

65+

Excellence in  
cancer care for  
the older adult



Memorial Sloan-Kettering  
Cancer Center

### About the 65+ Program

A diagnosis of cancer is difficult at any age, but older patients face unique challenges. Memorial Sloan-Kettering Cancer Center is committed to providing cancer patients aged 65 and older with the treatment and support they need.

With the generous support of the Joachim Silbermann Family Program for Aging and Cancer, Memorial Sloan-Kettering offers the services of a multidisciplinary geriatric team. This team includes physicians, clinical nurse specialists, social workers, nutritionists, pharmacists, and psychiatrists, as well as members of the Pain and Palliative Care Service and the Integrative Medicine Service. The programs and care the team provides focus on the unique needs of cancer patients aged 65 years and older.

If you would like more information about the 65+ Program or a referral to one of our team members, please call 646-888-4741.

## 65+ TEAM MEMBER SPOTLIGHT: Denise D. Correa, PhD, ABPP-CN

I am a board-certified clinical neuropsychologist in the Department of Neurology with a primary interest in cognitive changes associated with cancer and its treatment. My clinical and research activities have focused on the study of the cognitive adverse effects of radiotherapy and chemotherapy in adult patients with brain tumors and other cancers. I have been involved either as a principal or co-investigator in several research projects focusing on the study of cognitive functions in patients with primary central nervous system lymphoma and low-grade gliomas, ovarian and breast cancer, and hematological disorders. Recent research projects have also included structural neuroimaging studies in patients who undergo bone marrow transplants as well



as the association among genes involved in DNA, neural and vascular repair, and changes in brain structure and function in patients with brain tumors.

The study of cognitive changes associated with aging and neurodegenerative disorders has been an area of interest since my graduate training. In addition to my work

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## Planning for the Future

Although planning for the future should be something that everyone does, no matter the age, too often it is left until a patient is elderly or has a serious illness. Problems with memory and cognition exacerbate the situation, leaving spouses, adult children, and caregivers to guess a patient's wishes on everything from medical care to financial and spiritual matters.

The first step to prevent this situation is for patients and families to start discussing future plans. An easy place to start may be around financial matters. Too often, families are in a situation in which they don't know how to find important estate information. Patients should put all paperwork in a safe place and tell a trusted family member, friend, or lawyer where to find it. Informa-

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### HEALTH FAIR

## Matters of the Mind: *Coping with Changes in Memory and Cognition*

TUESDAY, OCTOBER 12

11:30 AM – 1:30 PM

1275 York Avenue, Room M-107

For patients, families, and staff who seek to gain information, resources, and strategies about coping with changes in memory and cognition.

Exhibitors will include:

**Geriatric Medicine**

**Psychiatry**

**Social Work**

**Nutrition**

**Pharmacy**

**Occupational Therapy**

**Nursing**

**Neuropsychology**

**Alzheimer's Association**

# Occupational Therapy for Cognitive/Memory Problems

Occupational therapists are skilled professionals who help individuals to be more independent in their daily activities and to improve their overall functioning. Occupational therapists address the physical, cognitive, and social aspects of life. The occupation in occupational therapy refers to the tasks or roles that an individual needs to complete on a daily basis. One of the primary goals of occupational therapy is to help individuals lead productive and meaningful lives through participation in daily activities.

Occupational therapists incorporate clients' roles, habits, and routines to re-

build cognitive function by teaching remedial or compensatory strategies for improved participation in the activities of daily living. At Memorial Sloan-Kettering, occupational therapists are skilled in assessing how individuals process information, or think, during or following cancer treatment. Cognition refers to many different processes that help individuals think, focus their attention, organize their thoughts, remember information, solve problems, do more than one thing at one time, and make sense of material that is read, heard, or seen. Occupational therapists can use a variety of techniques to

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## What older adults can do to help their memory?

1. Have a daily routine
2. Place wallet, purse, keys, and glasses in the same place everyday
3. Eat well
4. Get enough rest
5. Get help for depression
6. Don't drink a lot of alcohol
7. Use night lights
8. Post emergency phone numbers
9. Use memory tools such as calendars, to-do lists, and notes to self
10. Exercise
11. Learn a new skill
12. Volunteer
13. Spend time with others whenever possible

*From the U.S. Department of Health and Human Services, National Institutes of Health*

## Planning for the Future *continued from page 1*

tion should include location of one's will; contact information for lawyers, financial planners, power of attorney, and health-care proxy; the deed or lease to one's home; car title; bank accounts, investments, and credit card information; health and life insurance policy information; keys to safety deposit boxes; and computer access information. Patients can give written permission for their trusted family member/friend to speak with physicians, lawyers, and insurance companies.

The second conversation for families to have is what to do to maintain a patient's independence while ensuring safety. Often, accepting a little help by safeguarding the home (installing grab bars and a raised toilet seat, removing slippery area rugs, using a cane or walker, installing a personal emergency response system) and hiring help (if financially feasible) can lead to less fear and anxiety for the patient and family. Some patients may have a difficult time adapting to these changes as they can be consistent reminders of the loss of certain abilities. Patients who adapt well to these changes view them as necessary adjustments that need to occur in order to maintain the best

possible quality of life while remaining in their home.

