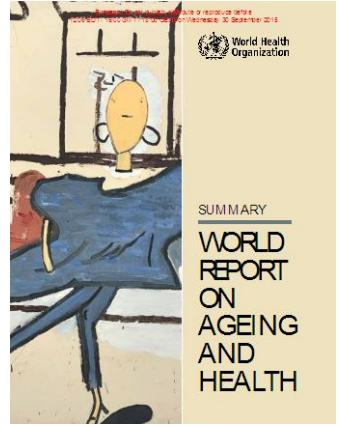
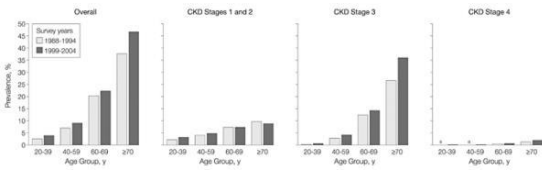




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CKD – a disease of older people



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- Aging 204,274
- Nephrology 4435
- Nephrology and Aging 19
- Nephrology and Geriatrics 32

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JRIP
Journal of Renal Injury Prevention

World Kidney Day 2014: increasing awareness of chronic kidney disease and aging

German T. Hernandez¹, Hamid Nasri^{2*}

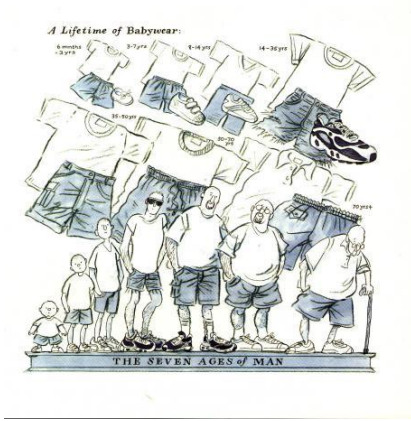
¹Department of Internal Medicine, Division of Nephrology & Hypertension, Paul L. Foster School of Medicine, Texas Tech University Health Sciences Center at El Paso, El Paso, Texas, U.S.A.
²Department of Nephrology, Division of Nephropathology, Isfahan University of Medical Sciences, Isfahan, Iran

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- What are we going to do about it?
- What does it mean? How do I relate to it?



Skin in the Game
 What do you have to have a personal stake in a desired outcome?



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5
 FIVE HOURS A DAY

Physical and cognitive functioning of people older than 90 years: a comparison of two Danish cohorts born 10 years apart

Kaare Christensen, Mikael Thinggaard, Anna Okuyama, Troels Støerstrup, Karen Andersen-Mølborg, Bernard Jeune, Matt McGue, James W Vaupel

Nonagenarians challenge predictions of cognitive decline

Authoritative demographic sources show that people older than 85 years represent the fastest growing population segment in all high-income countries. Within a few decades, octogenarians, nonagenarians, and centenarians will together make up a fifth to a quarter of people aged 65 years and older worldwide! Such very elderly people are often discussed in pejorative terms with respect to their memory, productivity and negative effect on the sustainability of health services, welfare provision, and economic growth!

for attention, verbal memory, and word fluency) was better in the 1915 cohort than in the 1905 cohort (mean score 0.49 [SD 3.6] vs 0.01 [3.6], $p=0.003$). Moreover, the proportion of individuals with maximum scores (28-30 points) on the mini-mental state examination in the 1915 cohort was substantially greater than in the 1905 cohort (27% vs 13%). Physical functions (grip strength, gait speed and rising from a chair) were fairly similar between the two cohorts, but the 1915 cohort had better activities of daily living scores than the 1905

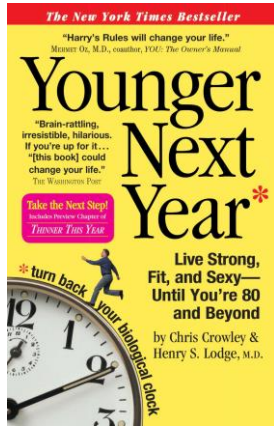
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EDITORIALS

Am I a Gerontologist or Geriatrician? JAGS 60:1361-1363, 2012

- Social
- Psychology
- Biology
- Health
- Cultural

Geriatric medicine
Gerontological Nursing
Old Age Psychiatry
Gerodontology
Geronephrologists?
...



