HEALTHY AGING FOR MEN RELIGIOUS

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Objectives

- Describe healthy aging
- Put this in the context of men's religious life
- Understand functional status and activities of daily living/instrumental activities of daily living
- Preventive health care for the older man, vaccines, driving, advance directives for health care
- Common issues: Vision, hearing, mobility, falls, depression, anxiety, memory loss
- Management of health needs for religious communities, coordination, community care, hospitals

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Christ in the Storm: Urbi et Orbi of Pope Francis, March 27, 2020

"Why are you afraid? Have you no faith?" Faith begins when we realize we are in need of salvation. We are not self-sufficient; by ourselves we founder, we need the Lord, like ancient navigators needed the stars. Let us invite Jesus into the boats of our lives. Let us hand over our fears to him so that he can conquer them. Like the disciples, we will experience that with him on board there will be no shipwreck. Because this is God's strength: turning to the good everything that happens to us, even the bad things. He brings serenity into our storms, because with God life never dies. The Lord asks and, in the midst of our tempest, invites us to reawaken and put into practice that solidarity and hope capable of giving strength, support and meaning to these hours when everything seems to be floundering."

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The last eighteen months…

- Harrowing and frightening
- Deaths of our brothers, friends, and family
- Fear of illness, contagion
- Loneliness and isolation
- Uptick in anxiety, alcohol use, depression
- Deprivation and decline in cognitive ability
- Arguments about safety, masking, visitors, isolation, vaccines
- In a context of political upheaval, violence, division
- The storm is better…but there are still small craft warnings posted

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Defining Aging

"Aging is a progressive, generalized impairment of function resulting in a loss of adaptive response to stress and in a growing risk of age related disease."

(Kirkwood, Oxford Textbook of Geriatric Medicine)

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Healthy Aging per WHO

"Healthy aging is about creating the environments and opportunities that enable people to be and do what they value throughout their lives. Everyone can experience healthy aging. Being free of disease and infirmity is not a requirement for healthy aging as many older adults have one or more health conditions, that when well controlled, have little influence on their wellbeing."

"WHO defines healthy aging as 'the process of developing and maintaining the functional ability that enables wellbeing in older age.'"

FROM WHO https://www.who.int/westernpacific/news/q-a-detail/ageing-healthy-ageing-and-functional-ability

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Bio, psycho, social, spiritual, community, and apostolic

- Markers of health and wellness, or lack of same
- Biologic is often the focus
- Psychologic functioning as crucial to how one does in other elements
- Social is a sign of how well the person deals with others outside the community
- Spiritual functioning may be considered a private matter but worth considering in our communities
- Community functioning…presence/absence…a good community member or poisonous
- Apostolic…can be amazed at how men who have physical hardships, work through anxiety and depression, can be spiritually desolate, no fun in community can be a source of grace and support for otherss

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Key points

- Aging is a marker for diversity, not disease
- Older people get, less alike they are
- Chronologic age not a helpful marker for health or function

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Characteristics of Aging

- Variable
- Extrinsic and Intrinsic determinants
- Risky
- Modifiable

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Functional Status: What a person can do is more important than diagnoses

Look at IADLs (instrumental activities of daily living) and ADLs (activities of daily living

With decline in aging, characteristically IADLs are lost before ADLs

IADLs allow people to navigate their environment: driving, cleaning, cooking, bill paying, laundry, shopping, etc…

ADLs are what is required at a minimum to care of oneself: transferring, toileting, grooming, bathing, dressing, eating

People with losses in IADLs may do well in an assisted living environment, people with ADL loss may need one on one care or skilled nursing environment

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Think about your religious community…

- Consider those men who are fully independent and you are not worried about…
- Consider those men who are having troubles with grooming, mobility, laundry, arranging their affairs…
- Problem: Many of our communities are like assisted living
- Worse problem: with so many IADLs taken care of, can miss decline and diminishment until it is too late
- Some of our brothers have been in assisted living since they were 18.

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Reversible Illness and Disease Presentation

- It is easy to write off problems as aging, but that means we miss correctable or treatable problems
- Falls and lack of mobility do not get investigated and/or physical therapy is not prescribed
- Anxiety, depression, or memory loss is ascribed to age and not treated
- New acute problems are not reported to the doctor or evaluated (fainting, falls, shortness of breath, urinary incontinence, sudden confusion)
- Yes, there are some problems that are chronic and difficult. But with new problems, they need to be checked out.

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Some implications

- Communities with men who are having IADL problems need support
- Superior has to have a basic awareness and have resources
- Communities with men who are dependent for ADLs need to have availability of in house one on one care, or options for other living situations
- Some of the assessment needs and problem solving skills are not easily found in men religious without special training…
- Jesuits have province nurses/health coordinators who meet with each men yearly, have a list of meds and medical history, work with superior to coordinate individual needs, and are available to assist with crises…expensive, yes, but less expensive than disasters.

