AN INSIDE LOOK AT.....

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Froio
socialization
Information
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Toolbox!
Exclusive Poll: 
Women 50 and Older Could Decide the 2020 Election

Almost all plan to vote and a wide majority are still undecided

The path to victory for candidates in the 2020 elections will run through women age 50 and older, according to a new AARP poll that finds 95 percent of older women plan to cast a ballot in November. The survey shows that these voters are engaged, motivated and plan to closely scrutinize the positions of those seeking their support on such pivotal issues as health care and the economy.

“We think this poll is important because it shows women are going to be a decisive voice in the 2020 election,” says Nancy LeaMond, AARP executive vice president and chief advocacy and engagement officer. “This tells us that the candidates better be focused on what older women care about in this election.” And the data clearly shows, LeaMond adds, that “we’ve moved to an era in this election where the old ‘It’s the economy, stupid’ axiom has given way to: ‘It’s health care, stupid.’”

The Harris Poll conducted the survey for AARP. It’s the first in AARP’s “She’s the Difference” series that will continue through the 2020 election season.

This research proves that “women are coming out,” says Tawny Saez, senior strategist at Harris, who says the response that 95 percent of women age 50 and over plan to vote “is one of the highest I’ve ever seen. Women 50-plus have been an overlooked group you cannot overlook any longer.” According to April, 2019 U.S. Census data, women over the age of 50 comprise 28 percent of all registered voters.

Among the 95 percent of women voters who say they are likely to vote, 87 percent say they are very likely. Only 1 percent say they do not plan to vote. This obvious interest in the 2020 election tracks with other recent polls and the analyses of election experts who are predicting that the 2020 turnout will be one of the highest in American history.

The poll was conducted online from Nov. 8 to Nov. 25 among 3,151 registered voters age 50 and over, including 1,924 women. Here is a look at some of the other key findings of this survey:

1. **Women age 50+ are mostly undecided**

    Seven out of ten women over fifty are undecided about who they will vote for in the 2020 election

    “The fact that so many women are still undecided goes to show how important this election is for them,” says Saez. The current candidates have not convinced women age 50 and older that they’ll make sufficient progress on the issues they care about, she says, especially health care and the economy. “There’s almost a fear of electing another leader that’s not going to move the needle on issues affecting their daily lives.”

    Of women 50+ who say they’re likely to vote in November, 22 percent say they’ll probably make up their minds several months before Election Day and 11 percent expect to decide on Election Day. Those findings were virtually the same among African American, Hispanic and suburban women. Slightly more men in that age group — 37 percent compared to 31 percent of women — say they’ve already made up their mind about who to support.

2. **Many cannot afford health care**

    **40% women age 50+ say they can’t afford health care**

    “Politicians need to start thinking from the woman’s point of view on these key issues,” Saez says. “How are they being impacted by rising health care costs? Why is health care so important to them?”

    Twenty-six percent of women polled say they skipped medical care because it was too expensive and 14 percent say they went into debt because of high health care costs. Women also believe older Americans are being taken advantage of when it comes to health costs. Nearly 7 in 10 feel older people pay too much for health care compared to others, and 85 percent say people with preexisting conditions should not have to pay more for their health care coverage.

3. **Women 50+ most value ethics and trust in their leaders**

    **Women age 50+ say quality most important for leaders is Ethics (39%), Trust (36%) and Intelligence (30%)**

    “The whole question of values is increasingly important to voters,” says LeaMond. “People want to be represented by people they can trust and people who they believe are operating in their interests, and that’s apparent in this data.” This is particularly important to women, LeaMond says, “particularly as they have all this economic anxiety. And that economic anxiety drives a whole set of questions about which candidate is really delivering for me, not just saying something, but doing something.”

In addition to women looking for elected officials who are ethical, trustworthy and intelligent, 45 percent of those polled say they would prefer an experienced candidate in 2020 over one who brings a fresh perspective (32 percent) to the nation’s issues.

