Herczeg Institute on Aging

Newsletter No. 14 - November 2014

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We would thank you for sharing this newsletter with others who are interested in the field of aging.

The Institute's Web Site

Please visit us at:
www.herczeg.tau.ac.il

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TEL AVIV UNIVERSITY
Herczeg Institute on Aging

Relations with the Community

Lecture Series for Gerontologists 2014

The circles of life and death:

Well-being, legal rights, quality of life and love in old age

The gerontologists' lecture series in partnership with Eshel (Association for the Planning & Development of Services for the Aged in Israel) is a continuing education program, designed for professionals who interact with the aging population. Its purpose is to expose and provide the participants with new and updated gerontological knowledge, while relating it to the everyday professional environment.

Lecture series program

Well-being in old age

Ms. Michal Herz (MA) - Thoughts of death in old age: How the elderly and their families perceive death and cope with it.

Dr. On Dulberg - The course of medical treatment, with reference to medical and ethical dilemmas, based on his own experience as a physician .

Legal rights in old age

Adv. Karmit Shay - The legal situation of patients nursing care**.** Shay reviewed the different legal options for the patient and his family, before and during nursing care period, and also after the patient's death.

Adv. Yaron Brada - The legal aspects of the inheritance law in Israel, and the importance of the deceased's will.

Quality of life in old age

Ms. Yifat Mizrahi (Msw), a clinical social worker - Recent data about various tools applied by therapists to improve the quality of life in old age.

Dr. Arielle Warner (PhD) - The differences and similarities between psycho-social treatment and spiritual training treatment, and the importance of the combination in the old person's therapy.

Love in old age

Prof. Amir Cohen-Shalev, an expert in gerontology and the arts - Representations of aging in the cinema. Prof. Cohen-Shalev discussed and compared different approaches to late-life love in the cinema.

Dr. Miri Varon (PhD in Hebrew literature) - Poetry that deals with the issue of late-life love.

For more information please visit our web site www.herczeg.tau.ac.il

On the Agenda

Geriatrics in the Era of Population Aging

Dr. Eli Mizrahi

Head of Geriatric Medicine and Rehabilitation Department B
The Geriatric and Medical Center "Shmuel-Haroffe", Be'er Ya'akov

The Industrialized Western world is getting older. This is the inevitable result of a decrease in the birth rate in the population on one hand, and the increase in life expectancy on the other. Israel has a relatively high birth rate, but also a relatively high life expectancy, and therefore the rate of the elderly population has increased significantly in recent years. While at the beginning of the last century, the average life expectancy was about 50 years, today it is around 80 years. This significant increase in life expectancy (of over 30 years) is the result of a combination of the improvement of our living conditions (housing, food, etc.) and advanced medicine.

At the establishment of the State of Israel, the amount of people over age 65 was about 4.5% of the total population, whereas today the elderly population (aged 65 and above) constitutes more than 10% of the total population. This percentage is expected to grow further in the coming years. A similar phenomenon, in even more significant proportions, occurs in Europe, due to low birth rates (often one child per family, if any). In Italy, for example, the percentage of the elderly population is over 20%. Hence, we are expected to arrive, within a few years, to a situation where a decreasing percentage of people under the age of 65 will have to care for an increasing percentage of people over 65. These demographic changes require appropriate preparation by governments, as by allocating greater resources for dealing with the problem of an aging population, training of professional personnel (specialists in geriatrics, nurses, social workers, etc.), opening community clinics and departments of special treatment in hospitals, planning of medical treatment and nursing care programs for the aged at home, and the establishment of specialized community centers.

In light of the upward trend in the number of elderly people in industrialized Western countries, a new field in medicine has developed - *geriatrics*, sometimes termed as *third-age medicine*. This field of expertise is responsible for the processing of medical problems that are unique to the patient population aged 65 and onwards. Geriatrics treats the patient as a whole and provides comprehensive solutions for mental problems, memory problems, health problems and social problems that the patient may suffer from. As the number of specialist physicians in geriatrics is small in relation to the older population, it is the family physician who usually provides the primary health care service for this age group, while the geriatrician serves as a consultant whenever necessary. Currently, there are clinics in medical centers around the country that specialize in an overall evaluation of geriatric patients, to which the family doctor can refer the older patients for evaluation, diagnosis and treatment.

