



the Center Report

George Honored

Linda K. George, Ph.D., will be presented with the Distinguished Career Contribution to Gerontology Award at the Behavioral and Social Sciences Section Luncheon of the Gerontological Society of America Annual Meeting in New Orleans on November 21, 2010.

George is Professor of Sociology and Associate Director of the Center for the Study of Aging. She did her undergraduate work at Miami University and her doctoral work at Duke University. She is the author/editor of seven books, more than 200 journal articles, and more than 80 book chapters. She is Past President of the Gerontological Society of America and former editor of the Social Sciences section of the *Journal of Gerontology*. She has been Chair of the Aging and the Life Course Section and the Sociology of Mental Health Section of the American

Sociological Association, where she also served as Secretary-Treasurer of the Medical Sociology Section. She is co-editor of the *Handbook on Aging in the Social Sciences* (third–seventh editions). Her major research interests include: social factors and depression; the effects of stress and coping, especially the stress of caring for an impaired family member; the relationship between religion and health; and the effects of beliefs and expectancies on health. Among her awards are the Mentorship Award of the Behavioral and Social Sciences Section of the Gerontological Society of America, the Trinity College (Duke University) Distinguished Teaching Award, the John Templeton Prize (1998 and 1999) for Exemplary Papers at the Interface of Science and Human Values, the Kleemeier Award of the Gerontological



Linda K. George, PhD

Society of America in recognition of career contributions in aging research (2002), the Dean's Mentoring Award for Graduate Students (Duke University, 2005) and the Matilda White Riley award of the American Sociological Association for distinguished scholarship on aging and the life course (2004).

Congratulations, Linda!

Two Grants Awarded

Two grants have recently been awarded to the Center:

- **The Geriatric Medicine, Dentistry, and Mental Health Fellowship Grant**
- **Duke Aging Center Postdoctoral Research Training Program**

Background for the Geriatric Medicine, Dentistry, and Mental Health Fellowship Grant: The dramatic increase in the number of older persons is well documented. Unfortunately, our ability to

train geriatricians, psychiatrists and dentists in caring for older persons is not keeping pace with this demographic reality. The critical shortage of faculty with geriatric expertise has been detailed in many publications from advocacy groups like ADGAP and the IOM. To continue to train teachers, researchers and leaders in geriatrics, our program emphasizes not only core clinical topics, but advanced training in a number of areas, including courses each year for all first year fellows

on evidenced-based medicine, clinical teaching skills, medical decision making, research ethics, long term care leadership, palliative care, and quality improvement.

Program Objectives: This grant has the overall goal of developing leaders in geriatric medicine, geropsychiatry and geriatric dentistry. The three training programs will work together to meet the following objectives: Train participants 1) to provide high quality, compassionate care by enhancing knowledge and skills in the evaluation and management of conditions and syndromes commonly occurring

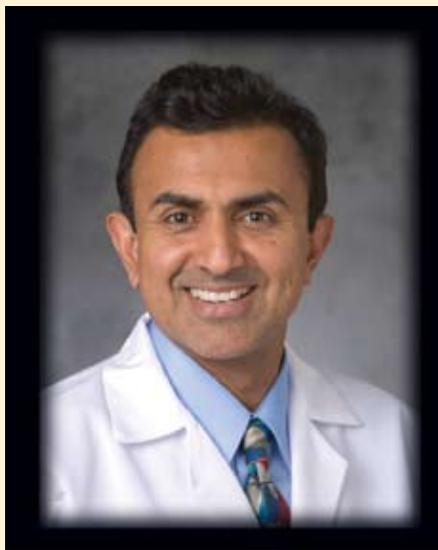


ADNI-GO: A New Research Study Looks for the Earliest Changes of Alzheimer's Disease

Adapted from Jeffrey Itchee
and Peggy Vaughn

The government stimulus package has been viewed by many as critical for stabilizing the economy in the midst of a recession. It may also prove to be critical for the advancement of our knowledge about Alzheimer's Disease (AD), and in gaining ground in preventing this horrible disease and the devastation that it will have on our economy in the future. The government stimulus package has now funded the Alzheimer's Disease Neuroimaging Initiative (ADNI) Grand Opportunities (ADNI GO), a project which will study 200 subjects with eMCI (early MCI) using the standardized approach developed previously in ADNI to more fully understand AD progression in its earliest stages.

