Aging with Grace: Successful Aging and Emotional Resiliency

MAUREEN C. NASH, MD, FAPA, FACP
MEDICAL DIRECTOR, PROVIDENCE ELDERPLACE OREGON
BOARD CERTIFIED: INTERNAL MEDICINE AND PSYCHIATRY

“To know how to grow old is the master-work of wisdom and one of the most difficult chapters in the great art of living.”

Henri Amiel 1874

What are common media presentations of older adults?

Celebrating those who live past 100 while also telling Horror stories about life in Nursing Facility, older adults wishing for death

Strategies for Successful Aging

- Exercise
- Diet
- Cognitive activities
- Optimism, Resilience, Positive attitude
- Social integration
- Stress reduction
- Regular health screenings

Depo & Jeste: Successful Cognitive and Emotional Aging, APPI, 2009

- Mental Health vs Mental Illness
- Behavioral Health vs Health Behaviors

How does normal aging affect cognitive abilities
What is Cognition?

- Attention
- Initiation/Perseveration
- Understanding and using visual and spatial information
- Conceptualization
- Memory
- Insight/Appreciation

Cognitive Impairment

- We think dementia but really seen in many neuropsychiatric illnesses
- Linked to poor medical and psychiatric treatment adherence
- Increased disability, increased mortality

Cognitive Changes in “Normal” Aging

- Person by person variability
- Attention: slower in some ways
  - Selective attention: slower
  - Divided attention/attention switching: more difficulty doing this and slower
  - Sustained attention: Same as when younger
- Working Memory: significant deficits

Cognitive Changes in “Normal” Aging

- Long term memory
  - Episodic: problems with encoding, storage and retrieval. Particular problems: spatial or time.
  - Prospective: less likely to recall mundane everyday tasks
  - Same as when younger: semantic, autobiographical, procedural, implicit

Cognitive Changes in “Normal” Aging

- Perception (vision, hearing)
  - General decline
- Speech and Language:
  - Discourse skills may improve and conversational skills improve
- Decision Making: use different strategies then younger adults, tend to rely more on experts
- Executive Control: depends on many previously mentioned areas and there is an age related decline

Medical Conditions Transiently Affecting Cognitive Ability

- Hydration status
  - Very susceptible to dehydration
- Medications
  - Especially medications that are anticholinergic like diphenhydramine/phenethylamine, tylenol-PM, advil-PM over the counter sleeping medicines
- Acute illnesses
  - Especially those involving glucose or oxygen because this is what the brain is dependent on
Medical Diagnoses Common to Elderly that effect Cognitive Ability
- Dementia
- Major Depressive Disorder
- Delirium
- CVA – Cerebral Vascular Accident (stroke)
- Congestive Heart Failure
- COPD – Chronic Obstructive Pulmonary Disease
- Diabetes
- Chronic Renal Failure
- Alcohol, opiate, etc. abuse/misuse

Epidemiologic Catchment Area - 1 year prevalence rates for mental illness among those age 55+
- Any Anxiety Disorder 11.4%
  - [Phobias, Panic…]
- Any Mood Disorder 4.4%
  - [Major Depression, Bipolar]
- Schizophrenia 0.6%
- Severe Cognitive Impairment 6.6%
- Any Disorder 19.8%

Age 65
- Anxiety D/O 3-10%
- Anxiety symptoms 20%
- Major Depression 5%
- Depressive symptoms 20%
- Schizophrenia 0.8%
- Alcohol Abuse 1-2%
- Alzheimers 1%

Age 85
- Anxiety D/O 3-10%
- Anxiety symptoms 18%
- Major Depression 5%
- Depressive Symptoms 20%
- Schizophrenia 0.3%
- Alcohol Abuse 1-2%
- Alzheimers 30%

Psychiatric Illnesses
- Schizophrenia
  - Used to be referred to as dementia preacox (premature dementia)
  - Attention deficits
  - Executive functioning deficits
  - Anosognosia-impaired awareness of bing ill
- Bipolar Disorder
  - When ill, anosognia and attentional deficits
  - Do not recall what happened when manic
  - More time depressed, usually