In geriatrics it is customary to divide older people into three groups. The first group consists of those aged 65 to 74. These are people who have recently retired, and still retain the functional and mental capabilities as well as an intact intellectual level. Usually, these people continue to be active in society by helping to raise their grandchildren, volunteering in the community, and, in many cases, continuing to work. The second group consists of those aged 75 to 84. The functional capabilities of people in this age group are typically lower compared to the first group. Some are already partially in need of help, and sometimes in need of help all day long, as a consequence of physical limitations due to the worsening of chronic diseases from which they suffer. The third group consists of those aged 85 or higher (the old old). This very elderly age group is the smallest group of the three, but its growth rate is the highest. That is, in the coming years we are likely to find an increasing number of people aged 85 years in the population. Many of the people in this age group suffer from diseases that cause functional impairment and require intensive medical treatment and significant help on a daily basis .

The main areas which geriatric medicine focuses on (also called "the geriatric giants") are memory disorders and dementia (such as Alzheimer's disease), depression, recurrent falls, unbalanced medications, and incontinence. In the following lines I will briefly refer to each area mentioned above.

Memory disorders and dementia: The frequency of memory disorders in general, and particularly dementia, increases as we age and reaches its peak at the age of 85 onwards. This process highlights the importance of increasing the awareness and knowledge of the general public on these issues. Most risk factors for cardiovascular disease are also risk factors for dementia. Treating these risk factors, such as hypertension, diabetes and hyperlipidemia, may reduce the risk of dementia .

Depression: Depression in the third age, unlike depression diagnosed in younger people, may be expressed by the patient's complaints of various aches and pains, especially abdominal pain, with no evidence of any disease that might cause them.

Recurrent falls: People of the third age may also suffer recurrent falls. This may be related to decreased function of the body systems responsible for maintaining balance while walking. Notably, consuming medications for various diseases, including sedatives and antidepressants in particular - or a combination of all those, may cause impairment in the functioning of related systems.

Unbalanced medications: As mentioned above, people of the third age may suffer from multiple diseases simultaneously. As a result, they often need a consumption of many medications. During the total examination of the drugs that the patient takes, we often find that there is no actual need for some drugs to be taken, and we even find drugs that cause serious side effects and should be replaced immediately with other drugs. In addition, elderly people tend to take medications beyond the necessary dose. As a result, they are at high risk for falls due to a decrease in alertness.

Incontinence: Geriatrics also focuses on the phenomenon of urinary incontinence. Although this does not endanger the patient's life, it severely impairs quality of life. 30% of people aged 65 and older suffer from this phenomenon which is characterized by a strong will to urinate, accompanied by incontinence before arrival to the toilet. Modern medicine offers a variety of treatments for this problem, including behavioral and pharmacological treatments, with a success rate of over 70%.

In conclusion, after explaining the meaning of the third-age medicine (geriatrics), I would like to briefly discuss certain aspects of the image that this field of medicine has.. We, geriatricians, are portrayed in the general public and by the elderly as physicians that treat terminally ill patients (hospice medicine) that, due to their serious medical condition, all that is left to do is to support them and ease their suffering. I would like to emphasize that this is not the case. In fact, the basic difference between third-age medicine and pediatrics is merely the age of the patients. Doctors from other areas of expertise recognize the importance of the third-age medicine only after one of their own elderly relatives arrives as a patient to our department. At the end of the hospitalization period, after their relative returns back to the community in a much better medical and functional condition, I often hear the following sentence said by them: "Now we do understand the importance of this medical field."

As I mentioned earlier, the old population is approximately 10% of the total Israeli population, but it consumes about 50% of all health services. This indicates that almost every second patient who comes knocking on the family physician's door is an adult at the age of 65 or older.

