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THE OPTIMAL AGING AND MIND-BODY-SPIRIT CURRICULUM SERIES: MODULES FOR MEDICAL AND HEALTHCARE PROFESSIONAL EDUCATION

MODULE 3: Optimal Aging and Complementary and Alternative Healthcare in Working with Geriatric Patients

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Table of Contents

Learning Objectives

1. Define the concept of optimal aging and explain why it is important to the medical professional.
2. Explain how the concept of optimal aging and the foundational principles of osteopathic medicine are similar.
3. Explain how the concept of optimal aging can contribute to better medical practices by allopathic physicians.
4. Explain how and why medical practice is changing in relation to treatment for older patients.
5. Define complementary and alternative approaches to healthcare and give at least three examples of techniques that can be used with geriatric patients.
6. Identify the major difference between complementary and alternative healthcare approaches.
7. Identify a major resource for evidence-based information about complementary and alternative approaches to healthcare.
8. Identify the five major categories of complementary and alternative approaches to healthcare previously used by the National Center for Complementary and Integrative Health.
9. Identify the three major approaches to complementary and alternative healthcare that will be used in this module series and explain why this approach can be useful to medical professionals.

Lecture

In the field of gerontology, the concept of Optimal Aging has become an important concept. Optimal Aging is both a philosophical and pragmatic approach to aging that looks at the total person and all of those aspects of a person's life that can contribute to optimal functioning and health. There are many commonly held definitions of Optimal Aging, because the concept is generally used by geriatric health providers, social services providers, and government providers, as well as being a term used by individuals and the media. A few different definitions are provided below, to give you a sense of what is typically meant by the concept Optimal Aging.

Noted geriatrician Ken Brummel-Smith, M.D., has provided one of the most pragmatic and universally used definitions:

> Optimal Aging is the capacity of an individual to function across many domains - physical, functional, cognitive, emotional, social, and spiritual - to one's satisfaction and in spite of one's medical condition.

The Institute for Optimal Aging (a non-profit foundation in Tennessee) uses the following model to describe six dimensions of wellness or Optimal Aging: consideration of physical, social, emotional, purposeful, spiritual and intellectual aspects in the life of the geriatric individual all of which are important components in any complete assessment of health.

- Physical issues involve ways in which the person safeguards and improves their health. Do they use moderation in exercise, eating well, sleeping, playing, and relaxing? Health screening and interventions as needed are encouraged, as well as reducing risks, which include behaviors such as wearing seat belts in cars, and removing hazards in the home that could lead to falls.
- Social issues involve how a person connects with others: friends, family, coworkers, and neighbors. Does the person have good listening skills and can they clearly communicate their ideas? Do they enjoy solitude as well as companionship? Are they empathetic?

- Emotional issues consider whether a person can feel, express, and respond to a wide range of feelings without harming themselves or others. Are they emotionally flexible, can they share feelings, and can they respond to the emotions of others in appropriate ways?
- Purposeful behavior includes learning, contributing and sharing. Is the person continuing to grow and learn new things? Does the person contribute to the family, community, or religious group in meaningful ways? Is the person involved with others in ways that benefit self or others?
- Spiritual issues can include participation in a religious organization but addresses issues broader than that as well. Does the person find meaning in life? Does the person have an ethical code of belief that governs behavior? Does the person express gratitude and appreciation for the various aspects of life?
- Intellectual issues include ways of thinking, communicating, learning, and teaching. Is the person open to new ideas and new things? Are they curious? Do they teach others what they have learned?

Dr. Brummel-Smith suggests that there are several components to consider within the concept of optimal aging:

- Biological components, including exercise, nutrition, sleep, avoidance of disease-causing agents, practices of preventive medicine, early treatment of disease and medical conditions, cognitive stimulation, and avoidance of iatrogenic complications.
- Functional components, including strength, balance, flexibility, and conditioning.
- Social components, including support, activities, work, volunteerism, sexuality, religion, and spirituality.
- Psychological components including attitude, viewpoint, stress management, and resilience.
- Societal components, including health education, chronic disease self-management training, access to information, community services, environmental design, and health policies and insurance.

The field of osteopathic medicine naturally supports these and other similar definitions of optimal aging, focusing, as it does, on the whole person and being patient-centered rather than disease–centered. In 1996, Allen Jacobs, DO, PhD, discussed the traditional principles of osteopathic medicine at a conference in Santa Fe, New Mexico. Dr. Jacobs reviewed the five commonly recognized foundational principles of osteopathy.

