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*THE OPTIMAL AGING AND MIND-BODY-SPIRIT CURRICULUM SERIES:  
MODULES FOR MEDICAL AND HEALTHCARE PROFESSIONAL  
EDUCATION*

***MODULE 7: Synthesis of Module Series on Demographics of Aging,  
Optimal Aging, and Complementary and Alternative Healthcare  
Approaches in Working with Geriatric Patients***

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## Learning Objectives

1. Describe the demographics of aging, in Michigan, nationally, and globally.
2. Provide a commonly used definition of optimal aging.
3. Define complementary and alternative healthcare approaches.
4. Give examples of complementary and alternative healthcare approaches that use (1) the body, (2) the mind, and (3) the spirit as the main pathways to care.
5. Identify when older patients are most likely to use complementary and alternative healthcare approaches.
6. Explain how osteopathic medicine techniques and complementary and alternative approaches to healthcare are compatible. Include both a historical perspective based on ideas of osteopathic medicine founder Andrew T Still, MD, DO, and current osteopathic foundational principles and practices.
7. Explain how allopathic medicine techniques and complementary and alternative approaches to healthcare are compatible.
8. Explain how all medical and healthcare professionals can benefit from an understanding of complementary and alternative healthcare approaches, especially when working with older patients.
9. Explain how, in addition to knowing techniques and approaches to use with geriatric individuals, medical and healthcare professionals need to be aware of changes they will experience as they themselves age, and be aware of the implications of changing or declining abilities in professional skills.
10. Explain how an understanding and use of interdisciplinary techniques can be useful to medical and healthcare professionals in working with older patients.

## Lecture

This concluding content module in the series will summarize and synthesize all the topics that have covered in the previous modules, in addition to presenting some new information. As we have done before, we will also briefly review some of the key concepts covered because they form the foundation of our consideration of alternative and complementary healthcare approaches that can be used in working with geriatric patients.

The purpose of this complete series has been to give you an understanding of the demographics of aging, and why it is important for medical and healthcare practitioners to learn about many different ways to work with geriatric patients. Common definitions for optimal aging and complementary and alternative healthcare approaches have been emphasized throughout the series. More than 30 complementary healthcare approaches are reviewed and discussed, and resources have been identified where you could find additional information for you and your patients. Finally, the importance of interdisciplinary approaches to healthcare is discussed and how this can contribute to excellence in your practice and better care for your patients, especially your geriatric patients.

**Module 1:** Module 1 in this series provided an overview of the format used throughout. It gave an overview of the learning objectives for the entire series, and described options for using the material covered. Then, it described how each module would contain (1) learning objectives, (2) content material, (3) experiential activities, if appropriate, (4) discussion questions for the experiential activities as needed, (5) discussion questions for the lecture content, (6) a summary of main teaching points covered in the content material, and (7) resources and references used.

**Module 2:** Module 2 provided an overview of the demographics of aging. We are living in a time of incredible societal and demographic change. People are living longer in the United States and around the globe. In the United States, one in eight Americans is now 65 years of age or older. In Michigan, one in five Michigan residents is now 60 years of age or older, which is a little higher than the national average. The majority of older

individuals are white and female, but proportions of the African American and Hispanic populations are growing rapidly. A person who reaches the age of 65 is likely to live approximately another 20 years.

Globally, the older population is growing at a faster rate than that of the world's total population. In absolute terms, the number of older persons has tripled over the last 50 years and will more than triple again over the next 50 years. In relative terms, the percentage of older persons is projected to more than double worldwide over the next half-century. In part, this is because better healthcare and healthier living styles are helping people live longer, here and abroad. This presents particular issues for all healthcare professionals, and especially osteopathic and allopathic physicians. Most older persons have at least one chronic medical condition and many have multiple chronic conditions. In 2011, the most frequently occurring medical conditions among older persons were the following:

- Diagnosed arthritis – 51%
- All types of heart disease - 31%
- Any type of cancer – 24%
- Diagnosed diabetics – 20%, and
- Hypertension (high blood pressure or taking anti-hypertensive medication) - 72%

Although one or more of these conditions are likely to be at issue when a healthcare professional is working with geriatric patients, older persons also are interested in health and general well-being when they seek medical consultation and treatment. They will bring a variety of issues to the table, and want advice and recommendations for dealing with the same types of problems and health concerns that those in other age groups face.