The situation in hospitals is not fundamentally different from the community. Except for the pediatric and neonatal departments, most hospitalized patients are elderly, especially in the internal medicine departments. Because medical treatment in elderly patients is fundamentally different from that of younger patients, the medical team who treats the patients in the community and in the hospitals must undergo a special training in order to obtain the knowledge and tools for addressing this population with an appropriate medical treatment.

The motto of the third-age medicine is "giving life to years rather than years to life." That is, the extension of life expectancy should be accompanied with an emphasis on high quality of life. It is not enough for us to live longer; rather, it is equally as important to have the ability to function independently in the years we still have to live.

On the Agenda

Osteoporosis: A Killer Disease – "And You Shall Keep Your Bones"

Prof. Moshe Salai

Director, Division of Orthopedics, Sourasky Medical Center at Tel Aviv

Recently a major international conference was held in Vienna, Austria. Frightening data rates of morbidity, as well as mortality rates, associated with osteoporosis, were presented in the conference. It is estimated that all over the world, millions of people, mainly women (about 10-20% of the patients are male) are diagnosed and suffer from various symptoms of osteoporosis. Moreover, a much higher number of people suffer from the disease without undergoing diagnosis and treatment. The vast majority of patients with the disease is between the ages 65-80 .

Beyond the morbidity associated with bone fractures, hundreds of thousands of people die each year from related complications: fractures, bedsores, respiratory and urinary infections, etc. The health expenses associated with the complications of the treatment in osteoporosis, are estimated with billions of dollars per year. Hip fractures are a known complication of osteoporosis, but they are just "the tip of the iceberg". One should add to that broken wrists (a distal radius), fractures of the proximal humerus, fragments of the vertebrae in the spinal cord, and the "simple" pelvis fractures (usually in the pubic bones). Although these fractures do not usually require surgery, they involve a lot of pain (which requires taking strong pain killers that demonstrate several unpleasant side effects) and massive functional limitations that may deteriorate the elderly to a partial or a full nursing care. According to the data as yet, one in three people over the age of 80 suffers, during his or her lifetime, from at least one osteoporotic fracture! This figure alone explains everything - We have to stop this growing epidemic as soon as possible.

The case of Mrs. A.M. is typical, and unfortunately, common: A Childless 86-year-old independent women, white-haired with deep and clear blue eyes, lives alone in her house, goes to visit friends, and enjoys leisure classes, shopping etc. One late night, Mrs. A.M. slipped on her way to the bathroom, on a mat in the hall. Until morning she laid in agonizing pain, "because I didn't want to wake up the neighbors with my screaming." Only later in the morning did she crawl (barely) to the phone and called her neighbors who broke down her door and called for help. In the hospital she was diagnosed with a hip fracture, and after a proper preparation, she underwent surgery and fixation of the fracture. After several hospitalization days she was transferred to rehabilitation for two months, before returning home. Two months after Mrs. A.M. returned home. We met her again during morning rounds, but with a "black eye" and casted hand. "What happened? Do you like staying with us?" We joked around with her. "No," she replied, "I just went to the bathroom and forgot I was after surgery, so I didn't take my cane with me, and I fell." Mrs. A.M. was operated again on her opposite hip, and after a long rehabilitation, she was transferred to an institutional home with part-time nursing care .

The case of Mrs. A.M. ended relatively well since she was operated very quickly, and had a relatively fast rehabilitation. The data indicate that 20% of patients with hip fractures, who have undergone surgical procedure, die within the first year after the fracture. Yet, the percentage rises to 50% for patients that have not been surgically treated. Unfortunately, this is not an unusual story, but rather common. About 20% of the patients, who have been operated due to a broken hip, suffer a fracture on the opposite side or a different osteoporotic fracture. The prevalence of hip fractures is fourth on the list after spinal fractures, wrist fractures and fractures of the proximal humerus or Hill-Sachs lesion. Unfortunately, various combinations of more than one fracture, such as in the cases of Mrs. A.M., are not rare and occur in 20-30% of the cases.

