U-M Geriatrics programs, doctors rank tops in U.S.

Geriatrics is among the three medical specialties at the University of Michigan Hospitals and Health Centers that ranked in the top 10 nationally, according to the latest rankings compiled by U.S. News and World Report. Geriatrics was ranked 10th in the 2008 “America’s Best Hospitals” rankings issued by U.S. News in July. The magazine ranked U-M among the country’s finest hospitals, with a rank of 13th overall and recognition for excellence in 15 areas of specialized care. Geriatrics, gastrointestinal disorders and ear, nose and throat disorders ranked in the top ten nationally. The U-M geriatrics program also ranked 5th in the nation by U.S. News in its ranking of “America’s Best Graduate Schools” for 2009.

In addition, the Geriatrics Center is well represented among such compilations as “Best Doctors in America.” The on-line publication lists doctors based on a nation-wide survey of more than 40,000 physicians. The latest list included 25 Geriatrics Center faculty representing nine departments and divisions, including 11 from the Division of Geriatric Medicine.

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Top care means better living

AARP The Magazine, the definitive voice for 50+, Americans and the world’s largest-circulation magazine, announced recently that Ann Arbor was first among the top 10 healthiest cities to live and retire. It’s no wonder. In addition to the cultural offerings, parks and recreational opportunities, and a stable economy, the AARP magazine cited access to Ann Arbor’s excellent health care resources available for persons in their retirement.

In reporting on the designation, the local Independent Times noted specifically the amazing resource of the U-M Health System’s Geriatrics Center. The article quoted Geriatrics Center Director Dr. Jeffrey Halter about why the U-M is a good choice for older patients.

“I believe that being in an academic setting is one reason our overall clinical services are so good,” says Dr. Halter. “Our specialists are involved in training and research to understand more about the aging process and health disorders that are more common in older people.”

The article described the services of the U-M Turner Geriatric Clinic in providing excellent primary care. “The Geriatrics Center also coordinates acute care for hospital patients and helps with the transition out of the hospital. Relationships with long-term care facilities and...
Dear Friends and Colleagues,

Since the Turner Geriatric Clinic opened in 1977, the University of Michigan has been in the forefront of advancing medical care for older individuals with the goal of increasing healthy lifespan and enhancing quality of life. Today, the U-M Geriatrics Center is a national leader in the field of aging, dedicated to providing outstanding educational opportunities, advancing research on the healthcare issues of older adults and providing exemplary care and services for the older population.

A multi-disciplinary faculty of nearly 250 physicians and scientists from 12 U-M schools and institutes, including 23 departments in the Medical School, conduct $79 million in nationally-sponsored research each year. We’re ranked among the top programs in the country for both geriatric physician training and hospital care for older adults. And we’re devoted to our immediate community in the provision of outpatient care and social and community services, utilizing teams of board-certified physicians, nurses, pharmacists, social workers and specialists trained to work with older adults.

With this newsletter, we hope to illustrate how the wide scope of activity being conducted throughout the Geriatrics Center works to comprise an unparalleled resource for our community, the older population and the field of aging.

Sincerely,

Jeffrey B. Halter, M.D.
Director
Geriatrics Center and Institute of Gerontology

Exploring the aging and illness connection

70 is the new 49, they say, as today’s senior citizens pursue more active lives than ever. Most of us can still expect to see a dozen or more birthdays even after we hit 75. But the fact is that as we age, the odds of suffering serious illnesses increase. Whether it’s a heart attack, a cancerous tumor, type 2 diabetes, an arthritis-inflamed joint, or an infection, most human diseases are more common in older people.

But why? What is it about aging that makes us more prone to illness and infection? And, what can we do to stop it, or at least slow it? These are questions that biomedical scientists at the Geriatrics Center are working to answer. The search is leading investigators in areas of cellular and molecular research to help explain the processes of aging and the links to illness and disease.

The Biomedical Science Research Building houses research laboratories of the Geriatrics Center and Institute of Gerontology. There, scientists are conducting research at the basic level to unlock the secrets of aging.

Drs. Wessells and Yung, whose research is described here, are among the investigators conducting basic research at BSRB.
Raymond Yung, M.B., Ch.B., is a Geriatrics Center geriatrician and rheumatologist who is conducting basic research in the field of epigenetics, which looks at variations in gene expression, rather than mutations, in the gene sequence. Dr. Yung and colleagues hope that this work will help to explain why older humans are prone to so many diseases at once.

Dr. Yung and his team recently published findings on one of the epigenetic phenomena they are exploring: the expression of genes related to one of the key functions of the immune system. Specifically, they looked at the impact of age on the cells that respond to invading viruses and newly developed cancers. The team found that older mice had higher levels of a number of receptor proteins on white blood cells, which appeared to result in a constant state of low-grade immune response in aging. The response could promote inflammation such as the kind seen in the atherosclerosis that causes clogged arteries, heart attacks and strokes. But, Dr. Yung and his team found that the receptor cell levels in younger mice could be preserved over time with a calorie-restricted diet.

