

AU InforMed

Volume 6 Number 27 (Issue 204)

Wednesday, December 3, 2008

Guest Editors: Christina McDonough, Pharm.D. Candidate (Editor-in-Chief), Kimberly Crabtree, Pharm.D. Candidate, Rebecca Cunningham, Pharm.D. Candidate, Jay Harrison, Pharm.D. Candidate, Steven Hudson, Pharm.D. Candidate, Paula Ross, Pharm.D. Candidate

Special Edition

The Senior Scene

Completed as a course requirement for Auburn University Harrison School of Pharmacy, Drug Literature I. Also, it calls attention to several observances in November/December, including:

November, **National Alzheimer's Disease Awareness Month**

Alzheimer's Disease and Related Disorders Association
Chicago, IL
800-272-3900

<http://www.alz.org>

November, **National Family Caregivers Month**

National Family Caregivers Association
Kensington, MD
800-896-3650

<http://www.nfcares.org>

November, **Nation Home Care Month**

National Association for Home Care & Hospice
Washington, DC
202-547-7424

<http://www.nahc.org>

An electronic bulletin of drug and health-related news highlights, a service of ...

Auburn University, Harrison School of Pharmacy, Drug Information Center

• Phone 334-844-4400 • Fax 334-844-8366 • <http://www.pharmacy.auburn.edu/dilrc/dilrc.htm>

Bernie R. Olin, Pharm.D., Director

The Senior Scene

VOLUME 1, ISSUE 1

APRIL 18, 2008

Geriatric
Publications
270 Park Ave
Mobile, AL. 36607
Phone: 251-555-2453
Fax: 251-555-2454
Email:
geripub@gtimes.org

EDITOR-IN-CHIEF:
CHRISTINA McDONOUGH

STAFF WRITERS:
KIMBERLY CRABTREE
REBECCA CUNNINGHAM
JAY HARRISON
STEVEN HUDSON
PAULA ROSS

INSIDE THIS
ISSUE:

EXERCISE

GERIATRICIAN
SHORTAGES

OTC

OSTEOPOROSIS

DEPRESSION

SLEEP

GET MOVING!!!

By Steven Hudson

many older adults find it difficult to carry on a regular exercise routine. It is little known that one can see benefits from being active even if he or she is not completely mobile. "Working out" uninjured body parts can greatly improve flexibility, which in turn can improve one's lifestyle.¹ Being physically active may also reduce healing time of injuries by decreasing inflammation. Recent studies have shown that people who exercise may have a lower amount of inflammatory compounds at injury sites.²

As age increases, the body's ability to fight diseases decreases significantly. One study demonstrated that older adults engaged in light exercise can improve immune function.³ A substance called immunoglobulin A, which plays an important role in immune function, was examined in patients who exercised and those who did not. Higher levels of immunoglobulin A were found in the group that exercised, reducing their chance of developing an infectious disease.³ These benefits only add to the existing list of reasons why exercising is good for the body. Even low amounts of exercise can be good for the older adult.

1. Studenski S. Current geriatric diagnosis and treatment. New York: McGraw-Hill Companies; 2004. Chapter 42, Exercise; p. 436-446.
2. Friedrich, MJ. Exercising may boost aging immune system. *JAMA* 2008;299(2):160-161.
3. Sakamoto Y, Ueki S, Shimanuki H, Kasai J, Ozaki H, Kawakami Y, Haga H. Effects of low-intensity exercise on acute changes in resting saliva secretory IgA levels in the elderly. *Geriatrics and Gerontology International* 2005;5:202-206.



IS THERE A DOCTOR FOR YOU?

