Eli's Hospice Insider

STUDIES:

Rich or poor, we're all in the same boat -- socioeconomic status doesn't impact cognitive function as we age.

A recent study of Americans 70 years and older, conducted by researchers from the David Geffen School of Medicine at UCLA and the UCLA School of Public Health, found that cognitive decline over a nine-year period was similar across socioeconomic and racial and ethnic groups, according to a UCLA press release.

The study, published in the Aug. 1 issue of the American Journal of Epidemiology, did find a link between socioeconomic status (SES) and cognition, on the first test. Participants with high SES performed better on the first assessment than those with middle SES, and those with low SES performed worst of all, according to the release. But these differences could be linked to education.

The researchers concluded that differences in cognitive functioning among older Americans with different SES levels were due to differences in the cognitive peaks they reached earlier in their lives rather than differences in their rates of cognitive decline.

Previous studies have indicated that cognitive ability depends on demographic characteristics such as level of education. "But though there are differences in the level of performance you start with in your late 60s, this study's surprise is that the rate of decline in your 70s is the same for every group," said lead investigator **Arun Karlamangla, MD,** associate professor of medicine in the division of geriatrics at the Geffen School of Medicine.

Some demographics did seem to impact rates of cognitive decline, researchers found. Older participants declined faster than younger ones, and widows and widowers and those who never married declined faster than those who were married.

"The most consistent predictors of faster declines in cognitive functioning were being old and being single," the researchers wrote. The study is available online at aje.oxfordjournals.org/cgi/reprint/170/3/331.

Researchers Find Breakthrough in Early Alzheimer's

Detection. A combination of proteins in the cerebrospinal fluid could be the key to single out which patients with dementia will go on to develop full-blown Alzheimer's disease.

The results of a major international study conducted by a research team at the University of Gothenburg, Sweden, confirmed early studies that hinted at this link, according to a press release from the University.

While there is currently no medication that can change the course of Alzheimer's, it's likely that medicines under development will have the biggest impact if they are used early on, said **Dr. Niklas Mattsson** of the Institute of Neuroscience and Physiology at the University of Gothenburg's Sahlgrenska Academy in the release.

Changes in the brain are reflected in the cerebrospinal fluid (CSF) in the form of biomarkers, according to the release. Previous smaller studies have shown that finding the proteins beta-amyloid, tau, and phosphorylated tau in the CSF can be used to make an early diagnosis of Alzheimer's. The University of Gothenburg's larger study confirms these findings.

Guided Care Reduces Costs, Improves Quality. You get what you pay for, the saying goes. But the sickest older Americans can get better health care at a lower price when their care is managed through a team approach.

Researchers at the Johns Hopkins Bloomberg School of Public Health found that older patients with chronic diseases whose care was supported by a nurse-physician primary care team, spent less time in hospitals and skilled nursing

facilities and had fewer emergency room visits and home health episodes, according to a Bloomburg School press release.

The study, published in the American Journal of Managed Care, found that patients in the program called "Guided Care" cost health insurers 11 percent less than patients in a control group, said **Chad Boult, MD, MPH, MBA,** the principal investigator of the study and creator of the Guided Care model. "If you apply that rate of savings to the 11 million eligible Medicare beneficiaries, programs like Guided Care could save Medicare more than $15 billion every year," said Boult.

Guided Care patients received more personal attention from their care team and had more office visits, but the expenses they dodged by avoiding visits to hospitals, skilled nursing facilities, and emergency departments "more than offset all the costs of providing Guided Care," said lead author **Bruce Leff, MD,** associate professor in the Bloomberg School's Department of Health Policy and Management and associate professor in the department of medicine at the Johns Hopkins School of Medicine. "The program realized annual net savings of $75,000 per nurse, two thirds of which resulted from reductions in hospitalization."

Guided Care has also been shown to improve care quality, reduce strain on family caregivers, and improve physicians' satisfaction with chronic care, according to the release. Guided Care teams include a registered nurse, two to five physicians, and other office staff who work together to care for each patient, the release continued. In this model, the team conducts the following steps:

• perform a comprehensive assessment at home;

• create an evidence-based care guide and action plan;

• monitor and coach the patient monthly;

• coordinate the efforts of all the patient's health care providers;

• smooth the patient's transition between sites of care;

• promote patient self-management;

• educate and support family caregivers;

• facilitate access to appropriate community resources.