"Old Couple" - Harmen Hals (1611-1669)

Herczeg Institute on Aging

Newsletter No. 13 - October 2013

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Faculty members and staff of the Herczeg Institute
congratulate **Prof. Jiska Cohen-Mansfield**
on her election to the Board of Directors of the
International Psychogeriatric Association

Contact Information:

The Herczeg Institute on Aging, Tel Aviv University

P.O.B. 39040 Tel Aviv 6997801, Israel

Phone: (972) 3-6409544, Fax: (972) 3-6407339

Web site: www.herczeg.tau.ac.il

E-mail: herczeg@post.tau.ac.il

Updates from the Institute

Join the Institute's mailing list

If you are interested in receiving information and updates about our activities, please contact the Institute and include personal details as well as an updated email address, and we will gladly add you to our mailing list.

We would thank you for sharing this newsletter with others who are interested in the field of aging.

The Institute's Web Site

We are pleased to announce on the renewed website of Herczeg Institute.

Please visit us at:
www.herczeg.tau.ac.il

The Herczeg Institute founders: Rosita and Esteban Herczeg

TEL AVIV UNIVERSITY
Herczeg Institute on Aging

Lecture series for Gerontologists, 2013

Mental Health in Old Age

In partnership with Eshel - Association for the Planning & Development of Services for the Aged in Israel

The lecture series for Gerontologists is designed for professionals caring for the elderly. The purpose of the lectures is to provide the participants with new and updated knowledge in their fields of work.

The lecture series includes four double sessions (eight lectures). The lecturers in the series are academic researchers and clinicians with expertise in specific fields of gerontology.

The lecture series for Gerontologists is conducted in partnership between the Herczeg Institute on Aging and Eshel - Association for Planning and Development of Services for the Aged in Israel.

The four sessions of the last series took place during January through April 2013.

This year's topic was **"Mental Health in Old Age."**

- **The first session** included lectures by *Dr. Yoram Ma'aravi* about the mental health in old age, and by *Ms. Gila Bruner* about sexuality and intimacy in old age.
- **The second session** included lectures by *Dr. Alec Yofe* about neurotic disorders in old age, and by *Prof. Dov Eisenberg* about the clinical and therapeutic aspects of depression in old age.
- **The third session** included lectures by *Ms. Nava Eckstein* about physical activity and healthy lifestyle, and by *Ms. Josefa Ben-Moshe* about aging and physical activity *("Is it for champions only?").*
- **The fourth session** included lectures by *Ms. Michal Hertz* about the well-being in people with dementia, and by *Dr. Joseph Halamish* about insights from brain research that may promote the mental well-being of the aged.

The participants in this series belong to diverse work sites all over Israel, including nursing homes, assisted living homes, hospitals, nursing centers in Kibbutzim, associations for the elderly, senior citizen clubs, and gerontological counseling centers.

For further information please visit our web site - www.herczeg.tau.ac.il

Editorial

Thoughts on Old-Age Medicine

Prof. Yitshal Berner

Geriatric Medicine: Internal Medicine Unit F, and the Unit for Geriatric Rehabilitation
Meir Medical Center, Kfar Saba
Sackler School of Medicine, Tel Aviv University

In my thoughts on old-age medicine I refer to *old persons* - certainly not to "elderly," persons of "the third age," or persons of "the golden age." According to the ancient Jewish text of Chapters of the Fathers, old age is reached at the age of 60, and it confers wisdom - the wisdom that may pass on from the older person to those who are younger. Therefore, it is respectful to refer to an adult person as old, even if that person is yet to reach 60 years of age.

During the past generation, the State of Israel has doubled its population. The Israeli population includes approximately 800,000 persons aged 65 and over, half of those are older than 75 years of age, and a quarter are older than 80. In the beginning of the 20th century the average life span in developed countries was circa 50 years. When considering the biological significance of this life-expectancy, we find that in this duration one succeeds in establishing another generation up to its being self-sufficient. Animals in nature, at the corresponding life stage, typically die as well. When graphically presenting the average energy consumption per mass unit in mammalian, a reversed linear association is seen: the greater the energy consumption, the shorter the life-expectancy. Indeed, the mouse lives for about a year and the elephant for about 70 years. When inserting man's energy consumption into this curve, we reach approximately the age of 50. Around this age the body undergoes irreversible physiological changes that preclude fertility and may hinder survival. If we refer to the old person as one who has completed one's biological role of species' preservation around the age of 50, then old persons still have about 30 years of activity for promoting themselves and their society, even though their biological systems are in functional regression. This is the greatest historical achievement of humanity.