According to Alzheimer's Association statistics, over four million Americans have AD, and 19 million have a family member with Alzheimer's. Unless better treatments are discovered, 15 million Americans will be symptomatic with the disease in 2050. The overall costs of AD



Murali Doraiswamy, MD
Professor of Psychiatry and Senior Fellow
at the Center for the Study of Aging

are staggering. In 1991, the direct costs for providing care (such as medications, doctors' fees, and nursing home care) for AD patients in the United States were approximately \$21 billion dollars. Indirect costs, such as loss of productivity of those suffering from AD and loss of productivity of those caring for these individuals, added an additional \$60 billion, to yield a grand total cost of \$81 billion (1991). The current estimate is over \$100 billion per year.

The Alzheimer's Disease Neuroimaging Initiative (ADNI) began in October 2004 as a landmark study with a public-private partnership that gathered and analyzed thousands of brain scans, genetic profiles, and markers in blood and cerebrospinal fluid. Although the original goal was to define biomarkers for use in clinical trials to determine the best way to measure treatment effects of AD, the goal has been expanded to using biomarkers to identify AD at a pre-dementia stage. ADNI involves

scientists at 59 research centers, 54 in the U.S. and five in Canada. There are over 800 participants comprised of 200 with AD, 400 with mild cognitive impairment (MCI) and 200 with normal cognition.

ADNI GO will build on the momentum of ADNI, which has been a tremendous success. Below are some of ADNI's most notable accomplishments.

- 1) ADNI has developed a standardized approach for use of imaging, blood and CSF biomarkers in clinical trials of Alzheimer's disease, which are now employed in several industry and NIH sponsored treatment studies.
- 2) ADNI has demonstrated the feasibility and value of multicenter PET amyloid imaging, which is expected to have a big impact on future clinical trials and diagnosis of early Alzheimer's disease.
- 3) It is unprecedented that ADNI results are distributed to the entire world wide scientific community, without data embargo. This has resulted in publication of more than 60 scientific papers, and many more are now about to be published. This has greatly advanced our understanding of the biology of this disorder, which will lead to development of more effective diagnostic methods and treatments.
- 4) One unanticipated finding is that in some completely normal subjects, there is evidence of early Alzheimer's disease pathology, which may in the future be shown to be a risk factor for cognitive decline and development of dementia. However, much more work needs to be done.

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Are old people bankrupting the government?*

In 1988, the cover of *The New Republic* showed angry “greedy geezers” with garden trowels, golf clubs, and fishing rods, presumably poised to attack and exploit society. Many politicians and journalists have periodically warned that a new and awesome generational conflict will arise because of the increasing costs of Social Security, Medicare, and Medicaid. They project that up to half of our Federal budget will go to programs for the aged and would bankrupt our government.

So far there is no evidence of significant generational conflict. Fortunately, the fears about increasing costs of programs for the aged have been greatly exaggerated.

The alarming projections about the “dependency ratio” (the number of persons age 65 and over divided by the number between 18 and 64) tells only half the story. The other half is that, because of declining birth rates, the decrease in numbers of dependent children (18 and under), more than offsets the increase in numbers of persons 65 and over. In fact, the *total* dependency ratio (the number 65 and over, plus the number under 18, divided by those 18-64) has been going *down* since 1970 (when it was .82), is now at .60, and is projected to be only .79 in 2040 at the peak of the Baby Boomers entrance into old age. Also it should be remembered that much of Social Security benefits actually go to

younger people through its life insurance, disability insurance, and survival provisions.

Furthermore, the increasing costs of Social Security can be compensated for by a few relatively minor adjustments

such as removing the cap on earnings that are taxed, reducing the Cost of Living Adjustment (COLA), and gradually increasing the age of eligibility for full retirement benefits.

Will you still need me, will you still feed me, when I'm 64?

—John Lennon

Actually, a greater threat of old age benefits is the increasing cost of drugs and medical care provided by Medicare and Medicaid. This is a threat to all Americans and not just old people. The recently passed health insurance reform legislation may help reduce this threat, but we still have a fragmented, expensive “non-system” of health care. For example, we spend twice as much per capita on health care as Japan, but have lower longevity than they do. Ours is the only industrialized nation that does not have a universal national health care system for all ages. Many argue that a single payer system, such as in Canada, would be the best solution to the problems caused by our expensive, fragmented system.

