

# Healthy Aging

NEWSLETTER  
SPRING 2014



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## STEPPIN' INTO SPRING...

Victoria Childs, LPN, Wellness Outreach Worker, PJCCMHA

Greetings from the Lincoln University Cooperative Extension (LUCE) Paula J. Carter Center on Minority Health and Aging (PJCCMHA)! We hope you are looking forward to a healthy springtime—putting the winter behind you and stepping into a bright, sunny season. We intend that you have set some healthy lifestyle goals for 2014 and that you have already made some progress toward those goals. Remember that each step you take, no matter how small, brings you one step closer to a healthier future.

There is one goal that we urge you to strive for in 2014: that goal is walking. It is a quick and easy way to improve your health. Studies have shown that walking helps to improve your health in many ways. It reduces the risk of heart disease, cancer, high blood pressure, diabetes and other chronic diseases. Walking also lowers stress.

Walking is a basic physical activity that you can do without equipment or a costly gym membership. First, check with your health care provider. Then, start out slowly, without taxing yourself. Gradually increase the amount of time you spend walking and your pace. It will get easier; your energy level will increase, and your body will benefit overall. And reflect on the long-term benefits of walking as you move into spring.

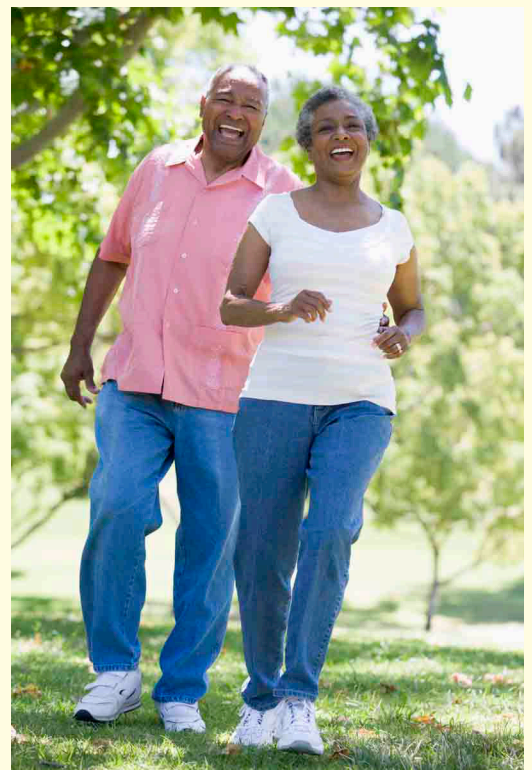
On your mark: choose a safe, comfortable place to walk.

Get ready: wear proper shoes and clothing.

Get set: warm up before and cool down after you walk.

Go: try to walk at least three times a week. ■

*Spring is in the air, so spring into step by walking!*





Depression and its debilitating consequences can strike anyone. However, for older adults, depression can be an especially difficult problem. A range of biological, psychological, and social changes may occur in older adults that place them increasingly at risk for late onset depression. Although many people, including many physicians, believe depression is a natural part of aging, depression is not a normal part of aging. Further, when depression occurs, it responds well to treatment.

their numbers in the population. Males are especially at risk for suicide. The rate for males in Missouri aged 65-74 is 28.4 per 100,000; climbing to 38.2 for males 74-84; and peaking at 44.8 for those 85 years or older (aggregate data, 2002-2006).

## Signs of Depression

- Especially for elderly persons, depression may not appear as a feeling of sadness or “the blues.” Rather, it is often experienced as an uncharacteristic lack of pleasure in life, irritability, “crankiness,” despair over the quality of life, helplessness, or anger.



