

Complementary & Integrative Health for Gerontology

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The silver tsunami is coming and health providers must prepare to face the unique needs of an aging population. The Administration on Aging¹ reports there are 44.7 million people, or one in every seven Americans, who are 65 years old and older (as of 2013; the latest year for which data are available). It is estimated that this will more than double by 2060.

The evidence-base on the effectiveness of complementary and integrative health practices (CIH) for many age-related health problems is growing and trends show an increase in CIH utilization among older adults.² The Baby Boomers are the first generation to age who have previously embraced and utilized CIH as part of their health care. Thus, acupuncturists and other CIH providers will be especially in demand.

The Gerontological Society of America's (GSA)³ Annual Scientific Meeting is the nation's largest interdisciplinary conference in the field of aging. The 68th meeting brought together an estimated 4,000 professionals for a five-day gathering in Orlando in November 2015. The program schedule contains more than 500 scientific sessions. This article highlights research presented on CIH.

Corjena Cheung, PhD, RN, FGSA, from the University of Minnesota School of Nursing and colleagues presented "8-Week Yoga versus Exercise Programs for Managing Knee Osteoarthritis in Older Adults." This paper shared preliminary findings of the short term outcomes from 59 participants out of a total of 91. The study compared the short term effects of an 8-week hatha yoga program compared to strengthening exercises on knee osteoarthritis (OA). This randomized controlled trial compared three groups: hatha yoga consisting of a weekly 45-minute program and 30 minutes of at home practice four days a week; aerobic and strengthening exercises consisting of a weekly 45-minute program and 30 minutes of at home practice two to four days a week; and an education attention control group. Numerous outcomes were assessed including physical, psychological, and spiritual measures. Finding indicated that hatha yoga may be better at improving OA symptoms, strength and gait when compared to the aerobic and strengthening exercise and control groups. Aerobic and strengthening exercise and the hatha yoga groups showed similar effects on balance, mood, spiritual health, and quality of life. The long term and qualitative data are still being collected.

Sheryl Groden, MSW, LCSW, a doctoral candidate at Michigan State University School of Social Work, presented "Geriatric Social Worker-Client Communication regarding Complementary and Alternative Medicine (CAM)." The study explored the important yet unexamined role of social workers in patient communication regarding CAM. The study interviewed 39 MSWs in four regions (Michigan, Boston, Honolulu and San Francisco). The key findings indicated that social workers do not typically ask patients about CAM use. Barriers to communication regarding CAM included scope of practice, time with patients, and working under a bio-medical model of care. For example, a hospice social worker from California stated: "...that does come up in our team meetings (with

the doctor). 'Would medical marijuana work for this person or acupuncture?' and we can bring that up. But unless the client has brought it up (first) I think there would be a backlash for me moving out of scope of practice for that." Implications from the findings recommend that social workers should routinely include CAM assessments with clients, CAM education should be integrated into MSW curricula, and more research on social work practice and CAM is encouraged.

Kristen E. Porter, PhD, MS, MAc, LAc, (one of the authors of this column) presented "Aging with HIV/AIDS: A Moderated Mediation Study of Resilience." This study investigated the role of spirituality and CIH use in older adults with HIV/AIDS (N=914). Findings indicated that the experience of HIV-stigma was negatively associated with psychological well-being, however spirituality and CIH use partially mediated (i.e., accounted for) the association. That is, HIV-stigma was associated with lower levels of psychological well-being, lower levels of spirituality, and less CIH use. However, spirituality and CIH use was associated with higher levels of psychological well-being despite HIV-stigma ($\beta = .59, p < .001$ and $\beta = .09, p < .01$, respectively). Interestingly, when comparing differences by sexual orientation among older adults with HIV/AIDS, HIV-stigma was associated with lower levels of CIH use ($\beta = -.18, p < .01$) only for sexual minorities as compared to heterosexuals. Yet, CIH use in sexual minorities was associated with higher levels of psychological well-being ($\beta = .12, p < .01$). Recommendations based upon these findings encourage CIH providers to extend their outreach to people aging with HIV/AIDS. Sexual minorities reported lower CIH use in relation to HIV-stigma, thus providers are encouraged to provide visual welcoming messages. These may include adding "HIV" to the list of conditions treated on promotional materials along with statements welcoming LGBT clients to reduce the barrier of stigma.

Elizabeth M. Tait, PhD, and April C. Tallant, PhD, RD, of Western Carolina University presented "Use of Complementary and Alternative Medicine by Older Women." The study aimed to examine the most common reasons women aged 50 and older used CAM for arthritis, given that arthritis is the leading cause of disability in adults in the United States. Data from the NHIS (National Health Interview Survey) CAM supplement was used. The most common reasons cited for using CAM by the women aged 50 and older with arthritis was that CAM was natural, holistic (mind, body, spirit approach), and treated the cause not just the symptoms. When controlling for factors such as age, ethnicity, marital status, body mass index, health behaviors and region, 26 million women aged 50 and older with arthritis were more likely to say they used CAM for their arthritis if they felt that CAM combined with conventional medicine would help (OR 5.77, CI 3.46-9.64, $p < .001$); conventional medicine was too expensive (OR 4.45, CI 1.0-6.0, $p < .01$); CAM was recommended by friends (OR 2.31, CI 1.44-3.73, $p < .001$); CAM was recommended by a medical doctor (OR 1.86, CI 1.23-2.81, $p < .01$); and CAM was recommended by family (OR 1.57, CI 1.0-2.47, $p < .05$). Implications for practice based upon these findings included recommendations to increase CAM training for health care providers to better coordinate care and reduce potential adverse effects, as well as, increase education for older adults on affordable CAM therapies and benefits.

The inclusion of CIH research at the GSA scientific conference evidences the importance of extending our research beyond the CIH community (see our [September 2015 column in *Acupuncture Today*](#))⁴. These papers were accepted for presentation through a peer review process that seeks rigorous research methods and policy or practice relevance. The abstract submission deadline for the 2016 GSA conference in New Orleans is March 15, 2016. We encourage CIH researchers working with older adults to submit their work for presentation.

References:

1. Administration on Aging retrieved from www.aoa.acl.gov/Aging_Statistics/index.aspx.
2. Li, L., & Su, D. (2011). Trends in the use of complementary and alternative medicine in the United States: 2002-2007. *Journal of Health Care for the Poor and Underserved*, 22(1),

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3. www.geron.org

4. www.acupuncturetoday.com/mpacms/at/article.php?t=20&id=33079

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