



News You Can Use...

September 8, 2010

National Suicide Prevention Week is September 5 – 11, 2010

Suicide Prevention Resource Center Webinar

Tuesday, September 14, 2010 3:00 PM - 4:30 PM

Older adults die by suicide at a higher rate than the national average. Every year, more than 5,000 Americans over the age of 65 die by suicide, a death toll that is largely preventable. Elderly white men have the highest rate of suicide of all demographic groups in the U.S. Although suicide rates of older Americans have been slowly declining for many years, older men and women of every race continue to die by suicide, and the need for prevention is urgent. This webinar reviews the research associated with suicide among older adults, including risk and protective factors and effective suicide prevention strategies. In addition, this webinar will specifically address the issue of suicide risk and prevention in the context of community programs and residential facilities.

Online Registration is available at <https://www1.gotomeeting.com/register/212444497>

Governor Rendell Announces Departure of Public Welfare Secretary Harriet Dichter

Michael Nardone named Acting Secretary

Governor Edward G. Rendell today announced that Department of Public Welfare Secretary Harriet Dichter will resign Wednesday, Sept. 15, to open the Washington, D.C., office of the First Five Years Fund, which is dedicated to improving federal policy for early education.

The governor has named Michael Nardone, deputy secretary for DPW's Office of Medical Assistance Programs, as acting secretary starting Sept. 16.



Team Care for Depressed Older Adults Cuts Overall Medical Costs

A team approach to depression treatment for older adults, already shown to be effective, is also less expensive than usual care, according to an NIMH-funded study published February 2008 in the *American Journal of Managed Care*.

Clinical depression affects about 3 million older adults in the United States and is associated with 50 to 70 percent higher healthcare expenses.

Previous studies reported that the collaborative care program in the Improving Mood: Promoting Access to Collaborative Treatment (IMPACT) trial was substantially more effective than usual care for older adults with depression. They found that the collaborative care group's costs were \$3,363 less than the usual care group (\$29,422 vs. \$32,785). Costs were lower in the collaborative care group mostly because participants sought fewer medical care services.

"IMPACT has provided strong evidence that not only is a collaborative care program more effective at fighting depression in this vulnerable population, it also is a wise financial investment," said Dr. Unutzer.

More information is available at <http://www.nimh.nih.gov/science-news/2008/team-care-for-depressed-older-adults-cuts-overall-medical-costs.shtml>

DEA Heads First-Ever Nationwide Prescription Drug Take-Back Day

Saturday, September 25, 2010 10 a.m. to 2 p.m.

The U.S. Drug Enforcement Administration (DEA) and government, community, public health, and law enforcement partners are holding a nationwide prescription drug "take-back" day. On September 25, 2010, collection sites around the country will take any expired, unused, and unwanted prescription drugs for safe, legal, and environmentally friendly disposal.

This initiative addresses a vital public safety and public health issue. The misuse of prescription drugs, including diversion, accidental poisoning, and overdose, has been increasing at an alarming rate. Nationally, an estimated 6.2 million people age 12 and older report having misused prescription drugs in the past month. One of the easiest ways individuals can help reduce this problem is to properly dispose of unused or expired medications. Studies have shown that a majority of prescription drugs are easily obtained from family and friends, including from the home medicine cabinet. The take-back day offers Americans an easy way to dispose of their prescription drugs and help reduce the rate of prescription drug abuse.

Getting Involved in National Take-Back Day: Go to <http://www.deadiversion.usdoj.gov/takeback>



Helping to Prevent Alzheimer's Disease

Three studies presented in July at the Alzheimer's Association International Conference indicate that lifestyle changes may help prevent Alzheimer's disease. The first study found that those who exercise moderately to heavily had a 40% lower risk of developing any type of dementia, and those with the least amount of physical activity were 45% more likely to develop the disease than their active counterparts. In another study, vitamin D levels in the blood were measured, and cognitive tests were administered in 3,325 adults over age 65. It was found that those who were deficient in vitamin D had 42% greater odds of cognitive impairment, and those who were severely deficient had 394% greater odds of being impaired. Lastly, another study found that tea drinkers fared better when comparing their rates of mental decline to those of non-tea drinking study participants.

Source: Mary Brophy Marcus "Study: Exercise, tea and vitamin D to ward off dementia" *USA Today* July 11, 2010

For more information go to http://www.usatoday.com/news/health/2010-07-12-alzheimerslifestyle12_ST_N.htm

NIH Expert Panel Focuses on Alzheimer's Review

An independent expert panel organized by the National Institutes of Health released a report on the state of the science for prevention of Alzheimer's disease and cognitive decline. The panel shared interesting findings on what, from the individual and community perspectives, makes a lot of sense to do and not to do.

Source: Aging Today July-August 2010. www.agingtoday.org

The full report is available at: <http://www.ahrq.gov/clinic/tp/alzcoogtp.htm>

New Realities of an Older America: Challenges, Changes and Questions

The challenges of Baby Boomers reaching old age, combined with a growing, more diverse population, will drive major changes in U.S. families, workplaces and communities, according to a new report from the Stanford Center on Longevity. The implications concern the entire society, and even though many of these changes could have been anticipated, the United States continues to rely on social and economic policies and practices designed for a relatively youthful population. This report frames the critical issues and underscores the urgency of effectively addressing the anticipated challenges with relevant public policies.

Source: National Academy on an Aging Society www.agingsociety.org

For a summary of key findings, go to <http://longevity.stanford.edu/node/1020>



The Power of Aging Services

Older American's Act (OAA) services play an important role in helping elderly adults remain in their community, according to a new analysis by Mathematica Policy Research. The Fifth National Survey of OAA Service Recipients confirms that OAA programs are effectively reaching those most at risk of institutionalization.

The brief is available at

http://waystohelp.ncoa.org/site/R?i=4XUCtQEUSRa_NWPr5EZQQ.

Health Care Reform and Behavioral Health Webinars

ACMHA announces a new 12-month critical issue webinar series. Hosted by President-Elect Dr. Ron Manderscheid, the series is focused on the new health reform legislation and what it means for behavioral health. Five broad areas covered in the legislation – insurance, coverage, quality, payments, and health information technology – will be addressed. Each webinar will provide information that is urgently needed by a variety of affected groups including peers, providers/practitioners, health care plans, and policy makers.

Through sponsorship by the Substance Abuse and Mental Health Services Administration, the series will be open to all interested individuals.

For more information, go to http://www.acmha.org/current_events_critical_issues.shtml

Geographic Variation in Medicare Drug Spending

This New England Journal of Medicine report shows the rising costs of pharmaceutical drug spending, which is a major contributor to overall Medicare spending. With drug spending accounting for a rising share of total health care costs, this report examines whether Medicare patients who spend more on pharmaceuticals to control their chronic conditions have fewer physician visits, therefore reducing total variation - or do more physician visits lead to more prescriptions, thus amplifying variation? Two maps included in the report focus on state-by-state variations in annual drug spending and total medical spending per beneficiary.

Source: National Academy on an Aging Society www.agingociety.org

Go to <http://healthpolicyandreform.nejm.org/?p=3534&query=TOC> for a copy of the report.

Previous copies of PBHAC's News You Can Use are available on the website at www.olderPA.org/newsletter