1. Body unity or holism.
2. The body has an inherent capacity to heal and regulate itself. Hippocrates and all the other great medical thinkers, up to Andrew T Still and beyond, described the healing power of nature, which is the body's inherent capacity to heal and regulate itself.
3. There is a somatic component to all disease; all visceral diseases have a somatic component.
4. There is a structure-function interrelationship based on the idea that form follows function and function follows form.
5. Manipulative treatment is an integral part of the system of osteopathic medicine to promote healing of the body.

These foundational principles of osteopathy provide a natural basis for osteopathic physicians to recognize and use a broad spectrum of treatment modalities to heal the body in their work with their geriatric patients, as well as other patients of all ages. Andrew T Still, MD, DO, the founder of osteopathic medicine, succinctly put it this way, "To find health should be the object of the doctor. Anyone can find disease."

Allopathic physicians are increasingly embracing the ideas of wellness on all levels, including Optimal Aging, as many of them expand their ideas and practices from efforts to treat and eliminate symptoms of disease to include a broader perspective on what constitutes health. In the past, most doctors focused primarily on the physical health, and, perhaps somewhat secondarily, on the mental health of their patients. More recently, however, research and innovations in medicine have contributed to extended life spans, even when individuals have chronic or fatal diseases. Doctors are now encountering elderly patients who have more diseases that are chronic and more

complex medical conditions. These patients often seek out complementary and alternative treatments to help them maintain health, deal with pain, depression, or to manage other aspects of their illnesses. It is incumbent on all health care providers, including and especially physicians, to learn about alternative and complementary techniques, so they can better advise and work with their elderly patients, as well as patients of other ages, who might also be making use of complementary and alternative methodologies. Research has shown that more than 30% of American adults and 12% of children use health care approaches that are considered alternative or complementary to mainstream conventional medicine.

You are probably already aware that confusion and controversy exist regarding the differences between “traditional medicine” and approaches falling under the rubric of alternative medicine, complementary medicine, and integrative healthcare approaches. Additionally, many health care professionals question the efficacy of some of these approaches, and point to the lack of solid evidence-based research supporting their efficacy. Most clinical research has been done on conventional medical treatments, such as drug therapies, because that is where the funding has generally been. There has been little funding for complementary or alternative techniques, and thus, little information about them has been provided through medical journals, medical education, and medical symposia. Unfortunately, there is no single simple place to go to get comprehensive answers about complementary or alternative techniques and their effectiveness. So, where should one start?

A good place to start is with a review of commonly used definitions. Alternative or complementary healthcare describes healthcare approaches that are considered alternative or complementary to mainstream medicine, often considered to be allopathic medicine, which typically involves use of drugs, surgery, or rigorously tested and FDA approved modalities of treatment. Alternative or complementary health care typically involves the use of natural substances (such as herbs and essential oils) and the use of mind, body, and spiritual techniques. The terms are often used interchangeably, but it should be noted that, in the most basic sense, alternative medicine uses techniques that are alternative to and instead of conventional medical techniques, and complementary

medicine uses techniques that are in addition to conventional medical techniques. Osteopathic medicine also involves many of the same techniques used in allopathic medicine with the major addition of osteopathic manipulation treatment (OMT) and an emphasis on treating the body as a whole system through Osteopathic Principles and Practice (OPP). OMT could be considered as an alternative or complementary medicine technique, as well as being an integral part of osteopathic medical training.

Integrative medicine is a fairly new category of medicine, originally popularized by Andrew Weil, MD, and others, but it has become broadly used. It involves the use of what are considered the best approaches from all branches of medicine: allopathic, osteopathic, and complementary or alternative medicines. The idea is to describe an approach that brings together conventional and alternative/complementary approaches together in a coordinated way. Deepak Chopra, MD, has also popularized the concept of mind-body medicine, which is another commonly used term for a similar idea.

There are no hard and fast boundaries between these treatment approaches, and over time, an approach that might be considered alternative may be subsumed into/absorbed by/adopted by the allopathic, osteopathic, mind-body, or integrative fields. In addition, many practices currently used by the more traditional branches of medicine were once considered “cutting edge,” “out there,” experimental, or, in any other way, alternative methods of care. Therefore, it is important to remember that these definitions are fluid, and constantly changing. The definitions change as evidence-based research shows efficacy of different approaches and as healthcare practitioners and the public change their ideas of what constitutes appropriate healthcare. Furthermore, it is unusual for a healthcare practitioner to deal with someone who is only using alternative approaches. Typically, if individuals chose this option, they do not go to healthcare practitioners. Most people, however, who use complementary approaches, use those approaches in combination with more conventional approaches. A healthcare practitioner will see this patient most often.