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Take home point

- Having reliable, trusted, and skilled professional services available on a regular basis is needed for aging religious communities
- This is usually a nurse
- Can consider hiring for a province, or with small congregations, possibility of sharing a health coordinator
- In addition to meeting with men, assisting superior, health coordinators can work with doctors, help with discharge planning when men are hospitalized, keep an eye on preventive care
- Very helpful in trying to get men to have a main physician, and not multiple, as well as sorting out medications and self-diagnosis and treatment!

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Basics of Prevention for Older Men:

- Weight, diet, exercise, alcohol, tobacco
- Blood pressure, cholesterol, glucose, PSA (some controversy), ultrasound for aortic aneurysm, colon cancer screening, depression screening
- Vaccines: influenza, pneumococcal, Zoster (Shingles), Tdap, Covid
- Vision, dental, hearing
- Some of these are once in a lifetime, others depend on life expectancy
- Depending on risks and personal history, obviously more might be indicated

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Driving

- Have a written policy and provide for Uber/Lyft or similar for those who are no longer allowed to drive.
- USA East Province Driving Policy

https://www.jesuitseast.org/wp-content/uploads/sites/12/2020/07/USA-East-Province-Driving-Policy.pdf

Age 70: AARP 55 Alive Training Program (online)

Age 75: Road test with evaluation (done by occupational therapist, often available at local hospital, requires prescription)

Age 80 and EVERY TWO YEARS: Road test with evaluation

Role of Superior: Not allow driving if health, vision, mental status change between tests. Require new testing if accidents, moving violations. EVEN IF PASSES test, do not allow driving if significant concerns (cognitive ability, alcohol abuse)

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Advance Directives

- Advance directives for health care, aka durable power of attorney for health care, in some states called health proxy
- Make sure you use a form that has surrogate decision makers appointed in case of loss of decision-making capability
- Surrogate decision makers (DPOA or Proxy) ideally should be superior in community
- Important to have conversation about men's wishes for care
- Lengthy living wills and statements not real helpful in a crisis for medical personnel
- Need to be accessible in emergency

https://www.jesuitseast.org/wp-content/uploads/sites/12/2020/08/Superiors-Guide-for-Advance-Directives-Policy.pdf

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Falls

- Common and morbid
- One bad fall leads to limited mobility and poor outcome
- Causes are multiple: weakness and deconditioning, decreased vision, bad shoes or foot problems, home hazards, etc.
- Needs an evaluation
- Physical therapy can be helpful in future prevention, providing exercises
- https://www.cdc.gov/homeandrecreationalsafety/falls/adultfalls.html

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Memory changes

- An acute episode of confusion (delirium) is a medical emergency and needs emergent evaluation…infection, MI, stroke, medication reaction, et alia.
- Memory changes over time may indicate a dementing illness (loss of two cognitive functions)
- Usually initially accompanied by loss of IADLs followed by ADLs
- Need evaluation for reversible causes
- Diagnosis may be Alzheimer's, vascular, fronto-temporal, Lewy body with potential for different clinical course

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Anxiety and Depression

- Everybody worries but anxiety disorder is a problem characterized by excessive worrying over a period of time often associated with changes in sleep, activity, physical symptoms.
- Anxiety disorders come in several types: generalized, phobic, obsessive-compulsive disorder, et al.
- Need to screen for other illnesses (thyroid disease), medications, alcohol use. Depression is often a big comorbidity
- Depression: sleep, interest, guilt, change in energy, concentration, appetite, suicidal ideation
- Consider with changes in behavior, communication, appearance
- Treatment with therapy, meds

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Alcohol Abuse

- Older man who begins drinking heavily, often causing disruption in community
- Long term drinker who needs to cut back because of aging related changes
- Chronic drinker who has a long-term history of alcohol overuse/abuse
- Shorter duration, probably better outcome.
- Sometimes a consequence of self-medication for anxiety, depression, or fears over memory loss or other concern
- One size does not fit all…

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Hoarding

- Often signs early but can become more prevalent as a true disorder with increasing age
- Associated with distress at parting with what seems like junk or useless stuff
- Danger because of falls, hygiene, fire risk, loss of truly important items
- Maybe associated with OCD, dementing illness, reaction to stress
- Treatment: cognitive behavioral therapy
- https://www.todaysgeriatricmedicine.com/archive/JF20p10.shtml

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Community Environment

- Chairs: height, material to stay clean
- Bathrooms
- Rugs, light cords, tables, hazards
- Lighting
- Stairs
- Doors
- Laundry and cleaning services

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Paying for Health Care

- Medicare vs. Medicaid. Medicare A, B, C, and D
- Medicare advantage or Senior HMOs
- Enrolling
- Paying for long term care, in home and facility

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Finding good care

- Can you work with a physician or practice who can get to know the community and become familiar with religious life to understand some of how we communicate and operate?
- Can you identify counselling, psychology, and psychiatric practitioners?
- Sharing recommendations among different congregations
- Possibility of shared communities and facilities for men from different congregations

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Good news

- We're all in the boat together!
- Sharing resources is extremely useful
- Jesuit Healthcare Handbook

https://www.jesuitseast.org/wp-content/uploads/sites/12/2020/07/Jesuit-Health-Care-Handbook-2015.pdf

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