Aging Well Together Mini Series: A Medical Perspective
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Disclaimer
- This talk contains general medical information and is intended for educational purposes only. It is not intended or implied to be a substitute for your own medical doctor’s advice. Please consult your medical provider before seeking any new treatment.

Outline
- Part 1
  - Healthy aging
  - Common ailments
  - The D word
- Part 2
  - The D word continued
  - Living arrangements
  - Advanced care planning
  - Tips for talking with your doctor
Common Ailments

Neuropsychiatric
- Depression & Anxiety
- Delirium
- Dementia
- MUST distinguish the first two from the third

Common Ailments

- The C word is now “the D word”

The D word

- Dementia
- Alzheimer’s disease
- “Old Timer’s Disease”
- Vascular dementia
- Lewy body dementia
- Frontotemporal Dementia
- (Parkinson’s disease)
- (Mild) Cognitive Impairment
Diagnosis

- Short term memory (usually)
- Friends/Family
- Change in function
- Screening tests

Screening test

Dementia: Prevention

- Stay active
- Exercise
- Diet
- Volunteer
- Mood
- Treat your brain like a muscle:
  - Games
  - Puzzles
  - Read
Dementia: Treatment

- No cure (yet) for dementia (NIH/NIA priority)
- Pharmaceutical treatments slow disease progression for a limited time
- Manage concomitant mood disorders
- Manage behavioral concerns

Dementia: Treatment

- Dementia medication

Caregivers and Dementia

Investigate all resources:
- Alzheimer’s Association
- Area Agency on Aging (CICOA)
- Senior Services
- Veteran’s Administration
- Adult day centers
- Respite care via nursing home
- Physicians office
The D Word

 Patients and caregivers together:
 Plan for the future

 - Driving/transportation options
 - Firearm safety
 - Wandering
 - Risks vs benefits of medical testing/treatment
 - Living arrangements

Function

 - As lifespan is increasing drivers should expect to outlive their driving ability by 5-10 years
 - Sarcopenia (decreased muscle mass)
 - Arthritis
 - Pain syndromes
 - Tremor
 - Medical: support at home vs assisted living vs nursing home

Living Arrangements

 - Shady Pines
 - Straight Outta Shady Pines MA

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After an acute illness/surgery:
- Inpatient rehabilitation (3+ hours per day of therapy)
- SNF (short term rehab)

Home:
- Retirement community
- CCRC (continuing care retirement community)
- Assisted Living (AL)
- Nursing Home (NH)
- “Dementia unit” (NH or AL)

Living Arrangements
https://www.medicare.gov/nursinghomecompare/

BREAK/QUESTIONS
Advanced Care Planning

- **How** do you want to live while you die?
- **Quality of time and Quantity of time**
- **Who** would you want to speak for you if you could not make medical decisions?
- **Talk** to medical providers and family about your values and beliefs about the end of life

Advanced Care Planning
Advanced Care Planning

- Health Care Representative surrogate decision maker if you’re incapacitated
- Discuss your wishes/beliefs
- If no rep: guardian, spouse, child, parent, sibling, grandparent, grandchild, friend, next adult kin

Advanced Care Planning

Documents
- Health Care Power of Attorney names health care rep
- Living Will names your wishes
- Physician Orders for Scope of Treatment (POST)
- Out of Hospital Do Not Resuscitate (DNR) order
Physician and APP Orders for Scope of Treatment
Limited life expectancy
Four primary sections:
  A. Code status
  B. Medical Interventions
  C. Antibiotics
  D. Artificial Nutrition
  E. Other orders

Advanced Care Planning

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- Quality of time and Quantity of time
- Who would you want to speak for you if you could not make medical decisions?
- Talk to them about your values and beliefs about the end of life
THANK YOU

Questions???????????