The old person undergoes several simultaneous processes: biological aging, affected by one's genetics and its random structural changes, as well as adaptation to the physical environment, increasing morbidity load, and mental adaption to bodily changes and changes in one's role in society. This series of changes occurs in parallel, in different rhythms, and is dictated by various parameters that are differently defined by different disciplines. Because of these changes, the life of old person is one of the most fascinating phenomena encountered in this world. The complexity of old age and its associated processes and its dynamics are the beauty of dealing in aging.

In the 20th century, medicine has undergone many developments relating to understanding phenomena and developing technologies that address major problems. We know the structure of the human genome and understand associated processes of bodily protein production. We know how to intervene using physical and chemical means in order to change diseases' course and to cure some of them. We understand how the body and the mind grow and develop and how these processes can be optimized while maintaining unique cultural characteristics. Nonetheless, our understanding of deterioration processes of various systems in the human body is still limited .

Biological aging is a process comprised of three overlapping components. First, it is a random process based on the thermodynamic rules of mass and energy conservation. This process is first and foremost time-dependent. Second, there is a system that attempts to repair cell deficiencies that emerge due to various reasons including time and environment. This system repairs the genetic matter by means of various enzymes that are instrumental for this purpose and for protecting the aging cell from environmental damages. The third component is the physical environment and the human behavior associated with it. The environment component is where the main ability of humans to make an impact lies, such as the impact on life-expectancy. Consequently of all of the above, the old person is a web of multiple details and interconnections out of which a dynamic entity is constructed. It is not possible to observe only a single detail in this entity, and indeed we should study all the constituting details in order to understand the old person as a whole. The variety, the multiple processes, and their combinations - these are the sources of the beauty related to the understanding of old age and old people

Medicine in the 20th century was based on two elements: scientific-professional knowledge, and the art of physician-patient communication. The latter provided the physician with his main source of information that served as a guide in understanding and diagnosing the patient's problems. This communication provided the patient with the strength to understand and cope with his\her condition, and created a netting of basic trust through which the therapeutic process could be advanced. The physician-patient relationship in service of health maintenance and recovery from illness was comparable to the relationship between commander and soldier in routine and in combat. Without the trust of the soldier in the commander, the battle would not be properly managed, and it is the belief in victory that matters in the battle. Not every battle ends with a victory, but also in losing battles the commander's role is to minimize the damage and to re-establish the ability to keep on fighting. This is similar to the physician-patient relationship, especially when failures in the battles over the disease grow more frequent as the body deteriorates. Here, the mental strengths of human beings are crucial for coping with this deterioration .

Due to the complexity of the old person, healthy or ill, which is the result of the multifaceted processes he\she undergoes, diagnosing and treating the old person is a task that requires skill, experience, knowledge in multiple fields, time, and great patience. The treating physician must be able to distinguish between the effects of aging processes, illness processes, mental and personality factors, and one's physical and social environment. Today's old person is yesterday's young person. He\she grew in a world with a different physical and social environment with a different manner of thought. We must understand the old person's language, which is not always identical to the language that is spoken in today's big village, the multi-cultural society. Due to this reality, the physician treating the old person should have extensive knowledge as well as excellent communication skills .

Old-age medicine comprises a central component of internal medicine from a professional perspective. In recent years we witness a dramatic increase in the rates of publications relating to old age in general medicine journals. In recent years, there is not a single issue of any of the leading medical journals that is without a review article or a research article relating to old-age medicine. Old-age medicine, as a superordinate medical profession, focuses on processes and their meanings rather than on bodily systems

Western geriatric medicine in the 20th century has two foundations. The first is the theoretical book by Dr. Naescher - a family physician who lived and worked in the rich quarters of Manhattan in the early years of the 20th century, and summarized his medical work in his book: "Geriatrics - Illnesses in old age and their treatment. " The second is the mostly organizational contribution of

the British doctor Marjorie Warren. Warren treated old persons in Britain in the period before World War II and during the war. She was the deputy director of Middlessex hospital in London and specialized mainly in surgery. In 1935, she directed the treatment of old, poor persons on behalf of the hospital and succeeded in releasing 200 of the 700 persons that were hospitalized. She demanded that health providers take responsibility of old persons when they turn ill or are exhausted. The leadership of Warren led to the establishment of the British Geriatrics Society in 1948, and, in fact, established the profession of old-age medicine.

