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Assisted Living Column



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Assisting the shift from patient to health & happiness

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Patient...the word for most is a negative problematic situation devote of any happiness. For too many stuck in a 'patient mindset' there is no control or world outside of being a patient. Even for patient's battling acute illness but especially those that are dealing with chronic illness, shifting from a patient mindset is critical to health and happiness. Beyond dealing with the clinical issues, how can we move individuals from being patients to being healthy and happy. But while we can define health as the state of being free from illness or injury, happiness is perhaps somewhat harder.

But actually there are measures for happiness. In fact, one standard, the Cantril Ladder also known as Cantril's Self-Anchoring Ladder of Life Satisfaction, or the Cantril Ladder of Life, was developed in 1965. It measures life satisfaction by first asking the respondent to imagine their life in the best possible light and to describe their hopes and wishes for the future.

Foundation of health

Dan Buettner, one of the leading experts in health and happiness says happiness boils down to four things: "A person needs 1) something to do, 2) someone to love, 3) something to give, and 4) something to look forward to." In examining communities with exceptional health and longevity, he identified 9 elements described as Power 9.

Move naturally

The world's longest-lived people don't pump iron, run marathons or join gyms. Instead, they live in environments that constantly nudge

them into moving without thinking about it. They grow gardens and don't have mechanical conveniences for house and yard work.

As the old saying goes, "movement is life". We are all about movement right down to the cellular level with the transport of red blood cells and nutrient are essential for our well-being and survival. Movement burns calories, encourages the development of strong bones and muscles, and support strengthening our immune system. It is far too common to see elderly resident of long-term care facilities engaging in sedentary behaviors. Granted, for some there is no alternative due to underlying chronic medical conditions that impair movement and activity but this does not apply to all. Staying sedentary causes deterioration of the circulation, restrictions in flexibility, and increased risks for accidents with injury that result from a deconditioned state. The situation becomes exacerbated when the sedentary lifestyle is coupled with poor nutritional habits. There have been several studies aimed at providing evidence regarding the effects of physical activity on resident of skilled nursing facilities. In general, it has been found that enhanced physical activity has positive impact on physical and cognitive function in older populations including elderly people with dementia. It is important to point out however the clear evidence from the studies that resident of skilled nursing facilities remain inactive unless they are provided with regular motivation and props to engage in physical activity. Operators of skilled nursing facilities should be encouraged to develop policies and procedures designed to have their residents engage in a level of physical activity that is consistent with what is recommended by the World Health Organization. The guidelines recommend at least 150 min of moderate intensity physical activity per week. Of course, some modification may be needed in individual cases of chronic illness leading to frailty, however we should come as close as we can with each individual to get them to meet this goal. Factors that have been identified that limit an individual's ability to participate in adequate physical activity includes sensory loss, depression, motor impairment, and the presence of multiple chronic

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LTC Provider Assistance: Encourage ambulation and being active. Balance assistance with making older adults dependent on others.

Purpose

The Okinawans call it “Ikigai” and the Nicoyans call it “plan de vida;” for both it translates to “why I wake up in the morning.” Knowing your sense of purpose is worth up to seven years of extra life expectancy.

The question of what impact having a sense of purpose has on the quality of your life and your longevity seems to make it pretty clear that it is important for your life to have direction toward some goal in life. A group of researchers from the University of Rochester Medical Center did research in this area using data available from the Mid Life in the United States (MIDUS) study. 6000 participants were followed in this study that focused on self-reported purpose in life. Other psychological variables designed to gauge their positive relations with others in their experience of positive and negative emotions were also included as measures. Over the 14 year follow-up. Represented the study, 569 of the 6000 participants (9% of the sample) passed away. Those who survived reported that they had a higher degree of purpose in life and had a larger number of positive relations. It was concluded that greater purpose in life consistently predicted lower mortality risk across the life span with similar benefits shown for the Alder participants in the study.

We can translate this to the long-term care setting by promoting activities that allow our elderly residents to interact with others such as children who they may read to and pets who they may be able to provide some level of care for. There may also be opportunities for allowing some of our residents to provide voluntary services within the home and in some cases may be even outside the home.

Down shift

Even people in the Blue Zones experience stress. Stress leads to chronic inflammation, associated with every major age-related disease. What the world’s longest-lived people have that we don’t are routines to shed that stress. Okinawans take a few moments each day to remember their ancestors, Adventists pray, Ikarians take a nap and Sardinians do happy hour.

Long-term care facilities may find success in reducing stress by adding such things as mindful meditation sessions to what is made available every day to the resident as part of their activities schedule. Mindfulness meditation is a practice of training the mind to focus on experiences like emotions and thoughts in the present moment. It is a discipline that teaches you the act of paying attention to what you are experiencing as you experience it. It is believed that by choosing to turn your attention away from the everyday chatter of the mind and on to what your body is doing, you give the mind just enough to focus on so that it can quiet down. It is an easy exercise to do if the routine is led by a person who is familiar with the 6 steps. The steps are as follows;

- a) Finding a quiet and comfortable place where each individual is sitting in a chair.
- b) Putting aside all thought to the past and future, remembering to stay in the present.
- c) Becoming aware of breathing while focusing on the sensation of air moving in and out of the body as each breath is taken.
- d) Watching each thought to come and go whether it be worry, fear, anxiety, or hope.
- e) Forgiving yourself if your mind starts to wander and trying to stay in the moment.
- f) Concluded the exercise by gradually becoming aware of where you are.