Chronic Mental Illness (aka Serious Mental Illness or Severe and Persistent Mental Illness)
- Major Depressive Disorder
- Bipolar Disorder
- Schizoaffective Disorder
- Schizophrenia
- Other psychotic illnesses
Key component is impact on a person’s functioning

Major Depressive Disorder (MDD)
- Not just a sad mood but an illness with a particular constellation of symptoms that affect eating, sleeping, focus, motivation, ability to experience pleasure
- In older adults, involves impaired executive functioning and challenges with making decisions
Wisdom and the Older Adult

- Some components of wisdom appear to increase with aging (e.g., experience-based social decision making).
- Older people regulate emotions more effectively, experience and remember fewer negative emotions, and show positive biases in memory.

(Helmuth et al., 2003; Jeste et al., 2010; Grossman I, et al., 2010; Worthy DA, et al., 2011; Kathe et al., 2004; Kennedy et al., 2004)

Psychological Resilience

- One definition: The ability to thrive in the face of adversity
- Five factors:
  - Personal competence and tenacity
  - Trust in one's instincts, tolerance of negative affect, and seeing stress as something that strengthens
  - Positive acceptance of change and having secure relationships
  - Sense of control in one's life
  - Spiritual influence

Successful AGing Evaluation (SAGE) study

- Self report on several scales, cross sectional, general population
- Findings: Older age was associated with higher self-ratings of successful aging, despite worse physical and cognitive functioning.
- Conclusions:
  - We should modify the attitude toward aging
  - Use self-rated successful aging as a meaningful outcome measure.
  - Enhancing successful aging
    - Foster resilience
    - Treat or prevent depression

The Study of Adult Development at Harvard University

- 3 cohorts of 824 selected as teenagers and studied their entire lives.
- 248 socially advantaged Harvard undergraduates born ~1920
- 90 middle class intellectually gifted women from Lewis Terman’s study of gifted children born ~1910
- 456 Inner City high school drop outs born ~1930 Gluek’s nondelinquent controls which was designed to follow a group of juvenile delinquents

“Surprising Findings”

- Majority of older adults without brain disease maintain a sense of well-being until the final months before death!
- Less depressed than general population
- Less incapacitating illness until the final one

Common findings in those who have achieved successful aging

- Acknowledge difficulties of life
  - But maintain a sense of why one wants to keep living
- Forgiveness leads to successful aging more often than nursing old resentments
Successful Aging

- It isn’t the bad things that happen, it is the good people who enter our lives at any age.
- Healing relationships helped by capacity for:
  - Gratitude
  - Forgiveness
  - Loving a particular person
- Learning to play and create more important than income in retirement.

A good marriage at age 50 predicted positive aging at 80 while low cholesterol did not!

- Alcohol abuse outside of early adulthood predicted unsuccessful aging, likely due to damage to social relationships.
- Subjective good health much more important than objective good health.

The Brief Resilience Scale: Assessing the Ability to Bounce Back

1. I tend to bounce back quickly after hard times.
2. I have a hard time making it through stressful events.
3. It does not take me long to recover from a stressful event.
4. It is hard for me to snap back when something bad happens.
5. I usually come through difficult times with little trouble.
6. I tend to take a long time to get over set-backs in my life.

https://www.researchgate.net/publication/23164897_The_Brief_Resilience_Scale_Assessing_the_Ability_to_Bounce_Back [accessed Oct 07 2018].

Truisms about resilience from the American Psychological Association

- It does not mean no difficulty or distress.
- The road to resilience is likely to involve considerable emotional distress.
- Resilience is not a trait that people either have or do not have.
- It involves behaviors, thoughts and actions that can be learned and developed in anyone.

American Psychological Association: The Road to Resilience

- Make connections/Good relationships
- Avoid seeing crises as insurmountable problems.
- Accept that change is a part of living.
- Move toward your goals.
- Take decisive actions.

References