Smart Referrals

Holistic *from page 1*

Residents in the program learn how to do some basic integrative interventions, including nutritional counseling, botanical prescribing, and mind-body interventions. In addition they learn integrative approaches to common conditions and how to properly refer patients to alternative practitioners, explained Dr. Victoria Maizes, executive director of the Arizona program.

Integral to the program is the goal of helping residents to care for themselves and to achieve a healthy balance between their work and personal lives. The program requires trainees to "establish and periodically update a self-care wellness plan to establish a balance between professional activity and personal well-being," according to program materials.

So far, 20 residents have enrolled in the program, which begins in the second half of the second residency year, Dr. Maizes said. The first group of students will graduate in June.

Each year, program residents spend 1 week at the University of Arizona, in Tucson, where they receive hands-on training in mind-body medicine, osteopathic manipulation, and energy medicine, such as Reiki massage or healing touch, explained Dr. Maizes, also of the department of family and community medicine. The residents meet practicing physicians who are enrolled in the program's associate fellowship course, a similar 2-year program conducted mostly online. The associate fellowship program attracts about 70 physicians each year from a variety of specialties, she noted.

During their fourth year, residents at Maine Medical Center participate in an integrative medicine consultation clinic. "Patients are referred to them for issues not addressed by conventional approaches," said Dr. Craig Schneider, director of integrative medicine at the center.

In addition, each participant focuses on a particular aspect of holistic medicine. For example, one resident decided she wanted to work on osteopathic manipulation, so every week she has an osteopathic manipulation clinic and is mentored by an osteopathic physician, Dr. Schneider explained. "She also goes into the community to work with integrative practitioners to get a sense of what else is out there."

'There are lots of ways to provide this kind of integrative medicine when [patients] don't have outside insurance that can cover it.'

Funding the extra year of residency—the responsibility of the satellite location—has been an issue, according to Dr. Schneider. "We did it through private funding—the Fannie E. Rippel Foundation and the Maine Health Osteopathic Heritage Fund," he said. "We also got a small grant from the Weil Foundation."

Fourth-year resident salaries typically run between $40,000 and $50,000, according to Dr. Maizes.

The integrative medicine fellowship program is having an impact well beyond its immediate participants, Dr. Maizes observed. "The culture of the [surrounding] residency programs is also changing. For example, in Oregon, residents have started teaching short, self-care activities. It is having a broader impact than just the residents enrolled."

At Montefiore Medical Center, N.Y., which is affiliated with program participant Albert Einstein, integrative medicine is already a key component of the family practice residency program, said Dr. Ellen Tattleman, of the department of family and social medicine at Montefiore.

Dr. Tattleman, who coordinates the department's complementary therapy curriculum, emphasizes helping patients incorporate complementary medicine into each stage of their lives. For example, residents "learn about herbs for babies or hypnosis for labor and delivery," she said. "I try to teach them some modality they can really use. I'm not teaching them acupuncture or homeopathy, because those are whole new systems, but I will teach them relaxation, or massage for infants—that's easy to teach. I can also teach acupressure points for headache, neck pain, and period cramps. It's part of offering good primary care."

Learning how to incorporate these techniques into regular practice is especially important, notes Dr. Tattleman, because many residents will end up working with low-income patients. "I work with indigent patients in the Bronx, and they can't afford to get [complementary therapy] outside my practice," she explained. "There are lots of ways to provide this kind of integrative medicine when [patients] don't have outside insurance that can cover it."

Back at the Maine Medical Center, Dr. Wissink said he is happy with the program so far. "There are parts of it that I don't think are necessarily completely realistic with every patient, but I think a large proportion of patients would benefit [from] an integrative approach," he said.

And just being able to respond knowledgeably to patient's questions about alternative therapies will be helpful. "Patients are often wary of telling their conventional physicians about what they're trying. It's an ethical responsibility to patients to be able to offer them other things, but if you don't know about safety and efficacy, you can't really recommend them." ■

Census: Americans Face Less Disability, Receive Better Care

BY MARY ELLEN SCHNEIDER
Senior Writer

Americans age 65 and older are living longer with fewer disabling health problems, according to a report from the U.S. Census Bureau.

