Clinical trials designed to measure the response to a pharmacological, nutrition-al, or exercise intervention often require an extended period of time to measure outcomes. This is due to the length of time that it may take to be able to measure a specific response characterized by a change in the amount of a molecule, tissue, or function. This is particularly true for interventions to improve muscle quality and/or mass and exercise capacity. The capacity to measure the rate at which a molecule or tissue responds to an intervention provides an early biomarker of response that may be predictive of a long-term change. The use of 2H2O in animals and humans provides an opportunity to measure the rate synthesis of body proteins, lipids, and cellular proliferation rate. Enriching body water with 2H2O provides natural labeling of DNA (during cell division) and proteins. In this way the rate of synthesis of any protein may be assessed. The effects of pharmacological and exercise interventions on skeletal muscle protein metabolism were presented along with new potential biological targets. In particular the use of a “virtual” biopsy allows an assessment of skeletal muscle protein synthesis from a blood sample without the need of a muscle biopsy.
By Loren Wilkerson, MD

Since becoming a Geriatrics fellow, one of my areas of interest has been delirium education. Delirium is a clinical syndrome characterized by an acute change in mental status or sudden confusion with inattention as the hallmark feature. It is often the first presenting sign of illness in older adults. Delirium is the most common hospital complication for older adults and is associated with poor patient outcomes, including increased need for institutionalization after hospital discharge and all-cause mortality. Despite its’ high prevalence, delirium often goes undiagnosed and unrecognized in elderly patients.

Having seen delirium firsthand, I know how difficult it can be not only for the patient but the family members witnessing their loved one in such a state. Delirium also puts stress and strain on the health professionals taking care of the patient as their behavior can be hard to predict and control. All of this served as motivation to develop the original documentary, entitled “Delirium’s Impact”. It tells the story of Walter, an older adult in the hospital with delirium. Through this glimpse into his hospitalization, we not only see his struggle with delirium but the toll delirium has on his family and the health care team taking care of him.

This documentary started through my participation in the Duke Documenting Medicine fellowship (www.documentingmedicine.com) as a Geriatric Medicine Fellow and has continued through funding by Mr. John Williams and the mentorship of Heidi White, MD, MHS, MEd, and CMD. Since its debut showing in December 2013 at Duke University, Dr. White and I have been involved in using the documentary for delirium education, currently for Duke nursing students and Durham VAMC staff. It is my hope that in putting a “face” to delirium, those who see this documentary will be inspired to learn more about delirium and ways to prevent it. If you are interested in learning more, please contact me at loren.wilkerson@duke.edu.

The Education Corner is a new column dedicated to showcasing the research and educational projects Aging Center Faculty are involved in.

RECENT PUBLICATIONS AND PRESENTATIONS


The Dementia Roundtable: An innovative community-based interprofessional education program on caring for persons with dementia. Mitchell T. Heflin, MD, MHS (Advisor); Cornelia M. Poer, MSW; Lisa P. Gwyther, MSW; Lisa Shock, MHS, PA-C; Loretta Matters, RN, MSN; Emily O. Egerton, PhD; Eleanor S. McConnell, PhD, MSN, RN; Michele Burgess, MCRP; Delani Mann-Johnson, MD (Community Participant).

An Interprofessional Education Collaborative (IPEC) Competency-Focused Workshop to Enhance Team Performance. Gwendolen Buhr, MD, MHS, MEd; Thomas Konrad, MA, PhD; Sandro Pinheiro, PhD; Julie Pruitt, MS, RD; Cornelia Poer, MSW; Lisa Shock, PA-C; Heidi White, MD, MHS, MEd; Sujaya Devarayasamudram PhD, RN; Melissa Aselage, PhD, FNP; Emily Egerton, PhD; Loretta Matters, MSN, RN; Eleanor McConnell, PhD, RN; Mitchell Heflin, MD, MHS
EDITORIAL*
Proposal for Chained CPI Dropped

By Erdman Palmore, PhD

There have been recurring proposals to reduce Social Security Cost of Living Adjustments (COLA) by changing their base from the present Consumer Price Index (CPI) to a “chained CPI.” The proponents of this change argue that the present CPI does not adequately reflect the “substitution effect”, in which consumers substitute less expensive items for expensive ones, when inflation takes place. Opponents of this change argue that older people spend more of their money on items with prices that rise faster than general inflation, such as medical bills, prescription drugs, and utilities — and that substitution for these items is especially difficult for older people.