What this means for medical and healthcare practitioners is that you will have older individuals who come to you for care, and you may have a higher percentage of older

individuals in your practice than you might expect. Older individuals present special issues for medical and healthcare professionals. The problems faced by older individuals are often multiple and complex. They seem to be increasingly likely to seek out alternative and multiple forms of care and treatment, as a hedge against the rising costs of healthcare. They are also seeking this care because alternative and complementary healthcare options are gaining increasing acceptance among the population.

What this means for you is that you will do a service to yourself and to your patients and others in your care if you too learn about the complementary and alternative healthcare approaches available. You will be able to determine which ones are effective and which are not. You will be able to identify places where you and your patients can get information about these approaches to help evaluate their usefulness. Your patients may already be using complementary healthcare when they come to you, or they may ask you first about various possibilities to seek your advice about engaging in them. As part of your tool kit of options and approaches, it is important for you to include some knowledge of complementary and alternative healthcare approaches. This information will allow you to best serve all of your patients, geriatric and otherwise.

Because most older adults have at least one, or more, chronic health conditions, there may be problems in diagnosing and designing treatment plans or prescribing medications for them. It is often difficult to address all of a patient's problems simultaneously, without causing additional problems for the individual. It is likely that many of your geriatric patients will be asking for your help in dealing with one or more of the chronic health conditions identified above. It is also important to recognize that the single most important reason adults seek out complementary and alternative healthcare approaches is to control pain resulting from these and other chronic conditions.

Evidence-based programs refer to those that have been scientifically researched and tested with proven results, offering the benefits of self-efficacy and decreased health service utilization. They enable participants to adopt healthy self-management behaviors. The programs work best when participants are informed, motivated, and

involved as partners in their own care. Examples include the following programs that have been offered through Michigan's network of programs for senior citizens: EnhanceFitness, Matter of Balance, Chronic Disease Self-Management (known as "PATH"), and Diabetes Self-Management (known as "Diabetes PATH").

Fiscal year 2015 was the final year of a three-year grant from the Administration for Community Living called "Empowering Older Adults and Adults with Disabilities through Chronic Disease Self-Management Education." The purpose of this grant was to help ensure that evidence-based self-management education programs are embedded into Michigan health and long-term care systems. This is an example of a type of program which we will no doubt see become more common. It takes an approach that blends medical practices, healthcare practices, and complementary healthcare approaches into one systematic protocol for dealing with some of the complex chronic medical problems faced by geriatric patients.

**Module 3:** Although we have already been using some of the foundational concepts identified in this module series, perhaps it is time we review this more thoroughly. In Module 3, we provide the definitions of the basic concepts that used throughout this module series. If you take away nothing else from this module series, you will be doing well if you take away a good understanding of these concepts. You will encounter them repeatedly as you engage in your medical and healthcare practices.

In the field of gerontology, the concept of Optimal Aging has become an important concept. Optimal Aging is both a philosophical and pragmatic approach to aging that looks at the total person and all of those aspects of a person's life that can contribute to optimal functioning and health. There are many commonly-held definitions of Optimal Aging, because the concept is generally used by geriatric health providers, social services providers, and government providers, as well as being a term used by individuals and the media. Noted geriatrician Ken Brummel-Smith, MD, has provided one of the most pragmatic and universally-used definitions: Optimal Aging is the capacity of an individual to function across many domains - physical, functional, cognitive, emotional, social, and spiritual - to one's satisfaction and in spite of one's

medical condition. Dr. Brummel-Smith proposes that several components be considered within the concept of Optimal Aging:

- Biological components, including exercise, nutrition, sleep, avoidance of disease-causing agents, practices of preventive medicine, early treatment of disease and medical conditions, cognitive stimulation, and avoidance of iatrogenic complications.
- Functional components, including strength, balance, flexibility, and conditioning.
- Social components, including support, activities, work, volunteerism, sexuality, religion, and spirituality.
- Psychological components including attitude, viewpoint, stress management, and resilience.
- Societal components, including health education, chronic disease self-management training, access to information, community services, environmental design, and health policies and insurance.

The Institute for Optimal Aging, a non-profit foundation in Tennessee, uses six different dimensions of wellness in their model of Optimal Aging: physical issues, social issues, emotional issues, purposeful behavior, spiritual issues, and intellectual issues. In their definition, they include several considerations for each of those dimensions. It should be noted that the field of osteopathic medicine supports these and other definitions of optimal aging, focusing, as it does, on the whole person and being patient-centered rather than disease-centered.

