

Link between financial woes and dementia discovered

By Ellen Waldman

October 20, 2021

This month, I attended the yearly conference of the Oregon Geriatric Society (<https://oregongeriatricssociety.org/>) via Zoom. A few years ago, along with a small group of local professionals in the field of aging, we traveled to Sun River Oregon to attend this in-person. It's actually designed by and for medical providers, and we all learned a great deal. Here are some highlights from this year's presenters. All this information is backed by serious research, peer review and significant data.

A study was done in single-family households which showed that missed credit payments up to six years prior, can be a very early indicator of Alzheimer's disease or related dementias. Also, that there is a significant drop in a person's credit score up to two years prior to diagnosis. Interestingly, there was no relationship between missed payments and other health conditions. In my experience, couples often pick up the slack for one another, so it's likely that's why this was confined to single individuals. The takeaway is financial symptoms of dementia seem likely to be the first to develop prior to a formal diagnosis. This could help families to recognize cognitive changes at much earlier stages.

On the same topic of dementia, it was found that for people with this diagnosis who also experienced depression, that non-drug interventions are actually more effective than drug therapy. The types of treatments shown to be most effective were environmental stimulation, massage and touch therapy, social interaction, exercise, reminiscence therapy and other interventions. These might be more challenging for families to provide at home, and many of our local memory care facilities do offer these for their residents. This was the strongest evidence that non-drug interventions may be better at treating depression in dementia.

In the Rogue Valley, we have four skilled nursing facilities (SNF). We also have two hospitals. If you're receiving care in any of these medical settings, how long can you expect it to take until recovering your former level of functioning? After an acute illness, it takes on average, five to six months to return to normal function after being in a SNF. If this was a catastrophic illness or injury, 2/3 will recover their former functioning, but only 1/3 will if the illness is progressive. The important takeaway here is to be patient with your recovery. In many cases, you will return to full functioning over time.

Fall risk assessments and fall-avoidance are often concerns for older adults. The expression that a broken bone is a game-changer has been proven to be true now. There are two types of fractures: traumatic, such a fall down the stairs, and non-traumatic, a fall from ground level, like standing. No matter which type of fall caused the initial broken bone, all subjects were at a greater risk for subsequent fractures, regardless of the type of initial fracture. The presenter said that any fracture is an indication that more fractures are likely to occur and checking for osteoporosis is indicated.

Here are a few more studies from this conference.

- Sleep is often hard to come by as people age. In one study, it was found that by mid-life, cognitive function declined faster in those who slept less than 4 hours or more than 10 hours a night.
- Heavy alcohol use has been shown to increase the risk of dementia.
- Treating hypertension reduces the risk of dementia in later life.
- Caregiving for someone who has dementia requires an increase in hours of care needed in the last 10 years of their life. If you've even been in this role, you know how each day can exact its toll. Please contact Lori Stanton at our local Alzheimer's Association (541-772-2230;

lstanton@alz.org) for excellent support.

- This trajectory of the need for increased caregiver hours is also noted in the last 1-2 years of life for someone who does not have dementia. In both cases, caring for the care provider is essential.

Next time you see your primary care provider (doctor, nurse practitioner, naturopath), suggest they look into attending next year's conference of the Oregon Geriatric Society. It would be great to have more representation of southern Oregon. So much important information on the latest medical research for aging adults is presented and connections with other professionals are made.