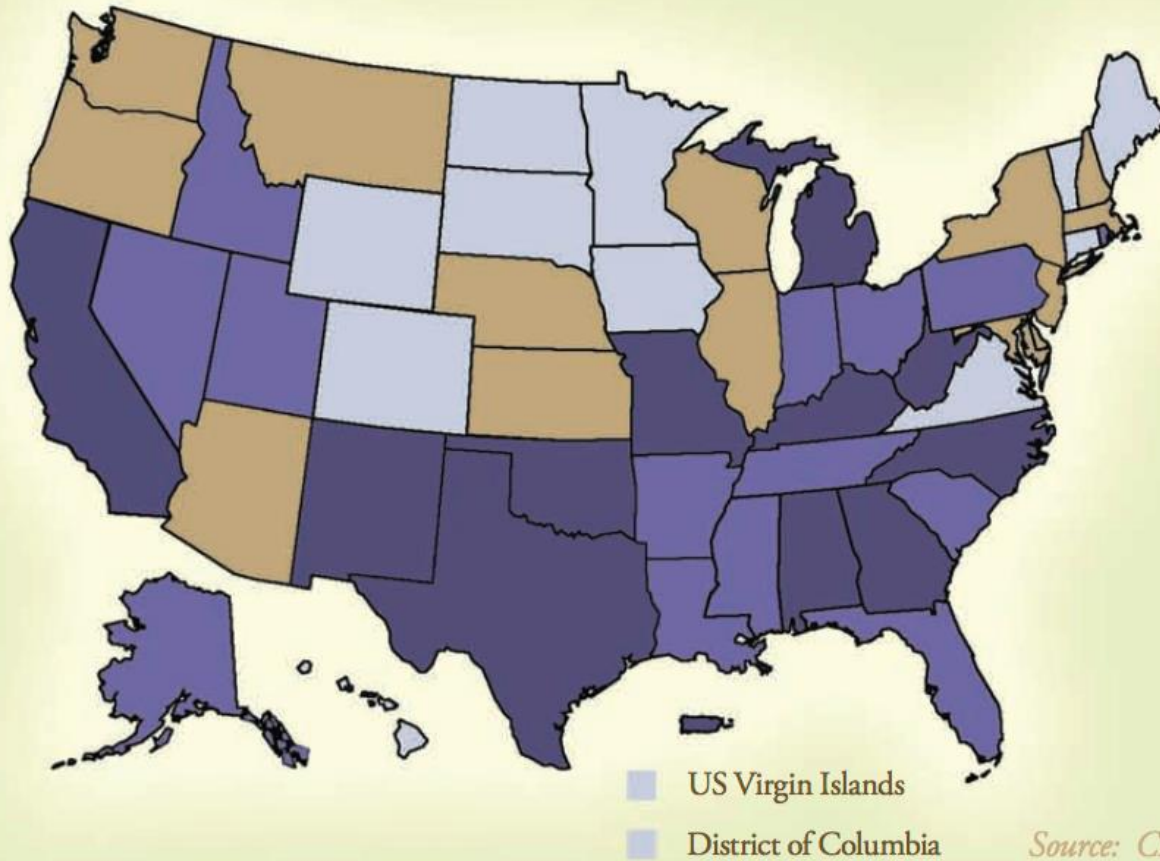
Life Satisfaction

Percentage of adults aged 50 or older who responded that they were “dissatisfied” or “very dissatisfied” with their lives.



Source: CDC, Behavioral Risk Factor Surveillance System, 2006

HEALTHY AGING



Frequent Mental Distress

Percentage of adults aged 50 years or older who in the past 30 days experienced frequent mental distress



Source: CDC, Behavioral Risk Factor Surveillance System, 2006



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Where people live the longest.





Power 9®: Blue Zones Lessons

Shared traits of the world's longest-lived people.

SHOW LESS



1. **Move Naturally** The world's longest-lived people don't pump iron or run marathons. Instead, their environments nudge them into moving without thinking about it.
2. **Purpose** Why do you wake up in the morning? Knowing your sense of purpose is worth up to seven years of extra life expectancy.
3. **Down Shift** Stress leads to chronic inflammation, associated with every major age-related disease. The world's longest-lived people have routines to shed that stress.
4. **80% Rule** "Hara hachi bu" – the Okinawans say this mantra before meals as a reminder to stop eating when their stomachs are 80 percent full.
5. **Plant Slant** The cornerstone of most centenarian diets? Beans. They typically eat meat—mostly pork—only five times per month.
6. **Wine @ 5** Moderate drinkers outlive non-drinkers, especially if they share those drinks with friends.
7. **Belong** Attending faith-based services four times per month – no matter the denomination – adds up to 14 years of life expectancy.
8. **Loved Ones First** Centenarians put their families first. They keep aging parents and grandparents nearby, commit to a life partner and invest in their children.
9. **Right Tribe** The world's longest lived people chose or were born into social circles that support healthy behaviors.

For more information, read our [Power 9 blog](#).