

Trillions in home equity for US older adults

First, some terminology. Reverse mortgages are a type of loan available to people 62 years and older who have “significant” home equity. Home equity is the value of a house based on what it would sell for at a given time minus any mortgage to be paid. According to a market index in the United States, the home equity of people 62 years and older increased in the third quarter of 2011 to US \$3.19 trillion. This number was arrived at by subtracting mortgage debt of \$1.02 trillion from aggregate housing values of \$4.2 trillion. In comparison, at the end of 2010, the home equity was estimated at \$3.3 trillion, based on the market index.

SOURCE: National Reverse Mortgage Lenders Association, NRMLA/RiskSpan Reverse Mortgage Market Index (January 18, 2012)

People with dementia respond to supervised resistance training

Over three months, 62 people with mild to moderate dementia and the ability to walk 10 meters performed a progressive exercise program of resistance and functional training while supervised by an instructor. They were provided with transportation to an outpatient clinic for the exercise sessions. Participants showed significant improvement in leg strength and the time to complete five chair stands compared to the control group.

“The training was based on a training concept which includes a dementia-specific approach with respect to communication, behavior and instruction,” corresponding author Klaus Hauer, PhD, explained for ICAA Research Review, adding that the communication format was unique in a therapy setting.

SOURCE: Journal of the American Geriatrics Society, 60(1):8-15 (January 2012)

How prevalent is age discrimination?

Every two years, participants in the Health and Retirement Study report on many aspects of their lives. Among 6,377 respondents interviewed for the 2006/2008 surveys, all of whom were 53 years or older in 2006, 63% reported at least one type of “everyday” discrimination, such as others being less courteous toward them or receiving poor service. Close to one-third (31%) reported a “major” event of discrimination during their lifetimes, such as being denied a promotion at work.

People who reported feeling discriminated against also reported higher levels of depression and lower self-rated health. People who were more likely to report age discrimination were black, separated, divorced or widowed, and from poorer households.

SOURCE: Research on Aging, online before print (December 14, 2012)

In US retirement communities, occupancy levels trend positive

In major metropolitan areas of the United States, there was an average 88% occupancy in independent living communities and an average 88.6% occupancy in assisted living properties at the end of 2011. The average occupancy levels for both types of units have been slowly trending upwards, which may be due to absorption of current housing supply (filling empty units that were already available). The percentages are based on the responses of more than 12,500 properties in the 100 largest metropolitan areas.

SOURCE: National Investment Center for the Seniors Housing & Care Industry, NIC MAP (January 26, 2012)

Slip-on-ice injury most common among older Canadians

Falling on ice accounts for the highest number of winter-related injuries in Canada, and older adults constitute a high number of fallers. Data from the National Trauma Registry showed that falls on ice resulted in 7,138 hospital admissions in 2010-2011. There were 1,471 falls and hospitalizations among people 50-59 years; 1,344 among people 60-69 years and 2,200 falls and hospitalizations among those 70 years and older.

SOURCE: Canadian Institute for Health Information (January 17, 2012)

Risk factors that add up to walking or driving disability

Walking is one of the markers commonly used to measure an individual's functional ability because it relates to the ability to perform activities of daily living.

WHO WAS INCLUDED: A group of 641 people, 70 years or older, who could walk a quarter of a mile (402 meters) or drive a car and perform activities of daily living without assistance were followed for an average of 12 years. Their mobility was evaluated every month and risk factors for potential disability every 18 months.

CATEGORIES: Individuals who said they needed help from another person to walk a quarter mile were considered to be walking-disabled. Those who had not driven a car during the past month were considered driving-disabled. A disability was considered to be long term if it persisted for at least six months.

FINDINGS: Over half of the participants developed long-term walking (56%) or driving (53.1%) disability. Multiple risk factors, together with illness and injury leading to hospitalization and restricted activity, were associated with an increased likelihood of developing long-term walking and driving disability.

Risk factors independently associated with walking disability were older age, female sex, chronic conditions, cognitive impairment, low functional self-efficacy, low physical activity, and low or intermediate scores on the Short Physical Performance Battery (SPPB).