—Erdman Palmore, PhD

**The opinions in this editorial are those of the author and not necessarily those of the Duke Center for the Study of Aging.*

IN MEMORIAM



Juanita Kreps, PhD

Juanita Kreps, PhD., passed away on July 5, 2010, at the age of 89. She was the first female U.S. Secretary of Commerce (1977 to 1979); Vice President of Duke University (1973 to 1976); and Senior Fellow at the Duke Center for the Study of Aging. She was instrumental in securing for the Center one of its first grants from the Ford Foundation on the “Economics of Work and Aging.” She was a mentor for Robert Clark, PhD, who will be presenting the annual George L. Maddox lecture on September 30. Additionally she was the first woman to be named a director of the New York Stock Exchange.

In 1978, she was the keynote speaker for the annual meetings of the Gerontological Society of America (GSA) which were scheduled to take place in New Orleans, Louisiana. Several members of the GSA approached George Maddox, then president of GSA, with concerns that Louisiana had not passed the Equal Rights Amendment. Kreps was also concerned and said she could not look into her daughters’ eyes if she agreed to speak in a place that had not passed the Equal Rights Amendment. Maddox ultimately agreed to move the GSA meeting from New Orleans.



Caregiver Stress Can Be Reduced

By Ilene C. Siegler, PhD, MPH

The Duke-UNC Caregiver Study has been studying caregiving as a major stressor for the past decade. We have examined this as part of our work on genes and environment interactions and the role of stress on health, in the Behavioral Medicine Research Center (Redford Williams, Ilene Siegler and Beverly Brummett). This work has been done jointly with colleagues at the Aging Center (Lisa Gwyther and Edna Ballard), the UNC Institute on Aging (Peggye Dilworth-Anderson), and the Duke Alzheimer's Disease Research Center (Kathleen Welsh-Bohmer).

Our past work established that the negative effects of caregiving are moderated by genetic, cultural, and environmental factors, including where care is given. Current work is looking at the long-term consequences of being a caregiver. We have found that the impact of caregiving continues after the death of the care recipient and that issues surrounding long-term care, transitions in living arrangements of the caregiving dyad, and the death of the care recipient, all are possible targets for intervention, when cultural differences in meanings and coping can be taken into consideration.

In collaboration with Williams LifeSkills, Inc., Redford Williams, Lisa Gwyther and Edna Ballard have shown in a controlled clinical trial that caregivers trained in coping skills using the LifeSkills Caregiver Video with telephone coaching have reduced anxiety, depressive symptoms, perceived stress, and systolic and diastolic blood pressure (*Psychosomatic Medicine*, in press). These findings suggest that such training in coping skills, which can be delivered on a mass basis, has the potential to reduce the harmful impacts of caregiver stress on mental and physical health.

Geriatric Education Center (GEC) Grant Renewed

The Health Resources and Services Administration (HRSA) recently awarded a five year extension to Duke University's Geriatric Education Center (GEC) based here in the Aging Center. The program's mission is to continue to improve geriatrics education for health professions students from multiple disciplines at Duke, Durham and the surrounding region. The focus of the renewal will be the continued support and development of a cadre of faculty educators and the creation of a "geriatric education resource hub" to enhance learning for students from seven different professions through interactive, team-based experiences and participation in the real work of improving the care of older adults. This round will provide a special focus on care of those with cognitive impairment. The grant extends from July 2010 through June 2015. The project's leaders are Mitch Heflin and Ellie McConnell. Michele Burgess is program coordinator.

Keith Whitfield Wins Mentorship Award



Keith Whitfield, PhD

Dr. Keith Whitfield is a Professor in the Department of Psychology and Neuroscience and the Department of Geriatric Medicine at Duke University. He is the Director of the Developmental Psychology Program and the Center on Biobehavioral and Social Aspects of Health Disparities. He earned a MA and Ph.D. in Life-Span Developmental Psychology from Texas Tech University in Lubbock Texas.

He has published more than 120 articles, books and book chapters on individual development and aging with a focus on African Americans. He has served as an ad-hoc reviewer for more than 20 different journals as well as currently serving as a member of the editorial board for three different journals and an associate editor of *Experimental Aging Research* and the *Annals of Behavioral Medicine*. He is the member of several professional associations. In the Gerontological Society of America, he currently serves as the current chair of the Behavioral and Social Sciences Section.