Dr. Yung continues to investigate the epigenetic effects involved in diseases of aging, such as cancer, heart disease and rheumatoid arthritis. His discoveries may lead to human clinical trials of factors that might boost the immune systems of older people or decrease chronic inflammation.

Robert Wessells, Ph.D., is working to unlock the mysteries of stress and aging of the human heart by looking at a species dramatically smaller than human—the fruitfly. For 17 years, Dr. Wessells has been studying the tiny creatures, which scientists understand are a model organism for research on many aspects of human physiology, including cardiovascular disease. Specifically, Dr. Wessells is exploring the effect of stress on cardiac muscle as it ages.

Using a high-speed digital camera acquired with a $50,000 Glenn Foundation Award for promising young researchers, Dr. Wessells can precisely measure fruitfly heart rate, rhythm, contraction and velocity. He uses the data to compare the health and longevity of flies that have different genetic mutations and factors such as those with calorie-restricted diet versus those without, or those that exercise more than others.

"By understanding the genetic principles that make one insect live longer than another, we can gain clues to understanding what makes some humans live longer than others. In turn, we believe the understanding we gain from this will allow us to improve the quality of late life for many elderly humans," Dr. Wessells was quoted in an article about his work that appeared in the Ann Arbor News.
Recent medical breakthroughs have allowed most of us to expect to live many years—even decades—longer than generations past. With age, however, often come illness and diminished physical and mental capacity. Doctors and researchers at the Geriatrics Center are exploring the medical realities of health in aging in a number of areas. By understanding how disease and chronic conditions particularly impact older persons, they hope to ensure that the health and social needs in this population are adequately met.

**Cardiac patients require greater resources**

A published study led by Geriatrics Center faculty member Tanya Gure, M.D., spotlighted the degree of disability among people with congestive heart failure, as well as the implications for the health care system, community care facilities, families and the patients themselves.

The study found that, even as heart attack survivors and other heart-disease patients live longer, an increasing number will experience disability as hearts decline into CHF. In particular, the study found that CHF patients were much more likely to have difficulties with activities of daily living, such as grocery shopping and walking across the room. And they were more likely to require care from nursing homes and family members.

“The prevalence of congestive heart failure imposes a substantial burden on patients, families and the long-term care system,” says Dr. Gure. “We need to make sure that the medical community and society in general are adequately meeting these individuals’ needs.”

**Nursing homes unprepared for influenza breakout**

Many nursing homes are ill equipped to deal with the possibility of an influenza pandemic in the United States, according to Geriatrics Center faculty member Lona Mody, M.B.B.S., M.Sc. Dr. Mody was senior author of a widely-publicized study suggesting that if a flu pandemic were to occur, acute care hospitals would likely be overwhelmed and many nursing homes would not be prepared to deal with patient overflow.

Of the more than 400 nursing homes in the study, just 23 percent had a specific pandemic influenza plan. Another quarter of the nursing homes had a pandemic response incorporated into an overall disaster response plan. More than half—52 percent—did not have any pandemic plan.

“Nursing homes may not be equipped to handle an influx of influenza as well as non-influenza patients. They also may be unwilling to accept overflow patients if it means displacing their current residents,” says Dr. Mody. She noted that areas for improvement include communication with nearby health departments and hospitals in planning and formulating plans, and preparing for staff shortages.
Health conditions impair daily living

A broad study of adults ages 65 and older found that half of them have one or more conditions that can affect their ability to participate in activities of daily living, such as bathing and dressing on their own. The study’s lead author and Geriatrics Center faculty member Christine Cigolle, M.D., was quoted in national and local press about the findings, which were based on the responses of more than 11,000 participants as part of the National Health and Retirement Study.

The researchers found that people with geriatric conditions such as cognitive impairment, incontinence and falls had about the same level of impairment in performance of daily activities as those with chronic diseases such as diabetes or heart disease. While these conditions are not characterized as diseases, they substantially impact daily function and overall health in 50 percent of persons 65 and older.

“...The focus in medicine has long been on diseases, but older adults tend to have one or more geriatric conditions which are not considered diseases and can be missed by physicians,” Dr. Cigolle says. “We found that conditions such as cognitive impairment, falls, incontinence, low body mass index, dizziness, vision impairment or hearing impairment are very common and increase dramatically in prevalence with age. To me, that says that clinicians need to ask patients about these issues. In many situations, they may be able to help manage the condition before it leads to disability.”

Easing transition improves care, shortens hospital stays

A new Geriatrics Center program is helping patients transition from the hospital into skilled care settings quicker and with fewer complications than before. The unique program provides seamless, high-level care through hospital discharge to less intensive—or sub-acute—care facilities. The results are shorter hospital stays with fewer return hospitalizations during recovery.