The US National Center for Complementary and Integrated Health (NCCIH), located within the National Institutes for Health (NIH), is one of the largest and most complete

resources for information about alternative medicine. NCCIH is charged with “the dissemination of health information with respect to identifying, investigating, and validating complementary and alternative treatment, diagnostic, and prevention modalities, disciplines, and systems” (Public Law 105-277). The NCCIH Clearinghouse serves this mission. It is a public point of contact for scientifically based information on complementary and alternative healthcare approaches and for information about NCCIH**.** Resources include literature reviews, clinical guidelines, a dictionary of alternative practices, review of research on complementary medicine, video lectures and other training resources and more.

There are many different ways to think about, or to organize, the vast amount of information contained in the fields of complementary and alternative healthcare. To give you an example of one way of grouping alternative and complementary healthcare approaches, we want to share with an approach previously used by NCCIH, when it was formerly called the National Center for Complementary and Alternative Medicine (NCCAM). This model groups alternative health care approaches into five main categories:

- Biologically-based approaches
    - Examples include use of herbal supplements, vitamins, probiotics, flower essences and other botanicals. Use can be topical, olfactory, or ingestion.
- Energy medicine approaches
    - Examples include use of sound, electromagnetic forces, light, and other work with the energy field around the human body. Examples include acupuncture, Qi Gong, Reiki, and Healing or Therapeutic Touch (frequently used by the nursing profession).
- Manipulative and body-based approaches

    - Examples include osteopathic manipulation techniques, chiropractic techniques, reflexology, and therapeutic massage.

- Mind-body approaches

    - Focuses on the interaction between the brain, body, spirit, and physical health and includes techniques to facilitate the mind's effect on bodily functions and symptoms. Examples include meditation techniques, yoga, Tai Chi, and spirituality. These techniques are especially increasing in used in pain management, cancer management, and as tools to use to increase immunity.

- Whole system approaches

    - These systems were developed as complete treatment approaches, but are different from conventional Western medicine, and are often found in different cultures. There is overlap between the techniques used in these systems and some of the techniques listed above. Examples include Ayurveda medicine, Chinese medicine, Eastern medicine, homeopathic medicine, and naturopathy.

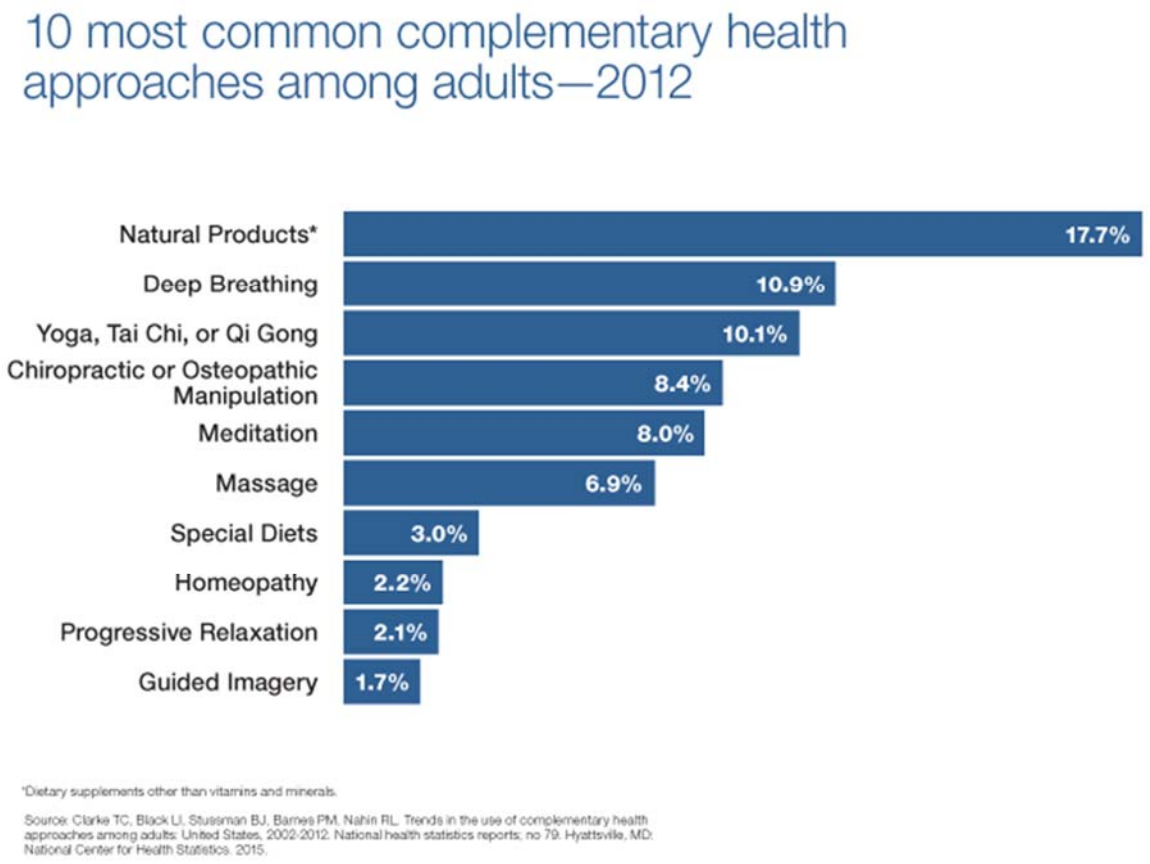
Currently, however, NCCIH is grouping alternative and complementary approaches in a slightly different way. We are presenting both the former NCCIH approach and the current NCCIH approach, to give you an idea of various ways that might be used to consider and organize the vast body of knowledge comprising alternative and complementary approaches to healthcare. They now posit that most approaches fall into one of two categories.

