National Studies Focus on Women

The National Institute on Aging (NIA) announced the start of a $7.9 million Women's Aging Study—a major effort to determine what diseases and other events cause and influence disability in women age 65 and older. Under an NIA contract, The Johns Hopkins University School of Medicine will design and conduct the 7-year study of about 1,000 women.

Disability in later life is a serious health problem for women, threatening their independence and resulting in significant health-care needs and expenditures. More than 4 million women age 65 years and older are moderately to severely disabled, representing about two thirds of all disabled older adults. Health-care costs associated with disability for older Americans are currently about $65 billion and could top $100 billion annually within 40 years if nothing is done to reduce disability in the rapidly growing older population.

According to Health and Human Services Secretary Louis W. Sullivan, MD, "Older women suffer disproportionately from disability and this study may help alleviate some of this suffering. At the same time, it may help us reduce nursing home and special care costs for individuals and their families, as well as the taxpayer."

Bernadine Healy, MD, Director of the National Institutes of Health (NIH), says the NIA research project reflects a heightened awareness of women's health issues at NIH. Studies of older women are particularly important. "Although women live longer than men, their quality of life, from a medical and behavioral perspective, is not what it could or should be," says Healy. "With the NIA study, we can further develop effective diagnoses, treatments, and preventive measures."

Planning for the study will begin immediately. Johns Hopkins researchers are scheduled to start screening about 5,500 women in the Baltimore area next June. Data will be collected on the presence, severity, and impact on physical disability of 20 major diseases, including coronary heart disease, congestive heart failure, stroke, Parkinson's disease, chronic obstructive pulmonary disease, cancer, diabetes, osteoarthritis, hip fracture, visual impairment, and hearing loss. Cognitive impairments and mental illnesses, such as depression, will be observed as well for their effects on physical functioning.

Once the study group is selected, researchers will conduct an initial comprehensive evaluation, following up with visits to the women in their homes every 6 months for 3 years to assess changes in physical function. The group will be monitored for hospitalization, nursing home admissions, and use of home health care. A subset of participants will be studied intensively over a 6-month period, being contacted weekly to look for any short-term changes in functioning.

The study results should break new ground in preventing disability. Disability affects about 22% of women aged 65 and older. These women either live in a nursing home or, if they live in their own homes, need the help of another person for activities such as eating, dressing, bathing, walking, shopping, and performing light housework. The US Bipartisan Commission on Comprehensive Health Care, also known as the Pepper Commission, suggests that, unless disability rates for older people are lowered, today's nursing home population of 1.5 million will increase to 5.3 million in 40 years. The number of people needing help with activities of daily living will reach some 13.8 million people.

The Pepper Commission also suggests that the cost of disability goes far beyond direct health-care expenditures. Almost 9% of the 2.2 million people providing personal care for other relatives have left the work force. In addition, 20% of all caregivers report conflicts with their jobs, including working fewer hours, re-arranging schedules, and taking time off without pay.

For more information, contact The Johns Hopkins Medical Institutions, 550 North Broadway, Baltimore, MD 21205; 301-955-6680.

"Time Out" for Caregivers

The largest segment of this nation's long-term care system, family caregivers, is threatened with collapse, the Alzheimer's Association warned. In the first comprehensive report documenting the critical need for respite care services for more than 2 million American family caregivers, the Association called on Congress to enact a National Family Caregiver Support Policy.

Presented during a hearing of the United States Senate Special Committee on Aging, "Time Out! The Case for a National Caregiver Support Policy" describes the care provided by families to the 2.4 million severely disabled adults, including 1 million Alzheimer patients, and countless disabled children in America as the "lifeblood of the long-term care system."

It would cost the US more than $54 billion annually to replace family caregivers with full-time paid care. A national caregiver support policy could provide much-needed respite services for an estimated annual cost to the federal government of $2 billion.

The report also demonstrates how family caregivers are strained under intense pressure from the unrelenting emotional, physical, and financial demands of providing round-the-clock care for a severely disabled person, the increasing age and failing health of both caregivers and care recipients, and changing family structures that result in inadequate support for primary caregivers.

"Time Out!" cites evidence that respite services work. In studies of its own respite programs, the Alzheimer Association found that Alzheimer caregivers experienced reduced feelings of stress, frustration, depression, and sleeplessness. Three out of four reported improved physical and mental health, and 76% said they can manage themselves and their loved ones better.

For more information, contact Susan Nowicki, Alzheimer' Association, 919 North Michigan Avenue, Suite 1000, Chicago, IL 60611; 312-333-1110.

Criteria Developed to Determine Inappropriate Medication Prescription

Researchers from the UCLA School of Medicine's Multicampus Division of Geriatric Medicine have developed the first set of explicit criteria for determining inappropriate medication prescribing to nursing home residents, providing a new
method of ensuring patient safety and quality of care.

