



Aging with Spinal Cord Injury



The survival rates and life expectancy of people living with spinal cord injuries have improved thanks to decades of progress in treatment and care. At the same time, a growing number of people are acquiring disabilities later in life. With more seniors than ever before living with paralysis, it is important to understand how spinal cord injury will affect aging.

Q: What is the difference between aging with and aging into spinal cord injury?

The difference in definition is based on when the disability is acquired. People who

sustain spinal cord injuries at birth or at a younger age will age with the injury; people who become paralyzed later in life due to strokes or falls, age into spinal cord injury. Individuals aging with the injury will find the aging process itself accelerated and face a greater number of secondary conditions. For a person who is older at the time of injury, it will be necessary to learn to manage a new disability in addition to health issues associated with aging. These individuals also face an increased chance of sustaining a complete injury and experiencing life-threatening complications.

Q: How does aging impact someone with an SCI?

Health problems increase with age and occur more frequently in people aging with physical disabilities. Years of living with spinal cord injury can cause additional physical challenges, such as weakened function and heightened pain in the shoulder or wrist due to overuse from pushing a wheelchair. Bone loss begins to occur immediately after an injury is sustained, causing a higher risk of fractures over time and earlier in life; for women, the risk is compounded due to additional changes caused by menopause. Accelerated aging will likely impact organ function and cardiovascular health, alongside increased endocrine-related issues (such as diabetes,) chronic pain, pressure sores, and kidney and bladder stones.

Q: Are older people more susceptible to sustaining spinal cord injuries?

Yes. As people age, changes to the body create a heightened risk of falling, which is the leading cause of spinal cord injuries among individuals 65-years and older. Diminished balance, slower reflexes, bone loss, osteoporosis, weakened muscle mass, loss of body fat and cushioning, and reduced vision are all factors that can lead to a fall. Certain medications and chronic illnesses may also affect a person's mental alertness, or cause disorientation or dizziness that increases vulnerability to accidents.

Q: Is there anything people can do to minimize aging's impact?

Along with good nutrition, exercising throughout life is essential to maintaining overall health. To minimize the effects of aging and conserve musculoskeletal function, regularly practice muscle strengthening and balance exercises. Have a rehab specialist conduct a fall risk assessment to understand potential for fractures and identify helpful interventions (such as using a walker or adding threshold ramps inside a home or removing throw rugs from the home.) A bone density scan should be performed annually. Be willing to change habits as the body changes with age to continue living as independently as possible. Make sure housing is regularly reevaluated for accessibility and use adaptive equipment when needed, including braces, cushions, transfer boards, and height-adjustable beds. If transferring from a manual wheelchair becomes too difficult and discourages activity inside and outside the home, consider switching to a power chair. Remain engaged with friends and family and participate in the local community; a healthy social life is critical to preventing feelings of isolation, especially in the later years of life.

Q: Is there a hospital system or doctor that specializes in aging with SCI?

Resources for people aging with spinal cord injury will vary based on location, but larger hospital systems, those associated with medical schools, and rehabilitation centers focusing on spinal cord injury are good places to seek specialists. In addition, consulting a physiatrist (especially one that specializes in geriatrics) in the early stages of aging may be helpful. These doctors focus on medical conditions that can cause pain or limit function, including spinal cord injury. Treatment is holistic, which benefits individuals with spinal cord injury who experience widespread functional changes throughout the body after injury. Once you reach 50, your response to medication can change. In people who are aging, it is good to consult a geriatric pharmacologist to review all of their medications and the drugs' interactions.

Q: Do spinal cord injuries shorten a lifespan?

According to the National Spinal Cord Injury Statistical Center, life expectancy rates for people living with spinal cord injuries are lower than those for people without injury. For example, a person who sustains a C5-C8 injury at the age of 20 has 40.1 remaining years of life expectancy one year post injury; in comparison, a 20-year-old without a spinal cord injury has 59.4 remaining years of life expectancy. Life expectancy varies with severity and level of the injury, and the age at which it was acquired.

