

# Planning for Healthy Aging

Get an early start on planning for your family member's aging process.

## 1 Develop Healthy Habits

Take a lifespan approach to planning for healthy aging. Creating healthy habits – such as good nutrition, access to education, and engaging in stimulating activities – and continuing them throughout life's stages provides people with the best chance of being happy and healthy into old age. Ensure that your family member has regular recommended health checks. You can find guidance on this by checking out the Primary Care Guidelines on the website for Surrey Place Center.

## 2 Engage in Conversation

Look for naturally occurring situations to engage in conversations about death and loss. Help your family member to find their own way to communicate their feelings about grief and loss and document this for others.

## 3 Strengthen Social Networks

As challenging as it may sometimes seem, it is also important to assist your family member in developing increasing and well-established social networks of family and friends so they will have people who know them well, engage them in life and help to advocate for their well being.

## 4 Capture Their Story

Work together with your family member to create a Life Story and keep it a living, breathing document.

## 5 Consider Housing Options

Last, but not least, consider alternative housing arrangements for yourself and your loved one. Write down what you are looking for in an agency and home, interview agencies and ask if they support aging in place.



### Reference Materials:

1. CareSearch. [Talking End of Life with People with an Intellectual Disability](#) 2. Surrey Place Centre. [Primary Care Guidelines – A guide to understanding the 2018 Canadian consensus guidelines for the primary care of people with an intellectual and developmental disabilities](#) 3. Common Sense Education. [Apps and Sites for Storytelling](#) 4. Foster Parent Journal. [Why and How to Make a Life Book](#) 5. Mayo Clinic. [What do expect in normal aging](#)

# Aging – Record of Abilities

A record of abilities is simply a way to document and/or illustrate a person's functional and cognitive abilities over time.

Sometimes the original record of abilities is referred to as a baseline. With age, we experience changes that may affect our abilities. A personal record of abilities can help identify changes by comparing the abilities we had before with those held at a future date. There are different ways to document a personal record of abilities. One way is to use the National Task Group – Early Detection and Screen for Dementia (NTG-EDSD) and a short video.

## The NTG-EDSD

- Documents both functional and cognitive abilities as well as health history.
- No special training required; the manual helps explain each section.
- The NTG-EDSD and Manual are available in multiple languages for free. Download from the NTG website: [www.the-ntg.org/ntg-edsd](http://www.the-ntg.org/ntg-edsd)
- Have a look at it and decide if it will suit your purposes.

## If you decide to use the NTG-EDSD

- Remember it is NOT a diagnostic tool, it simply documents functional and cognitive abilities over time to help identify changes.
- If there are concerns about changes that become apparent in completing the form, make an appointment to see a healthcare provider to discuss the changes.
- Highlight the NTG-EDSD section(s) on the form that are concerning and bring this to the appointment.
- If your healthcare provider is not familiar with the NTG-EDSD, bring a copy of the NTG-EDSD Manual to the appointment.

## A video alongside the NTG-EDSD would be a good personal record of abilities.

- Use a cell phone or video to make short recordings of the person.
- Select tasks the person is familiar with and able to do.
- Include some tasks to illustrate: gait/ambulation (aided or unaided as necessary), an activity of daily living, a fine motor task, and language/communication
- Annual updates should be a repeat of the original tasks recorded.

Keep the personal record of abilities in a safe place and update it on an annual basis unless on a more often basis is required to monitor a change.



## Contact

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# Falls: Risks & Prevention

Falls become a risk earlier for people with developmental disabilities. That's because the aging process starts as early as 40 years old. Keep reading to learn more.