Old-age medicine is characterized by two main components that grant it with its superordinate qualities. The first is the attempt to understand the processes of aging and their effects on morbidity processes, healing processes, and one's functioning. The second is the emphasis on the physical-cognitive function of the old person, that is, the effort to recruiting multi-professional resources in order to maintain this function or enhance it. Thus, the work of a multi-professional staff is at the heart of working with the old, ill person

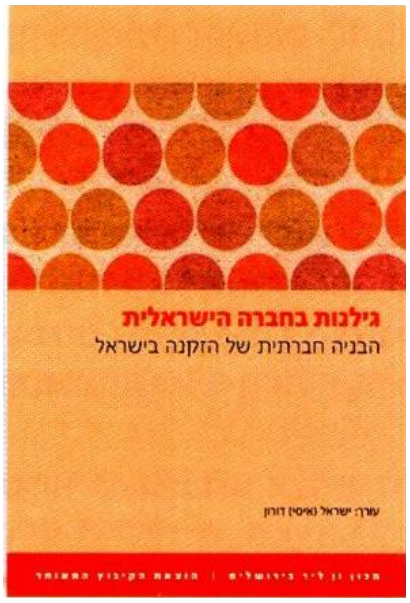
Population statistics suggest that there is a need to increase medical-educational efforts in the field of aging not only in specialized geriatric training but also in general medical education. Indeed, in recent years a trend in this direction can be found. First, old age medicine is now a mandatory profession in all medical schools in Israel. Second, old-age medicine and palliative medicine have been added as a topic in family and internal medicine specialization examinations. Third, focus groups on old age have been established in other medical professions. Naturally, these changes should be expanded further.

Nowadays, a person who reaches the age of 65 is likely to live for more 19 years. Never in human history were there so many old persons among us. These persons grew and developed in the second half of the 20th century when more or less secure job positions were available, granting them with guarantees for existence, education, and health. As children, they were educated to maintain social order and order in one's personal life. They were accustomed to having regular, regulated meals, when snacks were not available and eating candy marked a special occasion. The fact that "only" some of these persons are among us in their advanced age does not compromise the extent of the social achievement in having so many people reaching this advanced age. We should try to learn from them how this was achieved and what characterized their lifestyle. We may wonder if our current lifestyle, including its bases in education, support, and social security systems, indeed grants us with the fundamental conditions that enabled so many people to reach advanced old age. We should ask what their manner of eating was and which food they ate. What characterized their work and activities? We should be humble enough in order to observe, ask, and learn from old people rather than merely dictate how they should adhere to the clinical guidelines associated with one disease or another. Drawing conclusions based on clinical observations is fundamental to the medical act and research, as previously defined by Hippocrates, and later on by Ibn Sina and Rabbi Moshe Ben Maimon.

Old-age medicine is the privy seal of the medicine we knew and on which we were raised. It is medicine based on extensive knowledge, human contact, and novel technological aids for diagnosis and treatment. Old-age medicine should lead a humane treatment of the old person, preserving the old person's rights alongside studying the biological processes that bring forth one's unique situation in old age. This challenge brings old-age medicine to a leadership position in medicine, and it should thwart the multiple attempts of depreciating the physician role.

New Book

Ageism in the Israeli society: Stereotypes and social constructionism of ageing in Israel



Editor: Prof. Israel (Issi) Doron.

Published by The Van Leer Institute in Jerusalem and Hakibbutz Hameuchad, 2013

This book (published in Hebrew) examines the phenomenon of "ageism," defined as the systematic process of exercising stereotypes, condescendence, and discrimination towards persons due to their old age. The authors of the chapters in this book are prominent Israeli researchers and field experts including two staff members of the Herczeg Institute on Aging (Prof. Haim Hazan and Prof. Hava Golander). This book presents articles by members of a research group at the Van Leer Jerusalem Institute that examined the various aspects of ageism in the Israeli society. A sample abstract of one of the chapters is presented next.

