THE IMPORTANCE OF OVERALL HEALTH IN THOSE WITH DEMENTIA

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Changing US Population Demographics

By 2050, People Age 65 and Older Will Equal 20% of the Population

U.S. Population (and Forecast) by Age Category and Gender

1900
U.S. Population: 75 Million

1960
U.S. Population: 151 Million

2000
U.S. Population: 281 Million

2025
Population (forecast): 340 Million

2050
Population (forecast): 392 Million

Source: U.S. Census Bureau
In 2002, an estimated 641,000 adults with IDD were older than 60.

In 2002 about 75% of all older adults with IDD were in the 40-60 year old age range.

The number of adults with IDD age 60 years and older is projected to nearly double from 641,860 in 2000 to 1.2 million by 2030 due to increasing life expectancy and the aging of the baby boomer generation.
LIFE EXPECTANCY

Age

Time Period

1920 1940 1960 1980 2000

Intellectual Disability

Down Syndrome

EXPECTED PHYSICAL CHANGES OF AGING

- **Osteopenia/Osteoporosis** - normal aging-related bone loss
- **Sarcopenia** - progressive loss of muscle mass
- **Presbyopia:** the lens of the eye becomes stiffer and less flexible – affecting the ability to focus on close objects (accommodation)
- **Presbycusis** – aging related change in the ability to detect higher pitches – more noticeable in those age 50+
- **Gustation** (i.e. the sense of taste) decrements become more noticeable beyond 60+
- **Olfaction** (i.e. the sense of smell), decrements become more noticeable after age 70+
- **Somatosensory System** - Reduction in sensitivity to pain, touch, temperature, proprioception
- **Vestibular** – Reduction in balance and coordination
- **Cognitive** – Reduction in short term memory loss, attention, and, retrieval
- **Homeostenosis** – narrowing of reserve capacity
AGE RELATED HEALTH COMPLICATIONS

- Seizures
- Osteoporosis
- Falls and fractures
- Behavioral challenges
- Visual and hearing deficits
- Dementia
- Gait dysfunction
- Hypertension
- Cardiopulmonary disease
- Strokes
- Cancer
- Spinal disease
- Liver and Kidney disease
- GI disturbances
- Changes in medication metabolism
SUCCESSFUL AGING/AGING WELL

- Freedom from disability and disease
- High cognitive and physical functioning
- Social engagement
- Taking action
  - Emotionally
  - Physically
  - Mentally
  - Spiritually
AGING AND DECLINE AFFECTS ADL’S

Small Change in Cognitive Capability could have profound impact on Independence; less resiliency

15%

Dependent Living

Independent Living
Diversity of the Aging Process

Cognitive Reserve
- Susceptibility to disease
- Social and cultural factors
- Compensatory behaviors + access to resources

Plasticity
- Individual organ systems age differently
- Genetic predisposition
- Lifestyle

Individual Aging Process

Gender
COGNITIVE CHANGES WITH AGING

• Normal changes = more forgetful & slower to learn

• MCI – Mild Cognitive Impairment =
  • Immediate recall, word finding, or complex problem solving problems (½ of these folks will develop dementia in 5 yrs)

• Dementia = Chronic thinking problems in > 2 areas

• Delirium = Rapid changes in thinking & alertness
  (seek medical help immediately)

• Depression = chronic unless treated, poor quality, I “don’t know”, “I just can’t” responses, no pleasure
  can look like agitation & confusion
ALZHEIMER’S DISEASE IN DOWN SYNDROME

- Women with Down’s syndrome are more at risk of developing Alzheimer’s disease than men in the 40 to 65 age group.
- People with Down’s syndrome who develop Alzheimer’s disease live, on average, 4-10 years from first symptoms; median 7 years.
- Rapid decline can occur.
- Sensory impairments (vision: 93.3%; hearing: 61.3%) were evident in adults with dementia.
- Late onset seizures were evident in 73.9%; with epilepsy dx at mean age of 55.4, and interval of about ½ year following dx of dementia.