"Until now, published analyses of medication use have not relied on explicit or objective criteria but rather on implicit or subjective review by the authors," said Dr Mark Beers, Assistant Professor of Geriatric Medicine at the University of California Los Angeles School of Medicine and the study's principal author. "For this reason, there is a scarcity of data on appropriate medication use by the elderly in nursing homes."

The average resident of a skilled nursing facility is prescribed more than eight medications concurrently, about twice the prescription rate of a noninstitutionalized older person. It is the highest use of medications of all Americans.

Although many medications are thought to offer benefits that outweigh potential risks, others are believed to not offer sufficient benefits, or to pose health risks to older persons.

Among the commonly prescribed medications that the criteria address are sedative-hypnotics, antidepressants, antipsychotics, high blood pressure drugs, nonsteroidal anti-inflammatory agents, pain medications, dementia treatments, antibiotics, decongestants, muscle relaxants, gastrointestinal antispasmodics, and platelet inhibitors.

"Recognizing the need for valid criteria in identifying appropriate use of medication in nursing home populations, we proposed developing criteria based on whether a drug's use has potential benefits that outweigh potential risks, and considering any special caveats of prescribing to a population over the age of 65 residing in a nursing home," said Beers.

These explicit criteria are clearly defined in individual, objective statements and thus can be used by other researchers, clinicians, or teachers. Implicit criteria regarding inappropriate medication use, on the other hand, are based on the subjective opinion of the person evaluating one particular case of medication use and therefore cannot be easily applied by others.

The criteria were arrived at through a consensus of 14 experts from the United States and Canada with recognized credentials in geriatric medicine, geropsychiatry, and geriatric pharmacology. The criteria include parameters derived from information on medication use such as the pharmacy data available monthly at the time of federally mandated medication renewals.

Two aspects of medication use important when prescribing to nursing home residents were also considered: individual medications or categories of medications that should be avoided except under unusual clinical circumstances; and doses, frequencies, or durations of prescriptions that generally should not be exceeded.

For more information, contact Michael Byrne, University of California Los Angeles, Los Angeles, CA 90024-1431; 213-206-1959.

Quinolone Shows Promise in Treating Bacterial Prostatitis

Clair E. Cox, MD, Professor and Chairman, Department of Urology, University of Tennessee Medical School, Memphis, reported that temafloxacin, a new quinolone, may represent an alternative to standard antibacterial therapy in the treatment of chronic bacterial prostatitis. The data were presented at the 17th International Congress of Chemotherapy.

In an open, noncomparative, multicenter study, 51 patients with symptomatic chronic prostatitis were treated with temafloxacin 400 mg twice daily for 28 days. Susceptibility testing and clinical signs and symptoms were evaluated at 2 weeks during therapy and 5 to 9 days and 26 to 30 days postdosing.

Five to nine days postdosing showed a clinical response rate of 95% and a bacteriologic response rate of 95%. Twenty-six to 30 days postdosing showed a clinical response rate of 79% and a bacteriologic response rate of 78%. The study concludes that temafloxacin may be an alternative to standard oral therapies for bacterial prostatitis.

According to the National Center for Health Statistics, prostatitis is directly responsible for more than 100,000 hospitalizations, 1.8 million physician visits, and costs society almost $300 million each year. Cox said prostatitis is caused by a wide variety of pathogens, many of which are resistant to current antibiotics. Failure to eradicate an initial episode often leads to relapse and chronic prostatitis.

Temafloxacin has the advantage of a relative lack of susceptibility to bacterial resistance. Its oral administration also offers the economic benefit of shorter hospital stays and reduced need for intravenous antimicrobial therapy. As with other antimicrobial agents in general, adverse events related to the gastrointestinal tract (eg, nausea, diarrhea) were most frequently reported.

For more information, contact the University of Tennessee, College of Medicine, Department of Urology, 950 Court Avenue, Memphis, TN 38163; 901-528-5868.

Treatment Refusal Legislation Compiled

Refusal of Treatment Legislation is a compilation of every living will and durable power of attorney for health-care statute in the United States. This 534-page loose-leaf book represents the most complete and authoritative collection of living will and proxy legislation ever compiled.

Refusal of Treatment Legislation provides an introductory overview assessing the national legislative scene and also contains a state-by-state synopsis that highlights significant features of each state's laws. With its ring-binder format and handy state-by-state dividers, this book is designed to be up-to-date: as new statutes are passed or previous statutes amended, you can purchase replacements and simply slip them into the binder.

With 80% of the American public in support of treatment refusal, and a flurry of legislative activity all over the nation in the wake of the Nancy Cruzan case, staying on top of the latest changes is increasingly challenging. This comprehensive reference book will meet the needs of a growing number of clients, constituents, and patients.

For more information, contact the Society for the Right to Die, 250 West 57 Street, New York, NY 10107; 212-246-6973.

Free Tips to Raise More Money

As budgets get tighter, many organizations providing services to the elderly likely decide to approach charitable