

Stats: 90% of adults 65+ take prescription meds

A new report from the US Centers for Disease Control and Prevention (CDC)'s National Center for Health Statistics highlights that about 1 in 5 older adults do not have insurance coverage for prescription drugs. And even for those with a prescription drug plan, paying for medications can be expensive. As a result, some older Americans are skipping doses or delaying refills to save money. This is something active-aging organizations may want to check on among their residents and members.

Using data from the 2021-2022 National Health Interview Survey, researchers found that an estimated 89% of older adults took prescription medication in the last 12 months. Roughly 4% of older adults who were prescribed medication did not take it due to cost, and prices kept an additional 3.4% from taking their medication per doctor's orders, though previous research suggests these percentages are far greater.

Older adults struggling with food insecurity – i.e., who don't have enough to eat or don't know where their next meal is coming from – were six times more likely than their food-secure peers to not get prescription medication or take it as prescribed, the CDC report found.

What's more, individuals living with several chronic health conditions were more likely than those with fewer health issues to engage in cost-saving strategies, like taking less medication than prescribed, skipping a dose or delaying a refill due to cost. Overall, older adults with no prescription drug coverage were more likely to not get their prescription medication or take it as prescribed than people with private or public prescription drug coverage.

SOURCES: Cohen RA, Mykyta L (September 5, 2024). Centers for Disease Control and Prevention.

Is yoga best for urinary incontinence in older women?

A randomized trial involving middle-aged and older women reporting daily urinary incontinence (UI) found that a pelvic floor yoga intervention did not result in a greater improvement in UI symptoms compared to a general muscle stretching and strengthening exercise program. However, participants in both intervention groups reported some improvement in their UI symptoms. These findings are important because one-third of women in this age group experience UI, which can lead to depression, social isolation, and functional decline, according to the authors. Active-aging organizations may want to keep this in mind when developing programming or education to address UI.

For the study, researchers from the University of California San Francisco randomly assigned 240 women ages 45-90 reporting daily urgency-, stress-, or mixed-type UI to either 12 weeks of a yoga or a nonspecific stretching and strengthening exercise program. Women in the yoga group had twice-weekly group instruction and once-weekly self-directed practice of pelvic floor-specific Hatha yoga techniques, while the exercise group had equivalent-time instruction and practice of general skeletal muscle stretching and strengthening exercises.

Participants used a diary to record each time they leaked urine by frequency and type of UI at baseline, 6 weeks, and 12 weeks and were also asked to complete and return diaries after 24 and 36 weeks for assessment of persistent changes in UI.

The yoga intervention was not superior to the general exercise program in reducing clinically important UI and both groups had similar incidents of adverse events.

According to the researchers, future studies should investigate potential effects of yoga on type-specific UI and factors underlying perceived improvements in UI among older women engaged in yoga and other physical interventions.

SOURCE: Annals of Internal Medicine (August 27, 2024). Huang AJ, et al. <https://doi.org/10.7326/M23-3051>

Alzheimer's diagnosis may depend on where you live

With new medications on the market or in the works for Alzheimer's disease and other types of dementia, a study suggests that getting the diagnosis needed to access these new treatments may depend on where you live. It's something active-aging organizations should be aware of, and perhaps provide support in areas where access to a diagnosis is low.

The percentage of people who get a new dementia diagnosis each year varies considerably across regions of the United States, according to the study. Furthermore, differences between regions of the country are even greater for people on the young end of the dementia risk age range, ages 66 to 74, and for those who are Black or Hispanic. In fact, the same person would have as much as twice the chance of getting a dementia diagnosis in some areas of the US as in others, the study shows.

The findings suggest that the chance of being diagnosed may be more about the health system than about individual factors that affect dementia risk. A formal diagnosis is required for access to new tests and treatments for dementia, many of which aim to slow down the progression of dementia in its earliest stages.

The authors focused on regional differences in "diagnostic intensity" of dementia – the kind of difference that exists even after all kinds of dementia risk factors and regional differences in population and healthcare are taken into account. They looked at diagnoses within each of 306 hospital referral regions (HRR) developed for the Dartmouth Atlas of Health Care and used in many studies.

The prevalence of diagnosed dementia ranged from as low as 4% to as high as 14% depending on HRR, and the rate of new dementia diagnoses in 2019 ranged from 1.7% to 5.4%. While the researchers can't say for certain if the variation reflects underdiagnosis or overdiagnosis, they do say that the areas with lower-than-expected diagnosis rates for dementia could use the new findings to look at what barriers might stand in the way of someone getting diagnosed.

For communities and health systems, this should be a call to action for spreading knowledge and increasing efforts to make services available to people, the authors suggest.