What is osteoporosis? It is a condition of bone mass decline, which causes weakened bones and minimal fracture occurrences, resulting either from trauma or, what is called in the medical jargon, "pathological fracture" that is formed by itself. The reasons for osteoporosis occurrence are numerous and are out of the scope of this paper, but include, among others, calcium or vitamin D shortage in food, insufficient exposure to light / sunlight, poor physical activity, various drugs that take the calcium from the bone (such as Coumadin), and genetics. All of these reasons are common among the elderly. It should also be noted that in recent years, in parallel with the dramatic increase in longevity, we also see a dramatic increase in fractures that happen during activities not common in the past, such as falls during travel, sports and more. There is also a steady increase in the age of patients who suffer from osteoporosis. It is common to see elderly in their ninth decade of life, suffering from these fractures even though some of them are active, lucid and independent. Notably, even in elderly patients with dementia, the rule is: We must do everything in our power to restore people's ability to walk if they walked before, even if barely. The burden of being confined to a bed is assumed to be much bigger than the risk of a surgical procedure, especially under the advanced anesthesia and monitoring techniques currently available in medicine.

Based on extensive epidemiological studies, we now know that osteoporosis can be detected and prevented, and that we can significantly reduce the incidence of fractures by appropriate preparations such as screening tests for all women over the age of 50 and all man over the age of 60 as well as using a variety of measures and medications available today. Such measures include proper nutrition, drugs (whether those reducing bone resorption or bone-building drugs), physical activity, and in particular - extensive educational programs. We must include the diagnosis and treatment in osteoporosis in the performance indices of family medicine, similar to the procedures adopted with diabetes patients such as monitoring the levels of Hemoglobin A1C, providing care to treat lipid levels in the blood by using "Statin" drugs, and the monitoring of hypertension. It is important to notify family physicians when a person is discharged from the hospital after suffering a fracture due to osteoporosis, and emphasize the importance of preventive treatment. It is never too late to start treatment that will prevent the next fracture.

Unfortunately, approximately 20-30% of the falls happen in the middle of the night, when the old person is sleepy, sometimes under the influence of sleeping pills, and often wishes not to wake up his or her partner on the way to the bathroom. The danger of falling is very high precisely in this situation, most of all because patients and their families do not receive assistance and guidance for adjusting their lifestyle and home environment properly in order to prevent falls and fractures, such as by removing carpets in the house, especially in narrow corridors and bathrooms. We must remember that toilets are, without exaggeration, a possible death trap for the elderly: A door that opens inwards into a small room, poor lighting, lack of auxiliary handles, and no access to emergency help such as a panic button. Therefore, as many as possible auxiliary handles must be installed. They must have stable grip, especially in the dangerous path between bed and bathroom, with good lighting all around. Elderly need to be instructed to wear panic button and to use their walking stick always, even at night, to improve their stability and sense of confidence. Many times, phone is the most important rescue tool. Phones for elderly should be portable, light and accessible, so that one could push one button and easily reach essential contacts.

This review is intended for everyone. Thus, managers in the health system should include the issues of diagnosis, prevention and treatment of osteoporosis in the medical quality measures. The medical staff should warn the family physicians about the possibility of osteoporotic fractures, in order to prevent the next fracture. And last but not least, patients and their families must prepare their house and themselves, and be aware of the many dangers that lurk around the house. Osteoporosis is indeed a fatal disease, but it can largely be prevented and reduced - it is in our hands.

New Publications - Books

Against Hybridity: Social Impasses in a Globalizing World

Author: Prof. Haim Hazan

Will be published in February 2015, by Polity Press

The main argument of the book is that the modern sources of purity and danger have become largely obsolete in the globally constructed postmodern universe of hybrids and cyborgs. The postmodern specter of otherness is now being lodged in mixture-proof categories: cultural entities that resist the liquid touch of globalized postmodernity. Contrary to the perils posed in the modern era by the interstitially mercurial figures of the migrant, the stranger, the drifter and the transgressor who would wreak havoc in a boundary-bound social order, these very figures alongside the vampire, the zombie and other figments of literary and cinematic imagination, have become the celebrated anti-heroes of our popular consumerist culture.

