



# REGENCY PARK SENIOR LIVING

INDEPENDENT LIVING | ASSISTED LIVING | MEMORY CARE

WELLNESS REPORT

## How Does Age Affect Creativity? Nobel Prize Winners Offer Clues

By Robert Preidt  
HealthDay Reporter

Creativity doesn't fade as you get older, but it may change, a new study shows.

An examination of 31 winners of the Nobel Prize in economics found an early peak of winners in their mid-20s and a later peak of winners in their mid-50s. "We believe what we found in this study isn't limited to economics, but could apply to creativity more generally," said lead author Bruce Weinberg, a professor of economics and public administration at Ohio State University.

In fact, previous research by his same team found similar age-related patterns in other sciences and the arts.

"Many people believe that creativity is exclusively associated with youth, but it really depends on what kind of creativity you're talking about," Weinberg said in a university news release.

It found that younger Nobel Prize winners tend to be "conceptual" innovators who challenge conventional wisdom and come up with new ideas suddenly.

Older winners tend to be "experimental" innovators. They amass knowledge through their careers and find groundbreaking ways to analyze, interpret and



distill it into new ways of understanding, the authors explained.

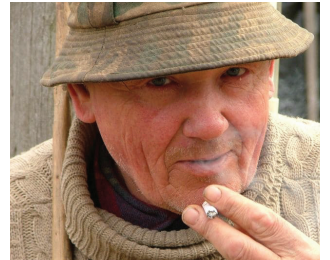
"Whether you hit your creative peak early or late in your career depends on whether you have a conceptual or experimental approach," Weinberg said.

Most other studies in this area have focused on differences in peak ages of creativity in different scientific fields. Generally, they have found that creativity in most peaks in the mid-30s to early 40s.

"These studies attribute differences in creative peaks to the nature of the scientific fields themselves, not to the scientists doing the work," Weinberg said.

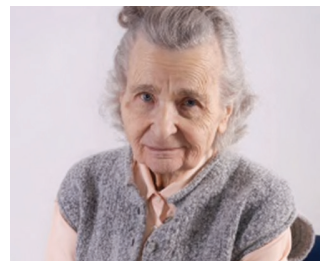
"Our research suggests that when you're most creative is less a product of the scientific field that you're in and is more about how you approach the work you do," he added.

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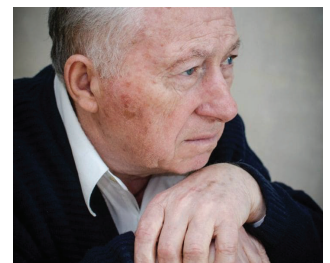


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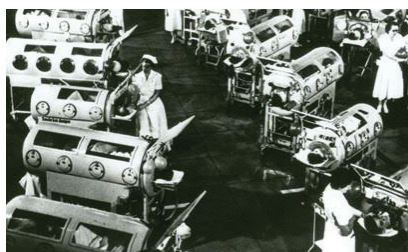
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## MEDICAL MILESTONES IN HISTORY



**1928**

Harvard School of Public Health professor  
Philip Drinker develops the iron lung



**1962**

Dr. Ronald Malt performs first successful  
reattachment of a human limb



**1980**

First clinically useful image of a patient's  
internal tissues obtained using MRI

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# Anger a Threat to Health in Old Age

By Robert Preidt  
HealthDay Reporter

The loss of loved ones can hit the elderly particularly hard, but a new study suggests it's anger, and not sadness, that may damage the aging body more.

Anger can increase inflammation, which is linked with conditions such as heart disease, cancer and arthritis, the researchers said.

"As most people age, they simply cannot do the activities they once did, or they may experience the loss of a spouse or a decline in their physical mobility and they can become angry," explained lead author Meaghan Barlow, of Concordia University in Montreal.

"Our study showed that anger can lead to the development of chronic illnesses, whereas sadness did not," she added.

For the study, the investigators looked at 226 adults, aged 59 to 93, in Montreal, who completed questionnaires about how angry or sad they felt. The participants were also asked if they had any chronic illnesses, and blood samples were collected from them to measure inflammation.

According to study co-author Carsten Wrosch, of Concordia University, the findings showed that "experiencing anger daily was related to higher levels of inflammation and chronic illness for people 80 years old and older, but not for younger seniors." However, sadness was "not related to inflammation or chronic illness," Wrosch added in an American Psychological Association news release.