We are born copies....



...but die as originals



JAMA. 2012 November 21; 308(19): 1972-1973. doi:10.1001/jama.2012.14541.

Association Between Positive Age Stereotypes and Recovery From Disability in Older Persons

Becca R. Levy, PhD, Martin D. Slade, MPH, Terrence E. Murphy, PhD, and Thomas M. Gill, MD

- Ageing = Complexity

- Growth AND Loss at all ages

Thanks to us oldies, the world economy is threatened, China's prospects are stagnating and inequality is rising



That's nice, dear

Economic Longevity Dividend

- \$3.2 trillion/year to US economy 1970-2000
- Bonus of \$1.3 million for each US citizen
- £40 billion a year to UK economy



American Journal of Transplantation 2006; 6: 1264-1266
 Blackwell Munksgaard © 2006 The Authors
 Journal compilation © 2006 The American Society of Transplantation and the American Society of Transplant Surgeons
 doi: 10.1111/j.1600-4643.2006.01318.x

Personal Viewpoint

Ageism and Kidney Transplantation

J. J. Curtis*

University of Alabama, Birmingham-Medicine,
 Birmingham, Alabama, USA
 *Corresponding author: J. J. Curtis, jcurtis@uab.edu

Utilitarianism is a philosophical view that defines a correct action as that producing the greatest good for the most people, perhaps best summarized as "the greatest happiness for the greatest number." Some proponents have implied that a utilitarian approach is the best option for allocating deceased-donor organs. In an editorial in 1992,

process by which resources are allocated are transparent, clearly defined and based upon evaluation with individual patients that issues and justice are likely to be adequately addressed.

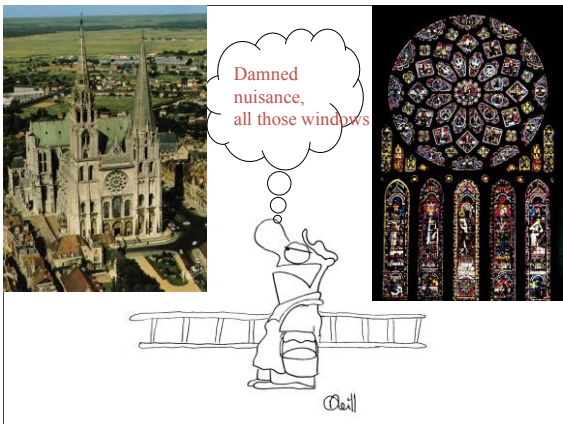
on heart disease and invasive cardiovascular procedures identify striking racial differences in both disease prevalence and treatment (3-5). It is almost certain that this is also true of Australia.

Estimates of the Aboriginal population of Australia and the Torres Strait Islands vary between 160,000 and 250,000. Sixty per cent of Australian Aboriginals live in urban areas; forty per cent are under 15 years, and only four per cent are aged 65 years or more (17,18). Causes of mortality and mortality in this statistically diverse population fall into three main clusters. First, Aboriginals have an extremely high neonatal mortality rate compared to the total Australian population and there is a high prevalence of diarrhoeal, parasitic and respiratory disease in infancy (9-11). Second, among teenagers



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The tragedy of old age is not the fact that each of us must grow old and die, but that the process of doing so has been made **unnecessarily** and at times **excruciatingly** painful, humiliating, debilitating, and isolating through **insensitivity, ignorance, and poverty**

Why Survive? Being Old in America

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The art of medicine The art of the demographic dividend

When students troop into my introductory lecture on geriatric medicine, they are generally surprised that the first slide is Henri Matisse's *The Snail* (1953): radical, vibrant, and witty, it does not quite conform to their