Sources: Model Systems Knowledge Translation Center, Department of Rehabilitation Medicine at the University of Washington, NIH Osteoporosis and Bone Related Diseases National Resource Center, Craig Hospital.

Need to talk to someone?

Our Information Specialists are available to answer your questions. Call toll-free 1-800-539-7309 Mon-Fri, 7am-12am ET. Or schedule a call or ask a question online at <https://www.ChristopherReeve.org/Ask>.

Aging with SCI Resources

Aging and Disability Resource Centers/ No Wrong Door

<https://www.usaging.org/adrcs>

<https://acl.gov/programs/connecting-people-services/aging-and-disability-resource-centers-program-no-wrong-door>

Call Eldercare Locator Toll-free 1-800-677-1116 to find the ADRC in your area. The No Wrong Door (NWD) System initiative is a collaborative effort of the ACL, the Centers for Medicare & Medicaid Services (CMS), and the Veterans Health Administration (VHA). The NWD System initiative builds upon the Aging and Disability Resource Center (ADRC) program and CMS' Balancing Incentive Program No Wrong Door requirements that support state efforts to streamline access to long-term services and support (LTSS)

options for older adults and individuals with disabilities. NWD Systems simplify access to LTSS, and are a key component of LTSS systems reform.

The Aging and Disability Resource Center Program (ADRC) is a collaborative effort of the U.S. Administration for Community Living (<https://acl.gov/>) (including AoA as of April 2012) and the Centers for Medicare & Medicaid Services (CMS) (<https://www.cms.gov/>). ADRCs serve as single points of entry into the long-term supports and services system for older adults and people with disabilities. Sometimes referred to as a “one-stop shops” or “no wrong door” systems, ADRCs address many of the frustrations consumers and their families experience when trying to find needed information, services, and supports. Through integration or coordination of existing aging and disability service systems, ADRC programs raise visibility about the full range of options that are available, provide objective information, advice, counseling and assistance, empower people to make informed decisions about their long term supports, and help people more easily access public and private long term supports and services programs. Click on your state to find state and local ADRCs.

The core functions of an ADRC are 1) information, referral and awareness, 2) options counseling, advice and assistance, 3) streamlined eligibility determination for public programs, 4) person-centered transitions, 5) quality assurance and continuous improvement. ADRCs perform these functions by integrating, coordinating, and strengthening different pieces of the existing long term supports and services systems, including Area Agencies on Aging, Centers for Independent Living, state and local Medicaid offices, and other community-based organizations.

ADvancing States (formerly National Association of States United for Aging and Disabilities (NASUAD))

<http://www.advancingstates.org/about-advancing-states>

241 18th St. S., Suite 403

Arlington, VA 22202

Phone: 202-898-2578

Email: info@advancingstates.org

ADvancing States represents the nation’s 56 state and territorial agencies on aging and disabilities and supports visionary state leadership, the advancement of state systems innovation and the articulation of national policies that support home and community-based services for older adults and individuals with disabilities.

Craig Hospital: Aging Resources

<https://craighospital.org/spinal-cord-injury-resource-library>

Craig Hospital: Aging and Spinal Cord Injury

<https://craighospital.org/resources/aging-and-spinal-cord-injury>

Eldercare Locator from ACL

<https://eldercare.acl.gov/Public/Index.aspx/>

Phone: 800-677-1116

Provides free info on aging programs and resources.

Medscape: Spinal Cord Injury and Aging

<https://emedicine.medscape.com/article/322713-overview>

This page has information on the aging process in people with spinal cord injury, including musculoskeletal, cardiovascular, gastrointestinal, pulmonary and integumentary, and endocrine changes.

