Bathing as a potential target for disability reduction in the oldest old

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great promise, this approach in and of itself is not a panacea and will require a coordinated multifaceted effort, attentive to the unintended consequences of testing, particularly in regards to human rights.

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Contributors
K. H. Mayer originated the study. K. H. Mayer and K. K. Venkatesh synthesized analyses and wrote the letter.

References


We know that functional disability increases with age, but the magnitude of specific limitations is still largely unknown in the oldest old (those aged 90 years or older). The 90+ Study, a population-based study of aging, examined disability in activities of daily living (ADLs; defined as bathing, dressing, feeding, toileting, walking, and transferring in and out of a bed or chair), in the oldest old, the fastest growing age group in the United States. By examining the incidence of individual ADL disability, The 90+ Study determined the ADLs for which the most individuals were impaired; in addition, it sought to determine which ADLs make the best targets for potential therapeutics.

To determine incident disability in each ADL, participants in the study were asked to identify an informant who could best provide researchers with information about their functional abilities via postal mail. A questionnaire was mailed annually to this informant asking about the participant’s abilities for each ADL.

We examined the incidence rates for each ADL using a person-years analysis. We defined disability in an ADL as requiring help from another person to perform it. At baseline, the mean age of the 216 nondisabled participants was 93.7 years; 56.9% still lived alone. Mean follow-up time was 2.7 years.

The incidence of bathing disability was 14.9% per year (95% confidence interval [CI]=12.0, 18.2), which was significantly higher than any other ADL (Figure 1). The ADL with the lowest incidence rate of disability was walking (6.9% per year, 95% CI=5.2, 9.0).

According to The 90+ Study, bathing is the ADL with the highest disability incidence in the oldest old. We are not the first to show that problems with bathing are especially detrimental to the elderly. Bathing is described as a “sentinel event in the disabling process,” and those unable to bathe themselves without help are more likely to need long-term care.

In the United States, there are more than 22 million unpaid informal caregivers for seniors, a number that is projected to double over the next 30 years. Given that more than 51% of the oldest-old still require help from another person to bathe, caregivers will be most often assisting with bathing despite the fact that bathing assistive devices are the most frequently used assistive devices in the

FIGURE 1—Incidence of problems with the activities of daily living among those aged 90 years or older: The 90+ Study.
oldest-old.6 These current bathing assistive devices then appear to be ineffective at preventing dependency in the oldest-old. Developing effective assistive devices for bathing—like those available for walking—would likely have the greatest benefit in reducing caregiver need, and should be a focus of health care research. If these devices are effective, health care costs for the elderly may decline dramatically.

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Contributors
All authors took part in formulating the study concept and design, data acquisition, analysis, and interpretation; and critical revision of the letter for important intellectual content. D J Berlau wrote the initial draft of the letter. D J Berlau, M M Corrada, and C H Kawas performed the statistical analysis. M M Corrada and C H Kawas obtained funding, provided study supervision, and along with C B Peltz, provided administrative, technical, and material support.

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GENDER EQUITY IN MARRIAGE AND CIVIL UNIONS

The October 2010 issue of the American Journal of Public Health adds 2 more substantial pieces to the growing body of literature regarding the negative public health consequences of the discrimination experienced by lesbian, gay, and bisexual adults in the United States.1,2 Of likely interest to readers of the Journal, at the annual meeting of the Indiana State Medical Association (ISMA) in Indianapolis on September 26, 2010, the House of Delegates became the first state medical society to pass a resolution supporting gender equity in marriage and civil unions.3

 Whereas, legal marriage status confers numerous financial and legal benefits upon married individuals that improve access to health care;
 Whereas, better access to health care results in lower overall mortality;
 Whereas, the Lesbian, Gay, Bisexual, Transgender (LGBT) community has diminished access to health care;
 Whereas, the LGBT community suffers from significantly worse mental and physical health outcomes compared with the community at large;
 Whereas, the American Medical Association, at the November 2009 convention, acknowledged that same-sex marriage bans do contribute to health disparities in the US;
 Whereas, evolving medical/social science literature attest to the health benefits conferred by the social and legal recognition of same-sex marriage;
 Whereas, the ISMA is a body that is to be guided in its decision-making by science, reason, and public policy standards that promote the health and well being of all Indiana citizens;
 Whereas, same-sex marriage equality has not been demonstrated to have any deleterious consequences for society in general;
 Therefore, be it resolved that the Indiana State Medical Association
(1) recognizes that exclusion from civil union or marriage contributes to health care disparities affecting same-sex households;
(2) will work to reduce health care disparities among members of same-sex households, including minor children;
(3) will support measures providing same-sex households with the same rights and privileges to health care, health insurance, and survivor benefits, as afforded opposite-sex households.

It is notable that this came from a state and a medical organization not generally known for taking socially progressive positions.

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