**Continued on insert page**
Mirthful Medicine

March was declared International Mirth Month by self-proclaimed "jollyologist" Allen Klein. Klein's interest in the healing power of mirth came in 1974 when his young wife died of liver disease. Despite her deteriorating health, Klein's wife kept her sense of humor to the end. She inspired Klein to give up his career in the theater and become a crusader for the stress-relieving benefits of humor.

Whether facing sicknesses or enduring other stressful situations at home or in the workplace, humor has been proven to be beneficial for both the body and the soul. Our human ancestors were aware of the benefits of laughter thousands of years ago. A proverb from the Old Testament states, "A merry heart doeth good like a medicine." More recently, doctors studying the effects of laughter on human physiology have compiled empirical evidence to support these claims. Laughter releases endorphins, the body's natural pain-relieving hormones; increases the production of cells responsible for strengthening our immune systems; and lowers cortisol, the hormone responsible for stress. Furthermore, humor has been shown to help us dispel fear and encourage creative thinking. In so many ways, our ancestors were right!

So how do we add more mirth to our daily routines? First and foremost, when you laugh, be sure to do it loud and proud. Big belly laughs leave muscles relaxed for 45 minutes. Funny television shows, YouTube clips, or friends are worth their weight in gold. Perhaps most importantly, learn to laugh at yourself. Don't be afraid to share your own shortcomings or funny mistakes. Anthropologists believe that sharing our funny moments and drawing laughter is one of the strongest types of social glue, bringing friends nearer and keeping them close.

If you want to learn more about humor theory, check out The Humor Code: A Global Search for What Makes Things Funny by Peter McGraw and Joel Warner.

Activity Connection, March 2020

How to Treat 10 Top Vision Problems

From floaters and flashes to dryness and sharp pain, know what symptoms may signal a bigger problem

You may think that recent changes in your vision are just another sign you're getting older. That may not be so. Although nearly half of the people who struggle with a visual disability are 65 or older, many of those cases could have been prevented. "It's not normal to be losing vision as you get older, and there's usually an underlying reason," says Rahul Khurana, a physician and clinical spokesperson for the American Academy of Ophthalmology. With new treatments for a variety of eye diseases, doctors can slow their progression or reverse the damage — though you have to know what's going on first. Here are some troubling eye symptoms and what to do if you experience one.

You have double vision
First, a self-test: Cover one eye. Is the symptom still there? If yes, that's good news. The cause could be dryness; using artificial tears to lubricate the eye surface may help, says Jennifer Eikenberry, an ophthalmologist and assistant professor of clinical ophthalmology at Indiana University School of Medicine. More worrisome is when the problem is "binocular," meaning that double vision disappears when you close one eye. "It's a sign that your eyes are not aligned, and we worry that the double vision is caused by a nerve palsy from a stroke or aneurysm," she explains.

You see floaters or flashes
With aging, the gel-like substance in your eye starts to liquefy; as it pulls away from the retina, you may see dark moving spots called floaters. According to Khurana, 85 percent of the time, these are not dangerous. But if you see new floaters or flashes of light in your field of vision, contact an ophthalmologist immediately; you may need a dilated eye exam to rule out a retinal tear.

Your eyes feel dry
You may be soaking up too much screen time. Staring at a screen cuts your blink rate in half, so your eyes get parched and uncomfortable easily. If you're experiencing dry eye daily, take frequent breaks and use preservative-free artificial tears four times a day (even if you don't think you need them), Eikenberry says.

You have a sharp eye pain
If it was a split second of hurt, you're OK now and your vision is fine, then you don't have to sound the alarm, Eikenberry says. If, however, the pain lasts awhile, is recurring or is associated with redness, discharge or

Continued on insert page
S.H.I.N.E. (Serving Health Insurance Needs of Everyone)
Call for appt. 499-9346
Tuesdays @ 12:00

Foot Clinic
By Appointment 499-9346
Thurs Mar 5th 9:00

March Breakfast Club
Diane Monterosso gives an overview of the many beneficial opportunities that the Retired Senior Volunteer Program (RSVP) offers.
Thurs Mar 12th 8:00 a.m.
$3.00

Pittsfield Tree Watch
Grow your tree interest!
Thurs Mar 12th Coffee Shop 4:00 p.m.