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Theatre Ars longa, vita longa



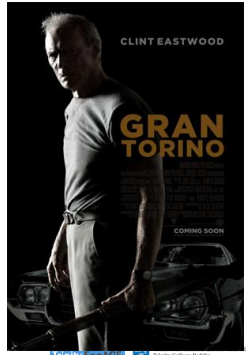
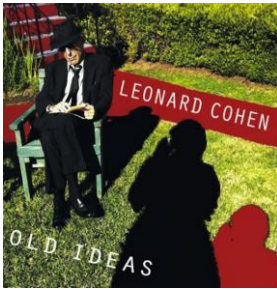
A Midsummer Night's Dream
A Midsummer Night's Dream
directed by Gail Quinn, Abbey Theatre, Dublin, Ireland, until
March 28, 2015

When the conquistadors first encountered platinum in the Americas they were at a loss what to make of it and ended up throwing it away. A contemporary parallel might be the widespread failure to recognise the treasure of our increased longevity, all too often reduced to a miserable and one-dimensional trope of decline and burden. For doctors, this is doubly challenging since so much of adult health-care concerns the care of older people, with their inevitable tally of multimorbidity and frailty. Seeing beyond these vicissitudes to the richness beyond is a central, if subtle

rehabilitation armchairs and handrails along the walls framing residents with walking frames and wheelchairs. Medical resonances are dull. Theseus (played by Declan Conlan) exchanges his regal status for that of an overbearing nursing home doctor and the love potions are delivered by intravenous infusion and medical gases. "...once we glimpse the inner life and complexity of older people, we cannot retreat to a vision defined by their disability" Released from their assorted

The lesson is clear: once we glimpse the inner life and complexity of older people, we cannot retreat to a vision defined by their disability. In this the transformative power of the play mirrors that of gerontologically informed care. The accomplished ensemble of older actors are remarkable—many of them had also been cast members of the previous production of the play at the Abbey Theatre 35 years ago. Eschewing caricature, they make a riotous meal of the Mechanicals' play with an economy of movement and the perfect timing of several centuries

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If only Rupert Murdoch would listen to his mother

Elisabeth Murdoch, at 102 the most senior member of the family, has often expressed opposition to Rupert's media activities



Laura Barnett
guardian.co.uk, Wednesday 20 July 2011 20.00 BST
Article history



Rupert Murdoch with his mother Elisabeth, now 102. Photograph: Fairfax Media

Rupert Murdoch may have appeared frail and halting before the select committee, leaving the impression of a once-invincible patriarch now in



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ARTICLES

Grandparents Driving Grandchildren: An Evaluation of Child Passenger Safety and Injuries

PEDIATRICS
OFFICIAL JOURNAL OF THE AMERICAN ACADEMY OF PEDIATRICS



- Broaden debate
- Ageism in access to full spectrum of care
- Embracing the complexity of frailty
- Gerontological competence no longer discretionary

Comprehensive geriatric assessment for older adults admitted to hospital (Review)

Ellis G, Whitehead MA, O'Neill D, Langhorne P, Robinson D

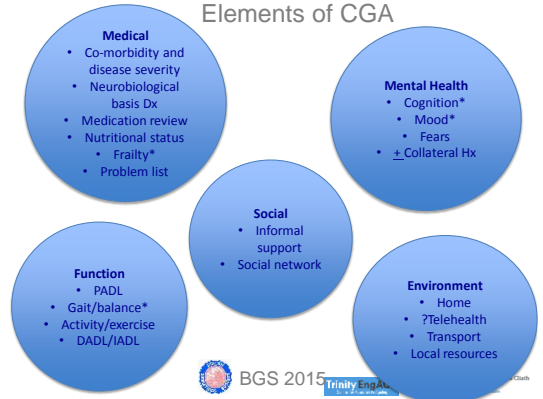
Comprehensive Geriatric Assessment



Reduces death and disability by 25%



Elements of CGA



Expertise
Diligence
Time

The desire to do it!



