Don’t Blame it on Aging

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What is Aging?

- Normal Aging
- Typical Aging
- Age-related disease
- Aging is not a disease
Functional Decline

- Common but not normal
- A decrease in the ability to do
- Going down hill, frail, feeble, fatigue, weakness, need for a cane
- Can be physical, mental, emotional, social
- Ageism. Not normal aging
Common Causes of functional Decline

- Dementia
- Arthritis
- Anemia
- Hypothyroidism
- Emphysema/COPD
- Renal insufficiency
- Depression
- Medications
Functional Decline

- Often gradual, hard to identify
- Deconditioning with acute illness or injury
- Rehabilitation to address this. Try to return as close as possible to prior level of ability
Avoiding the “Downward spiral”

- Prevention
- Comprehensive treatment for chronic disease
- Rehabilitation for decline associated with acute illness
- Identify Early:
  Can you do everything you used to be able to do? As easily? As quickly? As “efficiently”? Are you as happy?

Track your “ability”
Monitor your health

- Weigh regularly
- Fluid intake
- Exercise – pedometer?
- Use a calendar – not just for medical appointments. Track social events, etc
- Short term goals – long term goals
- Sleep, pain, anxiety, etc. Look for patterns and triggers
- Happiness/well being
- Keep a health log
Treatment of Functional Decline

- Identify the root cause
- Don’t simply blame it on aging
- Pursue a comprehensive evaluation, this may include referrals to subspecialists, lab work, xrays
- Pursue a comprehensive plan of care, this usually involves consultations with physical therapists, occupational therapists, etc
- If you are home bound, consider Home Health Services for treatment
Osteoarthritis

- Wear and tear arthritis
- Be aware of pain in joints after an activity
- Treat early to help prevent further decline
- OT and PT
- Optimize body weight
Osteoporosis

- Under diagnosed, especially in men
- Treatment in older adults usually requires more than just calcium and vitamin D
- Vitamin D level

A bone density scan is a low-dose x-ray which checks an area of the body such as the hip, hand or foot for signs of mineral loss and bone thinning.
Compression fracture
Compression Fractures and Kyphosis
Feet

- Onychomycosis
Feet
Feet

- Pain in feet
- Change in shape of toes and joints
- Often hereditary
- Podiatrist
- Discuss foot wear choices
- Treatments can include orthotics, adjustments to shoes, splints, pads – Not just surgery...
Breathing problems

- Does lung function change with age?
- Asthma
- Emphysema, COPD
- Tobacco, environmental exposure
- Underdiagnosed
- Don’t attribute shortness of breath purely to aging
Anemia – low blood count

- Anemia is not a part of aging
- Even mild anemia can cause weakness and cognitive difficulties
- Should have evaluation
Diabetes Type II

Diabetic education
Association with body weight
Underdiagnosed
Misconceptions – no sweets, inevitable, runs in the family, diet
Complications
Neurologic Problems

- Cerebrovascular disease
- Strokes: large and small blood vessels
- TIA’s stroke symptoms that completely reverse - including memory
- Rehabilitation
- Hospitals with stroke centers
Dementia, Memory Disorders

- Memory loss vs memory lapse
- Not just memory! Judgment, insight, visual-spatial ability, etc
- All humans have some memory loss, but significant decline is not “normal aging”

- Evaluation
- Treatment
Dementia, Memory Disorders

- Mild cognitive impairment
- Alzheimer’s disease
- Vascular dementia
- Lewy Body Dementia
Falls

- Often multifactorial
- Vision
- Walking ability
- Weakness/functional decline
- Medication side effect
- Environment
- Bad luck
Falls

- Thorough evaluation
  - physical exam, lab tests, x-rays
- Physical Therapy
- Occupational Therapy
Insomnia

- Not normal aging
- Avoid sleeping medication
- Melatonin
- Day time napping
- Morning sunlight
- Exercise
- Sleep study
Sleep apnea

- Underdiagnosed
- Equipment more refined and better tolerated
- Weight loss
- Can effect brain function
- Relationships
Depression

- Common
- Loss of friends, family, health, home. Coping skills
- Therapist to help identify root cause
- Rarely will treat with just a medication
- “What makes you happy”
- Always watch for suicidal and homicidal thoughts
Urinary incontinence

- Toileting diary
- Kegel exercises
- Fluid intake
- Diuretic schedule
- Medications for urinary incontinence— but these have side effects
- Consultations with urologist or gynecologist
Medications

• Avoid when you can – especially for medications that only treat symptoms
• Often best to “start low and go slow” with dosing
• Ask what else other than medications can be done to treat a condition
• At each visit, ask if your medications are still needed or could be reduced
Medications

- Allergies – may be able to use a crème (such as Benadryl crème) or nasal spray (Astelin)
- High blood pressure – may need more than one medicine. Ask at what times these medicines should be taken. Two low dose medicines may have fewer side effects than one higher does.
- Ask about “topical” (patches and ointments applied to the skin) medications
Medications

• Diurectic (fluid pills) – if on more than one dose a day, check to see when the second dose can be taken. Avoid taking close to bed time. Ask how the diuretic may need to be adjusted or monitored if you develop an acute illness.
Medications

- Medications for insomnia, anxiety, and pain often have significant side effects – which a person may not be aware that they are having.
- Ask how you might be able to manage these conditions without or on less medications.
- Acid Reflux – discuss nonmedication management strategies
- Always discuss with your health care provider before discontinuing or reducing a medication!
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