Kenneth E. Schmader, M.D., is the 2018 recipient of the American Society for Clinical Pharmacology and Therapeutics (ASCPT) William B. Abrams Award in Geriatric Clinical Pharmacology. The award recognizes scientists who have improved clinical care or therapies for older adults through research and honors an investigator in geriatric clinical pharmacology for outstanding contributions to the field.

“I am deeply honored and humbled to receive the prestigious William B. Abrams Award in Geriatric Clinical Pharmacology,” said Dr. Schmader. “This award, and Dr. Abrams’ career, reminds us of the critical importance of understanding and improving adverse drug events, medication prescribing and use, and pharmacokinetics and pharmacodynamics in older people. It is a great privilege to be part of a community of dedicated healthcare professionals who are committed to this field.”

Dr. Schmader’s work to improve prescribing, reduce adverse drug reactions,

Continued on page 4
EDITORIAL
Extend Medicare to All Seniors

The current Medicare program does not cover Seniors aged 55-64. There are 37 million U.S. citizens in this group – about 12 percent of the total U.S. population. Because Medicare does not cover them, most must purchase their health insurance from commercial health insurance companies. As a result, many who cannot afford commercial health insurance, do not have access to adequate health care. This is a sad commentary on our inadequate health care system. It is estimated that 120 Americans die every day from lack of health care.

Why not extend Medicare to these “younger” Seniors? Those who object to this proposal cite several misconceptions and myths:

- Medicare is government-run health care (“socialism”). Medicare only pays for the health care. Beneficiaries can choose their own providers of medical care.
- Medicare leads to rationing of health care. This is false. Actually, right now it is the private health insurance companies that ration health care. If you don’t have health insurance and are not rich, you don’t get health care.
- Costs will skyrocket with Medicare. Actually Medicare can reduce costs by eliminating all the administrative costs and profits of private insurance.
- Seniors would have to pay more for Medicare coverage than they are now paying with their private insurance. Wrong. Medicare coverage is cheaper than any commercial health insurance.

So if we can reduce costs and save lives by extending Medicare to all Seniors, let’s do it!

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

FREQUENTLY ASKED QUESTIONS*
Can Alzheimer’s Disease (AD) Be Prevented?

"Since you can’t prevent Alzheimer’s, you might as well forget about it."
– Anonymous

That saying is not good advice. While it is true that there is no vaccine to prevent AD (yet), and no way to completely prevent AD, there many things that can delay or reduce the risk of AD. The usual advice on how to preserve your memory may also reduce the risk of AD. In addition, the following may also help:

- Get treatment for anxiety or depression.
- Eat a healthy low-fat diet that includes weekly servings of fish high in omega-3 fatty acids.
- Drink alcohol moderately (one or two ounces of alcohol daily).
- Take a multivitamin/mineral tablet.
- Use stress management techniques such as yoga or transcendental meditation
- Reduce high blood pressure.
- Reduce high cholesterol.

*Adapted from Palmore, Older Can Be Bolder. Amazon, 2011.
The overarching focus of my research involves the development and optimal use of vaccines and drugs in older adults to prevent and manage geriatric conditions, with a focus on herpes zoster and infectious diseases. For my development as an investigator, I cannot thank enough Dr. Harvey Cohen, as my geriatrics research mentor, and Dr. John Hamilton, former Chief, Division of Infectious Diseases at Duke, as my infectious diseases mentor. Early in my career, I worked in Dr. Hamilton’s laboratory and learned basic and herpes virology which aligned perfectly with my interest in herpes zoster. The research described below is funded by the NIA, NIAID, CDC, VA, foundation and industry sources.

My zoster studies address knowledge gaps in the epidemiology, impact on quality of life, treatment and prevention of herpes zoster and post herpetic neuralgia in older adults. For example, with Dr. Linda George, we discovered two new risk factors, white race and psychological stress, for herpes zoster using the Duke EPESE data. Our work detailed the impact of zoster and post herpetic neuralgia on quality of life and functional status in older adults. I co-led the development of a zoster-specific pain measure, called the Zoster Brief Pain Inventory (ZBPI), which is used by the Food and Drug Administration (FDA) as the standard for measuring zoster pain and interference with function in zoster clinical trials. These efforts led to my role as a lead investigator in the Shingles Prevention Study, the landmark study of a live attenuated zoster vaccine in older adults. The Shingles Prevention Study demonstrated for the first time that a zoster vaccine could significantly reduce the incidence and severity of herpes zoster and post herpetic neuralgia in older adults. As a result of this study, the FDA licensed the vaccine for use in older adults and the Advisory Committee on Immunization Practices (ACIP), Centers for Disease Control (CDC), recommends the vaccine in the Adult Immunization Schedule for all immunocompetent adults 60 years of age and older.