- Natural products
    - This includes herbs or botanicals, vitamins and minerals, and probiotics.
- Mind and body practices
    - This category includes a wide array of techniques and approaches, often taught by a teacher or some other professional. It includes things such as yoga, chiropractic, and osteopathic manipulations. Meditation and

massage techniques are also included. Additional approaches include acupuncture, relaxation techniques, Tai Chi, Qi Gong, healing touch, hypnotherapy, and movement therapies.

- Other approaches
    - This category includes approaches that do not neatly fit into the other two categories. Examples include the practices of traditional healers, Ayurveda medicine, traditional Chinese medicine, homeopathy, and naturopathy.

The chart below shows the most common complementary approaches used by American adults in 2012.



In the modules in this series, we will be discussing different alternative and complementary health techniques that focus on the body, the mind, and the spirit. We will be looking at these techniques to increase your familiarity with a variety of approaches that may be used by your elderly patients as part of their healthcare. An

understanding of these types of approaches will increase your effectiveness in working with your geriatric patients, and give you more resources to use in working with them. Since other patients with whom you will work may also be using some of these techniques and approaches, knowledge in this area will assist you in your work with them, also.

For purposes of our discussions in this curriculum series of mind-body-spirit modules, we will group the complementary and alternative techniques somewhat differently from the approach that NCCIH originally used, and differently from the approach that NCCIH is currently using. We will first be discussing techniques that have a primary emphasis, or starting point, with the body. Then we will discuss those techniques that have a primary emphasis, or starting point, with the mind. Finally, we will look at those techniques that have a primary emphasis, or starting point, with the spirit.

We are doing this as we are making the assumption that that medical learners and healthcare professionals will be most familiar and comfortable with approaches that focus on the body as the starting point for treatment. It follows logically, therefore, that medical learners and healthcare professionals will most likely be willing to explore and use techniques that fall in this category. We are further assuming that medical learners may be a bit more unfamiliar with and therefore a bit more uncomfortable talking about or using, techniques that use the mind or spirit as starting points. Therefore, we think it is helpful to present the techniques in this graduated way so that medical students and others can quickly gather information about the techniques they are most comfortable in using. We also believe this organizational system of complementary and alternative techniques will help medical learners organize a vast amount of information in a way that will be helpful to them. It must be noted, however, that this is an artificial organizational system for conceptual purposes, because there will be some degree of overlap between the methods falling in each category. In other words, a single method may fall in more than one category, because it has benefits for the body, mind, and/or spirit. We however have chosen to place each method in the category that describes its most obvious initial benefits. We want to impress upon you, however, that each of the different conceptual models and all of the different approaches have value. All of the

different approaches can be helpful in addressing the multiple needs your patients -- geriatric and otherwise -- will present.

In this module series, we will be looking at ways in which the different approaches and techniques might be used, where to get information about them, how effective they are considered to be, and how they relate to more conventional medical principles and techniques. You will also have a chance to experience some of these techniques and will be sharing some of your findings with your colleagues and classmates.

Experiential Activities

Experiential Assignments for Class on Optimal Aging:

Students will participate in the Simulated Aging Exercise. The presentation was developed by Cynthia J. Gerstenlauer, MSN, APRN, BC of the former Geriatric Educational Center of Michigan. Instructions include a list of supplies needed and a presentation that covers the physical changes that can occur in aging. Also included are instructions for the simulation, which is done in pairs, with one participant experiencing the effects of instant aging and one serving as the caretaker. If time permits, roles are reversed so that all participants experience both the aging role and the caretaker role.