St. Patrick’s Day
Special Comedy Dungeon Pop-Up Performance!
Tues Mar 17th
11:30 Reserve Day Ahead

New Member Day
Find your way.
Let us know you’re coming 499-9346
Wed Mar 18th 10:00 a.m.

March Card Party
Rake it in!
Thurs Mar 19th 1:00 p.m.
Four are best $2.00

Legal Education
Have legal questions evaluated.
Thurs Mar 19th 1:00 p.m.
By Appt 499-9346

MOLARI Blood Pressure Clinic
499-9346 by appt.
Tue Mar 24th 9:00

Brown Bag Day
Fri Mar 27th 10:30 a.m.
46% of women age 50+ give leaders failing grades on addressing high cost of Health Care and Rx

health care
“Over and over we’re seeing a lot of conflict in elected leaders’ ability to address this issue,” says Saez. Women have such a high standard in terms of expectations of change, and there has been little movement on the cost of health care and prescription drugs.” Women, she says, “haven’t seen change in their households.”

Overall, a majority of women (56 percent) 50 and over report an unfavorable opinion of national elected leaders, including the president and members of Congress from both parties. Thirty-six percent also give them failing grades in handling the opioid epidemic, 34 percent on handling prices rising faster than income and 32 percent on the affordability of college and student debt.

5. Nearly half of 50+ women also think the economy is on the wrong track (compared with 35% of men)

The poll shows that 50-plus women are not optimistic about their personal economic prospects. Of those surveyed, only 24 percent expect their personal financial situation to improve in the next 12 months versus 38 percent of men. This lack of confidence in the economy is also dragging down women’s prospects for retirement. While 62 percent of men over age 50 are confident they will live comfortably in retirement, only 47 percent of women have that same belief.

“Women are more economically challenged,” says LeaMond. “They are typically more often in lower wage jobs. They’ve taken time out of the workforce either for child rearing or caregiving. And they are more concerned about age discrimination in the workplace. All of those things drive them to be very concerned about the economy’s impact on them.”

6. They’re down on drug companies

65% of women age 50+ have an unfavorable opinion of PHARMA companies

AARP research has found that older adults take between four and five medications each day and that many have to decide between taking their drugs as prescribed and affording such daily necessities as food and lodging. In this poll, 13 percent of women 50 and over report rationing their medications because of the cost.

That 65 percent of women have an unfavorable opinion on pharmaceutical companies “says to me that health care costs are top of mind and that women as the family navigators of the health care system know where those high costs are,” says LeaMond. For the past year, AARP has waged a Stop RxGreed campaign, designed to convince state and federal lawmakers to enact measures to lower the cost of prescription drugs for older Americans and all consumers.

7. Women 50+ are the chief health care officers of their families

“How I didn’t manage the health of my household it wouldn’t get done.” Say 65% of women age 50+

“Women are the deciders and the CEO of the household,” says LeaMond. “They are making most of the economic decisions and most of the health care decisions.” Of those women polled, 57 percent of women say they prioritize the health of their family over their own and 58 percent report being the sole health care decision-maker in their household.

By Dena Bunis, AARP, December 18, 2019

How to Treat 10 Vision Problems

You see glare when you drive
It’s not just you: The glare from headlights is becoming a problem for everyone, thanks to new designs that incorporate LEDs, a higher-intensity blue-wavelength light, Wisner says.

Glare, though, can indicate a variety of problems, from dry eye to cataracts, so it’s always a good thing to get checked out, he adds. Regular exams also ensure you’re using your best prescription, which is needed for clear vision at night.

Different professionals treat specific issues. Here’s a rundown:

Go to the optician if …
• You have a new glasses prescription.

