Aging With Dignity

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Is this aging?
Or this?
Or this?
View of Aging Today

- Healthy aging
- Successful aging
- Active aging
Healthy Aging

Deepak Chopra, M.D.
& David Simon, M.D.

Grow Younger, Live Longer

10 Steps to Reverse Aging
Successful Aging

Learn the surprising results of the MacArthur Foundation Study—the most extensive, comprehensive study on aging in America. Find out how the way you live—not the genes you were born with—determines health and vitality.

John W. Rowe, M.D.,
President, Mount Sinai Hospital and School of Medicine
and Robert L. Kahn, Ph.D.,
Professor of Psychology and Public Health, University of Michigan
Successful Aging

Rowe and Kahn, 1997
WHO on Aging

Active ageing: The process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age.
Good and Bad Old Age

- Historically 2 poles of old age
  - Positive pole: vigor, valor
  - Negative pole: decline, death

- Dualism continues today

- Perfidious consequences of division
  - Implies frail, demented, dying are failures
Argument for Today

- Important to promote prevention to foster robust aging
- Need to accept that many will develop frailty or dementia and all will die
- Critical to find way to enable all to retain dignity, whether robust, demented, frail, or dying
Argument for Today

- Describe historical dualism
- Define what I mean by people who are frail, demented, or dying
- Explain why attending to needs of these groups is important
- Capture what it is like to be in these groups:
  - Describe physical needs
  - Demonstrate psychosocial/existential concerns
  - Show what allows for aging with dignity
Aging in US History

- **Pre-1800: dialectical view**
  - A time of loss, decline
  - An opportunity for hope, redemption

- **1850-1900: Victorian morality**
  - Pole of sin, decay, dependence
  - Pole of self-reliance, virtue, health

Cole, The Journey of Life: 1992
Aging in US History

- **1900-1950: scientific management**
  - Old are sick, poor, dependent
  - Scientific knowledge as key to salvation

- **1980—present: healthy aging**
  - Old have potential for vigor, health
  - Good old age comes from exercise, diet, attitude

Cole, The Journey of Life, 1992
Frailty: Failed Aging?
Defining Frailty

Chronic disease

Disability

Vulnerability

Frailty
Why Frailty Matters

Population Aged 65 and Over for Developed and Developing Countries by Age: 2000 to 2050

(In millions)

- 80 and over
- 65 to 79
- Total 65 and over

Developed Countries

- 2000: 171.1, 133.7, 37.4
- 2010: 195.1, 142.2, 52.9
- 2020: 238.2, 173.4, 64.8
- 2030: 284.6, 202.7, 81.9
- 2040: 312.7, 207.4, 105.3
- 2050: 326.5, 205.5, 121.0

Developing Countries

- 2000: 249.0, 34.4, 121.0
- 2010: 327.8, 274.6, 80.1
- 2020: 476.0, 53.2, 395.9
- 2030: 698.5, 568.5, 121.0
- 2040: 752.2, 198.5, 305.3
- 2050: 1,175.7, 305.3, 305.3

1 See Appendix B for definitions of terms.
Source: U.S. Census Bureau, 2004. For full citation, see references at end of chapter.
Frailty Will Not Go Away

An Aging World:

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An Aging World: 2008
Dementia: Failed Aging?
Why Dementia Matters

Current and projected numbers for people with Alzheimer's or another dementia worldwide (in millions):

- **Today**: 35.6
- **2030**: 65.7
- **2050**: 115.4

Why Dementia Matters

The growth in numbers of people with dementia in high income countries (HIC) and low and middle income countries (LAMIC)

Numbers of people with dementia (millions)

Year
2010 2020 2030 2040 2050

HIC LAMIC

Alzheimer’s Disease International, 2009
Cholinesterase inhibitors “lead to modest benefit in a substantial minority of patients.”

APA Practice Guideline, 2007
Dementia is Not Preventable

“There is currently no evidence considered to be of even moderate scientific quality supporting the association of any modifiable factor...with reduced risk of Alzheimer’s disease.”

– NIH State of the Science Conference, 2010
Dying: Failed Aging?
Death is Part of Aging

An Aging World: 2008

- Haiti: 28
- French Guiana: 38
- Nicaragua: 39
- Venezuela: 44
- Colombia: 44
- Dominican Republic: 44
- Belize: 46
- Ecuador: 48
- El Salvador: 48
- Brazil: 49
- Peru: 49
- Paraguay: 50
- Mexico: 51
- Panama: 54
- Trinidad & Tobago: 55
- Virgin Islands (US): 57
- Costa Rica: 59
- St. Lucia: 60
- Chile: 66
- Dominica: 66
- Puerto Rico: 67
- Argentina: 67
- Guadeloupe: 68
- Cuba: 70
- Barbados: 71
- Bermuda: 73
- Uruguay: 73
- United States: 74
- Canada: 78
End of Life Trajectories

Lynn, Adamson
Rand: 2003
Aging with Dignity

- Challenge is to invoke prevention to promote robust aging
- Simultaneously avoid neglecting frail, demented, and dying
- Stories of real patients provide the key
A Man with Frailty

- Sam: 83 year old widower
- Hospitalized with chest pain
- Underwent cardiac catheterization
- Refused surgery
- Went home with intermediate care
What Mattered to Sam?

- **Physical domain**
  - Functioning in his apartment
  - Control of shortness of breath, pain

- **Psychosocial/existential domain**
  - Playing/listening to music
  - Helping others
What Made Dignified Aging Possible?

- Palliative approach to care
  - Focus on symptom relief, not life-prolongation
- Technological innovations
  - To maintain independence
What is Palliative Care?

- Comprehensive, interdisciplinary
- Approach to pain and symptom control
- With attention to psychosocial issues
- And a focus on advance planning for
- Patients with life-limiting illness
Role of Palliative Care

Lynn, Adamson
Rand: 2003
Technology for Frail Elder
A Woman with Dementia

- 78 year old woman in nursing home
- Hospitalized with hip fracture
- Confused, agitated in hospital
- Decision to focus on comfort and simple life-prolonging measures
What Mattered to Alice?

- Physical domain
  - Comfort; life-prolongation if compatible with comfort
- Psychosocial/existential domain
  - Human interaction
  - Continuity of self
  - Music
What Made Dignified Aging Possible?

- Medical focus on comfort
- Appropriate living environment
- Well-trained caregivers
Relationships
Older Dependency Ratios

An Aging World: 2008

Note: Older dependency ratio is the number of people aged 65 and over per 100 people aged 20 to 64.
A Dying Man

- 66 year old engineer with brain tumor
- Biopsy showed malignant glioma
- Oncologist advised surgery and chemo
- Mental status markedly declined
- Family opted for home care
What Mattered to Jay?

- Physical domain
  - Control of seizures
  - Management of incontinence

- Psychosocial/existential domain
  - Interaction with family
  - Establishment of legacy
What Made Dignified Dying Possible?

- **Hospice**
  - Interdisciplinary team
  - Expertise in symptom management, access to opioids

- **Dignity therapy**
  - Legacy
  - Autonomy
  - Continuity of self
Meaning at the End of Life

Nicholas Nixon, Photography
Conclusion

- Prevention useful to promote robust
- Focus on successful aging ignores vulnerable elders
- Separation of aging into positive and negative poles historically perilous
- Need to focus on dignity/qualify of life for all elders
No Magic Bullet