These arguments get complicated, but the bottom line is that the chained CPI would reduce Social Security benefits – by small amounts at first, but larger and larger amounts over time. This is why the Obama administration has decided to drop such proposals from its budget blueprint.

This is a welcome relief to those who do not want their Social Security benefits “chained” to lower COLA.

* The opinions in this editorial are those of the editor and do not necessarily reflect policy of the Center for the Study of Aging.

FREQUENTLY ASKED QUESTIONS*
Why do old people tend to get fat?

I’m on a “see food diet”: I see food and eat it.

– Anonymous

There are two major causes of getting fat in old age. First, metabolism tends to slow down, so calories are not burned up as rapidly as by younger people. Therefore, more calories tend to be converted into fat and it is more difficult to burn the fat calories when trying to reduce. The way to compensate for this, obviously, is to eat fewer calories (although this is “easier said than done”).

Second, most people tend to become less active with age, just when they should become more active, because of their slowing metabolism. The iron law of body weight applies at all ages: “Body weight equals calories in, minus calories out.” Remember: “The rocking chair can be deadly in old age”.

* Adapted from E. Palmore, Older Can Be Bolder (Amazon, 2011).

WHERE ARE THEY NOW?

Phillipa J. Clark, PhD, MSc, was a post-doctoral research fellow here at the Duke Center during 2001-2005. She is now a Research Associate Professor at the University of Michigan School of Public Health. Also she had recently been elected a Member at Large in the Behavioral and Social Sciences Section of the Gerontological Society of America. Congratulations Philippa!
Recent Faculty Awards

Buhr Receives Award

The Department of Medicine has presented Dr. Gwendolen Buhr with the 2013-2014 Division of Geriatrics Annual Education Award. The Award recognizes her many education accomplishments and excellence. Those accomplishments include directing the Geriatric Medicine intern rotation, creating an inter-professional education workshop, teaching inter-professional students, internal medicine house staff, Geriatric Medicine Fellows, and faculty from outside of Duke, about transitions of care, quality improvement, and curriculum development, as well as publishing education research such as her long term care teaching module on MedEdPORTAL. She provides important leadership and career mentoring in the field of long term care and has become a nationally recognized expert in this area.

Congratulations Gwen!

Heidi White recognized for service to AMDA

Heidi White, MD, associate professor of medicine (Geriatrics) received the James Pattee Award for Excellence in Education from AMDA – Dedicated to Long Term Care Medicine, the professional association of medical directors, attending physicians, and others practicing in the long term care continuum.

Dr. White was recognized for her work on AMDA’s annual meeting program committee, for co-directing the Futures Program that provides a day of curriculum and brings geriatrics fellows and internal medicine/family medicine residents to the meeting to learn about long-term care practice, and her work developing competencies for post-acute and long-term care practice.

Congratulations Heidi!

Schwartz Grant Awarded

Abby Schwartz, MGS, MSW, PhD was recently awarded grant funding from the Ruth Landes Memorial Research Fund for her qualitative study of older informal cancer caregivers. Her study examines the needs of older cancer caregivers during the hospital to home transition, as well as how these needs vary based on caregiver spirituality and relationship with the care recipient. Dr. Schwartz aims to lay the groundwork for creating tailored interventions for caregivers that are compatible with their preferences, and more responsive to their needs.
Personalized Music Therapy Can Reduce Symptoms of Dementia

Kelly R. Murphy, B.S., Daniel E. Goltz, B.S., Doris Coleman, Carmelita Karhoff, MSHA, Heidi K. White M.D. presented a poster on “Personalized Music Therapy for Patients with Dementia” at the Duke Community Health Engagement Day on September 10, 2014. The results of their demonstration showed a significant number of residents with improved mood and behavior following PMT. Additionally, administrators and staff displayed rapidly increased willingness to participate as positive outcomes became apparent. Although PMT may not be appropriate in all cases, their evidence provides striking support for its use in lessening the neuropsychiatric symptoms of dementia in a way that can be easily adapted by other facilities.