Training involves what it is like to lose or experience changes in various senses and abilities. The simulation portrays the experience of having physical vulnerabilities such as sight impairment, hearing impairment, limitations in mobility, limitations in dexterity, and loss or changes in senses of taste or smell. Participants may experience what it is like to use a cane, a walker, and/or a wheel chair.

If there is time, discuss experiences immediately after the simulation. Otherwise, journal and discuss experiences in next class session or meeting.

Alternative to conducting the experiential assignment

Watch the power point presentation.

Journal your experiences and reactions to being in the aging role and to being in the caretaker role.

INSTANT AGING

Cynthia J. Gerstenlauer, MSN, APRN,BC
Geriatric Education Center Michigan

INTRODUCTION

- People respond to their environment through their senses.
- Sensory and mobility impairments affect many elderly to one degree or another and have a significant impact on their lives
- It is important we understand what these impairments mean
- Then we can be more helpful to them
- Exercise also helps build empathy

AGING OVERVIEW

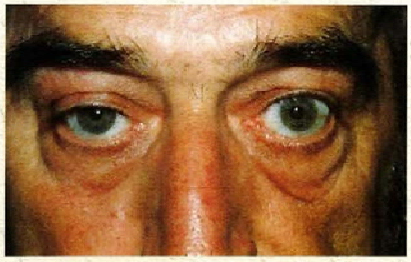
- Normal changes of Aging
  - Sensory Impairments
  - Functional Impact
- Common Disease Impairments in Older Age
  - Eye diseases
  - Arthritis
  - Feet problems

Awareness of Aging Process

- Who Will Take Care of You in 60 Years???
- Youth-oriented culture
- Misunderstanding of older adults
- Important for good customer relations
- Communicate effectively
- Safety
- Target appropriate services

EYE/VISION CHANGES

- Eye muscles & lids relax
- Decrease in orbital fat
- Conjunctiva thins, shows
- Decreased tears produced
- Pupil size decreases
- Cornea flattens, clears
- Iris more rigid, loses color
- Vascular Δs retina, fundus
- Vitreous body drier
- Lens yellows, thickens, stiffens, opacities develop



EYE/VISION CHANGES
Effect on Functional Status

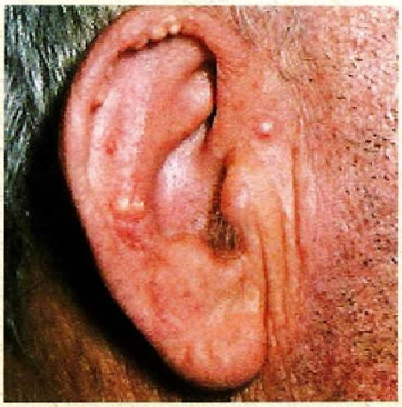
- Eyes take on a sunken appearance
- More prone to dryness and infection
- Decreased corneal reflex: risk of injury
- Dimmed, blurred; farsightedness, decreased night vision
- Intolerance to glare
- Diminished peripheral vision
- Decreased accommodation
- Decreased depth perception
- Floaters, flashes, cataracts
- Difficulty distinguishing green-blue-violet

Common Age-Related Eye Diseases

- Cataracts: clouding of lens of eye
- Diabetic Retinopathy: complication of diabetes that damages the retina and can lead to blindness
- Glaucoma: leading cause of blindness; loss of peripheral (side) vision
- Macular Degeneration: loss of central vision

EAR/HEARING CHANGES

- External ear changes
- Cerumen glands decrease activity
- Ear drum thinner
- Auditory nerve degen.
- Atrophy of eyelashes
- Inner ear less fluid; vestibular apparatus less effective

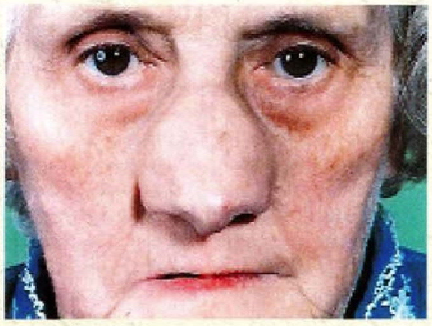


EAR/HEARING CHANGES
Effect on functional status

- Appearance change of ear
- Drier wax, wax impaction
- Progressive, symmetrical hearing loss after age 30
- Decreased high frequency tones
- Discrimination of speech more difficult
- Ability to locate direction of sound diminishes
- Problems with balance and falls
- Can have emotional and social consequences