Risk factors independently associated with driving disability were older age, female sex, severe visual impairment, weight loss, cognitive impairment, low physical activity, slower gross motor coordination and low SPPB scores.

COMMENT: “Losing the ability to walk independently not only leads to a poorer overall quality of life, but prolonged disability leads to higher rates of illness, death, depression and social isolation,” observed Thomas Gill, MD, a professor at the Yale School of Medicine.

SOURCE: Annals of Internal Medicine, 156(2):131-140 (January 17, 2012)

Memories, plans and lots of support increase positive health behaviors

Three studies recently found that people can use positive affect (a mild, happy feeling) and self-affirmation to help them make and sustain behavior change. The same intervention, with some customization, was used by different people with one unifying factor: a chronic health condition.

WHO WAS INCLUDED: One study included 242 people who had experienced percutaneous coronary intervention (aka angioplasty) to restore blood flow to blocked arteries and a second study followed 252 people with asthma. Their shared goal was to increase physical activity. Another group of 256 African-Americans with hypertension used the intervention with the aim of increasing their adherence to medication.

THE INTERVENTION: Participants committed to a plan for healthier behaviors, received an educational workbook, and received phone calls every two months to check in on their progress. In addition, the intervention groups were asked to think of small things in their lives that made them feel good, such as seeing a beautiful sunset, throughout the day and to use self-affirmation to help them overcome obstacles to their plan by recalling moments in their lives they were proud of, such as a graduation. Individuals in the intervention group received surprise gifts like tote bags prior to the phone sessions.

FINDINGS: For coronary artery disease, 55% of people practicing the positive affect/self-affirmations increased their physical activity compared with 37% in the control group; the positive affect group walked an average of 3.4 miles a week more than the control group. For high blood pressure, 42% of the positive affirmation group adhered to their medication plan compared with 36% in the control group. For asthma patients, there was no difference in energy expenditure between the two groups; however, there was some benefit for individuals requiring medical care during the trial.

COMMENT: “This simple approach gives patients the tools that help them fulfill their promise to themselves that they will do what’s needed for their health,” says Dr. Mary Charlson, executive director of the Center for Integrative Medicine at Weill Cornell Medical College. “For example, if it’s raining and they don’t feel like exercising, these strategies can help them get past this mental block and into their sneakers.”

SOURCE: Archives of Internal Medicine, online first (January 23, 2012)

Inactivity common among people with rheumatoid arthritis

The risk of arthritis increases as people age. A study recently reported in ICAA Research Review (11[30] August 2011) found that 40.1% of men and 56.5% of women with osteoarthritis were inactive, percentages based on objective accelerometer readings. A separate analysis that likewise used accelerometers found the same to be true for people with rheumatoid arthritis.

While osteoarthritis results from wearing down of the cartilage protecting joints, rheumatoid arthritis is a chronic autoimmune condition characterized by systemic joint inflammation that can damage joints, impair function and cause significant disability.

WHO WAS INCLUDED: To assess an intervention promoting physical activity, 176 people with rheumatoid arthritis, 18 years of age or older, wore an accelerometer that recorded their movements for seven days.

RESULTS: Nearly half (42%) of the participants did not engage in moderate-to-vigorous physical activity for at least ten minutes. Researchers found that 53% of study participants lacked strong motivation for physical activity and 49% lacked strong beliefs in the benefits of physical activity. These two modifiable risk factors accounted for 65% of excess inactivity in this study group.

COMMENT: “While there is much evidence of the benefits of physical activity, rheumatoid arthritis patients are generally not physically active, and physicians often do not encourage regular physical activity in this patient population,” explained Jungwha Lee, PhD, an assistant professor at Northwestern University Feinberg School of Medicine in Chicago, Illinois.

“Our study aims to expand understanding of the risk factors associated with inactivity among adults with rheumatoid arthritis and encourage clinical interventions that promote participation in physical activity.”

SOURCE: Arthritis Care & Research, Online, (January 26, 2012)

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