## Depression in Missouri

- The 2006 Missouri Senior Report notes that 6% of Missourians receiving in-home long-term care may suffer from major depression, while 19% may suffer from lesser depression, of which 40% were persistently depressed over one year. Older persons in nursing facilities experience drastically higher rates of depression.
- 75% of depressed older adults do not receive appropriate treatment, while 80% of nursing home residents fail to receive appropriate treatment.
- Suicide by older adults is often associated with depression, and is a major mental health concern in Missouri. Seniors commit a disproportional number of suicides for





- Physical changes, such as aches and pains, complaints, weight changes, appetite changes, fatigue, lack of energy, or a change in sleeping patterns.
- Emotional symptoms, such as an overall “empty” mood, apathy, crying without reason, or indifference.
- Slow or disorganized thinking, lack of concentration or memory problems, and indecisiveness.
- Thoughts of death or suicide.
- Behavioral changes, such as a loss of interest in previously enjoyed activities, sexual disinterest, and neglect of appearance or hygiene. They may also experience difficulty with ordinary daily tasks, withdrawal from people, and an increase in alcohol or other drug use.

### What to Do

Don't ignore noticeable changes in an older person's behavior or moods. These changes could be symptoms of depression or other conditions for which help is available. Seek medical and psychological evaluation which can lead to treatment that can return an older person to a productive and happy life. Helpful actions include:

- Supportive counseling that might include pastoral counseling or peer support.
- Support groups that link older adults to other persons going through similar problems. These provide a sheltered environment for sharing experiences, advice, and encouragement.
- Socialization activities that include “friendly visits,” social groups, recreational activities, more involvement with family.
- Exercise
- Therapy from a mental health professional
- Antidepressant medications ■



*Source: For more information regarding Depression and Older Adults, contact the nearest community mental health center or the Missouri Department of Mental Health, Division of Behavioral Health  
P.O. Box 687  
1706 East Elm, Jefferson City, MO 65101  
(573) 751-8017  
[dmh.mo.gov](http://dmh.mo.gov)*



# WHAT IS COMPULSIVE HOARDING?



Compulsive hoarding is a disorder characterized by difficulty discarding items that appear to most people to have little or no value. This leads to an accumulation of clutter such that living and workspaces cannot be used for their intended purposes. The clutter can result in serious threats to the health and safety of the sufferer and those who live nearby. Often people with compulsive hoarding also acquire too many items - either free or purchased.

In order to meet criteria for a diagnosis of compulsive hoarding, a person must experience significant distress and/or impairment in functioning as a result of their hoarding behavior. Common types of functional impairment include: fire or health hazards caused by excessive clutter, infestations, inability to have guests over to the home, inability to prepare or eat food in the home, inability to find important possessions because of clutter, inability to finish tasks on time, and interpersonal conflicts caused by the clutter.

Not all hoarding is compulsive. Hoarding and saving behaviors can be seen in people with various neuropsychiatric disorders, such as psychotic disorders, dementia, eating disorders, autism, and mental retardation, as well as in people with no psychiatric disorder. However, it is most frequently associated with obsessive compulsive disorder (OCD). Between 25-40% of people with OCD have compulsive hoarding symptoms. It is not clear at this point whether compulsive hoarding is part of OCD or whether it is a separate disorder that is common in people who have OCD.

## Frequently Asked Questions

What typically drives compulsive hoarding?

- Discarding valuable items that might be needed or useful someday
- Losing important information
- Making a mistake
- Being wasteful
- Losing something that reminds a person of a loved one

- Not being able to do things as completely or as well as one would like

## Typical behaviors seen in compulsive hoarding include:

- Saving far more items than are needed or can be used.
- Acquisition of more items than can be used.
- Avoidance of throwing things away.
- Avoidance of making decisions.
- Avoidance of putting possessions in appropriate storage areas, such as closets, drawers, or files.
- Pervasive slowness or lateness in completing tasks.

## What are some other symptoms of compulsive hoarding?

Compulsive hoarding is part of a discrete clinical syndrome that also includes indecisiveness, perfectionism, procrastination, difficulty organizing tasks, and avoidance behaviors.

How disabling is compulsive hoarding?