Go to the optometrist if …
• You have difficulty reading close up.
• You’re experiencing changes in visual acuity.
• You tear up more than usual.
• You’re suffering from dry eye.

Go to the ophthalmologist if …
• Your vision is blurry.
• You notice a dark spot in the middle of your field of vision.
• You’re seeing flashes or new floaters.
• You have difficulty seeing far distances.
• There is a sharp pain in one eye, along with vision changes.
• You have trouble driving because of glare.

Go to your primary care physician if …
• You have regular headaches.

Go to the emergency room if …
• You suddenly lose peripheral vision on one side.
• You experience any sudden loss of vision.
• You have double vision that disappears when you cover one eye.

By Jessica Migala, AARP, January 30, 2020
<table>
<thead>
<tr>
<th>Event</th>
<th>Time</th>
<th>Location</th>
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<tbody>
<tr>
<td><strong>March Senior Center Events</strong></td>
<td></td>
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<tr>
<td><strong>Everyday!</strong></td>
<td>11:30 a.m.</td>
<td>Meal Site</td>
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<tr>
<td>The ancient Greek biographer and philosopher Plutarch (AD 46-120?) opined that “It is a hard matter, my fellow citizens, to argue with the belly, since it has no ears.” Today’s diners might analogize this to mean: it’s hard to fault Meal Site because there’re nothing but unequivocal upsides! Embrace a bounty of socialization and good will. Reserve a day ahead.</td>
<td>1-800-981-5201</td>
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<tr>
<td><strong>Tuesdays!</strong></td>
<td>12:00 p.m.</td>
<td>SHINE (by appt.)</td>
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<tr>
<td>S.H.I.N.E. (Serving Health Insurance Needs of Everyone) counselors help you navigate the oft treacherous maze of health insurance programs. Call Froio at 499-9346, or Elder Services directly at 499-0524.</td>
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<tr>
<td><strong>Thursday, March 5</strong></td>
<td>9:00 a.m.</td>
<td>Foot Clinic ...kickin’ it!</td>
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<tr>
<td>Step by step, the Foot Clinic is alive and kickin’! In the capable hands of Lisa Christman, R.N., you’ll find that all of your foot care needs are thoroughly managed. Her attentive ministrations are good for the sole, and the soul! Please call Lisa directly for appointment: (413) 443-6014</td>
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<tr>
<td><strong>Thursday, March 5</strong></td>
<td>10:00 a.m.</td>
<td>Gruppo Italiano!</td>
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<tr>
<td>Liliana Cohen initiates a new, inviting Italian language-learning club. Ciao!</td>
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<tr>
<td><strong>Monday, March 9 &amp; 23</strong></td>
<td>10:00 a.m.</td>
<td>The Councilman is In!</td>
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<td>The Froio Center hosts councilman Kevin Morandi’s invaluable “open office” sessions. His informal Q &amp; As take place a day before City Council meetings, maximizing the potential for a responsive “public-to-council” conduit.</td>
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<tr>
<td><strong>Wednesday, March 11</strong></td>
<td>6:00 p.m.</td>
<td>Monthly Civil War Roundtable</td>
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<td>Gary Crippa has organized a Civil War lecture/discussion group: second Wednesdays.</td>
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<tr>
<td><strong>Thursday, March 12</strong></td>
<td>8:00 a.m.</td>
<td>Breakfast Club</td>
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<td>Diane Monterosso presents an overview of the rewarding opportunities and benefits to be derived from RSVP (Retired Senior Volunteer Program). Breakfast Club: always informative, always delectable.</td>
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<td><strong>Thursday, March 12</strong></td>
<td>4:00 p.m.</td>
<td>Pittsfield Tree Watch</td>
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<td>Tree Watch explores your deep-rooted tree interests. Keep counsel with a cabal of committed tree enthusiasts. 4:00 p.m. in the Coffee Shop.</td>
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<tr>
<td><strong>Tuesday, March 17</strong></td>
<td>11:30 p.m.</td>
<td>St. Patrick’s Day Party at Meal Site</td>
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<td>Join us on this day when everyone gets swept up in a wide swath of Erin Go Bragh spirit. Meal Site revelers will not only be wearin’ the green, but will be regaled by a celebratory Comedy Dungeon Pop-Up Performance! Reserve a day ahead! 1-800-981-5201</td>
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<tr>
<td><strong>Wednesday, March 18</strong></td>
<td>10:00 a.m.</td>
<td>New Member Day Tour (Tour du Jour!)</td>
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<td>Unearth the basic facts, and the nuances, of the Senior Center. There’s more than meets the eye. We relish the opportunity to convey the full essence de Froio. Let us know you’re coming. 499-9346.</td>
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<td><strong>Thursday, March 19</strong></td>
<td>1:00 p.m.</td>
<td>Legal Education</td>
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<tr>
<td>Attorneys from Pittsfield Family and Probate Court evaluate your legal issues and offer helpful direction. By appointment, 499-9346.</td>
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<tr>
<td><strong>Thursday, March 19</strong></td>
<td>1:00 p.m.</td>
<td>March Card Party</td>
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<tr>
<td>32nd president Franklin D. Roosevelt flipped the usual script when he said, “I think we consider too much the good luck of the early bird and not enough the bad luck of the early worm.” At monthly Card Party your good fortune may be equally topsy-turvy, it’s all in your perspective! Be prepared to find bottomless coffee, prizes and snacks! Unless otherwise arranged, foursomes are best.</td>
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<tr>
<td><strong>Tuesday, March 24</strong></td>
<td>8:45 a.m.</td>
<td>Blood Pressure Clinic</td>
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<tr>
<td>MOLARI Health Care monitors your blood pressure. Call 499-9346 for an appointment.</td>
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<tr>
<td><strong>Friday, March 27</strong></td>
<td>10:30 a.m.</td>
<td>Brown Bag</td>
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<tr>
<td>Be a part of this monthly nutritional grocery program. Inquire about Brown Bag and SNAP benefits.</td>
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Emergency responders in the United States typically default to what one research team called a “maximalist” strategy. But as with any intervention, CPR has its own risks: broken bones, lacerated organs, trauma for the patient and family, expense, diversion of emergency services from patients more likely to benefit, even traffic deaths.

