Nursing Homes Address Sexual Orientation Issues

BY MARY ELLEN SCHNEIDER
New York Bureau

A welcoming environment for gay and lesbian residents is a part of the culture at Village Nursing Home in New York City.

Staff of the facility's parent, Village Care of New York Inc., screen prospective workers to ensure that they can care for lesbian, gay, bisexual, or transgender (LGBT) residents without bias. Staff at all of Village Care's services are instructed to ask elderly people about their significant others, to include partners in treatment discussions, and to offer gay-focused social events. It's more than just good care, said Arthur Y. Webb, president and CEO of Village Care. It's good business. The company's nursing homes and community programs for elders are able to attract a key demographic that keeps the nursing home and other programs thriving, said Webb.

While many long-term care facilities hardly acknowledge the existence of LGBT seniors, several facilities and programs around the country are embracing them. The people who run those programs and have become experts in LGBT issues caution others that the clock is ticking to when the unique social and medical issues faced by this community will be common in many long-term care facilities.

If those issues are not addressed, a growing population of vulnerable seniors will suffer in unfriendly situations, said Lisa Krinsky, director of the LGBT Aging Project in Boston. "There's tremendous concern and fear about having to be closeted," said Krinsky.

The LGBT Aging Project contracts with nursing homes to train staff members about LGBT aging issues and conducts programs designed to integrate awareness of those issues into facilities' cultures through its Open Door Task Force. "The intent is to go beyond a one-time only training session," said Krinsky.

LGBT training begins with Krinsky's faculty examining the messages and policies coming from a facility's leadership. Next, the faculty examines how the staff actually puts these policies into practice. Finally, the trainers and trainees work on communicating to the gay community and local health care providers that the facility welcomes LGBT seniors.

A frequent question is whether making a facility more openly accepting of LGBT resident will mean it will be known as a "gay" place, said Krinsky. She advises staff and leadership to make changes in the larger context of enhancing acceptance of all types of residents.

"It's a very new field," said Karen Taylor, director of advocacy and training at the New York–based Services and Advocacy for GLBT Elders (SAGE), which has developed its own curriculum specific to LGBT aging issues in long-term care facilities.

SAGE training deals with nursing home staffs' frequent discomfort in dealing not only with homosexuality but also with heterosexuality in nursing home residents, said Ms. Taylor. The idea of intimacy between residents can be uncomfortable for staff, but it should be addressed as part of providing quality health care, she said.

One thing to keep in mind is that sexual identity and gender identity is about more than just sexual practices, Taylor said. It's about culture, friendship circles, and life experiences.

SAGE teaches ways to make residents feel that their culture is respected. Nursing homes tend not to use neutral language around sexual identity and orientation, she said. Just changing the words used on intake forms is important. These, for example, typically give residents only standard choices for designating their relationship status: married, single, divorced, and widowed.

Facilities can become more inclusive by allowing residents to indicate that they have partners or significant others. The answer can in turn open up the possibility of residents saying who is important in their lives, and staff's acknowledgment of those relationships can ease a new resident's sense of isolation.

Staff should follow up on other information given by residents, said Ms. Taylor. For example, if someone mentions that he or she has had a roommate for many years, the aide taking that information should acknowledge that this person must have been significant in the resident's life.

That doesn't mean the staff should be asking residents whether they're gay or trying to force anyone to live "out" in the facility. The older LGBT generation may not be comfortable with peers knowing their sexuality or gender identity, Ms. Taylor said. Residents should be allowed to be as out as they feel safe to be, she said.

On the other hand, some LGBT seniors have been open about their sexuality for most or all of their adult lives, and they are looking for long-term care facilities that not only accommodate their needs, but also seek out other residents like them.

At the RainbowVision Properties assisted living community in Santa Fe, N.M., LGBT seniors can live in the majority, said Joy Silver, president and CEO of the organization. RainbowVision offers housing for the "second 50 years," including community assistance in several cities and new assisted living locations to come in Palm Springs, Calif., and the San Francisco area.

At RainbowVision properties, sexual orientation is understood without having to be explained, said Silver.

The facility is not exclusively LGBT—about a quarter of the population at RainbowVision in Santa Fe is heterosexual, Silver said. Individuals, gay and straight alike, come to the community for the social programs, entertainment, creative environment, and amenities.

