Families in the Triangle area affected by Alzheimer’s and memory disorders have access to vital support programs, free of charge, thanks to gifts totaling $3.1 million from an anonymous donor to the Duke Center for Aging Family Support Program.

$1 million donated in April 2018 is the most recent of three gifts since 2015 from the donor, whose family has used the program. The gifts ensure all programming stays free of charge for families, and it has spurred expansions.

“The donor is interested in making sure that the Duke (Alzheimer’s) Family Support Program and specifically its Early-Stage & Beyond Community programs exist into the future for families who are diagnosed and don’t know where to turn,” said Lisa P. Gwyther, MSW, LCSW, Director of the Duke Center for Aging Family Support Program and an associate professor in the Department of Psychiatry and Behavioral Sciences.

Art Hilson of Raleigh, N.C, calls the program an “anchor” for him and his wife Nanette, who was diagnosed with dementia, Alzheimer’s type, in 2014. “The Duke Family Support Program has given us a way to navigate the journey, a way to accept what’s going to happen and how to deal with it,” Hilson said. "It’s a place where we can talk about it and share and help each other.”

The initial offering of the Early-Stage & Beyond Community is an eight-week "Memory Makers" education and support group for families with a new diagnosis of Alzheimer’s or related disorder. Both the person affected and their family member learn together about the basics of memory disorders, as well as methods and skills to solve problems, and the importance of social support.

“We’re unique in that all of our Early Stage & Beyond Community programs address both people living with the disease and their family member,” said Bobbi G. Matchar, MSW, MHA, a social worker and

Continued on page 2
Many of the expanded offerings enabled by the anonymous donor, such as a series of “What’s Next” workshops for families with middle-stage disease, have been driven by requests from participants, Matchar said.

In addition, Gwyther and Matchar are working to develop materials for other communities to use to start their own support programs.
Duke Center on Aging faculty and students made twenty presentations at the annual meeting of the American Geriatrics Society in Orlando, FL, May 2-5, 2018.


T. Bayless, and M. Heflin presented “Training Community Providers in Geriatrics Medicine: A Case Study.” They concluded that while this case was not free from challenges, through collaboration, open communication, and frequent check-ins with stakeholders, this training approach was successful.

M. Berger, J. Browndyke, M. Cooter, W. Bullock, B. Colin, J. Gadsden, E. Iboaya, J. Lemm, E. Moretti, B. Ohlendorf, Q. J. Quinones, S. Runyon, A. Sandler, C. Young, L. Shaw, H. Whitson, H. Cohen, & J. Mathew presented “Hazards of fracture by screening group and age.” They concluded that anesthesia/surgery may induce small changes in CSF AD biomarkers that may reflect significant focal neurologic activity changes, and parallels the AD amyloid cascade hypothesis, in which CSF AD biomarker changes slowly accumulate and may cause fMRI activity changes before the onset of memory deficits.

B. Bowling, H. Zhou, R. Hall, T. Harrison, K. Reynolds presented “Prevalence of CKD-Discordance in a Diverse Patient Populations.” They concluded that CKD-discordance is similar across age and race groups, but may be greater among women.


S. Colon-Emeric, C. Pieper, R. Sloane, R. Lee, K. Lyles, & R. Adler presented “Age Threshold for Primary Osteoporosis Screening in Men.” They concluded that their results support screening men over 85 regardless of risk factors and men over 65 with risk factors.

A. Cook, J. Davagnino, R. Sloane, T. Holsinger, J. Twersky presented “Home-based Management of Behaviors in Dementia.” They concluded that in the first 12 months following enrollment in COACH, caregivers of patients with dementia reported decreased agitated behaviors and decreased CG response to these behaviors.

P. P. Cunha, J. Zhuang, J. P. Wright, D. J. Madden, G. G. Potter, K. Allen, E. Lad, S. W. Cousins, H. Whitson presented “Discrepancy between self-reported vision and visual acuity in patients with age-related macular degeneration.” They concluded that almost a quarter of AMD patients perceived their vision to be worse than suggested by measured visual acuity, and discrepancy was slightly more common with advancing age. However, SRV-VA discrepancy was not explained by depressive symptoms or cognitive status.

M. J. Devinney, M. Mcclawhorn, B. Taicher, J. Hunting, M. Berger presented “Comparing CAM-ICU and 3D-CAM as Continued on page 5
EDITORIAL

Why Clinician Expectations About Aging Matter

Primary care clinicians play an important role in promoting preventive health care and in facilitating optimal aging across the life span. Personal views about aging are linked to subsequent health behaviors among older adults. It is therefore probable that clinicians’ personal views about the aging process influence their diagnostic, treatment, and referral patterns, as well as influence patients’ expectations and health behaviors.

