



## Geriatric Medicine

By George L. Maddox, PhD

Under the leadership of Harvey J. Cohen, MD, director of the Center on Aging and chair of the Department of Medicine, geriatrics has thrived at Duke over the past quarter of a century.

The foundation for a geriatrics medicine division that included research, training, and service administered in the Center for Aging was laid in 1978 when the Durham VA initiated an application for a Geriatric Research Education and Clinical Center (GRECC) and a grant from the Mallinckrodt Foundation to the Aging Center facilitated supplemental awards to the initial fellows for research and educational activities. In 1981 Kenneth Lyles, Nancy Stead, and in 1982 Jeffrey Crawford and Dale Simpson became the first of the more than 100 GRECC fellows who have benefited from a program committed to research and training that is translated into exceptional clinical care for older adults.

Over 60 percent of the program's fellows have continued a commitment to academic geriatric medicine. The excellence of Duke Geriatrics has been recognized by a Pepper Research training award, a Pepper Independence Center award, a Hartford Foundation award, and currently an award from the Donald Reynolds Foundation in support of outreach to assist in the development of faculty in geriatrics. Through the Reynolds Award, Duke joins Mt. Sinai School of Medicine, Johns Hopkins, and UCLA in a consortium to develop faculty to teach geriatrics across the United States. The curriculum for junior faculty at Duke and for physicians given mini-fellowships includes evidence-based medicine, long-term care, palliative care, subspecialties in medicine, and medical student education.

### Roots of Geriatrics at Duke

While formal training in geriatric medicine is a development of the last quarter century in the Duke Center, interest in geriatric training and service run deep in its history.

In developing his comprehensive vision of a multidisciplinary program of research, training, and service for an aging society, Bud Busse, founding director of the Center, noted that age did not predict abnormalities in EEG patterns. The Duke Longitudinal Studies of Normal Aging were initially designed to understand the relationship between age and the probability of health and illness. This relationship was to be explored in a population of community subjects not only in regards to brain functioning but also cardiac functioning, mental health, metabolism, ophthalmology, dermatology, and well-being.

The evidence from these early studies designed to characterize health and illness in normal aging by well-known clinicians/investigators at DUMC such as Banks Anderson,

Edward Buckley, Carl Eisdorfer, John Nowlin, John Tindall, and Shan Wong is documented in the published volumes characterizing a sample of older population observed over a quarter of a century. While the risk of acute and chronic illness increases with age, aging well into late adulthood is a realistic expectation.

The implied next step was to translate this research into preventive and corrective care to increase the probability of aging well. In the initial 1957 NIH proposal to create the Duke Longitudinal Studies, Morton Bogdonoff, MD—an internist who had been a chief resident in medicine under Dr. Eugene Stead and Dr. Claude Nichols, a psychiatrist—was to explore the potential for geriatric training in the public outpatient clinics of Duke University Hospital. No records or publications that clarify their activities in clinical geriatrics have been found, although both had offices in the



Former Chancellor for Health Affairs William Anlyan

new Aging Center wing of Duke Clinic in 1960.

Dan Blazer, MD, also recalls that as early as 1965 Busse's Department of Psychiatry, not the Aging Center, offered a NIH-supported residency program in geriatric psychiatry, the first and—for a decade—the only such program supported by NIH. Busse, Adrian Voerwardt, Alan Whanger, and later Blazer developed a program in geriatric psychiatry that continues under the direction of David Steffans.

In the Aging Center in 1972 under its director George Maddox, the Older Americans Resources and Services (OARS) became a precursor of formal geriatrics research, training,



Bud Busse, founding director of the Center with a study patient

and service in the medical center. Funded by a federal grant to explore community alternatives to institutionalization of frail older adults, OARS developed a widely-used multidimensional procedure to gauge capacity for self-care in older adults summarized in the work of Gerda Fillenbaum. A companion development was the creation of what was to become the Geriatric Evaluation and Treatment Clinic (GETC) with a multidisciplinary team under the direction of Eric Pfeiffer, a psychiatrist, that included John Nowlin, an internist, Mary Ann Mattesin, a nurse, and Alice Meyers, a social worker. GETC, now in its 35th year, is still an active clinic of DUMC and continues as a component of the current Division of Geriatrics in Medicine. The OARS/GETC clinic explored the usefulness of home visiting in care management and of its triage function guiding older patients through the maze of specialty clinics characteristic of medical centers.

The *Center Report* of November 1980 describes the contribution of the Department of Community and family medicine to the development of geriatric medicine at Duke. The Mallinckrodt Foundation award that assisted the development of the GRECC Program at the VA also contributed to the development of geriatric training in family medicine. An arrangement with the noted British geriatrician Ferguson Anderson in Edinburgh, Scotland, facilitated an exchange of trainees. Elective rotations in Durham involving the county hospital, nursing homes, and the GET Clinic plus experience in home visits were designed by family medicine residents James Moore, William Friedman, and Greg Warshaw.

### A Division of Geriatric Medicine

The creation of a Division of Geriatric Medicine at Duke began with a question to then Chancellor for Health Affairs William Anlyan from a member of his Hospital Advisory Board in 1979: What is Duke doing in geriatrics? To answer the question, Anlyan appointed a committee chaired by the then director of the Aging Center, George Maddox and including Keith Brodie, chair of Psychiatry, Harvey Estes, chair of Family Medicine, and James Wyngaarden, chair of Medicine, to draft an answer.

The committee answered in a series of memoranda that, while Duke had some useful programs and great potential for the development of geriatric medicine, the



Eugene Stead, MD



Alan Whanger

medical center's support for developing that potential should be more clearly affirmed. Further, the important role played by the Aging Center in laying the foundation for and developing geriatric medicine should be recognized.

Events in 1980 began to confirm the interest in and potential for the developing geriatric medicine at Duke. A geriatric fellowship was awarded to Jim Moore for curriculum development, and the Administration on Aging awarded Greg Warshaw a General Medicine fellowship. The year ended grandly with the announcement of a coveted VA GRECC fellowship program to be led by Harvey Cohen, Medicine, and Dan Gianturco, Psychiatry.

In July 1981 the creation of the Division of Geriatric Medicine based administratively in the Aging Center was announced. Academic appointments in the division would be in appropriate departments of the VA and Duke. An elective rotation for medical students was initiated. On this solid foundation, geriatric medicine has continued to thrive at Duke. ■