



Pennsylvania Behavioral Health and Aging Coalition
Opening Doors for Older Pennsylvanians

News You Can Use...

October 2015

Lies, Secrets, and Scams: How to Prevent Elder Abuse

Although figures vary, studies show between 4-20% of older adults had been the victims of financial elder abuse. It is difficult to find out how many people have been taken advantage of, as some may never realize they have been scammed, and others keep the abuse a secret because they are afraid they will lose their independence as a result. Financial abuse not only affects the person's savings, but can also affect their emotional and physical health. Victims of fraud often experience stress, embarrassment, and shame, and are hospitalized at higher rates than older adults who are not abused. To read more about how financial elder abuse occurs, how it is prosecuted, and how it can be prevented, please visit <http://www.consumerreports.org/cro/consumer-protection/preventing-elder-abuse>.

October is National Cyber Security Awareness Month. Click here for an informational handout from the Department of Homeland Security:
http://www.dhs.gov/sites/default/files/publications/Cybersecurity%20for%20Older%20Americans_0.pdf.

Potential Treatments Ahead for Alzheimer's Disease

As the American population ages, more people will be diagnosed with Alzheimer's Disease. Most research has focused on finding a drug to remove amyloid plaque, protein deposits found in the brains of Alzheimer's patients. However, the role amyloid plaque plays in Alzheimer's is not fully understood, and anti-amyloid treatments have not passed large clinical trials. New treatments being considered include using a low-dose epilepsy medication to treat mild cognitive impairment; thiamine treatments to increase glucose metabolism and slow cognitive decline; and a drug to reduce amyloids and inflammation. To learn more about potential future treatments, click here:
<http://www.nextavenue.org/potential-treatments-on-the-horizon-for-alzheimers-disease/>.



Behavioral Health Connection Trainings Available

The PA Behavioral Health Connection (BHC) was created in 2008 as a joint initiative between the Pennsylvania Department of Aging APPRISE Program and the Behavioral Health Community. The BHC's primary objective is to assist Pennsylvanians who have qualified for Medicare and who are living with behavioral health issues in receiving appropriate access to the APPRISE Network and other Center for Medicare & Medicaid Customer Service Programs. If you are interested in hosting a training at your agency or workplace, we are happy to present information during a lunch hour or half-day training related to Medicare, behavioral health services covered by Medicare, and low-income assistance programs. Please contact Christine Adkins at 717-541-4219 ex. 115 or at christine@olderpa.org for more information.

Video Games for Brain Health

Video games that promise to enhance brain activity are common, yet studies are unable to find a lasting benefit from their use. Neuroscientist Adam Gazzaley believes he has invented a game that does provide cognitive benefits by using a different approach than other games. It focuses on multitasking within an immersive environment that includes distractions from the task. Gazzaley admits his game needs to undergo testing to ensure its effectiveness, but he hopes the game can be used to help people with Alzheimer's Disease, traumatic brain injuries, post-traumatic stress disorder, and attention-deficit hyperactivity disorder (ADHD). For the full article, click here: http://www.alzheimers.net/9-28-15-video-games-for-brain-health/?mkt_tok=3RkMMJWWfF9wsRonuKrlZKXonjHpfsX%2B6O4vUaWg38431UFwdcjKPmjr1YIFS8R0aPyQAgobGp5l5FENTrnYSqp1t6cKXA%3D%3D.

Barriers and Safety Nets at Suicide Hotspots Can Reduce Rates by 90%

Analyzing data from previous studies of 18 suicide hotspots across multiple countries, an international analysis found barriers can reduce the number of deaths by over 90%. Other methods, such as signs encouraging people to seek help or third-party monitoring by camera or patrols, were also effective in preventing suicides. Samaritans chief executive Ruth Sutherland explains, "The period of suicidal crisis, where someone is fixated on taking their own life, usually only lasts a short while. Creating a barrier, whether it is a fence, or an alternative course of action... can often interrupt people enough for them to have second thoughts about what they are doing and seek help." For the full article, please visit <http://www.theguardian.com/society/2015/sep/23/barriers-and-safety-nets-at-suicide-hotspots-can-reduce-rates-by-90>.

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



Two Perspectives on Dying at Home

A British study shows that dying at home can bring the patient more peace and their relatives less grief after the death. Dying at home allows the patient to be comforted by their surroundings and remain in a familiar environment. Only 12% of those who died at home reported difficulty finding peace in their final days (according to relatives), while 25% in hospitals had difficulty. The study also showed that pain levels were no higher at home than in the hospital. However, the research shows the patient and their family must be in agreement on the decision and receive adequate palliative care and nursing support in the home to achieve these positive results. To read more, click here:

<http://consumer.healthday.com/senior-citizen-information-31/misc-death-and-dying-news-172/dying-at-home-brings-more-peace-without-more-pain-study-704072.html>.

Alternately, Dr. Kristian Pollock says that some who die at home receive inadequate care and pain management, because they are not cared for by trained professionals at all times. Pollock states that dying in a hospital provides staff to care for the person, who may feel their care is a burden on their loved ones, while dying at home may lead to "contamination of place and memory" for the bereaved family. Pollock finishes by stating, "When patients wish to die at home, every effort should be made to achieve this. However, until resources are in place to adequately and equitably support home deaths, the current promotion of patient choice risks raising expectations that are not realised." To read more, click here: <http://www.independent.co.uk/life-style/health-and-families/health-news/home-is-not-always-the-best-place-to-die-says-end-of-life-care-expert-a6685386.html>.

Placebo Effect in Depression Treatment

Scientists are studying why some people respond to placebo treatments and to what degree they are effective. This study involved 35 individuals with major depression who were not taking medications. Participants were given a placebo that was described as an antidepressant (the "active" placebo) for several weeks, then given a placebo that was identified as such (the "inactive" placebo). In the second phase, participants were given antidepressant treatments. Testing occurred after each of the three regimens. The results showed participants' depression decreased during the active placebo phase than the inactive placebo phase. Dr. Jon-Kar Zubieta states, "These results suggest that some people are more responsive to the intention to treat their depression, and may do better if psychotherapies or cognitive therapies that enhance the clinician-patient relationship are incorporated into their care as well as antidepressant medications." For the full article, please visit

<http://www.nih.gov/researchmatters/october2015/10192015placebo.htm>.



Coalition News

Upcoming In-Person Trainings from the Coalition

- Mental Health First Aid – Older Adult Focus
 - [4/12/16 Warren County](#)
- Geriatric Resource Nurse/Older Adult Community Resource Specialist Training
 - [1/4/16 – 4/4/16 Webinar Series](#)
- Aging, Mental Health, and Chronic Illness
 - [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) 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.

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

