

Additional Considerations

In many cases, physiological independence plays a major role in psychological and sociological wellness. Older adults can be dependent on a caregiver for daily activities such as shopping and cooking, or even for dressing, bathing and other ADLs.⁵ Sometimes, the caregiver is one of only a handful of people who interact with the older patient.

With around 42 million caregivers devoting at least 20 hours per week in the United States alone⁵ there is a tremendous opportunity to apply the lessons of the successful aging assessment to make a positive impact on the deficiencies identified.

Though frequently only used for physiological care, caregivers can be encouraged to do more to support the psychological and sociological needs of the patients in their care. This focus on quality of life, rather than just prolonging of life more closely aligns with what patients report wanting for themselves.⁶

Independence Extended

In many cases, a referral to Lifeline with AutoAlert can assist patients in feeling and remaining more confident and independent. The reassurance of knowing help is available 24/7, with or without the press of a button. Seniors will feel safer knowing that they have an added layer of protection in the case of a fall or other emergency even if they're alone.



Please send me the white paper titled *Fear-of-Falling in Older Persons* and additional information that support safe discharge:

- Lifeline with AutoAlert brochures
- Lifeline Fitness Brochures

Please make any necessary corrections to your address.

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The Lifeline Medical Alert Service provides access to Lifeline's Response Center in two ways – with or without the push of a help button:

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Freedom to Age Well Series

SPOTLIGHT BROCHURE

Everyone Ages

Yet, not everyone relates to his or her own aging in the same way. In the past, successful aging was regarded by many health care professionals as the achievement of an advanced age while free from debilitating disease or disability.¹ Most past clinical studies of aging tended to focus on physiological factors of aging alone. And even when considering other domains of successful aging besides the physiological, minimal attention has been given to how psychological or other factors may mitigate sometimes-severe physiological decline.

But it's not difficult to imagine a case in which an older adult confined to a wheelchair and suffering from a chronic medical condition who exhibits psychological resiliency and volunteers regularly with a close social network may be aging more successfully than a disconnected, isolated peer whose physiological condition is substantially better.

A MORE COMPLETE PICTURE

New research seeks to improve upon the past definitions of successful aging to provide a multidimensional view. Inside, you'll learn the framework of successful aging proffered by Young, Fan, Parrish, and Frick. Armed with their assessment tool, you'll be better equipped to determine your patients' status on the path to successful aging. And, you'll have the insights to help make meaningful changes in care to support individual patient needs.

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The Changing Keys to Successful Aging



Physiological
Disease + Impairment



Psychological
Emotional Vitality



Sociological
Engaging with
Life + Spirituality

MULTIPLE PATHWAYS TO SUCCESSFUL AGING

To capture the complexities and interdependencies of successful aging, Young et al. proposed a new outlook incorporating physiological, psychological and social aspects of aging as three domains that permit strengths in one or two domains to counterbalance deficiencies in the other domain(s).

The Three Domains

Physiological

To assess the physiological domain, evaluate functional impairments using Nagi's³ performance variables on a yes or no basis for difficulty:

A. EVALUATE USING NAGI'S 7 PERFORMANCE VARIABLES

- Standing for long periods
- Lifting or carrying weights of 10 lbs
- Ascending or descending stairs
- Walking
- Stooping, bending or kneeling
- Using Hands and Fingers
- Reaching with either/or both arms

B. THEN, EVALUATE COMORBIDITY OF CHRONIC CONDITIONS:

- Angina
- Myocardial infarction
- Congestive heart failure
- Peripheral arterial disease
- Hip fracture
- Osteoporosis
- Osteoarthritis of hands
- Osteoarthritis of knees
- Osteoarthritis of hips
- Rheumatoid arthritis
- Disk disease
- Spinal stenosis
- Stroke
- Parkinson's disease
- Pulmonary disease
- Diabetes
- Cancer⁴

A: Impairments
1 = 0 Difficulty
0 = 1+ Difficulties

B: Diseases
1 = 0 Disease
0 = 1+ Diseases

C: MMSE
1 = 24+
0 = 23 or lower

D: Emotional vitality
1 = Vital
0 = Not vital

E: Engaging with life
1 = Average of 8 or higher
0 = Average less than 8

Psychological

Psychological evaluation can be accomplished using a combination of already-available tools to assess cognitive function and emotional vitality.

C. COGNITION: A score of 24 or better on the Mini-Mental State Examination (MMSE) indicates proper cognitive function.

D. EMOTIONAL VITALITY: Older adults who report "a high sense of personal mastery, being happy, and having low depressive symptomatology and anxiety," are deemed to have superior emotional vitality.⁴ Emotional vitality scoring model utilizes depression score (GDS) and a shortened 4-item version of the anxiety subscale of the Hopkins symptom checklist (4Qs).

Sociological

Sociological "interaction with the environment and engagement with social activities"⁴ can be determined using the following 5 questions:

E. ENGAGING WITH LIFE: On a scale of 1 to 10, how satisfied are you with . . .

1. your contribution to the community, neighborhood, religious, political, or other group?
2. how respected you are by others?
3. the amount of variety in your life?
4. the help you receive from your family, friends (eg, errands)?
5. the help you give to your family and friends?

EVALUATION

Using this assessment tool can provide a basic view of the challenges and strengths of each patient.

Young et al. achieve a quantitative measure of successful aging from a complex evaluation of the preceding tests by summing the evaluation scores of the three domains.

The Successful Aging score can be used as a predictor to indicate hospitalizations and ability to remain living independently. In fact, research indicates there are more hospitalizations and higher risk of needing nursing home care for those who had a higher Successful Aging Score.

It is essential to identify the support older patients need and design appropriate intervention strategies to slow the disablement process and help prevent or delay nursing home admission. This can help patients and caregivers to plan ahead and coordinate needed care.

A: Impairments
① = 0 Difficulty
0 = 1+ Difficulties

B: Diseases
1 = 0 Disease
① = 1+ Diseases

C: MMSE
① = 24+
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D: Emotional vitality
① = Vital
0 = Not vital

E: Engaging in Life
1 = Average of 8 or higher
① = Average less than 8

Successful Aging Score = 3

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