Such policies also may not acknowledge older adults’ specific risks or values.

“As a resuscitation researcher, I want to save everybody,” Dr. Starks said. “But I think we’ve entered this zone where we’re trying to escape ordinary death.”

Of course, a few seniors do well after resuscitation. “An older person in good physical condition who has a shockable rhythm — it can work,” Dr. Druwé said. “But you have to be lucky.”

Ray Dubrown had that sort of luck. At 89, despite aortic stenosis, he had joined a gym in suburban San Diego and was working with two trainers there when he collapsed. The trainers, Army veterans, began immediate CPR.

At the hospital, his daughter recalled, his family and doctors were planning for hospice care when Mr. Dubrown began to regain consciousness. In two weeks, he returned to his normal routines and had two more good years before dying suddenly at home.

But such recoveries, the stuff of everyone’s hopes, occur rarely among older adults. Aside from that, prolonged life may not be their primary goal. Informed about the realities of CPR, “if they have a high probability of mental or physical disability, they’re less likely to want it,” Dr. Druwé said.

While professional organizations grapple with guidelines for starting and stopping resuscitation, older adults can make their wishes known by discussing them with their doctors and families, then documenting them in advance directives.

Because do-not-resuscitate orders apply only in hospitals, states began adopting non-hospital D.N.R. policies in the 1990s. But there is a newer and more comprehensive document, covering a variety of health care choices beyond resuscitation and carrying legal weight in any setting, called a Polst (short for “physician orders for life-sustaining treatment”).

Meant for people with serious illnesses at any age, Polst programs are available in nearly every state, though forms and names differ. The Polst website provides state-by-state information.

For now, CPR remains the default for almost everyone, including very sick and frail older patients with poor prognoses.

