

'Aging in Place' Program Helps Disabled Thrive

BY BRUCE K. DIXON
Chicago Bureau

CHICAGO — A 5-year pilot program that provides collaborative support services for people who have developmental disabilities and dementia is helping to improve their quality of life, according to a presentation at a conference on dementia sponsored by the Alzheimer's Association.

The program, launched in 2006 by the Rochester (N.Y.) chapter of the Alzheimer's Association, has served 122 developmentally disabled people with Alzheimer's disease and other dementias, about half of whom have Down syndrome. Other causes of developmental disability include cerebral palsy and mental retardation unrelated to Down syndrome.

Paula Casselman, who serves as resource director of the chapter, said more than 30% of the participants in the program have shown improvements in their activities of daily living.

Anecdotally, about half those with behavioral disturbances showed improvement as reported by caregivers. In many cases, interactions with peers also improved, Ms. Casselman said.

The program is structured around the "aging in place"

model, which keeps individuals within the community, in their familiar surroundings, and close to family and friends for as long as possible. Ms. Casselman added that the model is based on three of the core services of the Alzheimer's Association, including on-site guided education, care consultation, and support (discussion) groups.

Ms. Casselman said masters-level Alzheimer's Association faculty go right into the home or the day facility to meet with the family and staff to educate them about the disease process and particular areas of need, such as simplifying activities or rearranging the environment to make it easier for the person to function.

Education also involves hands-on training in partnership with home care agencies.

"We have seven core courses in Rochester using companions and home health [caregivers] who have had extensive training in dementia care and have undergone background checks," she said.

Care consultations include regular 6-month reviews of the individualized service plan (ISP) with the interdisciplinary team, development and implementation of an action plan based on staff and peer recommendations, and ongoing oversight of consumers' dementia-specific needs in order to promote aging in place, Ms. Casselman said. She added that the ISP—developed by the

Medicaid service provider—profiles the individual and outlines the goals of those taking care of that person and how those goals are being met.

Discussion groups are informal meetings with peers who live with or close to the program participant, Ms. Casselman explained. "It's an opportunity to talk to them and find out how they're affected by having a friend with a developmental disability and AD, because these peers need information and support."

Life enrichment was added as a fourth element of the Rochester program. It is accomplished using environmental assessments, adaptive furnishings, memory and sensory adaptations, transportation, safety devices, and respite care, Ms. Casselman said.

Caregiver support is emphasized in the Rochester project, because existing programs and staff models were not designed for the unique needs of aging people with developmental disabilities, said Sharon Boyd, senior vice president of the chapter.

Groups interested in creating programs for the developmentally disabled should first establish a relationship with their state developmental disabilities organizations, Ms. Casselman said. Such an approach also helps to garner the support of state legislators and families of the developmentally disabled. ■

Tai Chi Appears to Improve Cognitive as Well as Physical Functioning in Older Adults

BY SHERRY BOSCHERT
San Francisco Bureau

SAN FRANCISCO — Western and Eastern modes of exercise produced different improvements in physical functioning, and the Eastern exercise—tai chi—improved one measure of cognitive function in a year-long, randomized, controlled study of 132 healthy older adults.

This is the first study to document mental improvements resulting from tai chi,



Cognitive function was measured by tests of semantic fluency (animal naming) and digit span recall.

DR. TAYLOR-PILIAE

Ruth E. Taylor-Piliae, Ph.D., said in a poster presentation at the annual meeting of the Gerontological Society of America.

Compared with baseline, those who did Western-type exercise had greater improvement after 6 months in upper body flexibility, gaining 4 cm on the back-scratch test; the tai chi and control groups gained 1 cm.

But those who did tai chi had greater improvement in balance, adding 7 seconds to a single-leg stance test, compared with baseline; the Western exercise group added 4 seconds, and the control group added 1 second.

The tai chi group also had greater improvement in one of three measures of cognitive function studied, reported Dr. Taylor-Piliae of the University of Arizona, Tucson, and her associates.

Most of the improvements persisted af-

ter an additional 6 months of doing the same exercise, they reported.