National Caucus and Center on Black Aging Inc. (NCBA)

<https://ncba-aging.org/>

1220 L Street NW, Suite 800

Washington, DC 20005

Phone: 202- 637-8400

NCBA has helped protect and improve the quality of life for elderly populations, making certain that legislators, policy makers, philanthropists, advocacy groups, service organizations, thought leaders and the public at-large include minority seniors in their programs, policy- and law-making, and giving. NCBA is one of the country's oldest organizations dedicated to aging issues and the only national non-profit organization devoted to minority and low-income aging.

NCHPAD: Promoting Physical Activity for Older Adults

<https://www.nchpad.org/resources/promoting-physical-activity-for-older-adults/>

This page has information on how exercise can help older people with physical disabilities.

National Indian Council on Aging (NICOA)

<https://www.nicoa.org/>

8500 Menaul Blvd., NE, Suite B-470

Albuquerque, NM 87112

Phone: 505-292-2001

NICOA is a non-profit organization founded in 1976 which advocates for improved comprehensive health, social services and economic well-being for American Indian and Alaska Native Elders.

National Institute on Aging (NIA)

<https://www.nia.nih.gov/>

Building 31, Room 5C27

31 Center Drive, MSC 2292

Bethesda, MD 20892

Phone: 800-222-2225 (Toll-free), 800-222-4225 (TTY/toll-free)

Email: niaic@nia.nih.gov

NIA: Clinical Trials and Older People

<https://order.nia.nih.gov/sites/default/files/2019-06/clinical-trials-and-older-adults-booklet-508.pdf>

NIA: Health Info

<https://www.nia.nih.gov/health>

NIA: Why Participate in a Clinical Trial?

<https://www.nia.nih.gov/health/what-are-clinical-trials-and-studies>

Northwest Regional Spinal Cord Injury System: Aging with a Spinal Cord Injury

https://sci.washington.edu/info/forums/reports/aging_6.09.asp

This page has an 81-minute streaming video and a report of the June 9, 2009, presentation by **Rina Reyes, MD**, and **Ivan Molton, PhD**, of the University of Washington, Department of Rehabilitation Medicine.

Northwest Regional Spinal Cord Injury System: Everybody’s Doing It! Aging with a Spinal Cord Injury

<https://sci.washington.edu/info/forums/reports/aging-2012.asp>

A 78-minute streaming video presented on October 9, 2012, at the University of Washington Medical Center, Seattle, WA.

Northwest Regional Spinal Cord Injury System: Profiles of Aging with a Spinal Cord—Elaine’s Story

<https://youtu.be/INXDJKaEAE>

Elaine Stefanowicz was injured in a car accident as a teenager. She is now an academic adviser at a two-year college and former Miss Wheelchair America. She talks with UW clinical psychologist Jeanne Hoffman about her injury, the ways it shaped her life and career over 30-plus years, and how she stays healthy and independent as she ages with her disability.

Northwest Regional Spinal Cord Injury System: Profiles of Aging with a Spinal Cord—Clark’s Story

<https://youtu.be/BAC0vOwrucE>

Clark sustained a cervical spinal cord injury from a diving accident 35 years ago and went on to an active life, including college, career, sports, marriage, and fatherhood. He talks with Dr. Jeanne Hoffman about his life, aging, and staying healthy after more than three decades in a wheelchair.

Northwest Regional Spinal Cord Injury System: Rehabilitation Research and Training Center (RRTC) on Aging with a Physical Disability

<https://agerrtc.washington.edu/index.php?q=info/factsheets>

University of Washington

Box 356490

Seattle, WA 98195

Phone: 866-928-2114

They have factsheets on depression, sleep, exercise, getting the most out of a health care visit for people aging with disabilities.

The information contained in this message is presented for the purpose of educating and informing you about paralysis and its effects. Nothing contained in this message should be construed nor is intended to be used for medical diagnosis or treatment. It should not be used in place of the advice of your physician or other qualified health care provider. Should you have any health care related questions, please call or see your physician or other qualified health care provider promptly. Always consult with your physician or other qualified health care provider before embarking on a new treatment, diet or fitness program. You should never disregard medical advice or delay in seeking it because of something you have read in this message.

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