“In 20 years, people will say: ‘Why do we do this? It makes no sense,’” Dr. Ouchi predicted. “First, do no harm.”

By Paula Span, New York Times,
The New Old Age column, January 31, 2020

Blurry vision, call your eye doctor, she advises. Eye pain can be caused by a foreign body, infection or injury.

Your vision is unusually blurry
You’ll need an eye exam to check the cornea (is there any dryness?), lens (cataracts?) and retina (any bleeding or abnormal blood vessels that would suggest diabetes or high blood pressure?), Eikenberry explains. If all is clear, the doctor will work to optimize your glasses prescription and, for dry eye, may recommend artificial tears. Both steps can help sharpen vision.

You’re losing peripheral vision
A gradual decrease in your ability to see out of the sides of your eyes may indicate glaucoma, a condition in which pressure builds up in the eye and damages the optic nerve, Eikenberry explains. Any degradation warrants a scheduled visit to your eye doc. But losing peripheral vision suddenly or to one side may be a sign of a more immediate issue, such as a stroke, tumor or, if accompanied by flashes and floaters, retinal detachment; these symptoms call for an immediate exam.

You’re having trouble reading
Presbyopia occurs when the lens loses its ability to change shape and accommodate for close-up vision; this naturally develops after age 40 or so. Although drugstore readers can help, see your optometrist or ophthalmologist: You may now be a good candidate for contact lenses.

You see dark spots in the center of your vision
People describe floaters as spots that move when the eye does. But if you’re seeing a blurry or blind spot in the center of your vision when you’re reading a book or watching TV, that’s not a floater, Khurana says. Choroidal neovascular macular degeneration (aka wet AMD) is one concern; abnormal blood vessels grow under the retina and can leak fluid. Wet AMD can be treated effectively with drugs and other therapies — only if you catch it early.

You have reduced night vision
It may be as simple as uncorrected nearsightedness. “Vision problems often become apparent at night, when the pupil dilates,” notes Doug Wisner, a cataract surgeon and assistant professor of ophthalmology at Wills Eye Hospital in Philadelphia. A new glasses prescription may be all you need. But another possibility is cataracts, a clouding of the lens that can happen with age.
Questioning CPR as a Default Response

When very old patients suffer cardiac arrest, doctors usually try to revive them — even if they were already near death.

A few months ago, an ambulance brought a woman in her 90s to the emergency department at Brigham and Women’s Hospital in Boston.

Her metastatic breast cancer had entered its final stages, and she had begun home hospice care. Yet a family member who had discovered her unresponsive that morning had called 911.

The paramedics determined that she was in cardiac arrest, began cardiopulmonary resuscitation and put a breathing tube down her throat.

“It’s a common scenario,” said Dr. Kei Ouchi, an emergency physician and researcher at Brigham and Women’s who reviews such cases. “And it’s not going to have a good outcome.”

At the hospital, the patient’s blood pressure continued to fall despite intravenous medications. “She was trying to die, and it was only a matter of time before she arrested again,” Dr. Ouchi said.

An oncologist and emergency physicians met with the patient’s family, and explained that her odds of survival were extremely low and that she might well suffer permanent cognitive damage even if she lived. The family agreed to stop resuscitation and return to comfort measures, and the woman died within 24 hours.

Dr. Ouchi’s question: “Should CPR even have been started for this patient?”

It’s a question arising with greater frequency as more people live to advanced ages, when the odds of surviving an out-of-hospital cardiac arrest after CPR are grim, and the chances of avoiding significant neurological disability are worse.

“Many of us in daily practice have the perception that we regularly do resuscitations that are futile from the inception,” said Dr. Patrick Druwé, an intensive care physician at Ghent University Hospital in Belgium. “We wanted to examine that.”

Dr. Druwé’s team organized an international network to survey health care professionals in Europe, Japan, Israel and the United States. The group’s latest study, published in the Journal of the American Geriatrics Society, looked at CPR for adults over 80 who suffered out-of-hospital cardiac arrest.