NOSE/SMELL CHANGES

- Diminished cells and nerve fibers related to the sense of smell in the nasal passages
- Years of smoking, environmental exposure, surgical interventions, Alzheimer's make worse

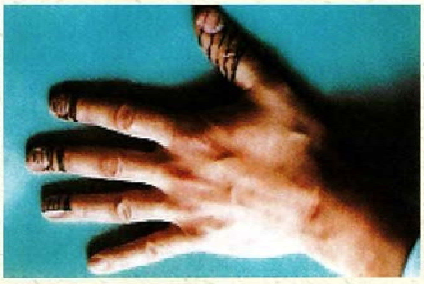


NASAL/SMELL CHANGES
Effect on functional status

- 50% have diminished sense of smell
- Decreased ability to enjoy foods
- Can diminish the appetite, contribute to weight loss, malnutrition, confusion
- May not detect food spoilage, gas leaks, smoke, body odor
- May use excessive perfume or make-up

TOUCH CHANGES

- Top and second layer of skin lose cells so becomes dryer and less elastic
- Diminished sense of touch sensations

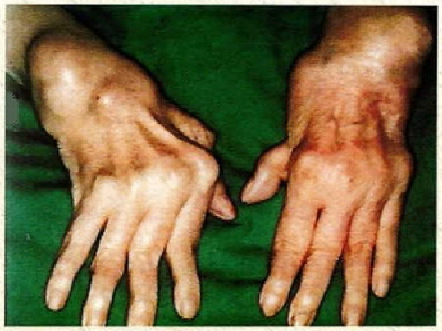


TOUCH CHANGES
Effect on Functional Status

- Prone to skin damage
- Increased risk of infection, injury
- Detect temperature changes in the middle ranges only
- Decreased ability to recognize fine and rough textured objects
- Difficulty with picking up objects
- Increased tolerance to pain may lead to accidents, burns and pressure

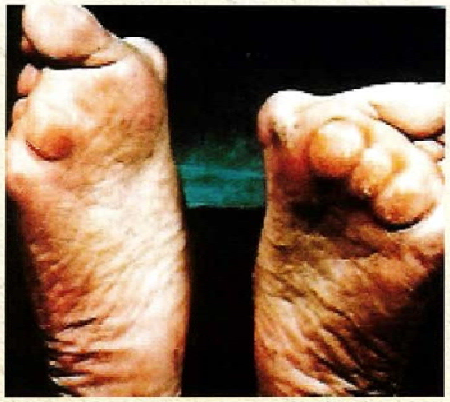
Arthritis/Mobility Problems

- Spine compresses
- Bone loss with decreased bone strength
- Joint cartilage deteriorates causing new bone formation at joint surfaces
- Muscles, tendons, and ligaments atrophy and stiffen
- Body fat increases



COMMON FOOT PROBLEMS

- Diminished circulation
- Swelling, bony deformities
- Painful joints, corns, calluses
- Numbness, tingling, burning
- Slow healing wounds
- Ingrown toenails



FOOT PROBLEMS
Effect on Functional Status

- Gait abnormalities, impaired mobility
- Balance problems, falls
- Decreased motivation to walk
- Serious consequences like amputations
- Shoe fitting difficulties

INSTANT AGING EXERCISE

- Sensitivity training exercise adapted from Children of Aging Parents (1983), a national organization for family caregivers
- Pair off with another person, preferably someone you don't know
- Decide who will be impaired, who is the caretaker
- If time permits, switch roles

IMPAIRED PERSON

- Smear eyeglasses or clear plastic goggles with vaseline to simulate vision problems
- Place cotton balls or disposable ear plugs in ears to simulate hearing problems
- Place uncooked elbow macaroni or popcorn into shoes to simulate arthritis and other foot problems
- Tape a tongue depressor onto thumb and first 2 fingers of dominant hand for arthritis/mobility problems
- Put on heavy cotton gloves for decreased sensation
- If available, apply wrist and ankle weights to make motion more difficult
- Use the assigned mobility aid

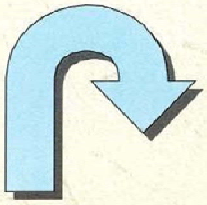
CARETAKER

- Provides the support, guidance and direction that the impaired person needs
- Must be vigilant that the impaired person does not hurt him/herself by accident
- Changes their emotion from time to time from being friendly and helpful to being impatient and impolite

PERFORM ASSIGNED TASKS

- Walk around the room, out in the halls, operate an elevator, use stairs
- Go the cafeteria or vending machine to buy something and eat it, getting money out of their wallet or coin purse
- Look up an assigned name in a phone book and dial the number
- Tie your shoes, button/unbutton something
- Go to the bathroom
- Pour water from a pitcher into a glass
- Read the label of a medication bottle outloud and open the bottle
- Try to read something in the newspaper
- Write your name on a piece of paper

SWITCH ROLES, IF TIME



- Remove impairments
- Clean up
- Reassemble for group discussion

GROUP DISCUSSION

- What did it feel like to be impaired?
- What did it feel like to be a caretaker?
- Relate this to their experience in caring for or knowing elderly persons
- How has this exercise sensitized them to the needs of the impaired elderly?
- What can they do themselves to make things better for impaired older persons?