| Percentage of people with Down syndrome who develop dementia at different ages: |
|---------------------------------|----------------|
| 30’s                            | 2%             |
| 40’s                            | 10-15%         |
| 50’s                            | 20-50%         |
| 60’s                            | 60-90%         |
The Epidemiology of Alzheimer’s Disease; Modifiable Risk Factors and Prevention

X. Zhang, Y. Tian, Z.T. Wang, Y.H. Ma et al
The Epidemiology of Alzheimer's Disease; Modifiable Risk Factors and Prevention
IMPACT UPON HEALTH AND DEMENTIA

• Reduce risk of getting and delaying dementia
• Have an impact upon the severity of dementia symptoms
• Living Well with Dementia
• Overcoming myths and stereotypes
Possible preventive strategies against dementia

- Promoting healthy lifestyles
  - non-smoking
  - moderate alcohol intake
  - physical activity

- Decreasing vascular burden
  - hypertension
  - heart failure
  - diabetes
  - stroke

- Increasing brain reserve
DEMENTIA PLUS

- Poor sleep
- Polypharmacy
- Stress/Depression/Anxiety
- Change of environment
- Change of caregiver
- Aging parent/sibling
- Infection
- Pain
- Frustration
- Boredom
LIVING WELL WITH DEMENTIA

- Realistic goals and opportunities
- Caregiver needs addressed
- Happiness and daily fulfillment
- Avoid complications, pain, fears, stress, over-medication
- Reflection on the good and reminiscing of the past
POTENTIAL BARRIER TO CHANGE

- Ageism
- Denial
- Self Efficiency
- Unrealistic Goals
MYTHS ABOUT OLDER ADULTS: AGEISM

- Older adults are sick.
- Older adults cannot learn new things.
- It is too late for lifestyle changes to improve health.
- Genetics are the main factor in longevity.
- Older adults are not sexual.
- Older adults are a drain on society.
- Older adults are senile.
- Older adults are typically isolated from their families.
- Older adults usually live in nursing homes.
- Older adults are poor.
- Older adults are unhappy.
OVERCOMING CONCERNS ABOUT BEING ACTIVE

- “I don’t think I should start at my age.”
- “I’m worried I might hurt something.”
- “I have to take it easy at my age.”
- “My aches and pains will get worse.”
- “Can I do exercise with my blood pressure?”
- “Why bother?”
IMPACT ON FAMILIES AND CAREGIVERS

- Frequent issues experienced by families and caregivers include:
  - Denial
  - Anger / Frustration
  - Guilt
  - Loss and Grief
  - Letting Go
  - Financial Stress
  - Role Reversals
  - Social Isolation
  - Becoming patients themselves
Healthy Brain Initiative

2005
Healthy Brain Initiative
Established with Congressional Support

2007
A National Public Health Road Map to Maintaining Cognitive Health
Published

2010
Healthy People 2020 Includes “Dementia” Objectives

2011
National Alzheimer’s Project Act (NAPA)
Signed into Law (Public Law 111-375)

2013
The Public Health Road Map for State and National Partnerships, 2013-2018
Published

2012
National Plan to Address Alzheimer’s Disease
Published

2018
State and Local Public Health Partnerships to Address Dementia, the 2018-2023 Road Map

Healthy Brain Initiative | Alzheimer's Disease and Healthy Aging | CDC
RESEARCH ON AGING AND COGNITION

World Wide FINGERS (WW-FINGERS)

Launched at AAIC 2017

http://wwfingers.com
GLOBAL WELLNESS ECONOMY NOW VALUED AT $4.5 TRILLION

- Wellness Tourism: $639b
- Personal Care, Beauty & Anti-Aging: $1,083b
- Healthy Eating, Nutrition & Weight Loss: $702b
- Physical Activity: $828b
- Preventive & Personalized Medicine & Public Health: $575b
- Traditional & Complementary Medicine: $360b
- Wellness Real Estate: $134b

Sources: BusinessWeek, Forever Young, The Anti-Aging Industry Turn Back Time, Black & Decker's High Prices Die Claims Uncertain Science.
Thank You!!

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Intellectual Disabilities and Dementia (the-ntg.org)