The book's core case for the emergence and treatment of non-hybrids in an otherwise hybridized world is that of the ex-communicated category of deep old age followed by additional illustrations for that process of shunning such as pain, the Holocaust, autism, fundamentalism, and corporeal death. In discussing these various examples for non-hybridity, a common bio-political denominator explaining their social positioning is highlighted. Thus, the social perception of non-hybrids in a global epoch results in aversion, distancing and rejection, while the residual layers of these non-hybrids are staged and graded to create a dynamic spectrum on which hybridization can still take place. The book tells their cultural story.

Thanatology: The Study of Loss, Dying, and Bereavement: Selected Topics

Editors: Dr. Henya Shanun-Klein and Prof. Shulamith Kreitler

Publisher: Nova Science Publishers

Death and Grief are inseparable constituents of our life. Nevertheless, the fear of dying and death is one of the fundamental fears of our existence. This book deals with the varied faces of grief. As such, it includes 'cutting edge' theoretical models and research in a variety of fields from the more general, such as the Staging Model - a new conceptualization of grief; the politicization of grief, Positive Psychology; post-traumatic growth; survivor's guilt; death education; rescue transplantation and psychic communication, to the more specific, such as the normalization of parental bereavement; child and adolescent traumatic grief, and the unique form of grief and bereavement – that of survivors of missing persons. The diversity of the themes discussed in the different chapters serves to highlight the rich potentialities of overcoming bereavement and reinstating life and creativity where death and bereavement have touched us.

New Publications - Articles

Balancing Psychache and Resilience in Aging Holocaust Survivors

Researchers: Dr. Irit Ohana, Prof. Hava Golander, and Prof. Yoram Barak

International Psychogeriatrics

Background: Psychache can and does co-exist alongside resilience and coping amongst trauma survivors. This has been the center of the a-integrative theory of aging demonstrating an attitude to life based on cognitive and emotional dimensions. Aging of Holocaust survivors (HS) is especially difficult when focus is brought to the issue of integrating their life history. The present study aimed to investigate the interplay between psychache and resilience amongst aging HS .

Methods: Cross-sectional study of HS and a matched comparison group recruited from the general population was carried out. All underwent a personal interview and endorsed quantifiable psychache and resilience scales.

Results: We enrolled 214 elderly participants: 107 HS and 107 comparison participants. Mean age for the participants was 80.7± years; there were 101 women and 113 men in each group. Holocaust survivors did not differ in the level of resilience from comparisons (mean: 5.82 ± 0.68 vs. 5.88 ± 0.55, respectively). Psychache was significantly more intense in the HS group ($F(8,205) = 2.21$; $p < 0.05$).

Conclusions: The present study demonstrates the complex interplay between psychache and resilience. Aging HS still have to cope with high levels of psychache while realizing a life-long process of development through resilience.

Ohana, I., Golander, H., & Barak, Y. (2014). Balancing psychache and resilience in aging Holocaust survivors. *International Psychogeriatrics*, *26*, 929-934. doi: org/10.1017/S104161021400012X

Reactions and Interventions for Delusions in Nursing Home Residents with Dementia

Researchers: Prof. Cohen-Mansfield, Prof. Golander, Mr. Arnheim and Ms. Cohen

American Journal of Alzheimer's Disease and Other Dementias

Prof. Cohen-Mansfield, Prof. Golander, Mr. Arnheim and Ms. Cohen conducted a pioneering study, the first to systematically describe the reactions and interventions provided by nursing home staff members to symptoms they characterize as delusions.