Research has shown that many clinicians have unfounded negative expectations about aging (Davis et al., 2011). Such negative views may be transmitted to their patients, which may reduce preventive health behaviors among their patients and lead to preventable declines in their function and adaptation to aging.

Therefore, it is important that all primary care clinicians receive accurate information both about geriatric diseases and treatments, as well as positive information about the opportunities and potentialities of old age.

Reference

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

Colon-Emeric Named Associate Dean for Research Mentoring

Cathleen Colon-Emeric MD, MHSc, has been appointed associate dean for research mentoring for the School of Medicine, it was announced by Dean Mary E. Klotman and Vice Dean for Faculty Ann Brown. In this position, Dr. Colon-Emeric will lead two existing grant programs, the K-Club (to assist faculty writing career development awards) and the Path to Independence Program (to assist faculty writing their first R-grant).

She succeeds Dr. Mark Dewhirst, who will continue to work with the program as executive director of research mentor training. Both roles are housed within the School’s Office for Faculty, and are charged with linking School and CTSI initiatives to support research mentoring. Dr. Colon-Emeric is a Professor of Medicine, a Senior Fellow in the Duke Center for the Study of Aging and Human Development and the associate director of the Geriatric Research Education and Clinical Center at the Durham VA. She has a longstanding passion for and experience in mentoring faculty and trainees in the Schools of Medicine and Nursing. She directs the Duke Pepper Center Research Education Core, won the 2017 Clinical Science Research Mentoring Award, and is a recipient of the Duke Health Scholars Award.

SLOGAN FOR THE DAY:
Old wine and violins are the best.
To the Editor:

I read with great interest the recommendations for the prevention of Alzheimer’s disease that were included in the most recent edition of the Center Report. In the past year alone, several expert groups have released updated recommendations – based on recent scientific discoveries – for the prevention of age-related cognitive decline and dementia, including that caused by Alzheimer’s disease\(^1\,^2\).

While there is still no cure or effective treatment for dementia, these recommendations did identify interventions that may reduce one’s risk. Many of these – including treatment for depression, high blood pressure, and high cholesterol, as well as maintaining a healthy diet – were mentioned in the article. These recommendations identified several others that may be of interest to your readers.

I’m sure your readers are familiar with the controversy surrounding sports-related concussions – part of the spectrum of traumatic brain injury (TBI) – and risk of brain disease. Recent studies suggest that traumatic brain injury may be associated with an increased risk of late-life dementia\(^3\). These findings support the use of helmets and other protective headgear when engaging in activities – like bicycling – that have an increased risk of head injury.

Recent recommendations also emphasize the potential for physical activity – particularly aerobic and resistance exercise training – to reduce the risk of dementia. This is not surprising given the benefits of exercise in the prevention and treatment of diabetes, high blood pressure, and high cholesterol – all of which are established risk factors for dementia. Current evidence-based guidelines – developed in part by Duke cardiologist and researcher William E. Kraus, M.D. – make the following weekly recommendations: either 150 minutes of moderate-intensity aerobic physical activity (such as brisk walking or tennis); 75 minutes of vigorous-intensity aerobic physical activity (such as jogging or swimming laps); or an equivalent combination of moderate- and vigorous-intensity aerobic physical activity. Moderate or high intensity resistance or muscle-strengthening activities (such as lifting weights or using resistance bands) that involve all major muscle groups should be done on 2 or more days a week\(^4\).

Recent recommendations also suggest a benefit from activities that are cognitively-engaging. Such activities include learning a new language or musical instrument, regularly doing crossword puzzles or Sudoku, and brain-training programs, many of which are available online or as downloadable apps for your smartphone.

Something as simple and rewarding as maintaining social relationships and spending time actively engaged with others may also reduce one’s risk.

While many people take a daily multivitamin to improve their health, the most recent recommendations did not find any convincing evidence of benefit for preventing dementia.

Most importantly, these lifestyle changes show a benefit even when started in midlife. So it’s never too late to make a positive change for your brain!

Sincerely,

Daniel Parker
Daniel C. Parker, MD – Advanced Fellow
Department of Medicine – Division of Geriatrics
Duke University Medical Center

Reference

early postoperative delirium screening tools.” They concluded that the 3D-CAM detects more delirium cases in the PACU than the CAM-ICU, and is a feasible screening tool for delirium in postoperative care units.

E. Emery-Tiburcio, S. Barnes, D. Butler, E. Flaherty, M. Heflin, K. Brennisteiner presented “Perspectives on Engaging Community-Based Organizations and Older Adults with Electronic Health Records: Results of a GWEP Regional Meeting.” They concluded that optimizing access to and use of existing health information technology by all stakeholders, including health professionals, CBOs, and patients can significantly improve continuity and quality of care for older adults.