SOURCE: University of Michigan (August 16, 2024). Bynum JPW, et al. (August 16, 2024). Alzheimer's & Dementia; <https://doi.org/10.1002/alz.14092>

Moderate coffee, caffeine intake curbs risk of cardiometabolic diseases

Consuming moderate amounts of coffee and caffeine regularly was associated with a lower risk of new-onset cardiometabolic multimorbidity (CM), which refers to the coexistence of at least two cardiometabolic diseases, such as diabetes and heart attack.

"Consuming three cups of coffee, or 200-300 mg caffeine, per day might help to reduce the risk of developing CM in individuals without any cardiometabolic disease," said the study's lead author Chaofu Ke, MD, PhD, of Suzhou Medical College of Soochow University, in Suzhou, China.

“The findings highlight that promoting moderate amounts of coffee or caffeine intake as a dietary habit to healthy people might have far-reaching benefits for the prevention of CM,” Ke said.

Specifically, compared with non-consumers or consumers of less than 100 mg caffeine per day, consumers of moderate amount of coffee (three drinks per day) or caffeine (200-300 mg per day) had the lowest risk for new-onset CM, with a reduced risk of 48.1% and 40.7%, respectively.

Ke and his colleagues based their findings on UK Biobank data from 172,315 individuals who were free of any cardiometabolic diseases at baseline for the analyses of caffeine, and a corresponding 188,091 individuals for analyses of coffee and tea consumption.

Coffee and caffeine intake at all levels were inversely associated with the risk of new-onset CM in participants without cardiometabolic diseases. Moderate coffee or caffeine intake was inversely associated with almost all developmental stages of CM.

SOURCE: The Endocrine Society (September 13, 2024). Lu X, et al. The Journal of Clinical Endocrinology & Metabolism (September 17, 2024); <https://doi.org/10.1210/clinem/dgae552>

Games, puzzles can slow cognitive decline, MCI

Older people with mild cognitive impairment (MCI) who engage in high levels of activities such as word games and hobbies have better memory, working memory, attention and processing speed than those who do not, a recent study suggests. Although the study is observational and cannot prove cause and effect, active-aging organizations might consider adding these activities to regular programming and/or encouraging them among residents and members.

Researchers analyzed data on 5,932 people who were at least 50 years old in 2012, had MCI and were part of the US Health and Retirement Study (HRS) from 2012 to 2020.

The HRS collects data through self-reported paper-and-pencil surveys and in-depth phone interviews. For this study, the researchers analyzed the answers to seven questions about how often participants engaged in cognitively stimulating leisure activities (CSLA) such as reading, game playing and hobbies. Next, they divided the participation levels into categories of low, mid and high.

The high-level CSLA participation group was found to have higher levels of memory, working memory, and attention and processing speed than the mid- and low-level participation groups, and the mid-CSLA participation group was found to have higher levels of working memory, and attention and processing speed than the low-level CSLA participation group.

The authors hope that these findings will lead healthcare providers to recommend that older people with MCI play games, read or engage in similarly stimulating activities at least three to four times a week and that barriers to doing this, such as inadequate caregiver support and financial constraints, could be overcome through stronger public health services and community support networks,

SOURCE: Texas A&M University (September 10, 2024). Lee J, et al. (July 5, 2024); Journal of Cognitive Enhancement (2024). <https://doi.org/10.1007/s41465-024-00293-2>

Tech Talk: Wearable band gathers sweat, fitness biomarkers

Scientists have engineered a sweat-collecting, wearable band that can comfortably interface with the skin during exercise. In a pilot study involving 12 volunteers, the new device dynamically gathered sweat during cycling, and enabled researchers to noninvasively study changes in blood lactate, pH, and other key markers of fitness and health.

Exercise scientists and clinicians often examine the acidity of muscles to evaluate endurance, athletic performance, and the impact of training routines. The traditional approach involves measuring levels of lactate in blood samples, but this requires invasive, painful sampling and has a risk of infection. Sweat offers a promising noninvasive alternative, as it can be collected from the skin.

However, it's unclear how pH and lactate in sweat correlate with gold-standard parameters in blood and muscle tissues. Turning to microfluidics, the study authors engineered a wearable band that can easily stretch, bend, or twist to conform to the surface of the skin, and contains colorimetric "timers" and instruments to measure lactate concentrations and analyze pH levels in sweat over time.

The team tested the bands in 12 fit or unfit individuals – defined by whether they exercised more or less than two hours a week – who cycled at varying intensities. The pH of sweat gathered from working muscles decreased as the heart beat faster and negatively correlated with concentrations of lactate in blood.

Nonworking muscles showed no correlation between sweat pH and blood lactate levels, the authors wrote, "suggesting a relationship to physical fitness and supporting further development for noninvasive, biochemical fitness evaluations."

SOURCE: American Association for the Advancement of Science (September 4, 2024). Cho S, et al. Science Translational Medicine.