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TWO GRANTS AWARDED

among older adults; 2) to provide culturally sensitive care to older adult populations in North Carolina, the U.S., and beyond; 3) to practice evidence-based medicine, including the identification of problems, appraisal of evidence and application in clinical care; 4) to deliver appropriate health care in and between the variety of settings in which elderly persons receive care, including ambulatory care, acute care, long term care and home care; 5) to function as members of interprofessional teams that evaluate and care for older patients; 6) to diagnose and treat older patients in a variety of health care delivery systems and situations such as the VA Medical Center, managed care organizations, and medical underserved populations; 7) to use methods of quality improvement using a systematic, team-based approach to optimize care; 8) to become clinician educators, clinical researchers, and/or leaders in academic centers throughout the U.S.

Methodology: Geriatrics training programs at Duke are built on a foundation of excellence in clinical care, teaching, and research. The first year of training for each discipline provides more intensive clinical exposure and teaching on fundamentals of providing care for older adults in a variety of settings. In the second year, fellows will begin to differentiate according to specific interests in research and/or education. Specific tracks exist for each. During the first years of the Geriatrics Training Program all trainees (internists/family medicine physicians, psychiatrists and dentists) take a series of courses as a group designed to provide skills and tools for further academic devel-

opment and to foster interdisciplinary collaborations. They also will collaborate to provide care in a number of different settings.

The Duke Aging Center Postdoctoral Research Training Program (RTP)

Primary Rationale: to continue to train highly skilled research scientists who have strong backgrounds in substantive areas related to aging and who also have the potential for leadership in gerontological research,

Methodology: Each fellow is assigned a mentor or mentors and works within that person's research program; we also have an interdisciplinary seminar which all fellows must attend. Fellows typically spend two years in the RTP. The RTP faculty and their facilities enable outstanding research training in the following areas related to aging: biomedical (biochemistry, cardiology, endocrinology, epidemiology, immunology, neurology, neuroscience, neuroendocrinology, nutrition, oncology, physiology, pharmacology, psychiatry, and radiology); behavioral (behavioral medicine, neuropsychology, neuroeconomics, psychophysiology, clinical, developmental, cognitive, experimental, personality and social psychology); and social science (anthropology, economics, sociology, health services research). Fellows spend a significant portion of their time on research. They are integrated into their mentors' research programs and mentored through collaborative and independent research projects. All fellows and some faculty attend our weekly RTP seminar on research in aging. This seminar fol-

lows a structured curriculum on the biopsychosocial aspects of aging and the interdisciplinary nature of aging research, as well as professional development, research design and analysis, and research ethics. Potential fellows submit a detailed NIH-format research proposal (with input from their mentors), a curriculum vita, graduate transcripts, career and training plans, and letters of recommendation. Ultimately, most fellows either join university faculties or research organizations when they complete the RTP.

Award: We requested and got support for 6 postdoctoral fellows. The Duke Center for the Study of Aging and Human Development is the primary research training facility for fellows supported by this grant. Associated faculty are located throughout the University and Medical Center.

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ADNI-GO: A New Research Study Looks for the Earliest Changes of Alzheimer's Disease

Taken together, ADNI has been a huge success. The project has had a worldwide impact. By better understanding the earliest stages of the disease, we may be able to test potential therapies at earlier stages, when they may have the greatest impact in slowing down progression of this devastating disease.

Dr P. Murali Doraiswamy, professor of psychiatry and senior fellow at the Duke Center for the Study of Aging is heading up both the ADNI and ADNI-GO studies at Duke site. For further information his office may be contacted at 919-681-3949.



Did You Know?

Which is the best answer to the following questions?

1. **Cognitive impairment (impairment of memory, disorientation, or confusion)**
 - a. is an inevitable part of the aging process.
 - b. increases in old age.
 - c. declines with age.
 - d. does not change much with age.
2. **If older mental patients make up false stories, it is best to**
 - a. point out to them that they are lying.
 - b. punish them for lying.
 - c. reward them for their imagination.
 - d. ignore or distract them.

3. **The prevalence of anxiety disorders and schizophrenia in old age tend to**
 - a. decrease
 - b. stay about the same.
 - c. increase somewhat.
 - d. increase markedly.

Answers:

1. **b.** Cognitive impairment does tend to increase but is not an inevitable part of the aging process. Only 5% to 15% of persons over 65 have any kind of cognitive impairment. However, among those over age 85, prevalence of severe impairment is estimated to be as high as 47%.