Reaching out to the community is another way in which older patients can improve their quality of life while accepting some assistance. In New York City, there are senior centers that provide congregate meals, meals delivered to your home, transportation assistance, escorts and friendly visitors, case management services to assess for government entitlement programs, as well as educational and wellness classes and groups. These services are free or inexpensive for individuals over the age of 60.

Planning for future home care can be a difficult topic to broach for families. It not only includes the patient's wishes about the future, but also asks questions about what the family is willing and able to provide and the financial feasibility of certain care options. If a patient does not have a long-term-care insurance policy, most insurance companies will not provide long-term home care to help with personal needs. The options are then to have family provide care, obtain help privately, or choose to move or spend time at a facility that can provide the needed assistance (a

nursing home, adult day care, assisted living). The costs of these services vary, and it is advisable to speak with an elder care attorney and/or financial planner to best understand what is possible.

Finally, a family discussion of the spiritual and emotional needs of the patient at end-of-life can help to alleviate any guilt or regret that families may feel. Instructions given on the type of funeral/memorial service desired, information for an obituary, or ways in which the patient would like to be remembered can provide direction to families at a difficult time. On the other hand, some patients would prefer for their families to make all necessary arrangements, and their wishes should be respected.

Having planning discussions prior to or as soon as illness, memory, and cognitive changes occur is easier than having them at end-of-life. The timing of the discussion will help to prevent stress and increase quality of life for patients and family members alike. Patients and family members who want to learn more about discussing plans for the future can join an online Web seminar by e-mailing [VirtualGroups@mskcc.org](mailto:VirtualGroups@mskcc.org). ■

# Dementia

Dementia is a general term for a group of symptoms that can be caused by a number of disorders and diseases affecting the brain. People with dementia have cognitive impairment that affects their ability to perform daily functions. Symptoms of dementia vary depending on the cause, but may include memory loss, difficulty communicating, inability to learn or remember new information, difficulty with planning and organizing, difficulty with coordination and motor skills, confusion, becoming lost in formerly familiar places, inability to reason, personality changes, paranoia, agitation, and hallucinations. Many people associate dementia only with memory loss, but a person must have deficits in two or more brain functions, such as memory and language skills, for dementia to be considered as a diagnosis. Although dementia is more common in older adults, it is not a normal part of aging.

Dementias can be categorized as reversible or progressive. Reversible demen-

tias include those that are caused by reactions to medications, thyroid problems, hypoglycemia, too little or too much sodium or calcium in the bloodstream, depression, dehydration, vitamin deficiencies, and infections. Dementia due to these causes can often be reversed by treating the underlying problem.

Progressive dementias are those that get worse with time. The main types of progressive dementia are Alzheimer's disease, vascular dementia, Lewy body dementia, and frontotemporal dementia. There are a number of other disorders that are also linked to dementia, including Creutzfeldt-Jakob disease, dementia pugilistica, Huntington's disease, HIV-associated dementia, and Parkinson's disease.

Treatment for dementia depends on the underlying cause. There are some drugs that can help to slow or minimize the development of symptoms for patients with Alzheimer's disease and Lewy body disease. For vascular dementia, treatment includes

controlling high blood pressure and cholesterol. Other medications are also available to help manage some of the symptoms associated with dementia, such as difficulty sleeping, depression, irritability, and movement problems. In addition to medication, there are a number of home strategies that can help in the management of symptoms. Patients and caregivers can carry a reminder calendar, maintain a calm, stable, and familiar environment, establish daily rituals, and engage in future planning as early as possible. ■

*Summarized from:*

*Dementia: Is This Dementia and What Does It Mean? (Family Caregiver Alliance) [www.caregiver.org/caregiver/jsp/content\\_node.jsp?nodeid=569](http://www.caregiver.org/caregiver/jsp/content_node.jsp?nodeid=569)*

*Dementia (Mayo Foundation for Medical Education and Research) [www.mayoclinic.com/health/dementia/DS01131](http://www.mayoclinic.com/health/dementia/DS01131)*

## New 65+ Team Members

We are pleased to welcome two new members to the 65+ Team.

### Stephanie Goodman, DO

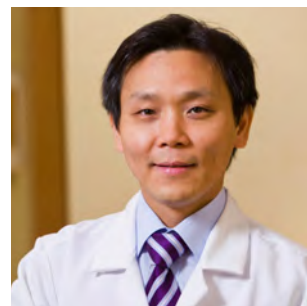
Stephanie Goodman is a New York State licensed physician who comes to MSKCC from St. Vincent's Hospital and Maimonides Medical Center, where she completed her fellowship in geriatric medicine. Dr. Goodman received her medical degree from Nova Southeastern University and completed her residency in internal medicine at St. Vincent's Hospital. She is a member of the American Geriatric Society, the American College of Osteopathic Internists, the New York Metropolitan Area Geriatric Society, and the American Osteopathic Association. Dr. Goodman credits her professional interest in older adults to her grandparents, with whom she had a close relationship, and looks forward to working with the 65+ program to ensure MSKCC's older patients receive the best care anywhere.

