Office of Geriatric Medicine
University of Cincinnati
College of Medicine

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geriatric medicine gerontology Report

NEWS FOR THOSE WHO CARE FOR AND ABOUT OLDER ADULTS

Reynolds Foundation Award to Strengthen Geriatrics Training

Program will span student and resident education, faculty development efforts, as well as geriatrics training for primary care community physicians

Under the direction of the Office of Geriatric Medicine, the University of Cincinnati (UC) College of Medicine has been awarded a four-year, $2 million grant by the Donald W. Reynolds Foundation to strengthen training in geriatric medicine. The grant was awarded in response to a proposal submitted by Gregg A. Warshaw, MD, Director of the Office of Geriatric Medicine.

UC and its affiliate, the Health Alliance of Greater Cincinnati, will build on current geriatric medicine strengths and infrastructure to significantly increase and improve student and resident education and develop new training for all primary care and selected sub-specialty residents. A currently-lacking geriatric medicine faculty development program for primary care and sub-specialty faculty will be implemented as well as a much needed geriatrics training program for primary care community physicians.

To assist the participating academic departments with the required matching support, William Martin, MD, Dean of the UC College of Medicine, the UC Office of Geriatric Medicine, participating UC departments and the Health Alliance have committed $1 million in new institutional support for geriatric education.

Dr. Warshaw, project director, anticipates that by the end of the four years, a total of 363 trainees will participate in the program. This includes 14 faculty scholars, 32 medical students, 150 general internal medicine residents, 92 other primary care and sub-specialty residents, and 75 primary care community physicians. Says Dr. Warshaw, "This project will significantly improve physicians' training in geriatrics and the care of older patients in the greater Cincinnati tri-state area."

UNIVERSITY OF Cincinnati

Local Studies Survey the Domestic Violence Suffered by Older Women

It is estimated that about 25% of all women will experience some type of abuse in their lifetime. However, very little is known about the abuse older women suffer from their spouses and partners. To find out more about this problem in the Cincinnati area, a multi-disciplinary team of researchers–Therese Zink, MD, Bonnie Fisher, PhD, Stephanie Pabst, MEd, Saundra Regan, MGS, Barbara Rinto, MPA, and Elizabeth Gothelf, RN, MAG–from the University of Cincinnati (UC) Department of Family Medicine, the Division of Criminal Justice, the Women's Health Center and the Office of Geriatric Medicine, undertook two projects.

In one project, approximately 1000 Cincinnati-area women age 55 or over were interviewed over the phone about whether or not they had experienced abuse by a spouse, boyfriend, or other family member close to them. The results of the survey showed that since turning 55:

- 27% of the women had experienced some type of verbal abuse such as being called names, shouted or swore at;
- 17% had experienced emotional abuse such as having precious items broken or being threatened or frightened;
- 2.5% reported they were controlled by being put on an allowance, being checked up on or not being allowed to see family or friends;
- 4% experienced physical abuse such as being hit, kicked, slapped or choked;
- 3% experienced sexual abuse such as being pressured to have sex or forced to have sex that they did not want.

A second project interviewed women who were 55 or older over the phone to find out more in-depth details about the abuse that was experienced. The women who were interviewed reported experiencing abuse all of their married lives. The average marriage had lasted about 25 years although some had been married over 50 years. Although several said that the physical and sexual abuse had stopped now that their husbands were older, they still experienced verbal and emotional abuse on a daily basis.

Most talked about the stigma of being an abused wife. Many said they had tried to leave when they were younger but had been told by doctors, ministers, and family that they needed to stay with their husbands. Many talked about suffering in silence, being too embarrassed to tell anyone what was happening. Many did not realize they had a choice or even that what they were experiencing was abuse. One woman stated, "It's more abusive than physical. He has choked me, hit me, pushed me, shoved me and all. I think to start with, you stay for your kids because you don't know how you'll make it. You get it done and then after that I guess it just becomes a way of life and you just don't know what else to do." Many women said they continue to stay today because of health problems. "He is sick and I don't feel right leaving him now." Or, "I need his help to get around and get to the doctor now that my health is bad."

"He has choked me, hit me, pushed me, shoved me and all. I think to start with, you stay for your kids because you don't know how you'll make it. You get it done and then after that I guess it just becomes a way of life and you just don't know what else to do."