Int Urol Nephrol
DOI 10.1007/s11255-015-1112-z

CrossMark

NEPHROLOGY - REVIEW

Frailty phenotype and chronic kidney disease: a review of the literature

Carlos G. Musso¹ · Jose R. Jauregui¹ · Juan F. Macías Núñez²

FRAILTY

- **Fried**
- **Phenotype**
 - Weight loss
 - Weakness
 - Fatigue
 - Slowness
 - Low activity
- **Rockwood***
- **Cumulative deficit**

*asserting copyright!



Clinical Frailty Scale

<p>1 Very Fit - People who are robust, active, energetic and motivated. These people commonly exercise regularly. They are among the fittest for their age.</p> <p>2 Well - People who have no active disease symptoms but are less fit than category 1. Often, they exercise or are very active occasionally, e.g. seasonally.</p> <p>3 Managing Well - People whose medical problems are well controlled, but are not regularly active beyond routine walking.</p> <p>4 Vulnerable - While not dependent on others for daily help, often symptoms limit activities. A common complaint is being "stowed up" and/or being tired during the day.</p> <p>5 Mildly Frail - These people often have more evident slowing, and need help in high order tasks (finances, transportation, heavy housework, medications). Typically, mild frailty progressively impairs shopping and walking outside alone, meal preparation and housework.</p> <p>6 Moderately Frail - People need help with all outside activities and with keeping house inside, they often have problems with stairs and need help with bathing and might need minimal assistance (e.g., standby) with dressing.</p>	<p>7 Severely Frail - Completely dependent for personal care, from whatever cause (physical or cognitive). Even so, they seem stable and not at high risk of dying (within ~ 6 months).</p> <p>8 Very Severely Frail - Completely dependent, approaching the end of life. Typically, they could not recover even from a minor illness.</p> <p>9 Terminally Ill - Approaching the end of life. This category applies to people with a life expectancy < 6 months, who are not otherwise evidently frail.</p>
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Scoring frailty in people with dementia
 The degree of frailty corresponds to the degree of dementia. Common symptoms in mild dementia include forgetting the details of a recent event, though still remembering the event itself, repeating the same questionnaire and social withdrawal. In moderate dementia, recent memory is very impaired, even though they seemingly can remember their past life events well. They can do personal care with prompting. In severe dementia, they cannot do personal care without help.



Hemodialysis International 2013; 17:41-49

A closer look at frailty in ESRD: Getting the measure right

Patricia PAINTER,¹ Michael KUSKOWSKI²
¹Department of Physical Therapy, University of Utah, Salt Lake City, Utah, USA; ² Geriatric Research Education and Clinical Center (GRECC), Minneapolis VA Medical Center, Minneapolis, Minnesota, USA



..nobody is quite sure what they are for, but they add a touch of class



Key Question

- Threshold for stepping back
- Trigger for CGA approach

American Journal of Transplantation 2012; 12: 2091-2098 Wiley Periodicals Inc.

© Copyright 2012 The American Society of Transplantation and the American Society of Transplant Surgeons doi: 10.1002/ajtr.1200

Frailty and Early Hospital Readmission After Kidney Transplantation

M. A. McAdams-DeMarco^{1,2}, A. Law¹, M. L. Suber¹, E. Chow¹, M. Grams^{1,2}, J. Wakon¹ and D. L. Segev^{1,2,3,4,5,6,7,8}

Introduction
 Near 1/3 one-third of kidney transplantation (KT) recipients are readmitted to the hospital within 30 days of discharge (1).