Recent Geriatric Faculty Promotions

Gwendolen Buhr, MD, has been promoted to Associate Professor; Susan Hastings, MD, promoted to Associate Professor; Mitch Heflin, MD, promoted to Associate Professor with Tenure. Kim Johnson, MD promoted to Associate Professor; and Heather Whitson, MD, promoted to Associate Professor. Congratulations to you all!

Healthy seniors: help us shed light on Alzheimer’s disease.

Despite progress being made in our understanding of Alzheimer’s disease (AD), there’s still a lot we don’t know. Currently, there is no cure for Alzheimer’s…and no way to delay its symptoms.

The TOMMORROW study seeks to learn more about the early phase of Alzheimer’s—a phase referred to as mild cognitive impairment due to Alzheimer’s disease (or MCI due to AD).

This important clinical research study is now seeking healthy senior participants between the ages of 65 and 83.

To learn more:

CALL 919-668-0988 OR VISIT www.TOMMORROWStudy.com

If you are selected as a study participant, you will not have to pay for your investigational medication, study visits, or any tests that are part of the study. Transportation assistance may also be available.
The Duke University Center for the Study of Aging (henceforth, the Center) has been my home throughout my professional career. I entered the Center as a graduate student in sociology, completed a postdoctoral fellowship there, and have been active in the Center since then. The overarching theme of my research has always been the well-being of older adults — both as individuals and as a subgroup of the total population. Within this theme, my work has focused on multiple dimensions of well-being, including life satisfaction, depressive disorders and symptoms, the health and mental health consequences of caring for an impaired older adult, the links between religion and health, and the effects of medical technology on reducing mobility limitations in later life.

One of the greatest rewards of my career has been discovering that regardless of what aging “problem” I study, whether it is the burdens of geriatric depression or recovery from joint replacement, the majority of older adults exhibit impressive resilience and remain meaningfully involved in their personal and social lives. Bette Davis is credited with stating that “Old age isn’t for sissies” — a sentiment with which I concur. The good news is that most older adults are anything but sissies. They generally find their lives satisfying and meaningful despite experiencing age-related losses or declines.

Studying patterns of satisfaction with life among young, middle-aged, and older adults reveals some interesting paradoxes. For example, if one divides the adult population into the three broad categories of young, middle-aged, and older and examines how these age groups rate their life satisfaction, we find that the oldest group is the most satisfied with their lives and the youngest group is the least satisfied with their lives. When this pattern was first identified in the 1970s, there was considerable surprise. Most scholars were worried that because of age-related declines, older adults would be less satisfied with their lives than their younger counterparts. But it also appears that most older adults do not recognize their advantage. When American adults are asked to identify the best and worst stages of life, a majority of adults of all ages report that later life is the “worst” time of life. The percentage of persons stating that late life is the low point of the life course is smaller among older adults than among young and middle-aged adults, but a majority of our older citizens do. I’ve been studying age differences in life satisfaction for 40 years now — and these patterns have been stable as new generations enter and leave adulthood. It still amazes me that a majority of the most satisfied age group reports that they are living in the worst years of their lives.

Another joy of engaging in research is that the results are so frequently at odds with what we generally call “common sense” or “common knowledge.” In addition to the myth that later life is the worst time of life, I’ve had the privilege of contributing to the destruction of other common myths as well, including the myth that older adults receive less care and support from their families than was true in the past and the myth that older workers are less productive than younger workers. Without question most research on aging aims to improve the lives of older adults through preventing and, if that fails, successfully treating chronic illness, ensuring financial security and health care for older adults, and maintaining cognitive skills throughout life. And that’s the way it should be. But it’s also valuable that along the way, that research also uncovers the strengths and resourcefulness of late life.
Welcome To Our New Post-Docs