2. **d.** Telling mental patients that they are lying is not an effective way of reducing false stories. Such patients are not usually “lying” in the sense of deliberate deception. They may be having a delusion or confusing their imagination with reality, or they may be attempting to fill in gaps in their memory. A better way of controlling such behavior is to ignore it, give a noncommittal answer, attempt to distract the person, or see if something in the environment can be changed to reduce confusion.

3. **a.** The prevalence of anxiety disorders and schizophrenia tends to decrease in old age. Apparently many persons with these illnesses either recover or do not survive to old age.

*Adapted from *The Facts on Aging Quiz*, 2nd Ed. by Erdman Palmore, NY: Springer Publishing Co., 1998.

Bryan ADRC Staff Bicycled In Alzheimer’s Breakthrough Ride



Henry Edmonds, and Charles Loughlin, Bryan Alzheimer’s Disease Research Center.

Henry Edmonds and Charles (Chip) Loughlin rode their bicycles from Philadelphia to Washington, DC, on September 19-21, as part of the Alzheimer’s disease Breakthrough Ride to raise awareness of the need for funds in the fight against Alzheimer’s disease. They also collected signatures along the way on a petition to Congress.

This was a relay-style bicycle tour from California to the Capital. The Alzheimer’s Breakthrough Act Legislation calls for a significant increase in funding for Alzheimer’s at the National Institutes of Health. The act authorizes the necessary resources to better diagnose, prevent, and treat Alzheimer’s disease. It also strives to help the 10 million Alzheimer’s caregivers who wrestle with the financial and emotional challenges of caring for a loved one with this disease.

For more information, go to <https://adrc.mc.duke.edu/>



Recent Publications

Recent publications on aging by Center faculty and associates:

Edna L. Ballard, MSW, Lisa P. Gwyther, MSW, and Henry L. Edmonds, MEd.

Challenges and Opportunities: Recruitment and Retention of African Americans for Alzheimer Disease Research: Lessons Learned in Alzheimer Disease & Associated Disorders: July/September 2010, Volume 24, pp S19-S23.

Blazer DG: Nosology and classification of mood disorders, in Abou-Saleh M, Kumar A (eds): Principles and Practice of Geriatric Psychiatry (3rd Edition). New York, John Wiley and Sons, 2010

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Fillenbaum GG, Kuchibhatla MN, Whitson EH, Batch BC, Svetkey LP, Pieper CF, Kraus WE, Cohen HJ, Blazer DG: Accuracy of self-reported height and weight in a community-based sample of older African Americans and Whites. Journal of Gerontology: Medical Sciences.

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Gu, Danan, Jessica Sautter, Robin Pipkin, Yi Zeng (2010). "Sociodemographic and Health Correlates of Sleep Quality and Duration among Very Old Chinese. SLEEP, Vol. 33, No. 5, Pp. 601-610.

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Jeste DV, Ardeli M, Blazer D, Kraemer HC, Vaillant G, Meeks TW: Expert Consensus on Characteristics of Wisdom: A Delphi Method Study. Gerontologist. 2010 Mar 15.

Madden DJ., Costello MC, Dennis MA. Davis SW. Shepler AM, Sapniol J, Bucur B, & Cabeza R. (2010). Adult age differences in functional connectivity during executive control. Neuroimage. 52(2); 643-657.

Naylor JC, Kilts JD, Hulette CM, Steffens DC, Blazer DG, Ervin JF, Strauss JL, Allen TB, Massing MW, Payne VM, Youssef NA, Shampine LJ, and Marx CE: Allopregnanolone Levels are reduced in Temporal Cortex in Patients with Alzheimer's Disease Compared to Cognitively Intact Control Subjects. Biochim Biophys Acta. 2010 May 17.

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Shen, K. and Yi Zeng (2010). The association between resilience and survival among Chinese elderly. Demographic Research 23(5) 105-116.

Smith IJ, Huffman K, Duscha BD, Kraus WE. Transcription-level adaptations to endurance exercise of lipid metabolism control enzymes in the skeletal muscle of middle-aged overweight women and men. Physiol Genomics, 36: 149-157, 2009.