## Risk Factors

- Poor vision
- Hearing loss
- Poor footcare: bunions, corns, etc.
- Osteoporosis
- Psychotropic and anti-seizure medications taken on a long-term basis
- Poor balance and weak muscles

## Environmental and Psychological Factors

- Slippery floors
- Loose carpets or unstable rugs
- Poor lighting
- Poorly fitting footwear
- Seat heights that are too low, including beds, chairs and toilets
- Clutter
- Fear from a previous fall



## Environmental Improvements

- Identify and remove clutter in and around the home
- Add non-slip treads for bare wooden steps
- Install shower and tub grab bars in the bathroom, around the toilet and the tub, handrails
- Place non-slip mats on the shower floor and bathtub
- Secure or remove loose rugs
- Keep objects that are used often within easy reach
- Make home lighting brighter, but prevent glare

## Additional Considerations

### Regular medication review

Regular medication review for side effects and interactions

### Colour contrast

Use colour contrasts to help distinguish between different surfaces (such as toilet bowl and toilet seat)

### More personal changes

- Ensure shoes fit properly and are sturdy with non-skid soles
- Have regular Chiropodist appointments
- Have regular occupational therapy assessments
- Physiotherapy Assessment exercise programs (walking and endurance)
- Ensure assistive devices are used properly

# Osteoporosis: Risks & Prevention

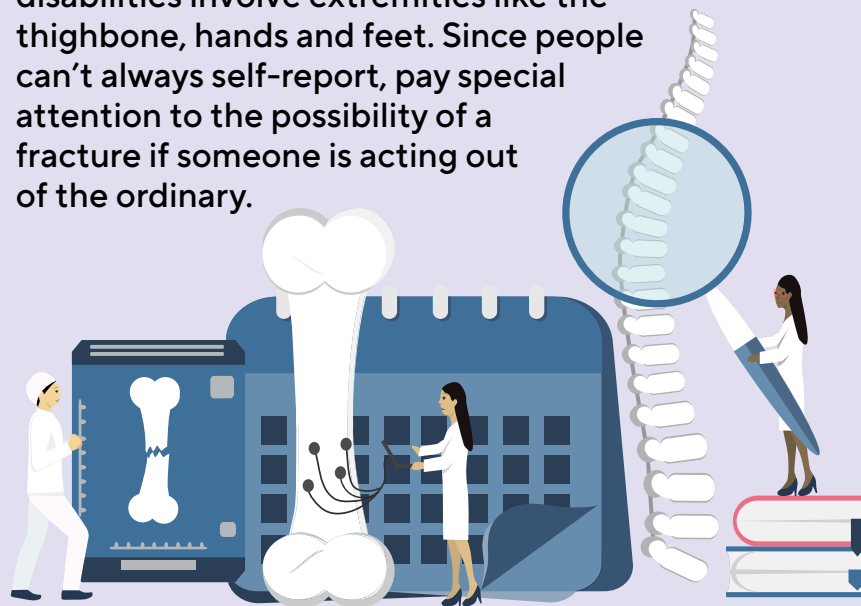
Adults with developmental disabilities are at higher risk of developing osteoporosis – a bone disease that makes them vulnerable to fractures. Keep reading to learn more.

## Risk Factors

- Impaired mobility/weight bearing
- Low calcium intake
- Lack of exercise
- Age and body weight
- Psychotropic and anti-seizure medications taken on a long-term basis
- Fall history
- Postmenopausal women
- Medical conditions like rheumatoid arthritis, chronic kidney disease, diabetes, hyper-thyroidism and neurological disorders

## Detection

85% of fractures in people with developmental disabilities involve extremities like the thighbone, hands and feet. Since people can't always self-report, pay special attention to the possibility of a fracture if someone is acting out of the ordinary.



## Tips for prevention

### Maintain a healthy body weight

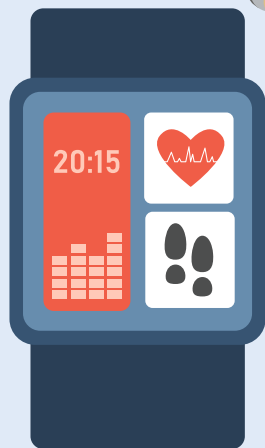
Being under or overweight is damaging to bone health

### Maintain a healthy diet

Calcium, protein and vitamin D are three key nutrients for bone health

### Get active

Being active and exercising support strong bones



### Screening and assessments

- Screening should begin before the age of 50
- For assessments, try a hand or forearm scan rather than x-rays, which can be difficult or frightening for some individuals