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## Aging in Place Virtual Conference

### Person: Who are we helping to Age in Place

Traci A. Herc MOT, OTR/L  
Tuesday, February 6, 2018



## Objectives

As a result of this course, participants will be able to:

- 1) Describe current demographics of older adults who wish to age in place
- 2) Discuss age-related and disease-related conditions that may challenge an older adult's ability to age in place
- 3) Identify best practice communication strategies for working with older adults who wish to age in place

## What is aging in place?

The ability to live in one's own home & community independently, safely, & comfortably, regardless of age, income, or ability level"

(CDC, 2013)

## Aging Population or Silver Tsunami

- 46.2 million people age 65+ (from 2014 stats)
- 1 in every 7 Americans is elderly, approximately 14.5%
- The elderly population has increased 28% since 2004, versus 6.2% for those under the age of 65

[www.aoa.gov/Aging\\_Statistics/](http://www.aoa.gov/Aging_Statistics/)

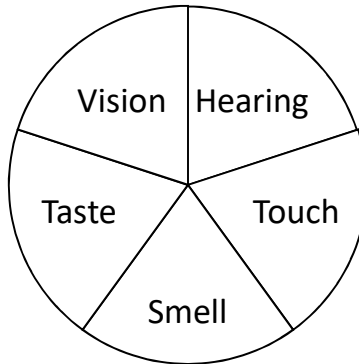
## Aging Population

- The baby boomers are now age 52 to 74
- The people 65 and older are expected to double from 46 to 98 million by 2060
- The 65 and older total population will increase to 24% from 15%
- Life expectancy was 68 in 1950; 79 in 2013 due to decrease in mortality

## NORMAL AGING

- Normal aging is DIFFERENT than disease; pathology is NOT a normal aging process
- Old age is a NEW concept
  - People living longer than ever in history and usually despite chronic conditions
  - No roadmap on how to keep this older population well
- It is critical to understand what is typical in order to recognize impairments that may signal a condition or disease

## Age Related Sensory Changes



If you age, you can expect to experience a number of normal age-related sensory changes

## Age-Related Sensory Changes

### Vision

- Losing Focus
- Declining Sensitivity and Contrast
  - Ex. Where wooden stairs end and the brown carpet begins
  - Ex. the cottage cheese that's been in the refrigerator is yellowing
- Increased need for light

### Hearing

- Gradual loss
- More difficulty with higher frequencies-easier to hear men vs. women
- Need more processing time

## Age-Related Sensory Changes

### Smell

- Ability to identify odors in a mix is gradually lost
- Ex. Gas leak, food spoiled, personal hygiene

### Taste

- Decline in sensitivity
- Loss greatest for salty foods
- Sense of thirst decreases

### Touch

- Skin becomes thinner and drier
- Experience altered perception of pain and temperature
- Higher threshold for tactile response

## Age-Related Cognitive Changes

Fluid intelligence vs. Crystallized intelligence

### Fluid Intelligence

- Capacity to learn new information
- Reasoning and problem-solving for which familiar solutions are not evident
- Declines slowly through middle life until age 60 then more rapid decline

### Crystallized Intelligence

- Over-learned familiar skills and knowledge (well-practiced stuff)
- Remains operative throughout the lifespan (and can even show gains in the 70's and 80's)

## Age- Related Cognitive Changes

- Declines in short term memory
  - Attention - increased difficulty filtering out extraneous or distracting information
  - Speed of processing
- Declines in long term memory
  - New learning for familiar tasks
  - Effort to retrieve information
- Broad variability
- New cognitive skills CAN be developed in later life

## Age-Associated Memory Impairment (AAMI)

- To better recognize and understand these cognitive changes, they are now categorized as age associated memory impairment
- Defined as: The mild symptoms of cognitive decline that occur as part of the normal aging process
- Include:
  - slower thinking
  - slower speed of recall
  - more difficulty paying attention
  - organization of information takes more time
- Can improve or decline based on effort and environment

## Lifestyle Habits

- Habits and routines are types of **performance patterns** that humans of all ages develop, often without thought, to increase ease and efficiency in performing daily tasks.
  - Habits: Automatic behaviors
  - Routines: Established sequences of occupations or activities
- Habits and routines can be sometimes be positive and can sometimes be negative.
- Habits and routines are often hard to change when completing an occupation or activity in a familiar environment

## Lifestyle Habits: Impact on Aging in Place

### Sedentary vs. Active

- Rare for people to change and sustain levels of activity
- Should be considered when determining an appropriate intervention (i.e. restorative vs. compensatory)