Resources in both the aging and the domestic violence communities in Cincinnati are recognizing that older women experience abuse and need assistance. Organizations such as the abuse crisis agency, Women Helping Women, can assist older women in getting help. Abuse no longer needs to be a secret and every person deserves to feel safe.

HERE TO HELP

Abuse does not have to continue and there are places to go for help. If you think you are experiencing abuse and want to talk to someone, call the Crisis Line at (513) 872-9259 or 1-888-872-9259.

Osteoporosis Affects Millions, Treatment Options Expanding

A Discussion with Nelson B. Watts, MD, UC Bone Health and Osteoporosis Center

Osteoporosis is a silent disease affecting 10 million Americans, causing 1.5 million fractures and costing $17 billion per year. • Of the 10 million who have osteoporosis, over one-half do not know they have the disease until they have a fracture. • Osteoporosis fractures are more common among women over age 50 than heart attack, stroke and breast disease combined. • While osteoporosis is more common among women, more than 2 million men are experiencing osteoporosis and another 3.1 million men are at risk. • One in every 8 men will have an osteoporosis related fracture. •

*With these statistics in mind, the **Report** talked with Nelson B. Watts, MD, Professor of Medicine at the University of Cincinnati (UC) College of Medicine and Director of the UC Bone Health and Osteoporosis Center. Dr. Watts is both a clinician and a researcher. His main research interest is osteoporosis, particularly the study of therapeutic agents and tests for diagnosis and monitoring.*

***Report:* What is osteoporosis?**

Dr. Watts: Osteoporosis is marked by reduced bone density and weakened internal structure of bones which are significantly susceptible to fracture.

If osteoporosis is a silent disease, how does one know that she is affected?

The most definitive test we have available is the dual energy x-ray absorptiometry bone density test, more commonly known as a DEXA. This is an extremely important tool for diagnosising osteoporosis and identifying patients at risk for fractures.

Do you recommend that all women and men have a DEXA?

All women should be tested at the age of 65 and men should be tested at age 70. Higher risk men and women should be tested at an earlier age.

What is the definition of "high risk"?

One of the highest risks is genetic or a family history of osteoporosis. Small boned, thin women are also of a higher risk.

Are most primary care doctors aware of the high incidence of osteoporosis and is a DEXA part of routine screening for their older patients?

I think most doctors are well informed about the disease. Until recently, however, many doctors were reluctant to order "one more test" for their patients because there was little that could be done to help. It has only been since 1995 that there have been any agents that were helpful in minimizing the affects of osteoporosis. Today, there are at least five medications that are proven to be effective. With treatments available, more doctors are now recommending a DEXA.

What can a person do to protect the health of their bones?

Patients first need to consult their doctor before taking any medications, calcium and vitamin supplements, or engaging in exercise. If a person already has osteoporosis or is at risk, I'd advise taking one of the recommended medications along with a daily regimen of 1200 units of calcium daily and 800 international units of vitamin D to improve the absorbency of calcium for those who are already diagnosed with osteoporosis; 400 international units are recommended as preventive measure for others. Weight bearing exercise such as walking for 30 to 40 minutes, four times a week is also highly recommended.

Research is the key to prevention and treatment of osteoporosis. While much has been learned about osteoporosis in recent years, more is needed to address what is considered to be a major public health problem.

To learn about studies being conducted the UC Bone Health and Osteoporosis Center, contact a member of the research staff at (513) 475-7415.

'Tell Me Your Story' Opens Eyes of Incoming Medical School Students

"I think it was a wonderful experience; a very beneficial way to begin medical school."

"This was an eye opening experience—to see a couple in their eighties doing so well."

"I will always be guided by the words of my Senior Partner: 'Just because I am old doesn't mean that I have any less right to good medical care than a young person.'"

These are just three of over 500 evaluation comments that students made about their "Tell Me Your Story" experience. This project, in which the students interviewed older adults living independently at a continuing care retirement community, was held August 13 and 14, just two days after the 165 students arrived to begin their medical school education at the University of Cincinnati (UC).

On each of the two days, half of the class

Hartford Foundation/Association of American Medical Colleges Grant Ends as New Grants are Awarded

In July 2001, Gerontology and Geriatric Medicine medical education at the University of Cincinnati (UC) received heightened attention as the result of a two year "Geriatrics Curriculum Development Grant" from the John A. Hartford Foundation and American Association of Medical Colleges (Hartford/AAMC).

