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ASA HONORS HEALTH PROGRAMS ON ARTHRITIS AND ALZHEIMER'S

Innovative programs to help elders with osteoarthritis and early-stage Alzheimer's disease take center stage as **Agging Today** continues to profile winners of the American Society on Aging's (ASA) 2008 Healthcare and Aging Awards. ASA's Healthcare and Aging Network presents the awards, in collaboration with Pfizer Medical Humanities Initiative.

FIT AND STRONG!

Arthritis is the number-one cause of disability afflicting 20 million older adults in the United States, according to the Center for Research on Health and Aging (CRHA) at the University of Illinois, Chicago. The Centers for Disease Control and Prevention (CDC) projects that number to double by 2030. Using the latest research, CRHA developed Fit and Strong! to mitigate the effects of osteoarthritis (OA), which painfully impairs joints, especially lower-extremity joints, and places these patients at risk for future disability and institutionalization.

CRHA codirector Susan Hughes explained, "As older adults with lower-extremity OA progressively limit their activity over time, they become unable to climb stairs, get in and out of a car, and perform other tasks of daily living that require the involvement of lower-extremity weight-bearing joints and that are necessary for independent functioning in the community." Hughes, codirector Thomas R. Prohaska and the CRHA staff set out to design an exercise intervention to reinforce OA patients' long-term adherence to a regular, multiple-component program.

Developed, tested and implemented during the last four years, with funding from the National Institute on Aging and the National Institutes of Health, Fit and Strong! has, so far, involved approximately 1,050 older adults at senior centers, hospitals, YMCAs and other community settings in Illinois, North Carolina and West Virginia with no adverse events, Hughes said. With funding from CDC, Hughes said, CRHA is working with the National Arthritis Foundation to train instructors to conduct Fit and Strong! in four Arthritis Foundation chapters nationally in the next two years.

The program meets for 90 minutes three times a week for eight weeks. The first hour is devoted to physical activity that incorporates flexibility and balance exercises, fitness walking, low-impact aerobics and resistance training. Classes conclude with a half hour of group discussion and problem solving to enhance disease management and self-efficacy for adherence to physical activity over time.

To determine the continuing value of Fit and Strong!, CRHA assessed outcomes among program participants compared with a control group at 2 months, 6 months and 12 months after the classes ended. Even after a year, Fit and Strong! participants maintained their physical activity at a level more than 55% greater than their baseline activity at the start of the program—double the rate of the control group. Overall, elders engaged in Fit and Strong! registered modest reductions in lower-extremity stiffness and pain. "These findings indicate that this low-cost, eight-week intervention demonstrated substantial efficacy as a health promotion intervention and is ready to be replicated broadly," Hughes said.

For more information, contact Hughes at (312) 996-1473 or shughes@uic.edu.

MEMORY LOSS PROJECT

In the 1980s, people were usually diagnosed with dementia in the middle or late stages of the disease

and were soon thereafter placed in a nursing home, one of the few care options available, said Debra Cherry, executive vice president of the Alzheimer's Association, California Southland, in Los Angeles. In recent years, she said, increased public awareness about Alzheimer's disease and progress in techniques for diagnosis and treatment have led to a marked increase in the number of individuals accurately diagnosed at an earlier stage of illness.

Moreover, with improved medications, these individuals are likely to stay in the early stages of the disease longer. Cherry continued, "These individuals are often still mentally intact but struggle with activities they once found perfunctory such as driving, balancing the checkbook or using an appointment calendar." She emphasized, "Tragically, they are diagnosed and then have almost no supportive services to help them."

To address this sea change in dementia care, the association's staff developed the Early Stage Memory Loss Project to match supportive services to these clients' level of capacity. "People with early-stage cognitive loss need services to help them cope with the catastrophic diagnosis and with these financial strains," said Cherry. She explained, for example, that early-stage dementia individuals can lose their jobs, along with the income and benefits.

The Alzheimer's Association staff developed a coalition of family members, community providers, places of worship and a local university diagnostic and treatment center. The coalition identified a continuum of services—such as a program of outreach, identification and referral, which incorporated information on early intervention into community education talks targeting this population.

Key programs, for example, are the Memory Club support group for people with memory loss and the Graduation Club, an unstructured, time-limited opportunity for guided discussion and support for people with early-stage Alzheimer's and for their care partners. The program also offers group trips to community cultural sites.

Currently, the Alzheimer's Association is partnering with the New York Museum of Modern Art and the Los Angeles County Museum of Art to present a museum-based program for people with early-stage cognitive loss. Participants will attend a guided, interactive tour of the museums' collections.

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