WAYS TO ENHANCE FUNCTIONAL STATUS

- Aids or assistive devices and other measures to improve sensory abilities
  - Vision, hearing, mobility devices
  - Good fitting, well constructed shoes
- Alter the environment to compensate for many of the changes
  - Improve lighting
  - Reduce clutter, background noise

Simulated Aging Exercise

Materials Needed:

Included in Kit (enough materials for 30 participants):

- 30 individually packaged plastic bags with two cotton balls or earplugs, elbow macaroni or popcorn, tongue depressor or popsicle stick, piece of tape
- 15 plastic eye goggles
- 15 pair cotton gloves
- Petroleum jelly
- Medication bottle
- Simulated Aging Exercise Handout (Instruction sheet for participants)
- Instructor folder with Educational Plan and presentation on disk

Equipment Needed by the Site:

- CD player or radio for background music
- Phonebook, access to a phone or portable phone to use (does not have to work)
- Pitcher of water, a glass (the water can be dumped back into the pitcher after it is poured)
- Newspaper
- Piece of paper, pen
- Wrist or ankle weights*
- Mobility aids: various types of canes, walkers*

*Can try to borrow from a Physical Therapy department of a hospital, nursing home, retirement facility (families often donate or leave behind), Home Health Agency or Physical Therapy company. Sometimes there are community loan closets available.

Participants Should Be Instructed To:

- Wear closed, tie shoes (so macaroni doesn't fall out)
- Bring money in their wallet or a coin purse to buy something from a cafeteria or vending machine (if available)

Simulated Aging Exercise (Geriatric Education Center of Michigan)

Impaired Person:

1. Smear eyeglasses or clear plastic goggles with petroleum jelly to simulate vision problems.
2. Place cotton balls or disposable earplugs into ears to simulate hearing problems.
3. Place uncooked elbow macaroni or popcorn into shoes to simulate arthritis and other foot problems.
4. Tape a tongue depressor onto thumb and first two fingers of dominant hand for arthritis/mobility problems.
5. Put on heavy cotton gloves for decreased sensation.
6. If available, apply wrist and ankle weights to make motion more difficult.
7. Use the assigned mobility aid.

Caretaker:

1. Provide the support, guidance and direction that the impaired person needs.
2. At all times be vigilant that the impaired person does not hurt him/herself by accident.
3. Change your emotional response from time to time. You can be friendly at times and helpful, but have at least one episode of being impatient and impolite to the impaired person.

Perform the Following Tasks:

1. The impaired person and caretaker walk around the room and out in the halls.

2. Use an elevator or stairs as necessary.

3. Go to the cafeteria or vending machine to buy something using money from your wallet or coin purse. Eat it.

4. If in your school, try opening your locker.

5. Look up an assigned name in a phone book and dial the number.

6. Tie your shoes and button/unbutton something.

7. Go to the bathroom.

8. Pour water from a pitcher into a glass.

9. Read the label of a medication bottle aloud and open the bottle.

10. Try to read something in the newspaper.

11. Write your name on a piece of paper.

12. If time permits switch roles.

Clean Up:

1. Remove and discard cotton balls or earplugs, tongue depressor, tape, macaroni or popcorn.

2. Wash off glasses or eye goggles. Return eye goggles.

3. Return cotton gloves.

4. Remove and return weights, if used.

5. Return aids.

Class Discussion of Experiential Activities

1. Describe what the experience of simulating the aging person was like for you.

2. Describe what the experience of simulating the caretaker was like for you.

3. Which of the various aging experiences were the hardest for you? Why do you think that is so?

4. Which of the various aging experiences were easiest for you? Why do you think that is so?

5. What is your take-away from this exercise?

Lecture Discussion Questions

1. Can you think of ways the concept of Optimal Aging might be helpful to you as a healthcare provider?
2. Identify the major difference between complementary and alternative healthcare approaches.
3. How do you think knowledge of complementary and alternative techniques might be helpful to you as a healthcare provider?
4. What are the three approaches used in this module series to organize the multitude of complementary and alternative approaches?
5. Would you use alternative and complementary techniques with your geriatric patients? Which techniques would you consider using? How might you use them? Would you consider using any of the techniques with your other patients? How might you use them?
6. Have you personally tried any alternative or complementary techniques? Which ones? Describe your experiences.
7. Which ones do you think your older clients are most likely to use? Why?
8. Which ones do you think are most effective? Why?
9. Are there any you think might be harmful? Which ones? Why?
10. Identify a national database that is a source of information about complementary or alternative approaches and their effectiveness.