UC was one of 40 medical colleges receiving two years of funding for the explicit purpose of "developing longitudinal undergraduate medical education curriculum in gerontology and geriatric medicine." The overriding goal was to give medical students a defined set of attitudes, knowledge and skills that provide them with the foundation to provide competent, compassionate care for older people, no matter their specialty choice.

Over the past two years, more than 25 hours of education and training have been enhanced or added to the first two years of the didactic curriculum and to the third clerkships of family medicine, gynecology, internal medicine and surgery as well as the fourth year acting internship of internal medicine and the neurosciences selective.

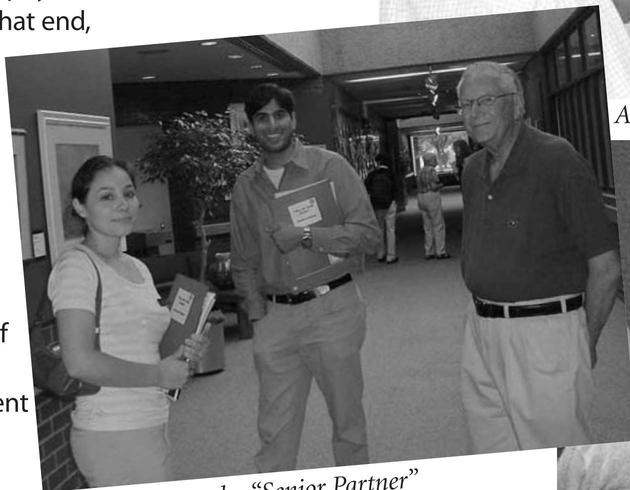
Gordon Margolin, MD, associate project director, believes "The success of our efforts is largely due to the cooperation of the faculty," many of whom formed the core of Advocates who created new content and/or identified that portion of curriculum recognized as geriatric. The efforts of the Advocates resulted in the construction of the Web-based longitudinal syllabus, "Gerontology and Geriatric Medicine Blackboard Site." Both the existence of the Advocate group and the Blackboard site are highly applauded as innovative and are looked upon with great favor by the Hartford Foundation and AAMC.

In July 2003, just as funding from the Hartford/AAMC ended, UC received two grants that "further support our efforts to strengthen geriatric education and care of elderly patients in the greater Cincinnati tri-state area." The Department of Family Medicine received a HRSA Predoctoral Education Supplemental Grant that, in part, created the opportunity to implement the "Tell Me Your Story" project *(please see story above).*

Also in July 2003, the Office of Geriatric Medicine was awarded a four-year, two million dollar grant from the Donald W. Reynolds Foundation *(please see cover story).*

boarded buses and headed for Maple Knoll Village (MKV), a continuing care retirement community located in Springdale, a northwest suburb of Cincinnati. Two students were paired with an individual or couple, also referred to as Senior Partners, to conduct a focused discussion for the purpose of "gaining knowledge from the experiences, stories and wisdom of their Senior Partner" about the impact of their physicians and health care on their lives. To that end, students inquired about such topics as the essential elements of the doctor-patient relationship; expectations of their physician when the patient and family are experiencing the death or dying process of a spouse or family member; and how one's ethnicity, religion or spirituality enters into the doctor-patient relationship.

Arvind Modawal, MD, MPH, MRCGP (second from left)



Two students and a "Senior Partner"

Gordon Margolin, MD (third from left)

"I was pleased to have a chance to convey my views to a beginning medical student about some of the good and bad characteristics of today's doctors".

Participating Senior Partner

While students were exploring the views of their Senior Partner, they had the opportunity to begin practicing rapport building and interactive listening skills in a unique format, not confined or distracted by the format of the formal medical interview.

And what did the Senior Partners have to say about their experience with the students? "I was pleased to have a chance to convey my views to a beginning medical student about some of the good and bad characteristics of today's doctors". " I liked the opportunity to relate some of my personal experiences with doctors in the hope that it might be helpful to the students in their future relationships with their patients". "It was such a pleasure to meet two wonderful, young, smart and beautiful students. They were so polite and eager to learn. They were good listeners. I think they will have a great bedside manner."