Please welcome our three new post-doctoral fellows who have recently joined the Center:

Cheryl Roberts, Ph.D., earned a master’s in public administration from Harvard University and a Ph.D. in sociology from the University of North Carolina, Chapel-Hill. Her mentors were Professors Kathie Harris and Glen Elder, Jr. Looking at the intersections of race, gender, and class, Roberts’ dissertation used the National Longitudinal Study of Adolescent Health to investigate the relationships among family disadvantage, school context, and educational attainment among African American males. Roberts’ mentor in the Duke RTP will be Professor Angela O’Rand in the Sociology Department. Her postdoctoral research will explore how earlier life disadvantages affect later life health, mental health, and well-being, and processes associated with risk and resilience.

Dan Hatch, PhD, earned his PhD in Psychological Science at Utah State University under the mentor ship of his dissertation chair, Professor Maria Norton. In his dissertation, “The Influence of Widowhood and Sociodemographic Moderators on Dementia and Alzheimer’s Disease Risk”, Hatch used data from a longitudinal cohort to examine how psychosocial stressors experienced throughout the life span altered risk for Alzheimer’s disease. Hatch began his postdoctoral fellowship at the Duke Aging Center with his mentor, Dr. Guy Potter of the Department of Psychiatry and Behavioral Sciences; Dr. Carl Pieper of the Department of Biostatistics and Bioinformatics will also act as a secondary mentor. Hatch’s research will examine the relationship between job strain and depression in a longitudinal cohort of workers at risk for occupational stress and will assess how this link is moderated by age-related executive functioning.

Jeff Laguna, PhD, earned a B.S. (2003) in Family Studies and Human Development from The University of Arizona. He then went to the University of Southern California where he earned a PhD in Gerontology. His chair was Professor Susan Enguidanos, Ph.D., MPA, and his dissertation, “Racial/Ethnic Variation in Care Preferences and Care Outcomes among United States Hospice Enrollees,” examines patient-level factors which contribute to variation in hospice outcomes. Laguna’s postdoctoral research with Dr. Kimberly Johnson will examine agency-level factors that contribute to patient-level variation in hospice care preferences and outcomes. Additionally, he will also shadow Dr. Johnson’s clinical team in order to gain first-hand experience in the practice of patient care at the end of life.
Dr. Bobaker Elalem is a native of Tripoli, Libya. He moved to the U.S. to pursue additional training in medicine. While living initially in Denver, he met his future wife. He recently served as Chief Resident while completing his third year of Internal Medicine residency at Greater Baltimore Medical Center, where he was awarded the Outstanding Resident Award for 2013-14. In addition, he received the Profiles in Excellence Award from the Maryland Chapter of ACP. Bobaker is an educator at heart and has interest in potentially pursuing a Palliative Care Fellowship after Geriatrics training.

Dr. Adedayo Fashoyin is from Nigeria, and spent his formative years in Wisconsin and Vermont. He is interested in inpatient care and transitions of care for older adults. He enjoys road cycling, running, ultimate frisbee and is an avid tennis fan.

Dr. Rachel Suter has just completed her third year of internal medicine residency at University of Texas at Houston. She did her undergraduate studies at Baylor and her medical school studies in Galveston at UTMB. She has a very strong interest in geriatrics and palliative care that dates from her time at UTMB where she worked on an ACE unit. During her residency, she has also done work on heart failure in older adults, which she presented at last spring’s AGS meeting.

Dr. Sarah Wingfield is originally from Nebraska, went to college in San Antonio at Trinity University and then completed medical school at UT Southwestern in Dallas. She comes to us from right here at Duke where she has just completed a residency in Internal Medicine. She is interested in clinical education and has been enrolled in the Resident as Teacher Concentration through the GME office at Duke. She and her husband Eric (who is an elementary school music teacher) keep busy parenting an active 18 month old boy and 2 rambunctious labrador retrievers.
COMING EVENTS

October 16-18: Annual Education in Palliative and End-of-Life Care (EPEC) trainer conference. Chicago, IL. Contact info@epec.net or 312-503-3732.