Taylor DH, Cook-Deegan RM, Hiraki S, Roberts JS, Blazer DG, Green RC. Genetic Testing For Alzheimer's And Long-Term Care Insurance. Health Affairs, 29: 102-8, 2010*PMID: 20048367

Wells TS; LeardMann CA; Fortuna S; Smith B, MPH, PhD; Smith TC; Ryan MAK; Boyko EW; Blazer DG; for the Millennium Cohort Study Team: A Prospective Study of Depression Following Combat Deployment in Support of the Wars in Iraq and Afghanistan. American Journal of Public Health, 100:90-99, 2010

Zeng, Yi, Danan Gu, Jama Purser, Helen Hoenig, and Nicholas Christakis (2010) "Associations of Environmental Factors with Elderly Health and Mortality in China". American Journal of Public Health. 100 (2): 298-305.

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Geriatrics Mini-Fellowship Starts in September

This fall, we will be welcoming 8 visiting faculty from across the US, Europe and the Caribbean to our second annual Graduate Medical Education (GME) Minifellowship. This mini-fellowship focuses on assisting clinician educators in developing curricula in geriatrics for residents and fellows. The program offers attendees an opportunity to develop knowledge and skills in GME curriculum design while working on a specific educational program plan to implement at their home institution. Participants meet with expert faculty in an educational environment that promotes their growth as educators and enhances their role as education leaders and scholars.

The program offers workshops on curriculum development, teaching strategies, program and learner evaluation, and educational scholarship. During their week at Duke, program faculty also provide individual mentoring for attendees to identify appropriate content and resources for their curriculum project and develop strategies for its implementation and evaluation. This mentoring continues via electronic contact in the year following the mini-fellowship and opportunities exist for institutional site visits and workshops at national meetings.

The Duke Mini-fellowship program is supported by the Donald W. Reynolds Foundation.

Older Entrepreneurs Are More Successful*

Vivek Wadhwa, Executive in Residence in the Office of the Dean of Engineering, has studied 549 successful technology ventures and concluded that the older entrepreneurs have higher success rates. That is because they have accumulated expertise in their fields, have deep knowledge of their customers' needs, and have years of developing a network of supporters—often including financial backers.

Also, the age at which entrepreneurs are more innovative and willing to

take risks seems to be going up. According to the Kauffman Foundation, the highest rate of entrepreneurship in America has shifted to the 55-to-64 age group, with people over 55 almost twice as likely to found successful companies as those 20 to 34.

Apparently the stereotype that old people can't innovate needs to be retired.

*Adapter from "Golden Age" by Stefan Theil in *Newsweek*, September 6, 2010, p. 11.

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RECENT PUBLICATIONS

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Zhang L, Connelly JJ, Peppel K, Brian L, Shah SH, Nelson S, Crosslin DR, Wang T, Allen A, Kraus WE, Gregory SG, Hauser ER, Freedman NJ. Aging-related atherosclerosis is associated with gene variants and aggravated by arterial expression of tumor necrosis factor receptor-1. *Hum Molec Genet* 19 (14): 2754-2766, 2010.

CORRECTION

The correct title for the poster presentation by Lisa Gwyther, MSW, at the American Geriatrics Society meeting was "Family-Friendly Dementia Community Care: The REACH II Community Translation." We regret the error in the Summer issue of the Center Report.



Coming Events

September 30

Robert Clark, PhD, presents the George Maddox Lecture on "Evolution of Retirement Plans in the Twenty First Century: Pensions and Retiree Health Plans." Lecture Hall, Searle Center, Lower Level, Medical Center Library, at 5:00 PM (Reception to follow). For more information, contact 919-660-7502.

October 5-8

18th International Congress on Palliative Care at the Palais des Congres in Montral, Canada. Contact: www.pal2010.com or 1-450-292-3456.

November 19-23

"Transitions of Care Across the Aging Continuum." 63rd Annual Scientific Meeting of the Gerontological Society of America (GSA) at New Orleans, LA. Contact: www.geron.org/2010.

February 10-11, 2011

25th Annual Joseph & Kathleen Bryan Alzheimer's Disease Research Center Conference at the Sheraton Imperial in the Research Triangle Park. Contact: Lisa Gwyther at lisa.gwyther@duke.edu.

March 17-20, 2011

"Living the Old Age We Imagine: Higher Education in an Aging Society." 37th Annual Meeting of the Association for Gerontology in Higher Education (AGHE) at the Hilton Cincinnati Netherland Plaza, Cincinnati, OH. Contact: meetings@aghe.org.

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