Research findings have given evidence that regular mindfulness meditation reduce his stress levels and builds resilient. Those that participate report that they feel calmer and more relaxed and better able to step away from feelings of being overwhelmed by situations that they wished they had more control over.

Rule

“Hara hachi bu” – the Okinawan, 2500-year old Confucian mantra said before meals reminds them to stop eating when their stomachs are 80 percent full. The 20% gap between not being hungry and feeling full could be the difference between losing weight or gaining it. People in the Blue Zones eat their smallest meal in the late afternoon or early evening and then they don’t eat any more the rest of the day.

This is a tough one because it involves a struggle between the long-term benefits of a healthy diet and the brain’s ability to get pleasure from certain types of foods that may be contradictory to what is needed to maintain a healthy diet. The human drive is to seek pleasure and certain foods such as sugar, salt, and fat are masterful in their ability to stimulate the pleasure centers of the brain. Scientifically, it is thought that these undesirable parts of our diet or able to trigger release of pleasure neurotransmitters such as dopamine. This does not occur when healthier diets are consumed. Food that triggers our pleasure centers tend to make the mouth water on contact while healthier foods totally lacked disability.

Long-term care providers may consider serving smaller portions but this may trigger very negative thoughts in the minds of our residents. Remember, these residents are from the time where restaurants that served smaller portions were avoided and referred to as “jip-joints”, meaning that you were not getting your money’s worth when you chose these establishments.

Plant slant

Beans, including fava, black, soy and lentils, are the cornerstone of most centenarian diets. Meat—mostly pork—is eaten on average only five times per month. Serving sizes are 3–4 oz., about the size of a deck of cards. LTC Providers can assist in achieving a plant slanted diet through shopping assistance, cooking classes, and eating groups. Meals are such a critical component yet it most often is not considered important in comparison to health care.

Keep in mind that it would be easy for many of your residents to adapt to these changes in her diet. In their younger days, many of them likely exhibited the same behaviors that many of us exhibit today. They probably had extremely busy work days where healthy food was not readily available or it was available but they did not have time to consume it. It is a difficult for you to imagine that they only had time to grab a cup of coffee and may be a bagel in the morning. How about filling up on junk food for lunch? Also, having more junk food for dinner would save them the trouble of having to clean a sink full of parts, dishes, and utensils. They may not find the food types that we are talking about now very palatable and it may not be because the food does not taste as good. The medications that they are taking may have an impact on how the food tastes to them. If it does not taste good, they are not going to readily accept it. They also may not enjoy a meal times as much as they did when they were younger because they do not enjoy the people that they are eating with or they miss people such as loved ones and friends that they would rather eat with. All of this can have an impact on their ability to enjoy the food that we are giving to them. All of this must be remembered when we talk about making drastic dietary changes and we have to anticipate the problems that some of them may have in enjoying their meals as we try to get them to adapt to these changes in her diet.

Wine @ 5

People in all Blue Zones (except Adventists) drink alcohol moderately and regularly. Moderate drinkers outlive non-drinkers. The trick is to drink 1–2 glasses per day (preferably Sardinian Cannonau wine), with friends and/or with food. Unfortunately LTC facilities often shy away from even allowing alcohol consumption let alone promote it. But this is a lost opportunity as many studies have demonstrated the value.

Once again, an area where cultural change is required. Often long-term care facilities place barriers such as requiring a physician's order for alcohol consumption that interfere with the resident's ability to have alcohol. We often fail to recognize that it is a resident's choice if they want to consume alcohol. If it is a resident's choice to have alcohol, a physician's order should not be required and the consumption of alcohol should be considered an activity. Of course, this does not excuse the facility from its responsibility of care planning to ensure that consuming alcohol will not interfere with or interact with any of the medications that the resident is taking.

Belong

All but five of the 263 centenarians we interviewed belonged to some faith-based community. Denomination doesn't seem to matter. Research shows that attending faith-based services four times per month will add 4–14 years of life expectancy. With this in mind, establishing onsite communities or facilitating transportation can be a critical component to health.

There is evidence that people with strong spiritual beliefs have lower levels of anxiety, healthier blood pressure levels, lower rate of depression, and faster healing rates after having surgery. These groups also tend to have better coping skills in managing chronic illnesses such as arthritis, diabetes, heart disease, cancer, and spinal cord injury.

Loved ones first

Successful centenarians in the Blue Zones put their families first. This means keeping aging parents and grandparents nearby or in the home (It lowers disease and mortality rates of children in the home too.). They commit to a life partner (which can add up to 3 years of life expectancy) and invest in their children with time and love (They'll be more likely to care for you when the time comes). This is the reason why the major driver for occupancy in a LTC facility is location – location to loved ones.