Compared to people with non-hoarding OCD, those with compulsive hoarding typically show:

- More functional impairment
- More social and family disability
- More severe anxiety and depression symptoms
- Older age when presenting for treatment
- Poor insight into the severity of the problem

The clutter that accumulates in the homes of people who hoard is often a serious fire risk. These homes are also frequently vulnerable to infestation from rodents, insects, and molds, which can put the inhabitants of the home at risk for various health problems, including asthma, allergies and infections.

Family members are often frustrated by the gradual worsening of symptoms and the extent of the person's impairment. They often want very much to help but feel powerless to do so. They may become angry at the person's inability





to clean or discard clutter, not understanding that this is not possible without treatment.

### Are people with compulsive hoarding just lazy?

No. Compulsive hoarding is not due to laziness or weakness of character, nor is it due simply to disorganization. Rather, the compulsive hoarding syndrome may be due to distinct brain abnormalities that will not improve without treatment. People with this problem are often acutely aware that the degree of clutter in their home is socially unacceptable and often believe that others will think them lazy or even crazy. Not surprisingly, they are frequently secretive about their problems and will often isolate themselves from family and loved ones. This may also be why they are reluctant to seek treatment.

### How many people suffer from compulsive hoarding in the United States?

The true prevalence is unknown, but it is estimated that up to 1.2 million people suffer from compulsive hoarding in the USA.

### What causes compulsive hoarding?

Compulsive hoarding may be hereditary. Up to 85% of people with compulsive hoarding can identify another family member who has this problem. Abnormal brain development and brain lesions may also play a role. Compulsive hoarding can begin after brain damage, such as strokes, surgery, injuries, or infections. Family experiences and psychological factors may also play a role in the development of hoarding and emotional stress may heighten symptoms.

Research indicates that people with the compulsive hoarding syndrome have unique abnormalities of brain function that are different from those seen in people with non-hoarding OCD and those with no psychiatric problems. However, we do not yet fully know what causes these brain abnormalities.

All people with significant hoarding behaviors should receive thorough assessment to evaluate possible causes of hoarding behavior, determine the correct diagnosis, and develop an appropriate treatment plan.



People with compulsive hoarding who participate in research and treatment studies have an average age near 50. Onset typically occurs during teenage years, but may occur later in life, after brain damage, a traumatic life event or episode of depression.

Regardless of the age of onset, there is usually a significant time lag of many years between the onset of symptoms and when a person first seeks treatment.

What is the course of compulsive hoarding syndrome?

Compulsive hoarding tends to be a chronic disorder. Left untreated, it usually worsens gradually over time.

What treatments are available for compulsive hoarding?

Cognitive behavior therapy (CBT) using the technique of exposure and response prevention appears to improve compulsive hoarding symptoms. This technique decreases excessive fears of making decisions, losing important possessions, throwing things away, and organizing saved items out of sight, by gradual exposure to tasks that provoke these fears. People with compulsive hoarding problems are encouraged to resist their urges to engage in their usual behaviors, such as postponing decision making, saving things “just in case,” or putting things in piles rather than storing

*(continued on page 7)*





Healthy aging is much more than staying physically healthy—it's about maintaining your sense of purpose and your zest for life. As we grow older, we experience an increasing number of major life changes, including retirement, the loss of loved ones, and physical changes. How we handle these changes, as well as regular day-to-day stresses, is the key to aging well. With these tips for healthy aging, you can live with meaning and joy throughout your senior years.

## Healthy aging: Tips for coping with change

As you age, there will be periods of both joy and stress. It's important to build your resilience and find healthy ways to cope with challenges. This ability will help you make the most of the good times and keep your perspective when times are tough.

- Focus on the things you're grateful for. The longer you live, the more you lose. But as you lose people and things, life becomes even more precious. When you stop taking things for granted, you appreciate and enjoy what you have even more.
- Acknowledge and express your feelings. You may have a hard time showing strong emotions, perhaps feeling that such a display is inappropriate and weak. But burying your feelings can lead to anger, resentment, and depression. Don't deny what you're going

through. Find healthy ways to process your feelings, perhaps by talking with a close friend or writing in a journal.