Main Teaching Points

1. Optimal aging is an important concept in the field of geriatrics and gerontology.

2. Optimal aging is a philosophical and pragmatic approach to aging that looks at the total person and all those aspects of a person's life that contribute to optimal functioning and health.

3. Noted geriatrician Ken Brummel-Smith, MD, has defined optimal aging as the capacity for an individual to function optimally across many domains of life: physical, functional, cognitive, emotional, social, and spiritual. This is done to one's satisfaction and in spite of one's medical condition.

4. The Institute of Optimal Aging considers the following dimensions as part of optimal aging: physical, social, emotional, purposeful behavior, spiritual issues, and intellectual issues.

5. Dr. Brummel-Smith includes the following components within the concept of optimal aging: biological, functional, social, psychological, and societal.

6. Osteopathic medicine naturally supports this definition of optimal aging, since it focuses on the whole person and is patient-centered rather than disease centered.

7. Allopathic medicine is increasingly supportive of the concept of optimal aging.

8. In the past, most doctors have focused on the physical, and perhaps somewhat less frequently, on the mental health of their patients. Rarely do most doctors even consider the spiritual health of their patients.

9. Patients are now living longer, presenting more chronic diseases and more complex medical conditions, and regularly seeking out complementary and alternative treatments in addition to those treatments typically considered as medical. This is being done most often as a way to reduce some type of pain.

10. All healthcare practitioners, and especially doctors, need to be familiar with a wide variety of complementary and alternative techniques, both in order to provide resources to their geriatric patients who ask for them, and in order to advise their geriatric patients about techniques they are already using.

11. Many definitions exist for complementary and alternative medicine. The term originally derives from techniques that are alternative or complementary to allopathic medical techniques. This assumes that allopathic techniques typically include the use of drugs, surgery, and rigorously tested and FDA approved modalities of treatment. This leads to the assumption that complementary and alternative medical techniques include things such as use of natural or non-prescriptive substances such as herbs and supplements, and the use of mind-body-spirit techniques such as meditation, affirmations, visualization, and yoga.

12. Alternative medicine covers approaches that are an alternative to conventional allopathic techniques and complementary medicine covers approaches that are in addition to conventional allopathic techniques. There is, however, overlap and confusion about the distinction between these terms, and they are often used interchangeably.

13. Osteopathic medicine involves many of the same techniques as allopathic medicine, with the addition of some techniques that are often consider alternative or complementary, such as osteopathic manipulation and an emphasis on treating the body as a whole system with osteopathic principles and practice.

14. The National Center for Complementary and Integrative Health (NCCIH), located within the National Institutes for Health (NIH), is one of the largest and most complete resources for information about complementary and alternative approaches to treatment.

15. In the past, NCCIH (previously NCCAM) organized complementary and alternative approaches into five main categories:

a. Biologically-based approaches

b. Energy-medicine based approaches

c. Manipulative and body-based approaches

d. Mind-body approaches

e. Whole system approaches

16. Currently, NCCIH organizes complementary and alternative approaches in this way:

    a. Natural products, such as herbs, botanicals, vitamins and minerals, and probiotics.

    b. Mind and body practices, such as yoga, chiropractic, osteopathic manipulation, meditation, massage, acupuncture, relaxation techniques, Tai Chi, Qi Gong, healing touch, hypnotherapy, and movement therapies.

    c. Other approaches, such as traditional healers, Ayurveda medicine, traditional Chinese medicine, homeopathy, and naturopathy.

17. In this Mind-Body-Spirit Curriculum Series of Modules for Medical Education, we will discuss the various mind-body-spirit approaches as they could be used with geriatric patients, but they will be organized in a slightly different way than that used by NCCIH. We will first be discussing approaches that emphasize or use the body as the main starting point for improving health. Then we will be discussing approaches that emphasize or use the mind as the main starting point. Finally, we will be discussing approaches that emphasize or use spirit as the main starting point. We will look at the various techniques, and how they might be used, where to get information about them, and review effectiveness and research.

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