The DSM-5 (The Diagnostic and Statistical Manual of Mental Disorders) defines delusions as fixed beliefs that do not change when presented with evidence to the contrary and also notes that delusions often fit into different themes. Psychotic symptoms in dementia are considered to be quite common, with a reported average prevalence in excess of 60%. This study aimed to describe and categorize caregivers' reactions and applied interventions for nursing home residents with dementia.

Data were collected from 8 nursing homes in Israel, between June 2007 and January 2009. Participants were 38 nursing home residents aged 65 and older. Delusions were assessed by various tools.

A wide variety of interventions with dementia-related symptoms was found to be effective to varying degrees. The interventions included general approaches (e.g. trying to calm down the patient) for a variety of symptoms, as well as symptom-specific interventions. The results suggest that the most effective approaches may be those tailored to the individual (symptom-specific); when interventions are personalized, they respond to the individualized needs, interests, and past experiences of the person with dementia and may therefore be more successful. Caregivers do not always seem to be aware that multiple approaches are available to them when dealing with dementia.

It was also found that combining interventions may increase overall effectiveness, and that caregiver's experience and the institutional culture may affect the choice of intervention used, either positively or negatively.

Cohen-Mansfield, J., Golander, H ., Arnheim, G., & Cohen, R. (2014). Reactions and interventions for delusions in nursing home residents with dementia. *American Journal of Alzheimer's Disease and Other Dementias*, *29*, 386-394. doi:10.1177/1533317514522850

Sailing to Byzantium

William Butler Yeats (1865 – 1939)

That is no country for old men. The young
In one another's arms, birds in the trees
– Those dying generations – at their song,
The salmon-falls, the mackerel-crowded seas,
Fish, flesh, or fowl, commend all summer long
Whatever is begotten, born, and dies.
Caught in that sensual music all neglect
Monuments of unageing intellect.

An aged man is but a paltry thing,
A tattered coat upon a stick, unless
Soul clap its hands and sing, and louder sing
For every tatter in its mortal dress,
Nor is there singing school but studying
Monuments of its own magnificence;
And therefore I have sailed the seas and come
To the holy city of Byzantium.

O sages standing in God's holy fire
As in the gold mosaic of a wall,
Come from the holy fire, perne in a gyre,
And be the singing-masters of my soul.
Consume my heart away; sick with desire
And fastened to a dying animal
It knows not what it is; and gather me
Into the artifice of eternity.

Once out of nature I shall never take
My bodily form from any natural thing,
But such a form as Grecian goldsmiths make
Of hammered gold and gold enamelling
To keep a drowsy Emperor awake;
Or set upon a golden bough to sing
To lords and ladies of Byzantium
Of what is past, or passing, or to come.

Sailing to Byzantium was first published in the 1928 collection, *The Tower*. In the poem, Yeats narrates Byzantium (Istanbul of nowadays) as a mental refuge against the negative physical effects of aging. The basic idea is that one can reach spiritual immortality even with a deteriorating physical condition, as long as he/she depends on Byzantium, which signifies the wisdom and enlightenment of the Greek-Roman intellect.

Recent Publications of the Institute's Faculty

2013

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The Herczeg Institute on Aging was established in 1992 at Tel Aviv University.

The Institute fosters interdisciplinary research, as evidenced by the joint direction of the Faculty of Social Sciences and the Faculty of Medicine.

The presence of this institute on campus signifies the increasing salience of research on aging-related topics at the university. The Herczeg Institute conducts and promotes an array of studies relating to aging and old age. These studies concern issues such as physical and mental health, health promotion, adaptation and resilience at old age, well-being and quality of life along the life span, cognitive and emotional aging processes, the elderly in society, ill-health at old age, dementia, problems in attending to the old, traumatic life events, and the long-term impact of the Holocaust.

Additional goals of the Herczeg Institute include the dissemination of gerontological knowledge in the academia and the community, stimulating researchers of aging and old-age in the various disciplines with a particular emphasis on promoting young researchers in the field, and maintaining relationships with decision makers and policy makers in areas related to aging and old age.

The Herczeg Institute is directed by **Prof. Dov Shmotkin**.

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