By Christina McDonough

As baby-boomers approach 65, their numbers will strain an already stressed healthcare system. In the United States, from the years 2005 to 2030, the number of older adults is predicted to increase from 36.8 million to 70 million. Ironically, from 1998 to 2005, the number of geriatricians, or geriatric physicians, decreased from 9,526 to 6,435. If this decrease continues, America will be well short of the estimated 36,000 geriatric physicians that will be required by 2030. Many tactics have been used to try to increase the number of geriatricians, including an increase in the number of geriatric residencies offered to medical students.

continued on page 2





**“And in the end,
it's not the years
in your life that
count. It's the life
in your years.”**

Abraham Lincoln

continued from page 1

Despite these efforts, a decline in numbers in the profession has continued.¹

1. Hirth VA, Eleazer GP, Dever-Bumba M. A Step toward Solving the Geriatrician Shortage. *Am J Med.* 2008 Mar 3;121(3):247-51.

HERBAL TREATMENTS

By Jay Harrison

How many times have you heard your friends say that they are suffering from joint pain? More than likely, several of your next-door neighbors are currently taking one or many supplements to treat their osteoarthritis. Osteoarthritis is caused by inflammation of the joints, specifically the joints in the knees, hands, and hips. It is one of the main causes of pain and disability in the older population, and the number of people suffering from osteoarthritis is on the rise as the “Baby Boomer” population enters the later stages of life.¹

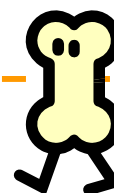
There are several herbs or supplements that can be used to treat osteoarthritis and its symptoms. The most commonly used herb is glucosamine sulfate, which reduces pain, improves joint function, and delays osteoarthritis progression. Chondroitin is usually combined with glucosamine sulfate, but studies have shown that chondroitin alone is not as effective as glucosamine sulfate. MSM, which stands for methylsulfonylmethane, is found in green plants, fruits, and vegetables. Studies on the effectiveness of MSM have shown that it slightly reduces pain and swelling in the joints, but is not effective at decreasing joint stiffness. Another supplement that can be used is SAME, which stands for S-adenosylmethionine. SAME does help in providing pain relief, but it takes several weeks for symptoms to improve and it is very expensive. So, if you would like additional treatment to help your joint pain, why not talk to your doctor and give one of these supplements a try.²

1. Lohmander LS, Roos EM. Clinical Update: Treating Osteoarthritis. *Lancet* 2007 Dec 22/29;370 (9605):2082-84.

2. Gregory PJ, Sperry M, Wilson AF. Dietary Supplements for Osteoarthritis. *Am Fam Physician* 2008 Jan 15;77(2):177-184.

BONE HEALTH

By Rebecca Cunningham



Osteoporosis affects 10 million Americans every year. This disease causes an increase in the number of pores in the bones, thereby reducing bone mass and calcium storage in the body. Patients suffering from reduced bone mass are more susceptible to broken bones. There are two main types of osteoporosis, primary and secondary. Primary osteoporosis is age-related and occurs mostly in post menopausal women and elderly men. Secondary osteoporosis is drug or disease-related. Individuals taking corticosteroids, barbiturates, or suffering from chronic kidney failure are at increased risk of suffering from secondary osteoporosis.

Many do not realize that their bone mass is largely dependent on the amount of calcium consumed during adolescence. Unfortunately, an individual's bone mass and ability to absorb calcium begin to decrease after the age of 30. This process can be delayed by eating calcium rich foods or taking calcium supplements. It has been shown that taking vitamin D with calcium can increase the amount of calcium absorbed. Your body can produce vitamin D when exposed to sunlight. Most dairy products are high in calcium, and are fortified with vitamin D. Supplements and diet are not the only ways to control osteoporosis. Weight-bearing exercise, such as walking, can also strengthen bones. So, drink some milk to help get your vitamin D and get outside to help walk that osteoporosis away!

1. Boonen S, Vanderschueren D, Haentjens P, Lips P. "Calcium and Vitamin D in the Prevention and Treatment of Osteoporosis- a clinical update." *J Intern Med.* 2006; 259: 539-552

2. Kumar V, Abbas A, Fausto N. *Robbins and Cotran: Pathologic Basis of Disease.* Philadelphia: Elsevier Saunders, 2005. 1282.