In 1996, Allen Jacobs, DO, PhD, discussed the traditional principles of osteopathic medicine at a conference in Santa Fe, New Mexico. Dr. Jacobs reviewed the five commonly recognized foundational principles of osteopathy:

1. Body unity or holism.
2. The body has an inherent capacity to heal and regulate itself. Hippocrates and all the other great medical thinkers, up to Andrew T Still, MD, DO, and beyond, described the healing power of nature, which is the body's inherent capacity to heal and regulate itself.

3. There is a somatic component to all disease; all visceral diseases have a somatic component.
4. There is a structure-function interrelationship, which is based on the idea that form follows function and function follows form.
5. Manipulative treatment is an integral part of the system of osteopathic medicine to promote healing of the body.

These foundational principles of osteopathy provide a natural basis for osteopathic physicians to recognize and use a broad spectrum of treatment modalities to heal the body in their work with their geriatric patients, as well as other patients of all ages. Andrew T Still, MD, DO, the founder of osteopathic medicine, succinctly put it this way, "To find health should be the object of the doctor. Anyone can find disease." Allopathic physicians are increasingly embracing the ideas of wellness on all levels, including Optimal Aging, as many of them expand their ideas and practices from efforts to treat and eliminate symptoms of disease to include a broader perspective on what constitutes health.

Research and innovations in medicine have contributed to extended life spans, even when individuals have chronic or fatal diseases. Doctors are now encountering elderly patients who have diseases that are more chronic and more complex medical conditions. These patients often seek out complementary and alternative treatments to help them maintain health, deal with pain, depression, or to manage other aspects of their illnesses. It is incumbent on all healthcare providers, including and especially physicians, to learn about alternative and complementary techniques. Then, they can better advise and work with their elderly patients, as well as patients of other ages, who might also be making use of complementary and alternative methodologies. Research has shown that more than at least 30% of American adults and 12% of children use healthcare approaches that are considered alternative or complementary to mainstream conventional medicine.

Confusion and controversy exist regarding the differences between "traditional medicine" or "accepted practices" and approaches considered complementary or

alternative to medicine that is more traditional. Many professionals question whether complementary or alternative approaches work and they are often troubled by the lack of evidence-based research regarding some of these approaches. Funds are often provided for research into drug therapies, but not so much for complementary approaches. Unfortunately, there is no single simple place to go to get comprehensive answers about complementary/alternative techniques and their effectiveness. So, how do we sort out all these contradictions and disagreements? A good place to start is with a review of commonly used definitions, definitions that are used throughout this module series.

**Alternative or complementary healthcare** describes healthcare approaches that are considered alternative or complementary to mainstream medicine, which is often considered to be allopathic medicine, and typically involves use of drugs, surgery, or rigorously-tested and FDA approved modalities of treatment. Alternative or complementary healthcare typically involves the use of natural substances (such as herbs and essential oils) and the use of mind, body, and spiritual techniques. The terms are often used interchangeably, but it should be noted that, in the most basic sense, alternative medicine uses techniques that are alternative to and instead of conventional medical techniques, and complementary medicine uses techniques that are complementary to and in addition to conventional medical techniques.

**Osteopathic medicine** also involves many of the same techniques used in allopathic medicine with the major addition of osteopathic manipulation treatment (OMT) and an emphasis on treating the body as a whole system through Osteopathic Principles and Practice (OPP). OMT could be considered as an alternative or complementary medicine technique, as well as being an integral part of osteopathic medical training.

**Integrative medicine** is a new category of medicine, originally popularized by Andrew Weil, M.D., and others, but it has become broadly used. It involves the use of what are considered the best approaches from all branches of medicine: allopathic, osteopathic, and complementary or alternative medicines. The idea is to describe an approach that brings together conventional and alternative/complementary approaches together in a

coordinated way. Deepak Chopra, MD, has also popularized the concept of mind-body medicine, which is another commonly used term for a similar idea.

