A Geriatrician’s Perspective on Successful Aging

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Disclosures

- Johns Hopkins Clinical Research Scholars Program
- American College of Cardiology Foundation
- Agency for Healthcare Research and Quality
“What Can I Do to Age Well?”
Outline

• What is successful aging?
• Tips for aging successfully
• Medications to avoid
• Communicating effectively with your doctor
• Screening tests and aging
• When to see a geriatrician
Good News

... and Bad News

- Americans are living longer
- But we are not necessarily living better
- Incidence of chronic diseases has also been rising, leading to a "lengthening of morbidity"
- We are spending more years living with chronic disease and poor health
What Is Successful Aging?

- Low risk of disease and disability
- High mental and physical function
- Active engagement with life
Tips for Successful Aging: #1
Stay Physically Active
Aerobic Exercise Slows Aging: The Runners’ Study
• Adults who’d been the most fit in their 40s and 50s developed chronic conditions significantly later in life than the less fit.

• The most aerobically fit people lived with chronic illnesses in the final 5 years of their lives, instead of the final 10, 15 or even 20 years.
Exercise Recommendations

• 30 minutes of “moderately intensive” exercise at least 5 days a week

• Or, 20 minutes of walking three days a week, plus 20 minutes of weights, balance, and flexibility twice weekly
Tips for Successful Aging: #2
Stay Socially Engaged
Stay Socially Engaged

Tendency to derive meaning from experiences and to be goal-directed

People with high purpose in life doubled their chances of living free of Alzheimer’s dementia

Effect of a Purpose in Life on Risk of Incident Alzheimer Disease and Mild Cognitive Impairment in Community-Dwelling Older Persons

Patricia A. Boyle, PhD; Aron S. Buchman, MD; Lisa L. Barnes, PhD; David A. Bennett, MD
Experience Corps
Experience Corps

- Compared to controls, volunteers experienced greater improvements in:
  - Cognitive and physical activity,
  - Strength, and
  - Social support

- [http://www.aarp.org/experience-corps/](http://www.aarp.org/experience-corps/)
Tips for Successful Aging: #3 Prevent Falls

• 1 in 3 older adults falls per year
• 20-30% of people who fall suffer injuries
• These injuries often threaten independence
Tips for Successful Aging: #3
Prevent Falls
Prevent Falls

- Reduce medications, esp. psychoactive ones
- Treat postural hypotension
- Exercise, esp. balance, strength and gait training (Tai Chi or physical therapy)
- Vitamin D: At least 800 IU per day
- Cataract surgery, if indicated
- Don’t wear bifocals while walking
- Choose your shoes wisely
- Identify fall hazards in the home
Tips for Successful Aging: #4
Review Your Medications
What’s the Problem with Older Adults and Medications?

• Most older adults who engage in the healthcare system take 6-8 medications

• Changes in metabolism and clearance as we age

• Multiple medications: Poor adherence; adverse drug events; increased risk of cognitive impairment, falls, and functional decline

• Adverse drug events: 100,000 hospitalizations among older adults each year
• Conduct a drug regimen review at least annually to identify high-risk medications, drug interactions and those continued beyond their indication.
Medications to Avoid
## Medications to Avoid

