

Elizabeth Eckstrom's 2017 Sabbatical Update: Denmark and Sweden

My most recent sabbatical visits were to Denmark and Sweden. My colleague from the OHSU Brain Institute, Bobby Heagerty, accompanied me for this trip. We went first to Copenhagen, where we visited the Parker Institute, a research institute that studies musculoskeletal conditions, movement, and function in older adults. We learned about some of their innovative research to optimize independence and function in patients with musculoskeletal conditions, and I gave them a talk about falls and tai chi- which was of great interest!



Testing some of their muscle analysis equipment on me, and the research space where the team studies activities of daily living

We had a much longer visit to Stockholm, and learned so many interesting things.

The population of Sweden is 10,000,000. 80% live in urban areas, and the over 65 age group will grow from 20% to 25% by 2020 (Portland has about 16% over 65).

The Global AgeWatch index has ranked Sweden as the best place in the world to grow old, based on income, employment, health provision, education, and environment (the US did make the top 10). Life expectancy is among the highest in the world - 79.9 years for men and 83.7 years for women (second only to Japan). Health has improved in the older population over the last few decades, so care needs have decreased overall (Good news if we can replicate this!).

Sweden allocates 3.6% of its GDP to long term care and has the largest health care workforce in the world serving citizens over 65. 94% of people over 65 live at home, and elders receive in-home assistance when needed. Swedes can choose if they want their in-home care covered by

public or private companies, and only 4% of all care (health care or home care) is paid for by the patients themselves. Much of the care that used to happen in hospitals now happens in the home by health care teams. Swedes must apply for benefits, either in-home care or special housing. Someone can come in every 2 hours around the clock if needed! When applying for special housing, people can view the outcomes of all the units and choose what works best for them.

All people 65+ who receive social services complete a questionnaire once a year asking about satisfaction with the services. This helps the government keep quality high.

What is Sweden doing about falls?

The Swedish government requested a campaign to reduce risk for falls. They are providing web-based team training to primary care clinics. They also **work with seniors so that they will ask their physician about the program. They also use seniors as advisors to the project.**

Sweden has 1000 fall deaths/year (1/10,000 compared to 5.6/10,000 in the US). They want to cut this number in half over the next year!

Sweden has special municipal “fixers” who can come in and hang curtains or change lightbulbs (and other similar chores) to help reduce falls in older adults.

Dementia care in Sweden

One of the research trials that has shown healthy diet, regular exercise, and community engagement reduce the risk of developing dementia is called the FINGER trial. I met with the research team at Karolinska Institute and they told me that they received funding to conduct a replication of the FINGER trial in people who already have dementia, to see if it slows progression of the disease. Every subject has to have a caregiver. They are enrolling people in the study now, but are worried that everyone already **has** a healthy lifestyle so they won't be able to make a big enough impact!

Dementia Awareness is high - every primary care provider (PCP) visit with an older patient addresses cognitive status. **If a PCP enrolls a patient in the memory registry they get a bonus from the government!** Apparently this doesn't lead to over diagnosis. Stigma around dementia has disappeared - the Swedish attitude favoring transparency helps. The Queen is an advocate because her parents had dementia. Cognition is in the news almost every day with tips to prevent Alzheimer's. They make it positive so it is something people want to do.

The [Healthy Aging through Internet Counselling in the Elderly](#) (HATICE) project is a European Union-wide internet project to motivate people with risk factors for cardiac disease and dementia risk factors to make behavior change. Qualitative analysis of the results shows people have good knowledge of their risk factors, though believe they can prevent cardiac disease but not dementia. The HATICE trial is working to ensure that people understand they can prevent cardiac disease **and** dementia.

What about medication use in older adults in Sweden?

Older people take a lot of drugs, but medication use in Sweden has decreased recently. The government gives a list of drugs every year that older people should not take (sleeping pills, opiates, anticholinergics, etc.), and each clinic has to report how many drugs on this list they have prescribed during the year. There is competition between clinics to not be the worst prescribers - even politicians keep track of this and don't want their county to be frequent prescribers of the bad drugs! Having this Registry has made a big difference - inappropriate drugs are GOING DOWN.

On the upside, PCPs have the "Wise List" (drugs that are most effective and most cost-effective), and if they prescribe 90% or more of their medications from this list they get a bonus.

What about end of life care?

Palliative care isn't super common. Many people have a short time in the nursing home (few weeks or few months) before death, and they get palliative care there. People like this and want to go to a nursing home at the end of life. There are also palliative care clinics and inpatient facilities but there are only 150 beds in Stockholm, so it isn't enough for everyone who needs it. Many people would actually like to be in a nursing home earlier than they can be.

One thing that was clear from the time we spent in Sweden and Denmark was that people generally think the government is good and are willing to do what the government recommends. Since that is not true in the US, it is harder to envision how government-run programs like those in Sweden might work. But it seems clear that we could take a number of ideas (registries with PCP bonuses for accurate dementia diagnoses, competitions between clinical sites to optimize medication prescribing, municipal "fixers") and make a real impact on care of older adults in Oregon!



Stockholm's old city, Karolinska Institute



Karolinska Institute (where I visited the dementia clinic)



Rich and I took a bike trip in the Dordogne (south central France) after I visited Scandinavia and we had a wonderful time!

My last sabbatical trip is a slightly different one. I will go to Utah to visit the premier Senior Games in the US. A research team studies the athletes and I will get to work with this team while I am there. And I will compete in the triathlon! I hope to interview some of the athletes over 80 who beat me (which won't be hard, since I am a terrible swimmer, and haven't been able to train very much).