For LGBT residents, the attraction is often the chance to share their history, said Silver. In some cases, residents came from communities that were "gay friendly" and would feel uncomfortable living their later years even in a facility open to LGBT residents—but without many. "It's more than simply diversity training," Ms. Silver said. ■

Methylphenidate May Improve Alzheimer's-Related Apathy

BY MICHELE G. SULLIVAN
Mid-Atlantic Bureau

CHICAGO — Methylphenidate appears to improve the symptoms of apathy in patients with early Alzheimer's, benefiting both patients and caregivers, according to the results of a small prospective trial.

After taking the drug for 12 weeks, patients in the study showed significantly reduced frequency and severity of apathy, while their caregivers reported significantly reduced distress, Dr. Prasad Padala said at the International Conference on Alzheimer's Disease.

"Apathy is the most common behavioral and psychiatric symptom of dementia, occurring in up to 90% of patients, and it's one of the earliest symptoms to appear," said Dr. Padala of the University of Nebraska Medical Center, Omaha.

The study enrolled 20 patients (mean age 70 years) at the Veterans Affairs Medical Center in Omaha. All had early Alzheimer's disease, with a mean Mini-Mental State Examination score of 23. Every patient had a score of greater than 30 on the Apathy Evaluation Scale; on this 72-point scale, anything above 30 is considered significant apathy.

At baseline, patients were assessed with the Neuropsychiatric Inventory's apathy subscale. This system scores apathy on a 1- to 4-point scale for frequency and on a 1- to 3-point scale for severity. The score is a product of the ratings for frequency and severity. Caregivers rate their distress on a 1-5 scale, with 5 being the greatest.

Patients were started on 5 mg methylphenidate twice daily, and titrated up to 10 mg twice daily. Follow-up visits were conducted at 4, 8, and 12 weeks. After 12 weeks of treatment, patients significantly improved in their total item score from baseline (5 vs. 1.6), as well as their frequency/severity score (9 vs. 2). Caregiver distress also improved significantly, decreasing from 3.25 to 1.

"Caregivers noted substantial improvements in the patients, such as increased energy, spontaneity, motivation, and ambition," Dr. Padala said at the meeting sponsored by the Alzheimer's Association.

Two patients needed reductions in methylphenidate dosing: one because of loss of appetite and the other because of an increase in blood pressure. With this drug, as with many stimulants, an increase of 2-4 mm Hg in systolic blood pressure is not uncommon.

Dr. Padala said he had no financial disclosures with regard to the study drug. ■

Encourage Older Patients to Exercise if They Are Healthy

BY HEIDI SPLETE
Senior writer

WASHINGTON — As long as they're healthy, adults of any age should be encouraged to exercise, because studies show that it's a safe way to improve their cardiovascular health.

"It turns out that healthy older adults are able to make the necessary cardiovascular adjustments—and physiological homeostasis is preserved—and they are able to exercise effectively," said Douglas Seals, Ph.D., a physiologist who studies aging and exercise at the University of Colorado, Boulder. He spoke at the annual meeting of the Society of Geriatric Cardiology.

"Aging will limit the absolute intensity and duration of submaximal aerobic exercise that can be performed by older adults. . . . However, performance of sustained submaximal exercise is not impaired by advancing age," said Dr. Seals.

Dr. Seals cited a study that compared measurements during and after submaximal physical exertion in sedentary and trained groups of both healthy young men (aged 20-32 years) and healthy older men (aged 60-70 years). The volunteers walked on a treadmill for 60 minutes with enough effort to reach 70% of their maximum oxygen uptake, or VO_2 max. Both groups of older men had smaller increases in heart rate and lower rates of perceived exertion than did the younger men. Plasma lactate responses, which can be used to indicate metabolic stress in muscles, were also smaller in the older men. Plasma catecholamine responses, which can show a physiological stress response to exercise, barely increased in any of the men (J. Appl. Physiol. 1988;65:900-8).

"One could reasonably interpret these data to mean that older adults undergo a smaller increase in physiological stress from the resting state, compared with young adults in submaximal exercise conditions," said Dr. Seals.

He and his colleagues reinforced these findings in a similar study of young and elderly men during a 45-minute treadmill walk (Clin. Physiol. 1995;15:169-81). The older men had lesser increases in heart rate, internal body temperature, and plasma norepinephrine concentrations than did the younger group.

The take-home message is that older adults make the necessary cardiovascular adjustments to handle submaximal exercise, he said. ■