### Sung W. Sun, MD

Sung (Steve) Sun is a board-certified geriatrician. He joins MSKCC from Mount Vernon Hospital, where he was the medical director for a transitional care unit (the Skilled Nursing Geriatric Unit) and the director of a medical resident's clinic. Dr. Sun received his medical degree from Yonsei University College of Medicine, in Seoul, Korea. He did his residency at Mount Vernon Hospital and his fellowship training at Long Island Jewish Medical Center. He also participated in the General Medicine Faculty Development Fellowship Program at the University of North Carolina at Chapel Hill. Dr. Sun has been active academically in the American Geriatrics Society and the



Stephanie Goodman



Sung Sun

Society of General Internal Medicine. He was chosen as a traveling fellow for the annual R13 Conference Series, "From Bedside to Bench; Does Mental and Physical Activity Promote Cognitive Vitality in Late Life?" supported by the National Institutes of Health, the National Institute of Aging, and the American Geriatric Society. The 65+ Program is pleased to welcome Dr. Sun to the geriatric team. ■

# Occupational Therapy for Cognitive/Memory Problems

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help individuals to adapt to a deficit or improve particular skills to overcome a deficit.

Treatment activities may include the following: using a daily calendar to regain orientation, reading a menu to select and communicate an order to the Food Services department, computing basic math calculations to balance a checkbook, organizing a medication routine, and physically ambulating to the hospital gift shop or cafeteria, which involves carrying out sequential steps and scanning the environment for obstacles. Caregiver/family training is another important component of the occupational therapy

treatment plan. When cognitive deficits limit an individual's ability to be alone or respond appropriately in an emergency situation, caregivers/family members need to be educated on the client's needs so they can thrive in their environment. Occupational therapists provide training to caregivers/family members to maximize client safety in their home environment and to ensure safe discharge planning.

A cognitive group was recently developed by the occupational therapy department for patients admitted to M7. The purpose of the cognitive group is to create opportunities for positive interactions for

clients who have orientation, attention, memory, or problem-solving deficits. Patients who have a brain tumor and are undergoing treatment or who are post-surgery can benefit from this type of group. In a group setting, patients have the opportunity to learn from each other, and there is the potential to create a shared feeling of accomplishment when new, remedial, or compensatory strategies are practiced and achieved.

For inpatient cognitive occupational therapy referrals, call ext. 7833. For outpatient cognitive occupational therapy referrals, call ext. 125-1900. ■

## 65+ TEAM MEMBER SPOTLIGHT:

### Denise Correa, PhD, ABPP-CN

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at MSKCC, I have also been a faculty member in the Memory Disorders Program in the Department of Neurology at Weill Medical College of Cornell University for several years. I have obtained extensive experience in the neuropsychological assessment of older adults at Cornell and at MSKCC. In older adults with cancer, treatment with chemotherapy, radiotherapy, and/or hormone therapy can be associated with the development of cognitive dysfunction, and may also exacerbate preexisting cognitive difficulties. The cognitive areas most consistently found to be disrupted by the side effects of cancer treatment often include the ability to focus on multiple tasks, plan and organize activities, and learn and retrieve new information. These cognitive changes can interfere with activities of daily living and may diminish quality of life.

Neuropsychological evaluations are often an important component of the overall clinical evaluation and management plan for older patients with cancer. It includes a standardized assessment of

several aspects of thinking including attention, memory, problem solving, visuospatial functions, language, motor skills, as well as mood. It is useful for quantifying and characterizing the nature, extent, and severity of any cognitive changes that may occur as part of the aging process, and/or as a result of cancer treatment. It can also assist in the differential diagnosis of a neurodegenerative process. Therefore, whenever possible or appropriate, neuropsychological assessments in older adults are performed both prior to and following cancer therapy.

The Neuropsychology Service at MSKCC provides outpatient neuropsychological evaluations to adult patients with various cancers, and includes Dr. Denise D. Correa (Department of Neurology), and Dr. Elizabeth Ryan and Dr. James Root (Department of Psychiatry and Behavioral Sciences). For patients or physicians interested in setting up an appointment, please call 212-639-2339 for Dr. Correa and 646-888-0200 for Dr. Ryan or Dr. Root. ■

## 65+ Program Upcoming Events: Lectures/Workshops

TUESDAY, NOVEMBER 9  
10:30 AM – 12:00 NOON

### Cancer and the Older Patient

Stuart M. Lichtman, MD, FACP

TUESDAY, DECEMBER 14  
10:30 AM – 12:00 NOON

### Can I Improve My Sleep Without Medications?

Heidi Yulico, MSN, RN, GNP-BC

All events are located in 1275 York Avenue, Room M-107.