### Shared vs. Solitary

- Spouse or familial “shared” occupations
- Impact of death of a loved one
- Level of social engagement and support
  - What are their preferred activities
  - Is the enjoyment in the activity or the associated persons



continued

## Case Example A

Mrs. H

- 80 years old
- Retired seamstress
- Mother of 4
- Not physically active
- Enjoys church, visiting with grandchildren, light gardening

continued

## Case Example B

Ms. R

- 80
- Retired MSW
- Never married
- Travels abroad
- Daily walks in the park
- Enjoys hiking; tennis; golf, reading

## Disease-Related Conditions

- Co-morbidity: Two health conditions that exist side-by-side, by chance
  - Ex. Arthritis and Diabetes
- Secondary conditions: Conditions that result from the primary condition
  - Ex. UE spasticity s/p CVA
- Associated conditions: Conditions that are more likely to occur as a result of the primary condition
  - Ex. Lewy body dementia and Parkinson's Disease

## Common Conditions in Older Adults

- On average, 4 out of 5 older adults with at least 1 chronic condition
- 11 million live with 5 or more chronic conditions
  - Cognition
  - Pain
  - Mobility

## Common Conditions in Older Adults

### Cognition

- Can be a primary, like Alzheimers disease, secondary, such as vascular dementia post-stroke, or associated condition such as executive function impairment due to delirium
- Depending on type, can...
  - Decline
  - Stabilize
  - Improve

## Common Conditions in Older Adults

### Pain

- Usually a secondary or associated condition
  - Ex. Pain due to lack of cartilage with arthritis
  - Ex. Pain due to joint stiffness from bed rest due to CHF
- Manage through compensatory strategies
- Increased engagement in occupation may have positive impact
  - Challenge to change behavior

## Common Conditions in Older Adults

### Mobility

- Can be secondary or associated condition or result of lifestyle habit
- Condition most recognized by clients and providers
- Strong evidence linking to disability

## Case Example

Mr. D is a 88 year-old man, whom resides in his home with his wife. He is a retired auto mechanic, whom had his own garage. He enjoys daily drives to get lunch at his favorite places. His diagnoses include elevated BP, arthritis, left rotator cuff injury, and multiple old fractures to right and left UEs.

Currently, he has a new diagnosis of Parkinson's, and the doctor has just requested he have a driver's evaluation due to a recent accident. He reports his walking and ability to complete his ADLS are declining. He also reports increased pain and frustration about not driving.

## Defining the Person in Aging in Place

Just like we all have habits within our lifestyle, we also have **Roles**

- Roles are functions assumed by a person.
- Each person's roles in life differ.
- In addition to roles, each person's environment influences their roles either positively or negatively.
- These influences are also affected by age-related and disease-related conditions.

## Best Practice Strategies

- Listen to your patient/client
- Have them report what they want to do, need to do, or if they have expectations from family members or society
- Have the Person prioritize what's most to the least important
- Identify whether they have disease-related conditions that can affect their ability to convey problems
- Think about a structured interview to guide the above strategies; COPM

## COPM (Canadian Occupational Performance Measure)

- Developed as a client-centered tool to enable individuals to identify and prioritize everyday issues that restrict or impact their performance in everyday living.
- One of the strengths of the measure is its broad focus on occupational performance in all areas of life, including self-care, leisure and productivity, taking into account development throughout the lifespan, and personal life circumstances.
- Designed for occupational therapists.
- Used to identify issues of personal importance to the client and to detect changes in a client's self-perception of occupational performance over time.

<http://www.thecopm.ca/>

## COPM

- The COPM is a semi-structured interview that enables an open dialogue between client and therapist on issues of importance to the client.
- Administering the COPM draws on the therapist's expertise and experience in occupation-based, client-centered practice.

## Summary of Today's Discussion

- The person we are helping to age in place
- The normal age-related changes in aging in place
- The disease-related changes in aging in place
- Identified strategies for assisting the Person to age in place

Wednesday February 7 <sup>th</sup> , 2018	Beth Fields	Environment: Where and how de we promote Aging in Place
Thursday February 8 <sup>th</sup> , 2018	Christine Daeschner	Occupation: What interventions do we target to promote Aging in Place
Friday February 9 <sup>th</sup> , 2018	Pam Toto	Programming: Evidence-based strategies for Aging in Place

## Questions?

THANK YOU !

Traci A.Herc MOT, OTR/L  
hercta@gmail.com

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