The implications of ageism on the aging individual in social, health, and occupational domains

By: Sara Alon, Hava Golander, and Sara Carmel

The article discusses ageism as a construct that includes manners of thought, perception, and conduct, as well as characteristics attributed to old age and older persons in Western culture. The authors explain that ageism may be divided into three main elements: a cognitive element, which is manifested in cultural beliefs and attributes of old age and older persons; an emotional element, which is manifested in attitudes for or against old age and ageing; and a behavioral element, which is manifested in the practical approach towards the older person.

In general, ageism may involve positive as well as negative characteristics. However, the authors argue that the negative attributes of old age are far more dominant than the positive ones. For example, the older person is perceived by society as having cognitive and functional limitations, and being dependent, unproductive, and of no benefit to society. These negative characteristics, which are integrated into cultural beliefs and social institutions, adversely affect older persons' well-being across life domains. The article aims to identify the implications of negative ageism in the Israeli society by examining three central domains: (1) interpersonal relationships, focusing on the impact of stereotypes and social stigmas on the individual's perceptions and function; (2) health, a central life domain in which manifestations of ageism may be very costly in terms of the older persons' health and well-being as evident in various care settings; and (3) occupation, a life-domain in which ageism is manifested in limiting older persons' employability and labeling them as unproductive employees.

A prime example of the effect of ageism on older persons' health and quality of life can be found in the healthcare system and its unpreparedness to care for older persons. Health services are poorly matched to older persons' needs in terms of both structure and functionality. This is detrimental in view of the fact the older persons are the main consumers of these services. Specifically, ageism manifestations include a clear preference of family and general physicians to treat younger persons over older persons, insufficient health promotion and preventive care efforts oriented to older persons, and lesser direction of older persons to complex, life-saving treatments in comparison to younger persons

The authors present recommendations for reducing ageism and minimizing its main personal, interpersonal, and social negative effects. For example, in the occupational domain, they recommend a legislative change of the requirement to retire according to chronological age. More broadly, the authors stress the importance of actively identifying ageism across life domains, thus increasing public and professional awareness of its stigmas and stereotypes, and hence of its implications on older persons' lives.

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About Herczeg Institute on Aging

The Herczeg Institute on Aging was established in 1992 at Tel Aviv University.

The Institute fosters interdisciplinary research, as evidenced by the joint direction of the Faculty of Social Sciences and the Faculty of Medicine.

The presence of this institute on campus signifies the increasing salience of research on aging-related topics at the university. The Herczeg Institute conducts and promotes an array of studies relating to aging and old age. These studies concern issues such as physical and mental health, health promotion, adaptation and resilience at old age, well-being and quality of life along the life span, cognitive and emotional aging processes, the elderly in society, ill-health at old age, dementia, problems in attending to the old, traumatic life events, and the long-term impact of the Holocaust.

Additional goals of the Herczeg Institute include the dissemination of gerontological knowledge in the academia and the community, stimulating researchers of aging and old-age in the various disciplines with a particular emphasis on promoting young researchers in the field, and maintaining relationships with decision makers and policy makers in areas related to aging and old age.

The Herczeg Institute is directed by **Prof. Dov Shmotkin**.

Faculty members

Prof. Jiska Cohen-Mansfield, Ph.D.

Mrs. Nitza Eyal, M.A.

Prof. Hava Golander Ph.D

Prof. Haim Hazan, Ph.D.

Prof. Shulamith Kreitler Ph.D

Prof. Jacob (Jackie) Lomranz

Prof. Dov Shmotkin, Ph.D.

Join the Institute's mailing list

If you are interested in receiving information and updates about our activities, please contact the Institute and include personal details as well as an updated email address, and we will gladly add you to our mailing list.

We would thank you for sharing this newsletter with others who are interested in the field of aging.

Contact Information:

The Herczeg Institute on Aging, Tel Aviv University

P.O.B. 39040 Tel Aviv 6997801, Israel

Phone: (972) 3-6409544, Fax: (972) 3-6407339

Web site: www.herczeg.tau.ac.il

E-mail: herczeg@post.tau.ac.il