The decline in disability is partly due to increased education levels among seniors, better treatments for cardiovascular diseases, and improvements in the management of chronic conditions, Richard M. Suzman, Ph.D., associate director of behavioral and social research for the National Institute on Aging said at a press briefing sponsored by the National Institutes of Health.

"Education is a particularly powerful factor in both life expectancy and health," Dr. Suzman said.

The report, "65+ in the United States: 2005," draws on existing data to examine the growth of the senior population, longevity and health, economic characteristics, geographic distribution, and social characteristics. The National Institute on Aging, a part of the National Institutes of Health, commissioned the report.

Census officials predict that the number of people age 65 and older will double within the next 25 years, leaving policy makers with more decisions to make on how to pay for and provide care to the senior population.

By 2030, nearly one of every five Americans—about 72 million people—will be 65 or older, said C. Louis Kincannon, director of the U.S. Census Bureau, and already the fastest-growing segment of the U.S. population is seniors age 85 and older.

But if current trends are any indication, those seniors could experience less disability from disease. A number of surveys compiled for the census report show an overall decline in disability among seniors over the past two decades. For example, one study estimates the level of disability at about 20% in 1999, compared with 26% in 1982.

Studies that assess instrumental activities of daily living, such as cooking, light housework, and using the telephone, show declining trends in disability. However, studies evaluating activities of daily living such as bathing, eating, and dressing show mixed results, according to the report.

One of the biggest concerns is that there will not be enough paid caregivers in 20 years or so to meet the needs of the older population.

Evidence from four surveys shows that about 20% of seniors have chronic disability, 7% to 8% have severe cognitive impairments, and about 30% experience difficulty with mobility.

"There still is a huge burden of disability once you look at the oldest old group," Dr. Jane F. Potter, president-elect of the American Geriatrics Society said in an interview.

Prevention, including encouraging older patients to exercise regularly, is key in combating disability from chronic conditions, said Dr. Potter, who is also the section chief of geriatrics and gerontology at the University of Nebraska in Omaha.

About 80% of seniors have at least one chronic health condition and half have at least two chronic conditions.

Arthritis and heart disease are among the top chronic conditions affecting seniors. In 1998-2000, 19.3% of people age 75 years and older and 11.8% of those age 65 to 74 had activity limitations caused by arthritis and other musculoskeletal conditions. Heart and circulatory diseases affected 11.1% of seniors age 65 to 74 and 17.1% of seniors age 75 and older, according to data collected between 1998 and 2000.

Improvements in socioeconomic and living conditions in the first part of the 20th century and more recently advancements in public health and biomedical research have led to improvements in U.S. life expectancy. Life expectancy in the United States has reached 76.9 years, compared with 47.3 in 1900 and 68.2 in 1950.

But there are still racial differences in life expectancy, and the United States is lagging behind other populous countries, especially Japan and some Western European countries.

Continued progress on life expectancy will require advances in the prevention and treatment of heart disease, improved knowledge of the genetic links to cancer, and the need to adopt healthy lifestyles, according to the report.

The census report also analyzed how seniors were receiving medical care and other support. Individuals age 65 and older were less likely to have a regular source of medical care than younger people. And seniors were more likely to seek care at the emergency departments. The highest rates of emergency department use were among people age 75 and older, according to the report.

Among long-term care arrangements, home and community-based care are the most common. About 70%-80% of noninstitutionalized seniors receive their care from friends and family, frequently with help from a paid provider. But more than 65% of seniors who are noninstitutionalized depend on unpaid help only. Those who received paid care generally get fewer hours of care per week, according to the report.

More than 90% of institutionalized older individuals live in nursing homes, according to the report, and most of those residents are age 85 and older.

Another trend in long-term care is the use of assisted living facilities. A 1999 survey found that more than 800,000 people age 65 and older were living in assisted care facilities, and more than half reported no chronic disability.

"We're in totally unchartered territory," Dr. Jonathan M. Evans, chief of geriatrics and palliative medicine at the University of Virginia, Charlottesville, said in an interview. One of the biggest concerns is that there will not be enough paid caregivers in 20 years or so to meet the needs of the older population, based on current projections. "We will have to fundamentally rethink the way care is provided," Dr. Evans said.

But it could be an opportunity, he said, to get family members and volunteers involved in providing care within nursing homes and to make nursing homes a part of the community. ■

The report is available online at www.census.gov/prod/2006pubs/p23-209.pdf.