The results spotlight not only their dismal survival rates — already reported in the medical literature, though probably not widely understood by the public — but how often health care professionals support resuscitation anyway.

In this sample, about 600 clinicians — half paramedics and emergency technicians, the rest emergency physicians and nurses — were asked to recall their most recent patient over 80 who had undergone CPR.

Did the clinicians fully agree with starting resuscitation? Did they feel sure resuscitation should not have been started? Or were they uncertain?

Only 2 percent of these patients survived long enough to leave the hospital. Yet more than half the health care professionals thought CPR was appropriate in those cases. Only 18.5 percent thought it inappropriate.

In cardiac arrest, a minority of patients have what’s called a “shockable” rhythm: The heart is moving, but abnormally, and it is not pumping blood effectively. Using CPR and then a defibrillator to shock the heart can restore circulation and save the patient’s life.

But for patients with so-called non-shockable rhythms — whose hearts show electrical activity yet are not pumping at all — survival rates fall sharply.

The proportion of cardiac arrests involving non-shockable rhythms increases with age. In this multinational sample, almost 90 percent of the CPR attempts on patients over 80 involved non-shockable rhythms.

The researchers also found that more than 40 percent of these cases were “unwitnessed,” meaning that because no one saw the victims collapse, rescuers had no information about how long they had been in arrest — a crucial factor when the odds of successful resuscitation diminish by 10 percent with each minute.

None of the elderly patients with non-shockable rhythms and unwitnessed arrests survived hospitalization. Yet about 44 percent of the surveyed clinicians thought those attempts, too, were appropriate. Nursing home residents had particularly dire outcomes.

The study had limitations, including its reliance on clinicians’ memories. But other research has documented bleak outcomes after CPR for out-of-hospital cardiac arrest at advanced ages, even though resuscitation results have improved over all. (For hospitalized patients, it succeeds more frequently.)

Swedish researchers using data from a national registry found that 30-day survival dropped from 6.7 percent for patients in their 70s to 4.4 percent for those in their 80s to 2.4 percent for those over 90.

In San Mateo County, Calif., researchers found that of patients over 80 with unwitnessed arrests and non-shockable rhythms, none survived to hospital discharge.

Among medical organizations, “the big ethics discussion has been around, ‘When do we stop?’” said Dr. Monique Starks, a cardiologist at the Duke University School of Medicine and an author of an editorial accompanying the study. “Only recently have there been discussions about, ‘When do we start?’”

Continued on insert page
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**Skywalker**

We walk the edge of skies sure-footed atop buildings dams and monuments, sought out for work on high climbing jobs because we know no fear.

Our people are the Mahicans.

We left our footprints along the length of the Housatonic River.

We left the wetsus, the wigwams, long ago under duress and weeping skies, carrying lives, sacred spirits deep within the drumbeat of our hearts.

We suffered indignity after indignity, killed and rekindled.

You’ve heard this all if you listened closely.

We fought back too late, dealt bad mistakes, pushed from place to place.

Stockbridge Indiantown took us into their village until that too became another departure.

Our cause unwinnable, we, Mahican Peoples of the Continually Flowing Waters, held our spirit selves close and did not lose ourselves.

Generation after generation we passed on language, stories, music, tradition and rituals.

We kept healing knowledge of the land, animals, plants and water.

It was to be shared, respected, used sparingly, given mighty thanks for what was taken.

We kept healing knowledge of the leaves and bark of the willow, the strength of sage, cedar, sweet grass, the cleansing properties of sweat lodge and more than one could carry.

We recovered, remembered much, and that has been good.

We are now the Stockbridge Munsee tribe and we return, visit and bless what was left behind.

Imagine the sweet sound of native wooden flute through the woodlands.

See us as we were, as we are.

We have walked the edge of infinity more perilous than tall buildings atop sky.

It is why we can walk high without fear.

We dropped fear piece by piece each mile of our endless journey.

And our mothers’ mothers still walk the sunlit meadows gathering yarrow to brew healing tea.