It should be noted that there are no hard and fast boundaries between these treatment approaches. Over time, an approach that might be considered alternative may be subsumed into/absorbed by/adopted by the allopathic, osteopathic, mind-body, or integrative fields. It should also be noted that many practices currently used by the more traditional branches of medicine were once considered “cutting edge,” “out there,” experimental, or, in some other way, alternative methods of care. Therefore, it is important to remember that these definitions are fluid, and constantly changing. The definitions change as evidence-based research shows efficacy of different approaches and as healthcare practitioners and the public change their ideas of what constitutes appropriate healthcare. Furthermore, it is unusual for a healthcare practitioner to deal with someone who is only using alternative approaches. Typically, if individuals chose this option, they do not go to healthcare practitioners. However, most people who use complementary approaches use them in combination with more conventional approaches.

Where can you go to get information about alternative and complementary healthcare approaches? The U.S. National Center for Complementary and Integrated Health (NCCIH), located within the National Institutes for Health (NIH), is one of the largest and most complete resources for information about alternative medicine. As set forth by Public Law 105-277, NCCIH is charged with “the dissemination of health information with respect to identifying, investigating, and validating complementary and alternative treatment, diagnostic, and prevention modalities, disciplines, and systems.” The NCCIH Clearinghouse serves this mission and is a public point of contact for scientifically based information on complementary and alternative healthcare approaches and information about NCCIH. Resources include literature reviews, clinical guidelines, a dictionary of alternative practices, review of research on complementary medicine, video lectures and other training resources and more.

There are many different ways to think about, or to organize, the vast amount of information contained in the fields of complementary and alternative healthcare. NCCIH's predecessor, the National Center for Complementary and Alternative Medicine (NCCAM) grouped alternative and complementary healthcare approaches into five categories: biologically based approaches, energy medicine approaches, manipulative and body-based approaches, mind-body approaches, and whole-body approaches. Greater detail and examples of the type of approaches included in each category can be found in Module 3.

Currently, NCCIH is grouping alternative and complementary approaches in a slightly different way. We are presenting both the former NCCIH approach and the current NCCIH approach, to give you an idea of various ways that might be used to consider and organize the vast body of knowledge comprising alternative and complementary approaches to healthcare. They now posit that most approaches fall into one of three categories: natural products, mind and body practices, and other approaches. Examples for each category follow below.

- **Natural Products:** This includes herbs or botanicals, vitamins and minerals, and probiotics.
- **Mind and body practices:** This category includes a wide array of techniques and approaches, often taught by a teacher or some other professional. It includes things such as yoga, chiropractic, and osteopathic manipulations. Meditation and massage techniques. Additional approaches include acupuncture, relaxation techniques, Tai Chi, Qi Gong, healing touch, hypnotherapy, and movement therapies.
- **Other approaches:** This category includes approaches that do not neatly fit into the other two categories. Examples include the practices of traditional healers, Ayurveda medicine, traditional Chinese medicine, homeopathy, and naturopathy.

The most common complementary approaches used by American adults in 2012 included natural products, deep breathing, Yoga/Tai Chi/Qi Gong, chiropractic or

osteopathic manipulation, meditation, massage, special diets, homeopathy, progressive relaxation, and visualization or guided imagery.

The modules in this series will discuss, in greater depth, different alternative and complementary health techniques that focus on the body, the mind, and the spirit. We will be looking at these techniques in order to increase your familiarity with a variety of approaches that may be used by your elderly patients as part of their healthcare. An understanding of these types of approaches will increase your effectiveness in working with your geriatric patients, and give you more resources to use in working with them. Other patients with whom you will work may also be using some of these techniques and approaches, and so knowledge in this area will assist you in your work with them.

For purposes of our discussions in this curriculum series, we group the complementary and alternative techniques somewhat differently from the previous two models. We will first be discussing techniques that have a primary emphasis, or starting point, with the body. Then we will discuss those techniques that have a primary emphasis, or starting point, with the mind. Last, we will look at those techniques that have a primary emphasis, or starting point, with the spirit. We are doing this for the following reasons. We are making the assumption that medical learners and healthcare professionals will be most familiar and comfortable with approaches that focus on the body as the starting point for treatment. It follows logically, therefore, that medical learners and healthcare professionals will most likely be willing to explore and use techniques that fall in this category.

