



Pennsylvania Behavioral Health and Aging Coalition  
Opening Doors for Older Pennsylvanians

## News You Can Use...

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July 2015

### **NIH Begins Clinical Trial of New Medication for Alcohol Use Disorder**

The National Institute of Alcohol Abuse and Alcoholism (NIAAA), part of the National Institutes of Health (NIH), will begin clinical trials of gabapentin enacarbil (HORIZANT) as a treatment for alcohol use disorders. Gabapentin is already approved to treat pain conditions, epilepsy, and restless leg syndrome. The NIAAA will conduct a randomized, double-blind, placebo-controlled clinical trial at 10 sites in the United States to test its safety and efficacy in treating alcohol use disorders, which affect 16.6 million American adults. For the full article, click here: <http://www.nih.gov/news/health/jun2015/niaaa-25.htm>.

For more information on the clinical trial, click here:  
<https://www.clinicaltrials.gov/ct2/show/NCT02252536>.

### **Medicare Plans to Pay Doctors for Counseling on End of Life**

Medicare will begin reimbursing physicians for conversations with patients about their end of life wishes. This decision comes after a new trend of patients and their families wanting more control over what care they will or will not receive at the end of life. As this practice becomes standard, it is likely private insurers will also provide advance care planning on a more regular basis. Advance directives can be a part of these plans, but expressing one's wishes to health care providers and family members can add additional understanding and ensure plans are followed. The goal for this addition to Medicare is to help ease difficult decisions and ensure patients are not being given treatments they don't want. To read more, please visit [http://www.nytimes.com/2015/07/09/health/medicare-proposes-paying-doctors-for-end-of-life-counseling.html?\\_r=0](http://www.nytimes.com/2015/07/09/health/medicare-proposes-paying-doctors-for-end-of-life-counseling.html?_r=0).



## **Database May Help Identify Veterans on the Edge of Suicide**

“In a study published Thursday in The American Journal of Public Health, researchers reported that a computer algorithm using hundreds of variables among millions of V.A. patients was able to correctly predict small subgroups with suicide rates up to 80 times higher than V.A. patients as a whole.” This discovery comes at a time when other efforts, such as in-person evaluation and increased mental health staff, have had little or no effect on the suicide rate among veterans. Lead researcher Robert Bossarte clarifies that while the algorithm identifies at-risk individuals, it cannot predict suicides. Veterans Affairs is still examining how the data will be used and how they will approach high-risk veterans with the information. To read more, click here:

<http://www.nytimes.com/2015/06/12/us/database-may-help-identify-veterans-likely-to-commit-suicide.html>.

## **Four Ways Hospitals are Improving Behavioral Health Care**

Hospital emergency departments have seen an increase in behavioral health issues due to loss of funding for mental health organizations, but are often not equipped to handle these issues effectively. Emergency departments can be chaotic, loud, and crowded, adding additional stress to the patient experiencing symptoms. To address this issue, many hospitals are implementing new policies to ensure patients receive appropriate screening and follow-up treatment. This article includes four case studies, each on a hospital that implemented one of the following strategies: integrating psychiatry into primary care, building a continuum of behavioral health, linking providers, and helping emergency department patients obtain outpatient services. For the full article, click here: <http://www.hhnmag.com/Magazine/2015/May/cov-behavioral-health>.

## **Keeping Older People Safe in the Summer Heat**

Older adults are at higher risk of hyperthermia and associated complications due to the deterioration of the central nervous system over time. The central nervous system is responsible for regulating the body’s reaction to heat or cold. Other factors, such as health conditions or medications, can also affect the body’s response to heat.

Hyperthermia can be difficult to detect in older adults, as symptoms can mimic other health conditions. Signs to watch for include fever, confusion, fatigue, or dizziness, among others. To prevent hyperthermia, older adults should stay in cool places. If the home is not air-conditioned, move to a public place such as a library or relief center. To read the full list of symptoms, risk factors, and how to help, please visit

<http://www.nextavenue.org/keeping-older-people-safe-in-the-summer-heat/>.