Subjects' cognitive function was measured by tests of semantic fluency (animal naming) and digit span recall (forward and backward).

Results on the digits-backward test, which is thought to assess attention, concentration, and mental tracking, improved in the tai chi group.

The tai chi group's score went up an average of 0.6 points, while the average score in the Western exercise group went down by 0.7 and the control group's score went down by 0.1.

"I'd love to see older adults out there exercising, and if they're not interested in going to the gym and doing traditional Western exercise, tai chi is an alternative that they could pursue that will bring health benefits," she said.

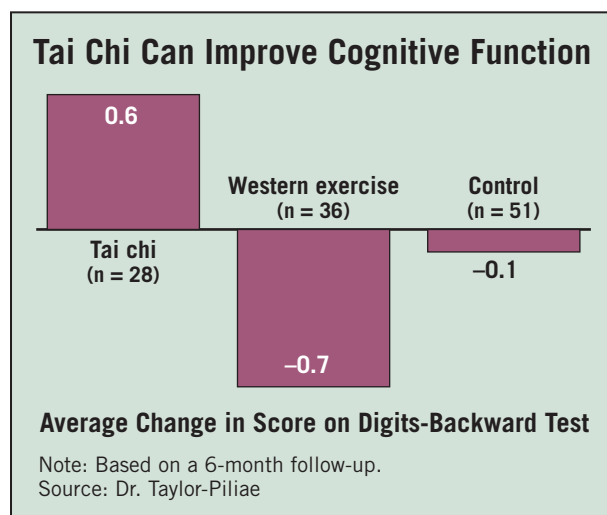
The study randomized sedentary adults with an average age of 69 years to a two-phase program of tai chi or Western exercise, or to a control group that received an attention-control intervention.

For the first 6 months, participants in the two exercise groups exercised for 45 minutes five times per week, twice in a class and three times at home.

During the second 6 months of the study, the participants did one classroom-based and three home-based exercise sessions per week.

The tai chi group learned the Yang-style 24-posture short form of tai chi.

The Western exercise group did a combination of exercises for aerobic en-



durance, flexibility, and strength that included walking, lifting light hand weights, and stretching.

The intention-to-treat analysis of results included all participants—37 in the tai chi group, 39 in the Western exercise group, and 56 in the control group.

Six-month assessments were available for 28 people in the tai chi group, 36 in the Western exercise group, and 51 in the control group.

The 1-year follow-up assessed 26 patients in the tai chi group and 34 in the Western exercise group.

Previous studies have shown that tai chi also can significantly improve strength and flexibility.

The current study included well-educated, relatively affluent people who probably were in fairly good shape at baseline, making some changes more difficult to detect in a small study, Dr. Taylor-Piliae suggested. She is designing a new study aimed at looking at the effects of tai chi in patients with cardiovascular problems, particularly stroke. ■

Personality Disorders May Worsen With Age

PHILADELPHIA — When assessing an elderly patient with a personality disorder, it is important to identify which conditions are treatable and to set achievable goals with the patient, Erlene Rosowsky, Psy.D., said at a conference sponsored by the American Society on Aging.

Treatment should be respectful and relevant to the patient to produce symptom relief, allow interdependence, accommodate change, and support healthy narcissism.

Somatic treatment is often indicated for comorbid psychiatric conditions, said Dr. Rosowsky, a geropsychologist in Needham, Mass.

Interventions are designed to make the smallest change possible to achieve the desired result. Specific types of therapy that have successfully treated personality disorder include cognitive-behavioral, interpersonal, and dialectical. Psychodynamic therapy usually is not appropriate, and somatic treatment is less successful.

Environmental engineering also is usually needed, as are supportive therapy and psychoeducation.

Personality disorders can interact with dementia, another potential complication in the elderly. Patients with personality disorders might adapt to the memory loss of dementia and respond to negative societal feedback, according to Dr. Rosowsky, who also is affiliated with the department of psychiatry at Harvard Medical School in Boston.

Drugs used to slow progress of dementia also may affect a personality disorder, she said.

—Mitchel L. Zoler