



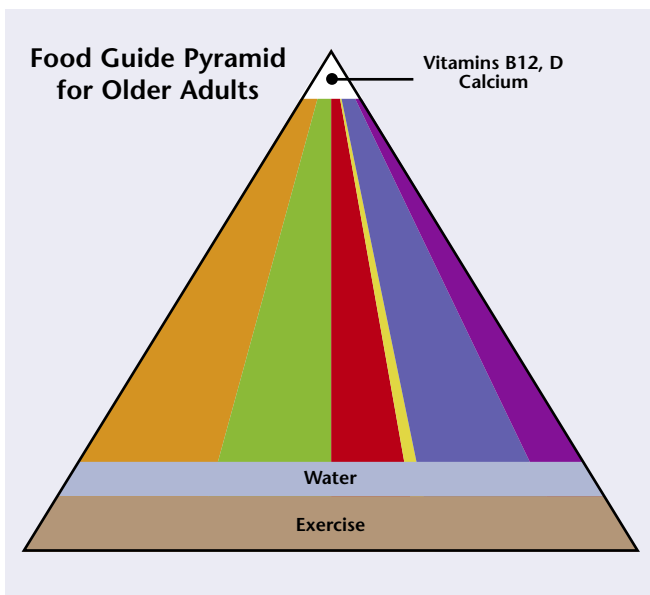
## Improving Quality of Life for Seniors

### Assisted Living Care—Delivered

Silverado Senior Living, the California-based company specializing in Alzheimer's care, has recently branched out to deliver specialized Alzheimer's care to the home. For Alzheimer's patients who are not ready to move to an assisted living (AL) facility, the new Silverado program is designed to deliver an appropriate level of care to support in-home caregivers. A Silverado care manager visits the home to perform a home assessment and recommends appropriate care that may range from a few hours of care weekly to a live-in caregiver or a round-the-clock care team that consists of several shifts. For more information, see [http://www.silveradosenior.com/senior\\_home\\_care/senior\\_home\\_care.htm](http://www.silveradosenior.com/senior_home_care/senior_home_care.htm).

### Updated to Food Guide Pyramid for Seniors

Tufts University researchers have updated their Food Guide Pyramid for Older Adults to correspond with the USDA food pyramid, now known as MyPyramid. The Tufts version, called Modified MyPyramid for Older Adults, is specifically designed for older adults and em-



phasizes nutrient-dense food choices and the importance of fluid balance. It also has added additional guidance about forms of foods that could best meet the unique needs of older adults and emphasizes the importance of regular physical activity. More information can be found in the January 2008 issue of *The Journal of Nutrition* at: <http://jn.nutrition.org/cgi/content/abstract/138/1/5>.

### Fluoridated Water for Older Adults

Gerardo Maupomé, BDS, MSc, PhD, and colleagues, of the Indiana University School of Dentistry, reported in the Fall 2007 issue of the *Journal of Public Health Dentistry* that older adults benefit even more significantly from fluoridation than do children. Fluoridated community water reduced the amounts of dental fillings needed by children, adults, and older adults in the study; however, those in the older adult group benefited the most. For more information, see <http://www.blackwell-synergy.com/doi/abs/10.1111/j.1752-7325.2007.00033.x>.

### Preventing Adverse Drug Events in Seniors

Clinicians at Tufts University School of Medicine have published steps that physicians and other healthcare providers can take to avoid overuse, misuse, and underuse of medication in older adults. For more information, see <http://www.aafp.org/afp/20071215/1837.html>.

### Pilot Program Boosts Seniors' Activity Levels

Expectations can limit reality. So proves a new UCLA study. By retraining sedentary older adults to *not* expect to be physically inactive as they age, researchers were able to show an increase in seniors' activity levels by 24%. Mental-health quality of life improved as well. The complete report can be found on the Web site of the *Journal of the American Geriatrics Society* at <http://www.blackwellpublishing.com/journal.asp?ref=0002-8614&site=1>.

### Fit Older Adults Live Longer

Increased activity levels among seniors can also lengthen life. The 12-year Aerobics Center Longitudinal Study at the Cooper Clinic in Dallas, Texas, showed that adults over age 60 who died were older, had lower fitness levels, were fatter, and had more cardiovascular risk factors than survivors. The least-fit 20% of the 2603 people in the study had a death rate 4 times higher than the 20% who were the fittest. See <http://jama.ama-assn.org/cgi/content/abstract/298/21/2507>.