I also contributed to the clinical trial that showed that the live attenuated zoster vaccine also reduced herpes zoster incidence in 50 to 59 year olds. As a result of this study, the FDA licensed the vaccine for use in adults 50 years and older. Our follow-up studies of the live zoster vaccine show that zoster vaccine effect persists at least 5 years after vaccination but wanes to ineffective by around 8 years and that a booster dose of the zoster vaccine in older adults 10 years after the first dose produces an equivalent immune response as the first dose.

The Shingles Prevention Study laid the foundation for the development of new zoster vaccines and which in turn lead to my roles as an investigator in the development of the new recombinant zoster vaccine. My research with this vaccine focused on health outcomes, safety and reactogenicity, and its functional impact in older adults. The recombinant zoster vaccine is another landmark vaccine because it is highly effective in older adults and was recently approved by the FDA and recommended by the ACIP for use in older adults.

Growing out of the above studies, my work also addresses issues related to vaccine immunology and clinical outcomes in older adults. I contribute to pre-clinical studies of influenza vaccine and clinical and immunological studies of high dose influenza vaccine, adju-
and identify drug use patterns in older adults, as well as his work on the shingles vaccines and influenza vaccines, has been crucial for the growing aging population. His work has been supported by the National Institute on Aging, National Institute of Allergy and Infectious Diseases, the CDC, and VA GRECC and Office of Research and Development.

**About ASCPT**

ASCPT is the leading forum for the discussion, development, and integration of clinical pharmacology, translational medicine, and therapeutics. Headquartered in Alexandria, Va., ASCPT was established in 1900. Today, more than 2,300 ASCPT members are committed to advancing the science and practice of translational medicine.

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**FEATURED RESEARCHER: Kenneth Schmader, MD continued**

vant influenza vaccine, avian influenza pandemic vaccines, pneumococcal conjugate vaccine, and respiratory syncytial virus vaccine in older adults. Much of this work is done out of the NIAID Duke Vaccine and Therapeutic Evaluation Unit (VTEU) (Dr. Chip Walter, PI, Drs. Geeta Swamy and Ken Schmader, Co-PIs) based in the Duke Human Vaccine Institute (DHVI). As a result of this work, I was named to the Working Groups for the Herpes Zoster, Influenza, RSV and General Adult Immunization Guidelines for the US Centers for Disease Control (CDC) Advisory Committee on Immunization Practices (ACIP) and serve as the American Geriatrics Society liaison to the ACIP.

Concomitant with my work involving vaccines in older adults, my studies have addressed the drug-related problems of polypharmacy, inappropriate prescribing, and adverse drug reactions in older adults. I give huge credit to Dr. Joe Hanlon for my growth as a researcher in this area. Dr. Hanlon and I developed a new measure of prescribing appropriateness called the Medication Appropriateness Index (MAI). The MAI has been used by our group and investigators across North America, Europe and Australia to investigate inappropriate prescribing in elderly populations and as an outcome measure in clinical trials. Our studies have documented the prevalence, risks for, and outcomes of inappropriate prescribing in older adults; the effectiveness of a pharmacist in reducing inappropriate prescribing in older adults; and the prevalence, risk factors for, and outcomes of adverse drug events in older adults. This work included an intervention trial that showed that the Geriatric Evaluation and Management (GEM) model of care, compared to usual care, improved prescribing and reduced adverse drug reactions in older patients.

It is my honor and privilege to now serve as the Co-PI of the Duke Pepper Older American Independence Center with Dr. Miriam Morey. Our theme is understanding and optimizing physical resilience in older adults. Whenever I am attending on the inpatient general medicine service, I am fascinated by the clinical observation that some older adults with the same admitting diagnosis, co-morbidities, cognitive function, and social situations will recover quickly and go home in a few days, while others will not recover well and are discharged to a rehabilitation facility. We would like to know much more about those individuals who recover well from a stressor. Although much is known about psychosocial resilience, there are large knowledge gaps regarding physical resilience in older adults. It is an exciting area to explore.

I want to recognize and applaud my other colleagues who are doing this work: Drs. Carl Pieper and Jane Pendergast (Analysis Core), Drs. Virginia Kraus and James Bain (Molecular Measures Core), Dr. Katherine Hall (Physical Measures Core), Drs. Heather Whitson and William Kraus (Pilot and Exploratory Studies Core) and Drs. Cathleen Colon-Emeric and Kim Johnson (Research Education Core).

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**SLOGAN FOR THE DAY:**

*Old Age Is the Consummation of Life.*
May 3-5, 2018: The American Geriatrics Society Annual Meeting in Orlando, FL.  
Contact: americangeriatrics.org.

May 10, 2018, 8:00 am to noon: Workshop for Health Professionals & Clinical Researchers: Physical Function Assessment in Older Adults. Sarah P. Duke Gardens, Kirby Horton Hall, Duke University  
Contacts: Dr. Miriam C. Morey, Ph.D. (Miriam.morey@duke.edu) Dr. Katherine S. Hall, Ph.D. (Katherine.hall@duke.edu)

May 19, 2018: Aging Well in Durham; A Community Event and Resource Fair. Durham County Human Services Bldg., 414 E. Main St. Contact: 919-560-7393.

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