We are further assuming that medical learners may be less familiar with and therefore more uncomfortable talking about or using, techniques that use the mind or spirit as starting points. Because of this, we think it is helpful to present the techniques in a graduated way, so that medical learners and others can quickly gather information about the techniques, they are most comfortable in using. We also believe this organizational system of complementary and alternative techniques will help medical learners organize a vast amount of information in a way that will be helpful to them. It must be noted that this is an artificial organizational system for conceptual purposes,

because there will be some degree of overlap between the methods falling in each category. In other words, a single method may fall in more than one category, because it has benefits for the body, mind, and/or spirit. We however have chosen to place each method in the category that describes its most obvious initial benefits. We want to impress upon you, however, that each of the different conceptual models and all the different approaches have value. All the different approaches can be helpful in addressing the multiple needs your patients (geriatric and otherwise) will present.

An important experiential exercise is included in Module 3. It allows participants to experience both the challenges in the role of caregiver to a geriatric person with limited physical and sensory abilities and the challenges in being a geriatric person with limited physical and sensory abilities.

**Module 4:** In Module 4, we review the foundational concepts of Optimal Aging, complementary and alternative healthcare approaches, and mind-body and integrative medicine. We then delve into an exploration of some of the most common complementary and alternative approaches, beginning with those approaches that use the body as a starting point. Approaches discussed include Aromatherapy, Homeopathy and Bach Remedies, Massage, use of music by both listening and playing, Qi Gong and Tai Chi, Reiki and Therapeutic Touch, Yoga, and Osteopathic Manipulation Technique. Opportunities are given for the student to try some of these techniques and discuss their experiences with colleagues.

**Module 5:** In Module 5, we again review the foundational concepts of Optimal Aging, complementary and alternative healthcare approaches, and mind body and integrative medicine. We then discuss common complementary and alternative healthcare approaches that use the mind as a starting point. Approaches discussed include Meditation (examples are given of Transcendental Meditation and Mindfulness Meditation), Affirmations, Visualizations, Hypnosis (Self-hypnosis and hypnosis guided by someone else), use of word and number games as a way of maintaining mental acuity, handcrafts such as knitting, crochet, needlepoint, etc., and other hobby-type

activities that require mental focus. Opportunities are given for the student to try some of these techniques and discuss their experiences with colleagues.

**Module 6:** In Module 6, we again review the definitions of key foundational concepts including Optimal Aging, complementary and alternative healthcare, and mind-body and integrative medicine. We then discuss complementary and alternative healthcare approaches that begin with the spirit. We go into greater depth on the approaches of Affirmations, Meditation (mantra meditation, breathing meditation, contemplation and concentration), Prayer, Visualization, and Gratitude as a practice. Opportunities are given for the student to try some of these techniques and discuss their experiences with colleagues. The techniques in this module are especially interesting because, often, as individuals gets older, their interest in these types of approaches grows.

**Module 7:** Module 7 provides a synthesis of the main points from each of the modules in this series, as well as additional information on the aging of physicians and the importance of interdisciplinary approaches in healthcare. It also emphasizes that one of the best sources of evidence-based information on complementary and alternative healthcare approaches is the US Department of Health and Human Services, National Institutes of Health, and National Center for Complementary and Integrative Health.

**\*Additional Considerations for Module 7**

- **Aging medical and healthcare professionals**
  - Not only patients age. The demographics of aging also applies to physicians. With recognition of this comes some special considerations. David Neff, DO, in an undated PowerPoint presentation, discusses the opportunities and challenges for the aging physician. He points out that as aging occurs, hearing can change, brain loss can occur, time necessary for word retrieval can increase, and both psychological and physiological changes can occur. Neff suggests that research is needed to study the effects of aging on physicians. He also questions whether physician-governing bodies need to consider ways to evaluate continued capacity to function effectively as physicians age. It may be harder for them to keep

up with current research and best practices. They may tend to rely on what they always have done before, regardless of whether that is what the current situation calls for. Aging surgeons may find that as they age, their eyesight and dexterity changes, thereby affecting their ability to do successful surgery. This is further complicated by the fact that the patient population is aging, which will tend to bring to the practicing physician more complicated and complex health issues. As with others who are aging, physicians must be aware of the principles of optimal aging, and have enough self-knowledge to be aware of changing abilities and effectiveness and know when they need to reduce or withdraw from their practice.