- Accept the things you can't change. Many things in life are beyond our control. Rather than stressing out over them, focus on the things you can control such as the way you choose to react to problems. Face your limitations with dignity and a healthy dose of humor.
- Look for the silver lining. As the saying goes, "What doesn't kill us makes us stronger." When facing major challenges, try to look at them as opportunities for personal growth. If your own poor choices contributed to a stressful situation, reflect on them and learn from your mistakes.
- Take daily action to deal with life's challenges. When challenges seem too big to handle, sweeping them under the carpet often appears easier. But ignoring the problem doesn't make it go away; it allows both the problem and your anxiety to build. Instead, take things one small step at a time. Even a small step can go a long way to boosting your confidence and reminding you that you are not powerless. ■

Source: [http://www.helpguide.org/life/healthy\\_aging\\_seniors\\_aging\\_well.htm](http://www.helpguide.org/life/healthy_aging_seniors_aging_well.htm)





# CRANBERRY ORANGE MUFFINS

## Ingredients:

- 2 cups flour
- 1/2 teaspoon baking soda
- 1 cup cranberries
- 1 egg
- 1/4 cup vegetable oil
- 1/4 cup of applesauce (sweetened)
- 1 teaspoon baking powder
- 1/2 teaspoon salt
- 1/4 cup of sugar
- 3/4 cup orange juice
- 1 teaspoon grated orange rind

Nutritional information per muffin	
Total Calories =	172 calories
Sugar =	35 calories
Protein =	3 grams
Carbohydrate =	29 grams
Total Fat =	1 gram



## Directions:

Combine dry ingredients. Stir in cranberries. In a separate bowl, beat egg, orange juice, oil, applesauce and orange rind. Add to dry ingredients all at once. Stir just to moisten. Spoon into greased muffin cups. Fill 3/4 full. Bake 400 degrees F for 15 to 20 minutes or until lightly browned and firm to touch.

*Provided by: Veronica Taylor, Lincoln University Cooperative Extension (LUCE), Sprouts and Roots Program)*

## COMPULSIVE HOARDING (continued from page 5)

them. This ultimately results in a decrease in anxiety, avoidance, and compulsive behaviors, and changes the way people with compulsive hoarding think about their possessions.

CBT for compulsive hoarding can be effectively done either in someone's home or in a therapist's office setting.

Medication – Drugs with potent effects on the brain chemical serotonin seem most effective. Serotonin reuptake inhibitors (SRI's) are highly effective and FDA-approved for treatment of OCD, but it is not clear whether they are as effective for compulsive hoarding as for other OCD symptoms. Very few studies have tested SRI's or other medications specifically for treatment of compulsive hoarding. Some studies have found that SRI's are beneficial for compulsive hoarding, while others found

that hoarding symptoms were associated with poor response to SRI's.

If someone does not have an adequate response to SRI's, adding other types of medications can often help to improve response. New medications and new combinations of medications are always being tried, giving reason for greater hope in the future.

A combination of medication and CBT appears to be the most effective treatment regimen for most people with the compulsive hoarding syndrome. ■

*Source: Reprinted with permission from the University of California - San Diego Obsessive - Compulsive Disorders Clinic; 5060 Shoreham Place, Suite 200; San Diego, CA 92122 [http://psychiatry.ucsd.edu/OCD\\_hoarding.html](http://psychiatry.ucsd.edu/OCD_hoarding.html)*



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Lincoln University in Missouri, and the U.S. Department of Agriculture cooperating. Yvonne Matthews, Interim 1890 Administrator, Cooperative Extension. Distributed in furtherance of Food and Agriculture Act. 1977 PL-113 Section 1444 and 1445, as amended by PL 97-98, December 22, 1981. Publications are distributed without regard to race, color, national origin, sex, age, religion or handicap. Lincoln University is an 1890 land-grant institution and is part of the Missouri state system of higher education. Lincoln University was founded in 1866 by enlisted men and officers of the 62nd and 65th Colored Infantries.

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