## **Secondhand Smoke Increases Stroke Risk by 30 Percent for Nonsmokers**

“Nearly 800,000 people in the U.S. suffer a stroke each year. Stroke is responsible for one out of every 19 deaths in the U.S. and it is a leading cause of disability.” The American Journal of Preventive Medicine has published a study showing nonsmokers exposed to secondhand smoke are at a 30% higher risk of stroke, even after adjusting for other stroke factors like diabetes, heart disease, and hypertension. While other studies on this subject have provided varied results, this study is significant due to the large sample size and research methods used. Future research should include cardiovascular disease risk factors and other environmental contaminants such as air pollution in order to verify results. For more information, please visit [http://www.eurekalert.org/pub\\_releases/2015-07/ehs-ssi070815.php](http://www.eurekalert.org/pub_releases/2015-07/ehs-ssi070815.php).

## **Suicide Prevention Toolkit for Rural Primary Care**

The Suicide Prevention Resource Center (SPRC) and the Western Interstate Commission of Higher Education (WICHE) Mental Health Program have joined to create a suicide prevention toolkit for primary care providers. The toolkit aims to help, “implement state-of-the-art suicide prevention practices and overcome barriers to treating suicidal patients in the primary care setting.” Included in the toolkit are tips on educating staff, patient management tools, billing tips, and a list of resources. To access the toolkit as a pdf or request a hard copy, please visit [http://www.sprc.org/library\\_resources/items/suicide-prevention-toolkit-rural-primary-care](http://www.sprc.org/library_resources/items/suicide-prevention-toolkit-rural-primary-care).

The National Suicide Prevention Lifeline can be reached at 1-800-273-TALK (8255) or [www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org).

## **Economic Insecurity Rates Reveal Alarming Levels of Senior Insecurity**

“A new analysis of Census Bureau data released suggests that 49% of US retired seniors live in households which lack incomes required for economic security. State Elder Economic Insecurity Rates (EEIRs) range from 57% in Vermont to 34% in Wyoming.” Economic insecurity is more likely to affect women, especially single women and women of color. Wider Opportunities for Women’s *Living Below the Line: Economic Insecurity and Older Americans* hopes this data will emphasize the importance of state and federal programs designed to support older adults, not only Social Security and Medicare, but meal and transportation programs as well. To read the full press release and access links to further analysis, click here: <http://www.wowonline.org/wp-content/uploads/2015/07/WOW-EESI-LBL-Press-Release-July-2015.pdf>.



# Coalition News

## Upcoming In-Person Trainings from the Coalition

- Aging, Mental Health, and Chronic Illness
  - [9/30/15 Dauphin County](#)
  - [10/28/15 Centre County](#)
  - [11/4/15 Montgomery County](#)

## Did You Know? Customized Behavioral Health and Aging Training is Available

Below is a link to the training topics we currently offer through the Coalition. We can come to your site and offer the trainings, or we also have regular training opportunities available that you will receive notice about as a member of the Coalition.

<http://www.olderpa.org/Default.aspx?pageId=1080869>

## Sponsorship Available

The Coalition provides training opportunities to more than 1000 participants each year. We now offer the opportunity to sponsor Coalition trainings, providing your organization access to individuals in the behavioral health and aging fields. Contact Rebecca May-Cole ([Rebecca@olderpa.org](mailto:Rebecca@olderpa.org)) or 717-541-4219 ext. 106 for more information.

## Donate Now!

Help support the work of the Coalition! Join us in improving the behavioral health of older Pennsylvanians by [donating](#) to PBHAC. Your [tax deductible donation](#) will help us meet our mission to promote wellness, enjoyment and engagement in life, including care, services and community support, that respect the behavioral health needs and values of older Pennsylvanians and their caregivers.

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Previous copies of PBHAC's News You Can Use are available on the website at [www.olderPA.org/newsletter](http://www.olderPA.org/newsletter)

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