- **Importance of interdisciplinary teams in working with geriatric patients**
  - Because geriatric patients and clients often bring complex health issues to you, you may especially find it helpful to work with other professionals in a cooperative manner to develop a comprehensive treatment plan. This can increase your knowledge about the patient, and it can lead to improved patient care and case management. By sharing responsibility and information between disciplines, you are less likely to work at cross-purposes with other healthcare professionals working with the patient.
  - As you have found in the past when you have been involved in-group projects, a team goes through stages of growth, starting with “getting started” tasks. Then there usually is a period of confusion as they decide who is going to do what. Then, the real work begins, with planning and strategies on how they will work together. You may find it helpful to develop professional relationships with other professionals who are working with your patient, so that each member of the team can provide the best care and case management possible.
  - It is likely that many of your geriatric patients will use, or have used, a combination of modalities and approaches. Rather than ignoring this, or downplaying it, you may want to find value in it and see the possibilities in working together with other professional to ensure the best care for your

patient. Optimal aging principles call for working with the whole person; using more than one modality of treatment can make this possible. It is important not to judge, but to encourage discussion with the patient about what they are doing in addition to, or instead of your recommendations.

## **Conclusions**

Historically, all medical and healthcare approaches began as approaches outside of the mainstream, because there really was no mainstream. Over time, as procedures and treatments were used, they were deemed effective or non-effective, packaged into protocols, modified as needed, and legitimized by medical and healthcare professionals as “the right way” to deal with various conditions. There have always been approaches outside of “accepted methods” that people used or professionals tried. Today, we call those approaches alternative (if done without consultation or guidance of medical or healthcare professionals) or complementary (if done in consultation and guidance of medical or healthcare professionals) approaches. As has always been the case, there is discussion and disagreement among professionals as to whether these other approaches work, or, at the very least, do no harm. New research continues to provide light on approaches outside the norm, and sometimes, they become part of regular treatment considerations.

It is useful to look at the founder of osteopathic medicine, Andrew T Still, MD, DO, to see how he developed his approach to medicine. He journeyed through several different healing modalities as he developed the principles of osteopathic medicine and osteopathic manipulation techniques. This is how medicine develops, but it is also how individuals approach their medical care. They often journey through several approaches before finding one they like or one that works.

In today’s healthcare system, many people either cannot afford recommended treatments or choose to use something in place of, or in addition to, recommended treatments. Sometimes, individuals will use these other approaches before they seek guidance from a medical or healthcare professional, and sometimes, they do it along with, or after, seeking guidance.

The material covered in these modules has been intended to introduce you, in a variety of ways, to some of the most common of these approaches. By providing both a conceptual framework and experiential components, we have begun your thought process about the important foundational concept of Optimal Aging. You have also learned more about complementary and alternative healthcare approaches, and body-mind and integrative medicine. You now have tools you can use to find more information about the idea and approaches we have discussed, and you have direct experience of several of the approaches. You have increased your understanding of the demographics of aging and learned a variety of techniques that can be helpful in working with your geriatric, and other, patients.

We hope this has given you additional information and tools you need to work effectively and humanely with your geriatric clients. We expect that you will find that working with geriatric clients can be very rewarding, especially when done within the context of the principles of Optimal Aging.

## Lecture Discussion Questions

### Questions about Optimal Aging and Geriatrics

- How can you apply the ideas of optimal aging in your practice?
- Do you have positive or negative attitudes towards, or fears about, working with geriatric patients? If so, what and why? How can you address them?
- Identify some of the benefits of using the optimal aging concept with all of your patients, and explain how this model can help you be a better medical or healthcare professional.

### Questions about Complementary and Alternative Healthcare

- Are there complementary and alternative healthcare approaches that you know a lot about? Which ones?
- Are there complementary and alternative healthcare approaches that you want to know more about? Which ones? How can you learn more about them?
- Are there complementary and alternative healthcare approaches that you want little or nothing to do with? Which ones? Why? How might you deal with your geriatric patients who are using those techniques?

### Questions about Working Using Interdisciplinary Methods

- Talk about benefits of working in interdisciplinary way with other providers. How can they be maximized?
- Talk about problems or constraints of working in interdisciplinary fashion with other providers. Identify ways the problems can be addressed.
- When would you seek out information from other providers? Why?
- What type of providers would you be most likely to be most willing to work with? Why?
- Have you ever worked in an interdisciplinary manner? What did you like about the experience? Why? Was there anything you did not like? Why?

- Have you ever been the recipient of someone using an interdisciplinary approach to a condition or problem? What did you like about that approach? Why? Was there anything you did not like? Why? How could you address similar problems in your own interdisciplinary work?

