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Stats: One-third of employees still want to work from home

A recent survey by research and review company GoodFirms aimed to uncover and analyze the reasons for the mass exodus of employees in the post-peak pandemic era. "The research reveals some of the most shocking trends and employee work-life metrics leading to the great reshuffling," the company says.

The pandemic has created a "craving for flexibility in jobs and an alternative to working from the office or home," according to GoodFirms. "There is a sudden talk about the flexibility in work hours, mental health, and well-being equations. Employees are now negotiating more easy-to-handle work hours and shunning companies with a rigid job hour policy."

Nonetheless, the survey found, 33.7% of employees still want to work from home - and the active-aging industry, like others, will need to come to terms with this and other trends, as noted in key takeaways from the research:

- 21.2% of employees are planning to quit their jobs while 29.8% are not sure about it
- 30.7% of employees cited frequent stress and work-related burnout.
- 23.08% of employees are struggling with depression.
- 17.31% of employees think they can do better if they leave the current job.
- 37.50% of employees fear infection while working from the office.

The survey took place online in November 2021 and included more than 400 employees and human resources personnel and experts across the US. "The great resignation wave is the result of autonomy that employees have regained due to the resurgence of jobs in the aftermath of the peak-pandemic period," according to GoodFirms. Thus, most of the current employee turnover is coming from voluntary resignations.

SOURCE: GoodFirms (December 21, 2021); Nathan Sebastian. Who Can Stop This Unstoppable Great Resignation?

Reducing frailty could help prevent dementia

Frailty is a strong risk factor for dementia, even among people who are at a high genetic risk for dementia, and it might be modified through a healthy lifestyle, a recent study suggests. The findings provide more motivation to intervene early with members and residents at risk.

The researchers analyzed data from more than 196,000 adults over age 60 in the UK Biobank. They calculated participants' genetic risk for dementia and used a frailty score that reflects the accumulation of age-related symptoms, signs, disabilities and diseases. They analyzed this alongside a score on healthy lifestyle behaviors, and looked at who went on to develop dementia.

Over the 10-year study period, dementia was detected in 1,762 of the participants -- and these individuals were much more likely to have a high degree of frailty before their diagnosis compared with those who did not develop dementia. While genetic risk factors exerted their expected effect on risk of dementia among participants who were healthy, genes were progressively less important among those who were the most frail. In frail participants, risk of dementia was high regardless of their genes.

Even in those at the highest genetic risk of dementia, risk was lowest among the individuals who were fit, and highest in people who were in poor health. However, the combination of high genetic risk and high frailty was particularly detrimental, with participants at six times greater risk of dementia than participants without either risk factor.

Compared with study participants with a low degree of frailty, risk of dementia was more than 2.5 times higher (268%) among those who had a high degree of frailty -- even after controlling for numerous genetic determinants of dementia.

Coauthor Dr. Janice Ranson of the University of Exeter Medical School, said: "Tackling frailty could be an effective strategy to maintaining brain health, as well as helping people stay mobile and independent for longer in later life."

SOURCES: University of Exeter (December 22, 2021); Ward DD, et al. Frailty, lifestyle, genetics and dementia risk Journal of Neurology, Neurosurgery & Psychiatry Published Online First: 21 December 2021. doi: 10.1136/jnnp-2021-327396

Physical therapy timing key to successful rotator cuff repair

More than 250,000 rotator cuff repairs (RCRs) are done every year in the US. Yet, regardless of the procedure used, there is a high rate of retear, with rates reported to be as high as 13% to 43%. These rates correlate with increasing age; a recent meta-analysis demonstrated that retear rates double between the ages of 50 (15%) and 70 (30%).

A new study -- the largest to date on rehabilitation timing after RCR -- shows that timing of the beginning of physical therapy (PT) after an RCR could potentially affect failure of the procedure. The researchers investigated revision surgeries after RCRs among Medicare beneficiaries, and assessed the connection with PT initiation. Active aging organizations may want to inform their constituents about the study, and encourage them to discuss the results with their physician if they are contemplating an RCR.