T. Gullo, Y. Golightly, P. Flowers, J. Jordan, J. Renner, T. A. Schwartz, V. Kraus, M. Hannan, R. Cleveland, A. Nelson presented “Joint hypermobility and multi-joint osteoarthritis in a community based cohort.” They concluded that overall, joint hypermobility did not appear to be positively associated with MJOA in this cohort, and an inverse association may exist with MJOA.

R. Hall, J. Rutledge, M. Cary, C. S. Colon-Emeric presented “Quality of Life Priorities in Older Dialysis Patients.” They concluded that older dialysis patients identify cognition, independence, spirituality, and environment to be highly important QOL themes, but these are not captured in the KDQOL-36.

M. Heflin, M. Disco, J. Visco, D. Wieland, & G. Upchurch presented “Breaking down barriers: Electronic Health Record (EHR) access for community based organizations (CBOs).” They concluded that establishing EHR access for CBOs is complex but achievable.

M. L. Krol, C. Allen, N. Setji, A. J. Graham, M. Jenkins, T. Shepherd, W. English, H. White presented “Health Optimization Program for Elders (HOPE) – Improving Transitions from Hospital to Skilled Nursing Facility.” They concluded that an advanced practice provider-driven consultation with a skilled nursing facility follow-up model is an effective means of improving care transitions in higher risk older adults.

D. C. Parker, R. Sloane, C. Pieper, K. Hall, V. Kraus, W. E. Kraus, J. Huebner, O. Ilkayeva, J. Bain, L. K. Newby, H. Cohen, M. Morey presented “Age-Related Adverse Inflammatory and Metabolic Changes Begin Early in Adulthood.” They concluded that cross-sectional data demonstrate the onset – as early as the fourth decade of age – of abnormalities of immune and metabolic biomarkers known to be associated with impaired physical function, morbidity, and mortality in older adults.

J. M. Pavon, R. Sloane, C. Pieper, C. S. Colon-Emeric, D. Gallagher, H. Cohen, K. Hall, M. Morey, M. McCarty, T. Ortel, S. Hastings presented “Is objective mobility data associated with pharmacologic venous thromboembolism (VTE) prophylaxis use among hospitalized older adults?” They concluded that among hospitalized older adults, use and duration of VTE prophylaxis did not differ by higher or lower mobility activity, suggesting that better mobility awareness is needed to guide appropriate pharmacological VTE prophylaxis use.

J. M. Pavon, R. Sloane, C. Pieper, C. S. Colon-Emeric, D. Gallagher, H. Cohen, K. Hall, M. Morey, M. McCarty, T. Ortel, S. N. Hastings presented “Does medical record documentation of mobility correlate with objective measure of mobility in hospitalized older adults at risk for venous thromboembolism (VTE) occurrence?” They concluded that there is limited documented mobility data available early in the hospital course to help guide providers’ VTE prophylaxis decisions, and the documentation available is only reporting a fraction of all walking activity. Further study is needed to understand barriers and facilitators to capturing hospital mobility data, and the role that objective mobility data may have on influencing VTE prophylaxis use in hospitalized older adults.

M. Pignato, L. Arbeeva, A. Schwartz, F. Callahan, Y. Golightly, A. Goode, B. C. Heiderscheid, C. Hill, K. Huffman, H. H. Severson, K. D. Allen presented “Engagement with Physical Therapy or an Internet-based Exercise Training Program and Associations with Outcomes for Participants with Knee Osteoarthritis.” They concluded that a greater number of PT visits was associated with better outcomes, with some benefits persisting 8 months following the conclusion of PT sessions.

K. E. Rhea, G. Kanne, C. Alford, M. Black, A. Cooper, M. Disco, D. Halpern, C. Mikesell, G. Upchurch, H. White, M. Heflin presented “The Duke Inter-Agency Care Team: A Bridge to Geriatric Community Resources.” They concluded that the ICT has provided viable community connections for individual recipients and has connected PCPs more tangibly to community resources.