Having close friends and a strong social network, while important, does not appear to have a significant impact on longevity. Recent studies have confirmed that having close family connections can have a positive impact on longevity. Having a close relationship with family members, spouse is aside, has been shown to have a significant impact on reducing mortality rate. It has been suggested that there are 4 factors that seem to play an important role in reducing mortality rate which are as follows;

1. Having a larger family network
2. Being married
3. Being an active participant in social organizations
4. Feeling a level of closeness to people involved in your life

Right tribe

The world's longest lived people chose—or were born into—social circles that supported healthy behaviors, Okinawans created “moais”—groups of five friends that committed to each other for life. Research from the Framingham Studies shows that smoking, obesity, happiness, and even loneliness are contagious. So the social networks of long-lived people have favorably shaped their health behaviors.

Within the LTC community there is an opportunity to develop healthy communities for residents to get engaged.

An important way that facilities can get involved in motivating residents to be more engaged is by providing patient and family centered care. We should always strive to focus on ensuring that residence preferences are respected and honored to the extent possible. We should also make it our priority that the care that is given reflects dignity and respect with information sharing and collaboration. This means that we have to take the time to actively listened to what our resident and families are telling us. Some examples of how we can accomplish this are as follows;

1. Allowing residents to choose mealtimes.
2. Providing activities that target the interest of the resident.
3. Allowing choice for bathing preferences.
4. Encouraging families to bring items from home to decorate the resident's room and make it a more comfortable and familiar environment.

Purpose and movement through pets

Research suggests that pet ownership can improve one's health, although the protective effects depend on which type of animal and how one interacts with their pet. In May 2013, the American Heart Association (AHA) released a scientific statement associating dog ownership with reduced heart disease risk factors and greater longevity.

Having a dog keeps one more active. In one study of more than 5200 Japanese adults, dog owners were 54% more likely to get the recommended physical activity than non-owners. That extra exercise may be why pet owners tend to have lower blood pressure and cholesterol levels. Dogs also reduce stress and prevent loneliness, providing a sense of purpose in one's life – a reason to get up in the morning. A pet can be a good companion—especially if one lives alone. Having a friendly face and wagging tail to come home to is an antidote for loneliness.

Organizations that can help you adopt a pet

PAWS Seniors for Seniors

PAWS will place you with a pet that matches your lifestyle, at a reduced adoption rate.

www.paws.org/seniors-for-seniors.html

425–787–2500, ext. 850

Pets for the Elderly Foundation

This foundation will pay a portion of one's adoption fee for those 60 or over and who adopt a pet from one of its participating shelters around the country.

www.petsfortheelderly.org

480–625–4679

Seniors for Pets

If one is having trouble affording a pet, this organization will help you pay for medical care.

www.seniorsforpets.org

941–473–0778

Elements of happiness

Perhaps 'pets' should represent the first of several Ps that can be used as a guide to assist older adults finding their own happiness. These Ps come in part from additional work that Dan Buettner completed as he moved from health to a focus on happiness. Making a difference confirms that Purpose is the essential ingredient to motivation and the ultimate path to making a difference. Passion is what allows you to overcome challenges and disregard people who try to extend their misfortunes and negative outlook to you. Pride is about you and your expectations. And finally Pleasure – whether it's caring for a pet or a loved activity – having something that one finds pleasure in is critical to happiness.

When purpose meets resistance

Invariably, you will encounter situations where you have a resident that you think will benefit significantly from participating in activities that promote purpose but they simply show lack of interest or motivation. What to do in that situation? The answer may lie in using a technique called motivational interviewing. Motivational interviewing is a method of counseling that is used for people who have lack of motivation to change their behavior. In some cases, this occurs because they do not care to change the behaviors and in other cases it may be because they have insecurities about the challenges involved in participating in these activities. The practice of motivational interviewing is built around the concept that people find it difficult to make life changes. Motivational interviewing has often been used to help people make healthier choices and there is evidence that this technique works well for people who are unprepared for change or our ambivalent about it even if the change is for their own benefit.

The technique of motivational interviewing involves two goals. The first goal is to generate a feeling of motivation in the person that you are working with and the second is for the person to make a commitment to make changes in their behavior. Some may be willing

to admit that changes are necessary in her life but fall short of the commitment that is necessary to make those changes are reality. The role of the person conducting the interview is to listen carefully to what the individual is saying and to show empathy, understanding, and inability to educate on the benefits of the changes are being recommended while making suggestions on how that individual can get started toward reaching her goals. It is usually best for these interviews to be conducted by a licensed mental health professional who has the ability to be a good listener.

Much more of an impact on the lives of older adults that we care for can be achieved through moving from treating patients to assisting in getting individuals to be healthier and happier. This is critical as research shows that people with positive attitudes tend to smoke less and exercise more, eat better foods, wear their seat belts more often, take their medication more regularly, have stronger immune systems, and enjoy better cardiovascular health. There's also evidence that happier people recover from illnesses faster, that emotional vitality reduces the risk of strokes and even that an optimistic spouse can improve a patient's outcome. Being happy actually helps those that we care for to become healthier which is why assisting older adults moving from patients to health and happiness will have so many benefits well beyond a pill or surgery.