## Main Teaching Points

1. In the United States, one in eight Americans is age 65 or older. In Michigan, more than one in five individuals is age 60 and older, which is a little higher than the national average. A person who lives to be age 65 is likely to live another 20 years. Globally, the world population is aging at a faster rate than other age groups.
2. This has implications for medical and healthcare professionals.
3. Older adults often present more complex and more chronic conditions, complicating treatment recommendations.
4. A solid, practical, and useful framework for working with geriatric patients has been developed by Ken Brummel-Smith, M.D., a noted geriatrician. He provided an easy, working definition of Optimal Aging that is commonly used by clinicians and others working with geriatric patients.

Definition of Optimal Aging: Optimal Aging is the capacity of the geriatric patient for functioning across many domains – physical, functional, cognitive, emotional, social, and spiritual – to one’s satisfaction and in spite of one’s medical condition.

5. Definition of alternative or complementary healthcare approaches: Approaches to healthcare that are considered alternative or complementary to allopathic medicine (which typically involves the use of drugs, surgery, or rigorously tested FDA-approved modalities of treatment). Alternative or complementary medicine typically involves the use of natural substances, such as herbs, and essential oils, and the use of mind, body, and spiritual techniques. The terms alternative and complementary are often used interchangeably, but generally, alternative healthcare refers to techniques and approaches that are alternative to conventional medicine, and complementary healthcare refers to techniques or approaches that are complementary to conventional medicine.

6. Definition of mind-body medicine or integrative medicine: Integrative medicine involves the best approaches from all branches of healing modalities: allopathic, osteopathic, and complementary or alternative medicine. Mind-body medicine focuses on the interactions between the brain, the body, the mind, and behavior. It also focuses on ways in which emotional, mental, social, spiritual, experiential, and behavioral factors all affect health.
7. The National Center for Complementary and Integrative Health (NCCIH), located within the U.S. National Institutes for Health (NIH), is one of the largest and most complete resources for scientifically based information about complementary and alternative medicine.
8. In this module series, we organize complementary and alternative healthcare approaches into three categories: those that use the body as the starting point, those that use the mind as the starting point, and those that use the spirit as the starting point. Although this is an artificial way to organize a vast amount of information, and indeed there is some overlap between the three categories. We did this in the belief that this system of organizing complementary and alternative healthcare approaches would be a system that most medical and healthcare professionals would find useful. Healthcare professionals generally focus on the body, so we are assuming they would be most comfortable with approaches that use the body as a starting point. Less common or familiar, perhaps, are approaches that start with the mind. Least common or familiar would be those approaches that begin with the spirit. Thus, we have given professionals a place to begin, in areas with which they are most familiar, and then moved through other approaches that are less common, less familiar, and perhaps less comfortable.
9. Approaches that start with the body are discussed in Module 4 and include the following: Aromatherapy, Homeopathy and Bach Remedies, Massage, use of music by both listening and playing, Qi Gong and Tai Chi, Reiki and Therapeutic Touch, Yoga, and Osteopathic Manipulation Technique.

10. Approaches that start with the mind are discussed in Module 5 and include the following: Meditation (examples are given of Transcendental Meditation and Mindfulness Meditation), Affirmations, Visualizations, Hypnosis (Self-hypnosis and hypnosis guided by someone else), use of word and number games as a way of maintaining mental acuity, handcrafts such as knitting, crochet, needlepoint, etc., and other hobby-type activities that require mental focus.
11. Approaches that start with the spirit are covered in Module 6 and go into greater depth on the approaches of Affirmations and Meditation (mantra meditation, breathing meditation, contemplation and concentration), and we also discuss Prayer, Visualization, and Gratitude as a practice.
12. Not only do patients age and become geriatric, but so too do medical and other healthcare professionals age. With aging comes a change in abilities, memory, agility, physical capabilities, vision and hearing and these changes may affect a medical or healthcare professional's ability to do their job. Self-awareness is important to recognize changes and their impact, and make necessary adjustments in scope of practice.
13. As more people seek out complementary and alternative healthcare, so too will geriatric patients do the same. In order to provide the best possible care and make the best treatment recommendations, medical and healthcare professionals may find it useful to work with other healthcare professionals working with their geriatric patients. An interdisciplinary approach can bring big dividends in improved quality of care, with possible reduction in cost, leading to improved quality of life for geriatric, and other patients.

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