### Improving Balance with Exercise

According to a report in the November issue of the *Mayo Clinic Health Letter*, people of any age can improve balance through exercise and physical activity. Walking or any exercise that gets a person's arms and legs moving in coordination improves balance. Suggested exercises also include balancing on one foot and then the other. A more advanced exercise is to walk

heel-toe, heel-toe as if walking on a line. Strength training and Tai chi are also beneficial.

### **Excellence in Care Dementia Programs**

The Alzheimer's Foundation of America (AFA) recently awarded its "Excellence in Care Dementia Program of Distinction" status to the Salvation Army Serendipity Adult Day Center, Anchorage, AK, the nation's first adult day center. Three more assisted living facilities were awarded Excellence in Care status: the memory care units of Warwick Forest, Newport News, VA; The Catholic Care Center, Bel Aire, KS; and The Birches, Clarendon Hills, IL. For more information, see [www.excellenceincare.org/](http://www.excellenceincare.org/).

### **FMAP Boost Recommended**

The American Health Care Association (AHCA) and the National Center for Assisted Living (NCAL) have urged Congress and the White House to include in any final economic stimulus package state fiscal relief through a temporary increase in states' federal Medical assistance percentage (FMAP). The organizations cited the success of a similar federal effort in 2003 to help ensure seniors' ability to access key Medicaid benefits and services.

### **Vitamin D2 Supplements May Prevent Falls**

According to a report in the January 14 issue of *Archives of Internal Medicine*, vitamin D2 supplements may reduce the risk of falls among women who have a history of falling, have low blood levels of vitamin D, and live in sunny climates especially during the winter. A year-long clinical trial of 302 women ages 70 to 90 years living in Perth, Australia, showed a risk reduction of 19% among women receiving vitamin D therapy. For more information, see <http://archinte.ama-assn.org/current.dtl>.

### **Senior Care Pharmacy**

The American Society of Consultant Pharmacists (ASCP) introduced the 2007-2008 Board of Directors at the 38th annual Senior Care Pharmacy meeting in Philadelphia in November. They are: Joseph Gruber, Chairman; Lee Meyer, President; Judy Beizer, President-elect; Robin Taylor, Vice-president; Ross Brickley, Secretary/Treasurer; and Al Barber, Sandra Brownstein, Jim Byars, Jeff Delafuente, Vince Galletta, Mickey Glasco, Sean Jeffrey, Martha Little, Penny Shelton, Brad Williams. Senior Care Pharmacy '08 is slated for November 19-22, 2008 in New Orleans, LA.

### **Osteoporosis: 8 Tips for 2008**

The January 2008 issue of *Harvard Women's Health Watch* offers 8 preventive measures we can en-

courage our patients to follow to help prevent osteoporosis:

1. Maintain a healthy diet that includes potassium, magnesium, phosphorus, calcium, and vitamin D.
2. Get at least 30 minutes of bone-strengthening activity most days, including activities such as running or brisk walking and resistance exercise.
3. Don't smoke.
4. Get bone mineral density (BMD) testing starting at age 65—earlier for women who have health conditions or take medications that increase risk.
5. Consider bone-preserving drugs, especially for postmenopausal women who have had a fracture or whose BMD score is  $-2.5$  or lower.
6. Be aware of the depression connection. Women with a history of major depression have lower bone density and higher levels of cortisol, a hormone related to bone loss.
7. Maintain a healthy weight. Weight less than 127 pounds or a body mass index under 21 is a risk factor for osteoporosis.
8. Keep floors clear of tripping hazards, make sure stairways and entrances are well lit, and add grab bars to your bathtub or shower.

### **The Future Healthcare Workforce for Older Americans**

On March 31, 2008, the Institute of Medicine (IOM) will release a consensus study to characterize the optimal healthcare workforce for older Americans in an aging society. This study will seek to determine the healthcare needs of the target population and then address those needs through a thorough analysis of the forces that shape the healthcare workforce. The committee will consider the following questions:

1. What are the projected future health status and healthcare services utilization of older Americans?
2. What is the best use of the healthcare workforce including, where possible, informal caregivers to meet the needs of the older population? What models of healthcare delivery hold promise to provide high-quality and cost-effective care for older persons? What new roles and types of providers would be required under these models?
3. How should the healthcare workforce be educated and trained to deliver high-value care to the elderly? How should this training be financed? What will best facilitate recruitment and retention of this workforce?
4. How can public programs (eg, Medicare and Medicaid) be improved to accomplish the goals identified above?

For more information, see <http://www.iom.edu/CMS/3809/40113.aspx>.

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