After the interview, students met in small groups led by a faculty member, where they shared their experience with their Senior Partner. Faculty represented Family Medicine, Internal Medicine, Pharmacy and Psychiatry.

"To make this project the highly worthwhile experience that it was for both the students and Senior Partners took months of planning and teamwork," states Barbara Tobias, MD, Associate Professor of Clinical Family Medicine, who was responsible for the overall project. "We are extremely grateful for the time and effort so many people gave to this project. The cooperation of the MKV administration and staff and the many resources they contributed were an enormous plus."

FROM THE DIRECTOR:

Ensuring Successful Physicians for Older Adults

In this issue of *Geriatric Medicine/Gerontology Report,* we are pleased to announce the successful funding of our Reynolds Foundation Geriatric Education Center program. A major focus of this new initiative is the expanded geriatrics training for University of Cincinnati (UC) and Health Alliance internal medicine, psychiatry, gynecology, physical medicine, and family medicine residents.

GREGG WARSHAW, MD

Graduating medical students continue their professional education with residency training in primary care or specialty residency programs. These residency programs provide three or more years of continued training for young physicians. Many residents then obtain additional training in subspecialty fellowships. Internal medicine and family practice residents can elect to enroll in geriatric medicine fellowship programs. Psychiatry residents can continue their training in geriatric psychiatry fellowships.

> The prolongation of human life expectancy is a 20th-century success story. The 21st century's challenge to the medical profession is to provide enough skilled teachers, researchers, and clinicians with expertise in geriatrics to care for the nation's older population.

In 1999, 9,780 physicians graduated from family practice and internal medicine residency programs, but only 321 subsequently entered geriatric medicine fellowships. Also in 1999, 1,056 trainees graduated from psychiatry residencies, with only 86 enrolling in geriatric psychiatry fellowships. During the same year an additional 14,176 physicians graduated from other residency and fellowship programs (excluding pediatrics) whose specialties do not offer subsequent fellowships in geriatric medicine. Thus, formal geriatric medicine training for virtually all physicians ends with their residency training. This emphasizes the urgent need to increase geriatric medicine training in residency programs.

The future practices of U.S. physicians will necessarily involve providing care to increasing numbers of older adults. Twenty-one percent of family physicians' practices in 1999 consisted of ambulatory visits from adults age 65 and over. It is projected that by 2020 at least 30% of family physicians' outpatient practices, 60% of their hospital practices, and 95% of their nursing home and home care practices will involve individuals age 65 and older. In 1999 thirty-nine percent of general internists' practices comprised ambulatory visits from adults age 65 and over. These percentages are also expected to increase considerably by 2020.

UC, on behalf of the Association of Directors of Geriatric Academic Programs, conducted separate surveys of General Internal Medicine (GIM) and Family Practice (FP) Residency Programs. We found that 93% of GIM and 92% of FP responding programs had geriatrics curricula. These results indicate increases in training, compared to 36% of GIM and 80% of FP programs that reported, in a 1998 study, having geriatrics curricula. The extent and quality of the training varies considerably among the programs. The most frequently cited barrier to improving geriatric medicine training was over-crowded curriculum demands placed on residency programs.

As with internists and family physicians, the number of psychiatrists with certification in geriatric medicine is small, and recruitment into fellowship programs is weak. Thus, general psychiatrists without advanced training in geriatric mental health will continue to provide the majority of psychiatric care to older adults. The psychiatry training requirements developed by the psychiatry residency review committee provide a basis for developing residency curriculum in geriatrics. However, no studies have been conducted to examine how these requirements are being implemented.

The Council on Resident Education in Obstetrics and Gynecology (CREOG) estimates that by the year 2030, 20% of women cared for by obstetrician-gynecologists (OB-GYNs) will be older than age 65. Since 1996, the training requirements for OB-GYN have required specific education in geriatrics and geriatric gynecology. As with psychiatry, no studies have been con-

ducted to determine the extent to which OB-GYN program directors are implementing the required curriculum.

The John A. Hartford Foundation and the American Geriatrics Society (AGS) are funding a project, Increasing Geriatrics Expertise in Surgical and Medical Specialties, targeting physicians in specialties not addressed by the internal medicine program. In 2002 this project established the Jahnigen Career Development Scholars Program, which offers two-year career development awards to young faculty in anesthesiology, emergency medicine, general surgery, gynecology, ophthalmology, orthopedic surgery, otolaryngology, physical medicine and rehabilitation, thoracic surgery, or urology. This program will help awardees initiate and sustain careers in research and education in geriatrics aspects of their respective disciplines. Lois Deaton, MD, a member of UC's Physical Medicine and Rehabilitation faculty, has recently received one of these awards.

