

## RESEARCH Review January 2015 Vol. 15 No. 1

Leading, connecting and defining the active aging industry since 2001

Occupancy in age-qualified housing continues upward climb

In the fourth quarter of 2014, the occupancy rate in age-qualified housing in the United States was 91.3% for independent living and 89.3% for assisted living properties. For nursing care, the occupancy rate was 88.3%. The rates are based on data collected from more than 13,000 properties within 99 US metropolitan markets.

SOURCE: National Investment Center for Seniors Housing & Care (January 9, 2015)

Cold weather: Alerts of winter storms associated with fall-related injuries

When the government alerted residents of Montreal, Canada, that freezing rain was expected, the warning was associated with an increase in fall-related injuries, especially among men. To a lesser extent, injuries were associated with warnings about snowstorms. The relationship was discovered when the incidence of fall-related injuries among adults 65 years and older (1998-2006) was compared to days on which the government warned of freezing rain or snowstorms as opposed to injuries that occurred on non-winter days.

The authors recommended that "public health agencies should consider using these warnings to trigger initiation of injury prevention strategies in advance of inclement weather."

SOURCE: Age and Ageing, online (December 19, 2014) doi:10.1093/ageing/afu199

Hot weather: Extreme heat increases risk of hospitalization

Extreme weather events are becoming more common, and high temperatures are one of them. During periods of high heat between 1999-2010, people 65 years and older who were enrolled in Medicare (US health insurance) had a higher risk of hospitalization, most frequently for fluid and electrolyte disorders, kidney failure, urinary tract infections, septicemia and heat stroke.

Data from 1,943 counties was used. The risk associated with a heat wave, defined as two or more consecutive days with temperatures exceeding the 99th percentile of county-specific daily temperatures, was estimated by comparing hospitalizations during heat waves to admissions during non-heat wave periods.

SOURCE: JAMA, 312(24):2659-2667 (December 24/31, 2014)

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Beware of exaggerated claims about medical topics

As 2014 drew to a close, BMJ published a study that is a reminder to be cautious about health claims and information on medical conditions. After analyzing 160 recommendations on two television shows (The Dr Oz Show and The Doctors), the authors commented that "recommendations made on medical talk shows often lack adequate information on specific benefits or the magnitude of the effects of these benefits. Approximately half of the recommendations have either no evidence or are contradicted by the best available evidence."

SOURCE: BMJ, 349:g7346 (December 17, 2014) doi:

At 65, expect about 19 more years of life

A new data analysis of the US population in 2013 projected that people age 65 could live another 19.3 years, with women expected to live an additional 20.5 years (to about 85 years old) and men, an additional 17.9 years (about 83 years old). These estimates are a bit different than life expectancy at birth, which was calculated at 81.2 years for women and 76.4 years for men.

The leading causes of death were heart disease, cancer, chronic lower respiratory diseases, unintentional injuries, stroke, Alzheimer's disease, diabetes, influenza and pneumonia, kidney disease and suicide. Population estimates were based on US Census data from 2013 and 2010 and death certificates filed in 50 states and the District of Columbia (2012-2013).

SOURCE: Centers for Disease Control and Prevention, NCHS Data Brief, No. 178 (December 2014)

About those numbers: Estimated life expectancy in a population is just that—an estimate based on probabilities for millions of people. The risk factors for death at birth are different than they are for a person who has survived to age 65, which is why the years of life expectancy at birth can differ from life expectancy at 65. Life expectancy calculations are important tools for policy makers who use them to plan for health care, social services, housing and funding. [the editor]

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High-speed circuit training may counteract sarcopenia

Sarcopenia is the age-related loss of muscle mass and strength, which in turn can lead to loss of physical function (International Osteoporosis Foundation). As the authors of a new study point out, this loss can occur along with an increase in body fat (adiposity). The combination is termed "sarcopenic obesity."

STUDY: A group of 21 people 60 years and older characterized by sarcopenic obesity were randomly assigned to high-speed circuit training or strength/hypertrophy training.

FINDINGS: After 15 weeks, assessments using the Short Physical Performance Battery (SPPB) "favored" high-speed circuit training over strength/hypertrophy training. Results of lower body power and ratings of perceived exertion also favored high-speed circuit training.

COMMENT: The authors concluded that high-speed circuit training merits further study with larger sample sizes.

SOURCE: Experimental Gerontology, 60:64-71 (December 2014)

Eating fruit and vegetables also linked to lower risk of sarcopenia

Eating five servings of fruits and vegetables has become a recommendation almost as well-known as walking 10,000 steps. These foods have been associated with reduced risk of some cancers and chronic diseases and are sources of needed vitamins, minerals and fiber (Centers for Disease Control and Prevention).

STUDY: Food frequency questionnaires were completed by 1,912 women and men 65 years and older participating in the Fourth Korea National Health and Nutrition Examination Survey (2008–2009). Biometric measurements included body composition and a calculation for sarcopenia (age-related loss of muscle mass and strength).

FINDINGS: Among men who ate the most fruits and vegetables, high intake was associated with a significant reduction in the risk of sarcopenia compared to those who ate the lowest amount. For women who ate the most fruit, there was an associated decrease in the risk of sarcopenia.

SOURCE: Age and Ageing, 44 (1):96-102 (January 2015)

--reported by Patricia Ryan