The researchers analyzed close to 65,000 patients who underwent RCR and started PT within 13 weeks of surgery. They found that starting PT within one week postoperatively resulted in a significantly higher revision surgery rate compared with starting PT in weeks two to five, six to nine, or 10 to 13 weeks (6.9% vs. 3.6% among all other groups).

"This calls into question the use of an early passive range of motion protocol for an older patient cohort," as is often recommended, the authors state. More research is needed to "conclusively determine the most efficacious time to begin rehabilitation post-RCR."

SOURCE: Journal of the American Academy of Orthopaedic Surgeons (December 28, 2021); Stillson QA et al. Effect of Physical Therapy and Rehabilitation Timing on Rotator Repair Revisions and Capsulitis. Journal of the American Academy of Orthopaedic Surgeons: December 28, 2021 - Volume - Issue - 10.5435/JAAOS-D-21-00899 doi: 10.5435/JAAOS-D-21-00899

New treatment guideline for diabetic neuropathy

Diabetic neuropathy refers to nerve damage due to diabetes that may lead to pain and numbness, most often in the hands and feet. To help providers determine the best treatment for the potentially painful disorder, the American Academy of Neurology (AAN) recently updated their guideline on oral and topical treatments. Organizations may want to help ensure that their constituents are receiving the appropriate medication, especially when compliance is a problem.

To reduce nerve pain, the guideline recommends treatments from the following drug classes: tricyclic antidepressants such as amitriptyline, nortriptyline and imipramine; serotonin-norepinephrine reuptake inhibitors such as duloxetine, venlafaxine or desvenlafaxine; gabapentinoids such as gabapentin or pregabalin; and/or - based on recent efficacy studies -sodium channel blockers such as carbamazepine, oxcarbazepine, lamotrigine, or lacosamide.

The guideline specifically states that opioids should not be considered.

Topical treatments such as capsaicin, glyceryl trinitrate spray or Citrullus colocynthis can also be used to reduce pain. Ginkgo biloba may be helpful, the guideline says, as well as non-drug treatments such as exercise, mindfulness, cognitive behavioral therapy or tai chi.

"The good news is there are many treatment options for painful diabetic neuropathy, so a treatment plan can be tailored specifically to each person living with this condition," said guideline author Brian C. Callaghan, MD, MS, of the University of Michigan in Ann Arbor and a Fellow of the AAN.

SOURCE: American Academy of Neurology (December 27, 2021); Price R, et al. Oral and topical treatment of painful diabetic polyneuropathy practice guideline update. Published online December 27, 2021.

Mild COVID-19 can raise odds of worsening mobility two-fold

A study of data from close to 3,000 Canadian individuals ages 50 and older (51% women) from the beginning through the first nine months of the pandemic revealed that mild-to-moderate COVID-19 was associated with close to a two-fold greater odds of worsening mobility and functioning, even among those who were not hospitalized. Active aging organizations might want to take this into consideration as constituents recover from the illness.

Specifically, those with COVID-19 had higher odds of not being able to engage in household activity, physical activity, or standing up after sitting in a chair: 25.2% reported worsening ability to engage in physical activity; 8.9%) reported worsening ability to move around in their home; and 8.6% reported worsening ability to engage in housework. At follow-up, 15.2% reported new difficulty in standing up after sitting in a chair; 10.4% reported new difficulty walking up and down a flight of stairs without assistance; and 11.1% reported new difficulty walking two to three neighborhood blocks.

The results also showed that sociodemographic risk factors and having three or more chronic conditions were associated with a decline in mobility and/or functioning among non-hospitalized older adults with COVID-19.

"Taken together with previous work, our results suggest a need for approaches to effectively restore functional mobility to predisease levels after COVID-19," the authors state. "It is recommended that approaches that promote gradual activity and enhance social, cultural, and financial support may help with managing post–COVID-19 conditions."

SOURCE: JAMA Network Open (January 12, 2022); Beauchamp MK, et al. Assessment of Functional Mobility After COVID-19 in Adults Aged 50 Years or Older in the Canadian Longitudinal Study on Aging. JAMA Netw Open 2022;5(1): e2146168. doi:10.1001/jamanetworkopen.2021.46168