



**AGEC/ GWEP Quarterly Newsletter - Volume XXVIII,
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From the Director's Desk

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Happy New Year from all of us at the Arkansas Geriatric Education Collaborative! I hope everyone had a wonderful holiday season and ready to begin a new year. As we ended 2018, the Health Resources and Services Administration (HRSA) gifted us with the next grant cycle requirements, better known as the NOFO (Notice of Funding Opportunity). Therefore, AGEC staff and partners have been busily putting together the proposal for new programs and activities for the next five year cycle! We are excited about this opportunity...

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It's not all sunshine and roses: Closing the rehab gap

*By Christopher S. Walter, PT, DPT, PhD
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Have you ever considered that your current treatment of drug therapies is not working for you? If you have, you aren't alone. In fact, the top-ten highest grossing drugs in the United States only benefit 4-33% of the people who take them. Unfortunately, research suggests that motor rehabilitation therapies are no different.

Rehabilitation is the action of restoring someone to health or normal life through therapy after an injury, illness, or disease process. Generally speaking, we know that rehab works. For example, an individual who gets therapy following an injury (e.g., fractured hip, stroke, etc.) is more likely to improve faster, and to a greater extent, than someone who does not get therapy. This is good news for those getting therapy and those in the rehab field. However...

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Screening for Dementia

*By Kevin Rowell, Ph.D.
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With the increase among the aging Baby-Boomer population, there has been an overall increase of prescription drug use. Many older adults struggle with co-morbid diagnoses, contributing to multiple prescriptions being consumed at one time (Dowell, 2016). Older adults are also more likely to be victims of medication theft (Collins, 2018). With the rising amounts of opioid overdoses, the use of opioids for pain-management among older adults is a growing concern (Dowell, 2016). Historically, there has been more of a focus on younger adults and opioid misuse; however, the average age (50 or older) of treatment admissions for opioid abuse is rising...

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High-Risk Over-the-Counter Medications for Older Adults

*By Katie Cummins, PharmD Candidate 2019 and
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As our patients age, their bodies undergo physiological changes that alter their responses to many drugs. Kidney and liver function decline so that some drugs stay in the body longer or accumulate to dangerous levels. Body composition changes – muscle decreases while the proportion of fat increases – can lead to the need for smaller doses or longer dosing intervals. In addition, older adults are generally more sensitive to many drugs, especially those that affect the central nervous system. Patients are sensitive to both the effects the drugs are designed for as well as their negative side effects.¹

Medications that are "potentially inappropriate" for older adults are detailed...

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Tech and Aging

*By Jessica Camp, MSN, APRN, AGCNS-BC
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It appears that more older adults are using technology in their daily lives (Davis, 2019). According to a study by AARP, mobile devices and computers are the primary technology used by this population (Anderson, 2017, p. 3). To a lesser extent, older adults reported managing their healthcare and learning with this technology. Another study by PEW Research Center Older Adults and Technology Use (Smith, 2014) found that:

Six in ten seniors now go online...

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