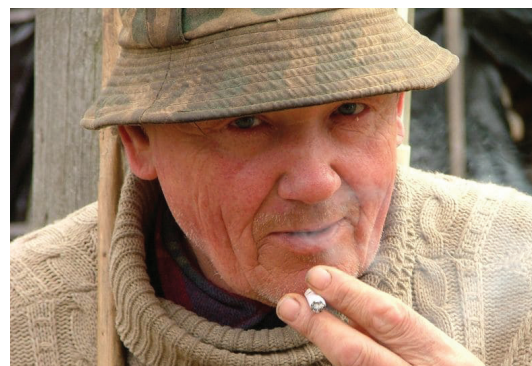
Barlow suggested that sadness may help older seniors adjust to challenges such as physical and mental declines because it can help them disengage from doing things that are no longer possible.

So, she explained, negative emotions -- including anger -- aren't always bad and can be beneficial under certain circumstances. "Anger is an energizing emotion that can help motivate people to pursue life goals," Barlow said.

"Younger seniors may be able to use that anger as fuel to overcome life's challenges and emerging age-related losses, and that can keep them healthier. Anger becomes problematic for adults once they reach 80 years old, however, because that is when many experience irreversible losses and some of life's pleasures fall out of reach," she added.

Education and therapy may help older adults keep anger in check by regulating their emotions or by providing them with strategies to manage aging-related physical and mental changes, the study authors noted.

"If we better understand which negative emotions are harmful, not harmful or even beneficial to older people, we can teach them how to cope with loss in a healthy way," Barlow said. "This may help them let go of their anger."





# Newly Discovered Illness May Cause Nearly 1 in 5 Dementias, Experts Say

By Amy Norton  
HealthDay Reporter

Elderly adults commonly have memory and thinking problems that look a lot like Alzheimer's disease, but they might really be suffering from a different form of dementia.

That's according to an international panel of experts who are giving the disease a name for the first time, and detailing what's known about it so far. Writing in the April 30 issue of the journal *Brain*, they dub the condition limbic-predominant age-related TDP-43 encephalopathy -- with the more memorable acronym, LATE.

LATE mainly affects people older than 80, the experts explained. And it may account for about 17% of all cases of dementia.

That fairly high prevalence helps explain a puzzling phenomenon, according to Dr. Peter Nelson, a professor at the University of Kentucky, who co-authored the report.

Some people who die with what appears to be Alzheimer's do not show telltale signs of the disease when their brains are autopsied -- namely, abnormal protein clumps known as plaques and tangles. That means their dementia symptoms did not arise from Alzheimer's.

"This is part of a growing understanding that not all dementias are the same," Nelson said.

As for symptoms, LATE does "mimic" Alzheimer's, said Nina Silverberg, director of the Alzheimer's Disease Centers Program at the U.S. National Institute on Aging. It causes memory loss and problems with thinking and reasoning that ultimately keep elderly people from being able to care for themselves.

But the LATE-affected brain looks very different from the Alzheimer's brain.

A key feature, according to Silverberg, is dysfunction in a protein called TDP-43, which helps control gene expression in the brain.



Researchers have long known that problems in TDP-43 are bad news: "Mis-folded" TDP-43 proteins are a culprit in most cases of amyotrophic lateral sclerosis (ALS, or "Lou Gehrig's disease") and an uncommon form of dementia called frontotemporal lobar degeneration.

But many elderly people have a certain amount of mis-folded TDP-43 in their brains. According to the report, one-quarter of adults older than 85 have enough of those abnormal proteins to hinder their memory and thinking.

People with LATE also frequently show a severe shrinkage in the brain's hippocampus, a structure involved in memory and learning.

But those findings are only scratching the surface of the disease. "There's a lot we don't know at this point," Silverberg said.

There is no way to diagnose LATE while a person is still living. Only a brain autopsy can help pinpoint it as the cause of dementia.

And it's not clear, Silverberg said, when the disease process gets going: Is LATE like Alzheimer's, beginning years or even decades before clear symptoms arise?

According to Nelson, one of the most important goals now is to find "biomarkers" for LATE. Biomarkers are measurable signs of a disease process -- like protein levels in the blood or structural abnormalities seen on brain scans.

There are biomarkers for Alzheimer's, Nelson pointed out. Researchers can use PET scans of the brain, or samples of spinal fluid, to detect amyloid and tau -- the proteins that form plaques and tangles in the brain.