Articles

Comprehensive geriatric care for patients with hip fractures: a prospective, randomised, controlled trial

Anders Prestmo¹, Cathild Heger², Ole Smevik³, Jørn L. Helboe, Pernille Thingstad, Kristin Fardem, Stian Lydersen, Vidar Halseth, Turid Salnes, Sarah H. Lund, Lars G. Johnson, Ingebjørg Salte

~~Successful or Optimal Ageing~~

SYSTEMATIC REVIEWS/META-ANALYSIS

I May Be Frail But I Ain't No Failure

Sandra Richardson, MD,¹ Sathya Karunanathan, MSc,² Howard Bergman, MD³

¹ Division of Geriatric Medicine, MUHC, McGill University, Montreal, QC; ² Department of Epidemiology, Biostatistics & Occupational Health, McGill University, Montreal, QC; ³ Division of Geriatric Medicine, Jewish General Hospital, McGill University, Montreal, QC.



- Older people do not primarily define themselves in terms of an overall state of 'frailty'
- Older people do, however, recognise the experience of *living with frailty*

Frailty: Language and Perceptions
A report prepared by BritainThinks on behalf of Age UK and the British Geriatrics Society



June 2015



- Older people unaware of CGA
- Name CGA disliked
- Feel that it is a good idea in principle, despite reservations about the time, effort and what it would entail in practice!

Frailty: Language and Perceptions
A report prepared by BritainThinks on behalf of Age UK and the British Geriatrics Society



June 2015



Speaking the same language for high quality care



- Single Assessment Tool
- Measures needs
- Facilitates communication
- Prompts care
- Community, hospital and nursing home
- Electronic
- International comparison



...terms older Europeans deemed unacceptable: "elderly," "aged," and "old," with a particularly forceful rejection of "elderly".

VIEWS & REVIEWS

Out with "the old," elderly, and aged
PERSONAL VIEW Marianne Falconer, Desmond O'Neill



"OLDER" OR "ELDERLY"—ARE MEDICAL JOURNALS SENSITIVE TO THE WISHES OF OLDER PEOPLE?

Journal	"Elderly"	"Older"	Ratio
New England Journal of Medicine	81	22	3.7
Journal of the American Medical Association	146	57	2.6
Lancet	164	26	6.3
British Medical Journal	243	93	2.6
Journal of Gerontology Series A	254	180	1.4
Journal of the American Geriatrics Society	207	378	0.5
Age and Ageing	276	194	1.4
International Journal of Geriatric Psychiatry	332	107	3.1

JAGS OCTOBER 2008—VOL. 56, NO. 10



Carer Burden

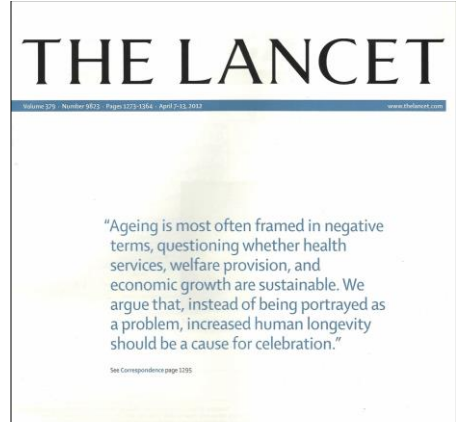


OR

Burdensome aspects of care rather than caregiver burden

The eloquent plea by Arthur Kleinman (July 18, p 240)¹ for caregiving to be viewed as an important and positive aspect of life and medicine demands serious attention. It also requires a substantive shift in attitudes and language on the part of health-care professionals. All too often care of those affected by illness and disability, particularly in later life, is portrayed in terms of burden. Although fuelled by good intentions, so-called caregiver burden has become a dominant trope for the state of caring.² In research too, an emphasis on caring as a burden is notable.³

www.thelancet.com **386** | *October 9, 2015*



The film succeeds brilliantly in the evocation of the wider themes of ageing: wisdom, altruism, negotiation, and that combination of "tough but frail" that increasingly characterises older people in the 21st century



BMJ 2009;339:b4215



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There is no typical older person

Population ageing will increase health-care costs – but not by as much as expected

Diversity in older age is not random

Older age does not imply dependence

Expenditure on older populations is an investment, not a cost



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