Although the practice of adult medicine by all specialties has always involved the care of older patients, demographic trends will result in an increase in the number of older Americans being cared for by all physicians. The prolongation of human life expectancy is a 20th-century success story. The 21st century's challenge to the medical profession is to provide enough skilled teachers, researchers, and clinicians with expertise in geriatrics, including familiarity with the expanding geriatrics knowledge base, to care for the nation's older population. The basis of an agenda for research and training that will integrate geriatrics into each medical specialty now exists. Geriatricians can assist their colleagues in this educational effort, but it is also crucial that faculty leaders from each specialty become involved. The University of Cincinnati's new Reynolds Geriatric Education Center will help to ensure that future physicians will have the skills to be successful physicians for older adults.

Formal geriatric medicine training for virtually all physicians ends with their residency training. This emphasizes the urgent need to increase geriatric medicine training in residency programs.

Geriatric Medicine Fellow Finds Elderly Patients 'Most Challenging, Most Interesting'

*During the 2003–2004 academic year, five physicians are completing a post-graduate fellowship in Geriatric Medicine. Recently the **Report** had the opportunity to talk to one of the fellows about her decision to engage in another year of training that qualifies her to take the post competency test in geriatric medicine which, with successful completion, leads to certification as a geriatrician.*

"While working in private practice for four years in Lebanon, Ohio," Susan Schrimpf Davis, DO, says, "I discovered that my elderly patients were not only the most challenging but also the most interesting. I looked forward to my work day knowing that I would be interacting with these wonderful 'experienced' individuals." She adds, "I want to be able to better manage my older patients in a primary care setting."

Dr. Davis says that her decision to engage in a geriatric medicine fellowship was influenced by her desire to learn new skills and techniques to apply when addressing the unique needs of her older patients. She says," I also want to learn how to train residents and medical students and others about caring for the elderly." Dr. Davis also hopes to do research in clinical geriatric medicine. During her training, Dr. Davis is looking forward to rotations in neurology, geriatric psychiatry, physical medicine and rehabilitation, and rheumatology.

When Dr. Davis completes her fellowship at the end of June 2004, she plans to stay in Cincinnati and practice specifically as a geriatrician. She declares with pride, "The Queen City–Cincinnati–is my hometown."

Dr. Davis completed her medical education at Ohio University of Osteopathic Medicine, Athens, Ohio, with an internship and residency at Ohio University/Doctors Hospital, Columbus, Ohio. Dr. Davis and her husband, Craig, are residents of Cincinnati.

Gothelf Honored as Outstanding Gerontology Educator

Elizabeth (Betty) Gothelf, RN, MAG, assistant director of the University of Cincinnati (UC) Office of Geriatrics and Professor in the Department of Family Medicine, is the recipient of the 2003 Ohio Outstanding Gerontology Educator award given by the Ohio Association of Academic Gerontology Programs. Betty received the award in a special ceremony at Wright State University, Dayton, Ohio.

Medical Center Public Relations

Elizabeth (Betty) Gothelf

Betty was honored for her work in the development and implementation of geriatric medicine curriculum at the UC College of Medicine.

In the past, Betty has been recognized as the 1997 Outstanding Professional in the Field of Aging by the Cincinnati Association of Professionals in the Field of Aging, and received the 1999 Outstanding Alumni award from Earlham College, Richmond, Indiana. Betty also received an award from Ohio Governor Robert Taft for her nine years of service on the Governor's Advisory Council to the Ohio Department of Aging.

DONATIONS AND BEQUESTS

Contributions honoring individuals welcome

The Office of Geriatric Medicine at the University of Cincinnati College of Medicine welcomes contributions to further geriatric education, training and research. If you wish to make a donation in honor of an individual or as a remembrance at the time of death, please indicate this in your correspondence. An appropriate acknowledgement will be sent to the honoree or family in your name.

Contributions are deductible for income tax purposes to the extent allowed by law.

Please direct inquiries to Gregg Warshaw, MD, (513) 584-0650. Donations and bequests can be directed to:

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