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In the real world, Alzheimer's is usually diagnosed not through PET scans, but through assessments of symptoms.

That means there are people diagnosed with "probable" Alzheimer's who, in fact, have LATE, according to Keith Fargo, director of scientific programs and outreach for the Alzheimer's Association.

"But at this point," he said, "that's probably OK."

That's because current medications for dementia target symptoms -- not underlying disease processes like amyloid build-up, Fargo explained.

But many trials are investigating drugs that do aim at the underlying process. "In the future," Fargo said, "medications will be more specific, and it will be important to distinguish Alzheimer's from LATE."

In the past, Fargo noted, Alzheimer's trials might have been hindered by the mistaken inclusion of people with LATE. But, he added, that shouldn't be as much of an issue now, since researchers do have ways to objectively look for Alzheimer's.

It's also possible that certain broad measures for brain health, like blood pressure control, a healthy diet, exercise and mental stimulation, could help slow down dementia, regardless of the cause. Fargo said the Alzheimer's Association is sponsoring a trial, called U.S. POINTER, that is studying that question.

# One High Dose of Radiation May Be Enough for Early Prostate Cancer

By Steven Reinberg  
HealthDay Reporter



Treating men with low-risk prostate cancer with just one high dose of radiation may be safe and effective, British researchers report.

Therapy for prostate cancer typically involves low-dose radiation given over several days or weeks. Conversely, high-dose radiation is given once through a set of tiny tubes inserted directly into the tumor.

"For low-risk patients, a single dose of high-dose radiation is sufficient, but for medium- and high-risk patients, a single dose of 19 Gy isn't enough. They will likely need a bigger dose or going back to multiple doses," said lead researcher Hannah Tharmalingam. She's a clinical research fellow at the Mount Vernon Cancer Centre in Northwood, England.

According to Tharmalingam, high-dose radiation could be more convenient for low-risk patients, and less time-consuming and costly for the medical system.

But one radiation oncologist fears that the side effects make it potentially dangerous.

For the study, Tharmalingam and her colleagues treated 441 prostate cancer patients between 2013 and 2018. The cancers were classified as low-, medium- or high-risk.

All of the men were treated with one high dose of 19 Gy of radiation, which is equiv-

alent to the total amount of radiation given over several days with current treatments, Tharmalingam said.

In addition, 166 men were also given hormone therapy. None of the men, however, had surgery or chemotherapy.

For comparison, men with prostate cancer are normally given about 2 Gy of radiation at each of several sessions. Low-dose radiation is given to minimize side effects.

Over 26 months, the researchers measured the men's levels of prostate specific antigen (PSA), which indicates how well the treatment worked. If PSA levels increase, it might mean that cancer has returned.

After two years, 94% of the men remained cancer-free. Among men with low-risk cancer, it was 100%; among men with medium-risk disease, it was 95%; and in men with high-risk cancer, it was 92%.

But after three years, that dose of radiation wasn't enough for those patients with medium- or high-risk cancer, Tharmalingam said.

After three years, 88% of the men, overall, remained free of cancer. Specifically, it was 100% of the men with low-risk cancer, 86% of the men with medium-risk cancer, and 75% of those with high-risk cancer who remained cancer-free.

Among 27 men whose PSA levels rose, 25 had their cancer return. In 15, the cancer returned in the prostate, and in the others it had spread to other areas of the body, the researchers found.

When the men were treated, no serious side effects occurred. Later on, however, two men had urethral strictures, which can prevent urination and required surgery, and two patients developed rectal fistulae that required an operation called a colostomy.

Tharmalingam said that to improve the

results of single high-dose radiation among men with medium- and high-risk cancer, other groups are experimenting with radiation doses as high as 23 Gy.

But for these patients, it might be better to go back to giving smaller doses of radiation over a longer time, Tharmalingam said.

Dr. Anthony D'Amico, a professor of radiation oncology at Harvard Medical School in Boston, doesn't think high-dose radiation is safe. D'Amico was not involved with the new study but was familiar with the findings.

"This single dose of radiation is very convenient and very well thought out in terms of killing the cancer," he said. "But there is no way to get around the one stumbling block, which is the follow-up of only three years."

"I would be very careful with this approach and I wouldn't recommend it," D'Amico said. "I'm worried about safety -- and this isn't something that's safe."

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