The National Institute of Health considers depression in people over 65 years of age a major health concern, as this population accounts for 16% of suicide deaths in the United States. Many people do not even realize they are depressed, so it is important to know what events or triggers can lead to depression. Death of a spouse or family member, retirement, and health problems are areas of particular concern.²

Much of the research on treating depression has focused on anti-depressants and exercise. Duke University Medical Center conducted a study that found that exercise may be as effective as anti-depressants. They divided people into 3 groups: 1) exercise, 2) medicine, and 3) exercise and medicine, and studied them for 5 years. Exercise was defined as walking around a track for 30 minutes, 3 times per week.

The patients on the anti-depressants felt relief faster, but no differences were found after 16 weeks. The researchers were surprised to find that there was no statistical difference between the 3 groups. They concluded that the results for the decrease in depression in the exercise only group may have been due to social interaction. So, they are planning on studying individual exercise and group exercise, to see if one may be more effective in treating depression.³

1. Chapman DP, Perry GS. Depression as a major component of public health for older adults. *Prev Chronic Disease* 2008; 5(1). http://www.cdc.gov/pcd/issues/2008/jan/07_0150.htm Accessed [4/15/2008].

2. Beers MH, Jones TV, editors. *The Merck Manual of Geriatrics*, [Internet]. Whitehouse Station (NJ): Merck Research Laboratories. Section 4, Chapter 33, Psychiatric Disorders; [cited 2008 Apr 15]; [about 8 screens]. Available from: <http://www.merck.com/mkgr/mmg/sec4/ch33/ch33a.jsp>

3. Blumenthal JA, Babyak MA, Moore KA, Craighead WE, Herman S, Khatri P, Waugh R, Napolitano MA, Forman LM, Applebaum M, Doraiswamy PM, Krishnan MR. Effects of Exercise Training On Older Adults with Major Depression. *Arch Intern Med.* 1999; 159: 2349-2356.



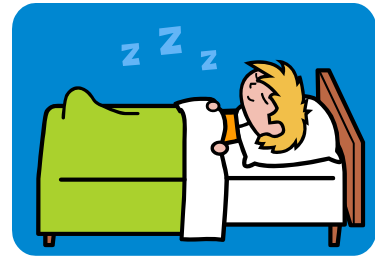
“Aging seems to be the only available way to live a long life.” Daniel Francois Esprit Auber

FEELING BLUE?

By Kimberly Crabtree

TROUBLE SLEEPING?

By Paula Ross



Insomnia in the elderly may be brought on by psychological or medical problems. People instinctively want to solve this problem with a pill they can take at bedtime. However, using sedatives in older persons may be more of a risk than a benefit. Drugs used to treat insomnia are known to have effects that last into the following day, can increase the risk of falls and fractures, and can also be habit forming.¹

A study published in 1999 compared the benefits of behavioral and pharmacological treatments in elderly patients with insomnia. The study found that there was an initial benefit in patients who received both behavioral and pharmacological therapies. A better approach may be to treat pharmacologically initially, then discontinue medication, and use behavioral treatment.² This will reduce the time that patients are taking the medications, thereby decreasing the risk of unwanted side effects and dependence. Behavioral therapy includes establishing a routine before bed, avoiding long naps during the day, and using the bed for sleep and sex only. Exercise is also important but should be avoided close to bedtime.

1. Jao D, Alessi C. Current geriatric diagnosis and treatment. New York: McGraw-Hill Companies; 2004. Chapter 15, Sleep Disorders; p. 114-121.

2. Morin C, Colecchi C, Stone J, et al. "Behavioral and Pharmacological Therapies for Late-Life Insomnia." *JAMA* 281 (March 17, 1999): 991-999.

Community Corner



***Bingo:** Wednesdays 3:00pm

Mobile Senior Citizen Center
Community Hall

***Ice Cream Social:** Mondays 1:00pm

St. Ignatius Catholic Church
Frassaiti Center

Special Events

***Trip to Biloxi, MS:** Cost: \$55, includes bus fare, one buffet ticket, and T-Shirt (spending money not included). Contact Sue Callahan for more information: 555-3245.