S. P. Wong, K. Zietlow, S. McDonald, C. S. Colon-Emeric, N. Loyack, S. Lagoo, M. Heflin presented “Perioperative Optimization of Senior Health (POSH): A Descriptive Analysis of Deferred Surgery.” They concluded that preoperative geriatric assessment using shared decision making led to nonsurgical management in 8% of potential operative cases. 21% of cancellations are driven by clarification in patient goals and preferences, and 34% are due to identification of candidates with prohibitively high risk.
I am pleased to share some nutrition research highlights from my laboratory at the Center for the Study of Aging and Human Development and talk about how our work complements the mission of improving resilience in later life. I am a nutrition scientist with a PhD in Nutrition Biochemistry focusing on clinical research and academic initiatives that improve nutritional status and enhance health and quality of care in older adults. I have maintained an independent laboratory at the Center for Aging for almost three decades and serve as an Associate Director of the Geriatric Research, Education, and Clinical Center at the Durham VA Medical Center. In addition, I am Editor in Chief for the Journal of Nutrition in Gerontology and Geriatrics, Deputy Editor for Current Developments in Nutrition, and lead Editor for the Handbook of Clinical Nutrition and Aging. I have had a wonderful career full of opportunities to explore the role of nutrition in the prevention and treatment of age-related chronic diseases and functional decline in later life. For example, I collaborated on the first Dietary Approaches to Stopping Hypertension (DASH) trial and on the Comprehensive Assessment of Long-Term Effects of Reducing Intake of Energy (CALERIE) trial, looking at the effects of caloric restriction on biomarkers of aging in non-obese human subjects. I have also been especially fortunate to collaborate on a series of integrative physiologic studies of exercise, the STRRIDE trials, led by Dr. William Kraus, where my role was to explore the interaction of diet and exercise as determinants of cardiovascular disease and Type 2 diabetes.

My current work focuses on weight reduction interventions that optimize physical resilience in obese older adults by reducing body fat while preserving muscle mass and quality. Together with my team, I have conducted a number of randomized controlled trials of interventions using a weight loss diet to enhance physical function, muscle quality, and bone health in obese older adults who are functionally frail. Our findings to date convincingly demonstrate that when older adults who are obese reduce their body weight by 6% or more (on average), they achieve striking improvements in their functional abilities. They have improved scores for the Short Physical Performance Battery (balance, chair stands, and gait speed), take less time to get up from a chair and walk 8 feet, perform a greater number of chair stands in 30 seconds, and walk a longer distance in 6 minutes. Our findings further indicate that functional measures are more commonly improved in a higher protein group relative to an RDA-level protein Control group. If our research continues to confirm that the higher protein diet does a superior job of preserving muscle quality and enhancing function in obese older adults, this will play an important role in advancing the treatment of obesity and prolonging quality of life and independence for older cohorts. Last summer, U.S. Senators Susan Collins, (R-Maine) and Bob Casey (D-Pennsylvania), invited me to present my research findings and talk about critical nutrition concerns in older adults at a special hearing on “Nourishing our Golden Years” by the Senate Special Committee on Aging. As I continue to see legislation coming out of that hearing (most recently to streamline the Senior Food Box Program), I feel a real sense of appreciation for the work our congresswomen and men do and am reminded of how our research findings

FEATURED RESEARCHER: Connie Watkins Bales, PhD

Connie Watkins Bales, PhD

Continued on page 4
can directly benefit the quality of life and health of older adults.

Most recently, we have taken on the issue of obesity reduction in older adults with prediabetes, working to protect their muscle function while improving glucose tolerance. We have also observed and reported racial differences in rates and functional outcomes of weight loss in black versus white study participants. We have pilot studies ongoing to explore these differences and to test the feasibility of strategies for improving diet intervention effectiveness in African American elders.

While there isn’t room to acknowledge the many colleagues and co-workers who have contributed to my work over the years, I want to especially acknowledge Dr. Kathryn Porter Starr, who has joined me as Co-Director of the Nutrition Laboratory; without her invaluable contributions, this important new work on obesity treatments would not have been possible. I’d also like to acknowledge my research mentor, Dr. William Kraus, and my wonderfully supportive Division Chief, Dr. Kenneth Schmader. Finally, a special thanks to Dr. Harvey Cohen, Aging Center Director, who first gave me the opportunity to join this unique community of scientists working to make optimal aging possible!

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Alan Whanger, MD, In Memoriam

Alan Whanger, MD, was a Professor of Psychiatry and a Fellow of the Center on Aging. He participated in the research with the Duke Longitudinal Studies of Aging, and in developing the institutional version of the Older Americans Resources and Services questionnaire. He was co-author of an article on "Vitamin B12 Deficiency" (Palmore, ed., Normal Aging II. Duke University Press, 1974). He died on October 21, 2017.

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AGHE To Merge With GSA

The Association for Gerontology in Higher Education (AGHE) is merging with the Gerontological Society of America (GSA). The plans are to re-position the AGHE as the Academy for Gerontology in Higher Education and more fully integrate it into the GSA where it will serve as the Society’s education organization. Starting in 2019, the AGHE annual meeting and leadership conference will be held at the same time and place as the annual GSA scientific conference.
COMING EVENTS

July 22-26, 2018: Alzheimer’s Association International Conference, Chicago, Ill.
Contact: alz.org/AAIC-GSA

September 14, 2018: The 3rd Annual Center for the Study of Aging Retreat will be held at the Great Hall in the Trent Semans Building, Duke Medical Center. Contact: 919-660-7500.