<table>
<thead>
<tr>
<th>Drug</th>
<th>Prescribed Purpose</th>
<th>Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zolpidem (Ambien)</td>
<td>Insomnia</td>
<td>Grogginess, confusion, falls</td>
</tr>
<tr>
<td>Diphenhydramine (Benadryl, Tylenol PM)</td>
<td>Insomnia or allergy symptoms</td>
<td>Confusion, constipation, difficulty urinating, dry mouth</td>
</tr>
<tr>
<td>Cyclobenzaprine (Flexeril)</td>
<td>Muscle relaxant</td>
<td>Grogginess, confusion, falls, constipation, difficulty urinating, dry mouth</td>
</tr>
<tr>
<td>Amitriptyline (Elavil)</td>
<td>Insomnia or depression</td>
<td>Confusion, sedation, postural hypotension, constipation, difficulty urinating</td>
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<td>Non-steroidal anti-inflammatory drugs (NSAIDs: ibuprofen, naproxen, Advil, Aleve, Motrin)</td>
<td>Pain</td>
<td>Stomach bleeding, kidney failure, high blood pressure, heart failure</td>
</tr>
<tr>
<td>Benzodiazepines (Xanax, Valium, Klonopin, Ativan)</td>
<td>Insomnia, anxiety</td>
<td>Cognitive impairment, delirium, falls, fractures, motor vehicle accidents</td>
</tr>
<tr>
<td>Oxybutynin (Ditropan)</td>
<td>Urinary incontinence</td>
<td>Grogginess, confusion, constipation, dry mouth</td>
</tr>
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</table>
Safer Alternatives
(Just a Few ... There Are Many!)

• Insomnia: Sleep hygiene, cognitive behavioral therapy
• Allergies: Eye drops, nasal sprays, second-generation antihistamines
• Pain: Physical therapy, acetaminophen (Tylenol)
• Urinary incontinence: Pelvic floor muscle training
Tips for Successful Aging: #5
Get Vaccinated
Recommended Vaccinations for Adults 65 and Older

- Influenza: 1 dose annually
- Pneumovax: 1 dose
- Zostavax (shingles): 1 dose
- Tetanus, diphtheria, pertussis:  
  - TDaP: 1 dose  
  - Td: 1 booster every 10 years
Tips for Aging Well: #6
Have a Primary Care Doctor

- 2 out of 3 older adults have multiple chronic diseases
- Older adults see an average of 7 different physicians multiple times a year
- This puts them at risk for conflicting medical advice, adverse drug events, unnecessary and duplicative tests, and avoidable hospitalizations
Why You Need a Quarterback

1 patient, 80 days
How to Communicate Effectively with Your Doctor

- Choose a doctor you can talk to
- Make a list of your concerns
- Bring all of your medications
- Explain your values
- Be an active participant: Ask questions
An Excellent Resource

Taking Charge of Your Health

A Guide to Getting the Best Health Care as You Age

John R. Burton, M.D.
William J. Hall, M.D.
Screening Tests … in General

- Body mass index
- Blood pressure
- Lipids
- Hearing
- Macular degeneration and glaucoma
- Depression and alcoholism
- Cognitive function
Screening Tests … in General

• Mammogram every 1-2 years to age 74
• Pap smear every 3 years to age 64
• Bone density (DEXA) after age 65, or in younger women with certain risk factors
• Colon cancer screening (fecal occult blood testing, sigmoidoscopy or colonoscopy) to age 75
In Reality, It’s Complicated

• Screening results in benefit by finding cancers at an early stage, which would have caused symptoms or led to death years later

• Screening should continue if an older person is healthy and should stop if life expectancy is less than 10 years

• Avoid checkbox medicine
When to See a Geriatrician
Common Problems with Aging

- Falls
- Dizziness
- Cognitive impairment
- Too many medications
- Insomnia
- Weight loss
- Depression / anxiety
- Too many specialists
How to Reach Us

• Beacham Geriatrics Center: (410) 550-0925
• Memory Center: (410) 550-6337
• Elder House Call Program: (410) 550-0931
• Program for All-Inclusive Care of the Elderly: (410) 550-9083 or (410) 550-7047
• www.hopkinsmedicine.org/geriatric_medicine_gerontology
Take Home Points

- Stay physically and socially active
- Prevent falls
- Review your medications and avoid dangerous ones
- Get vaccinated
- Have a primary care doctor
- Be an active patient
- Individualize screening decisions
“There is no one magic pathway to living a happy life of longevity and vitality. But there are endless possibilities and we can all have a substantial effect upon our future health.”

James Fries