The Sub-Acute Care Program provides continuity of care for patients who no longer require hospitalization, but who still need skilled medical care in a transitional setting. U-M geriatric physicians and nurses follow patients after discharge to provide care on-site in one of four area facilities currently partnering in the program. Patients can leave the hospital and begin rehabilitation sooner, because they continue to receive the same expert care during the transition. With a goal to hasten the transition from the hospital and improve care at the same time, the program has reduced hospital stays on average by two to three days.

Geriatrics Center physician Darius K. Joshi, M.D., is director of the Sub-Acute Care Program. The program has been implemented at the Heartland Health Care Centers of Ann Arbor and Canton, the Glacier Hills Skilled Nursing Center in Ann Arbor; and Superior Woods Health Care Center of Ypsilanti.

With a goal to hasten the transition from the hospital and improve care at the same time, the program has reduced hospital stays on average by two to three days.

Those involved with the program also hope it will help to shed light on the fact that sub-acute care centers are very different from what people may envision. In contrast to the misconception, sub-acute care centers have become a place where many people stay for short periods of time, 22 to 24 days on average, and they are an integral part of the treatment of older adults.
When Herman and Dorothy Miller moved into the Glacier Hills retirement community in Ann Arbor, they had an inspiration. As donors to the University of Michigan Health System, they had been moved to find real solutions to common, but debilitating, medical issues. Now, they saw how the older population in their community had difficulty with movement and walking and often required assistance. Then, they actively sought out what they could do to help.

Their quest led them to the Geriatrics Center Mobility Research Laboratory and to its director, Dr. Neil Alexander. Dr. Alexander and his team conduct studies to better understand gait disorders and falls in older adults and how to decrease the risk for falls. The Millers decided to support the research with a significant contribution to help fund the work. The gift helped with the purchase of equipment to measure and evaluate the effect of multi-tasking while walking, and the role of depression on mobility in older adults. In addition, the Millers’ support helped Dr. Alexander to pilot an interactive program to reduce fall risk in community-dwelling older adults on-site at Glacier Hills.

The Millers have a vision to help improve the quality of life for many older individuals, along with great generosity and a goal to actively make a difference. The result is a partnership producing real advances in practical issues impacting older adults.

Proving that learning and education is a life-long endeavor, a program founded 20 years ago by a group of Geriatrics Center social workers and volunteers to provide continued learning opportunities for retirees has grown to include more than 1,000 members. Last year, the group received a $1 million gift from the Bernard Osher Foundation to endow funding for the popular community program.

The Osher Lifelong Learning Institute at the University of Michigan, formerly the Learning in Retirement Program, has grown to offer an intellectually stimulating and culturally diverse course of offerings for its members. Volunteers make up the institute’s 17-member board of directors and 30-member curriculum committee, who work closely with Geriatrics Center staff. Last year, more than 100 mini-courses, study groups and lectures were offered, including the popular “Distinguished Lecture Series.” An expanding Midwest travel program and occasional special events round out the curriculum.

To find out more about OLLIE programs and membership, call 734-998-9351 or go to www.olliumich.org.
Volunteer calls work a “labor of love”

Ten years ago, Turner Geriatric Clinic volunteer Dona Venne thought of a simple idea for a fundraiser: a sale of donated jewelry, with the proceeds to support Geriatrics Center Social Work and Community Programs. The “simple” idea has turned into quite an enterprise and a hugely anticipated annual event. Dona has spearheaded the project each year since, working with fellow volunteers for months in the collection, sorting and marking of jewelry for the December sale. For Dona, it’s a labor of love. “It’s really a group effort and a social opportunity for us,” she says of the countless hours of preparations and her 20 or so fellow volunteers. The sale draws hundreds of buyers and has raised thousands of dollars for needed programs. Despite the effort involved, Dona devotes time to a number of other volunteer activities, as she has for more than 25 years. In addition to being a “peer visitor” to shut-ins, Dona is an active member of the Turner Clinic Advisory Board and the Schoem fundraising committee.

Geriatrics Center people, programs cited

LIFETIME ACHIEVEMENT AWARD
Jeffrey B. Halter, M.D., was named the 2008 Nascher/Manning Award recipient of the American Geriatrics Society. The Nascher/Manning Award is given to an individual with distinguished, life-long achievement in clinical geriatrics. Dr. Halter was cited by the AGS Board of Directors and the Awards Committee for his significant contributions as “a leader in the field of geriatrics, an educator, and an author,” as well as for possessing the “outstanding qualities and skills the society wishes to honor.” Dr. Halter is director of the Geriatrics Center and professor and chief of the Division of Geriatric Medicine.

AWARD OF DISTINCTION
Richard A. Miller, M.D., Ph.D., was the recipient of the Irving S. Wright Award of Distinction from the American Federation for Aging Research. The award recognizes Dr. Miller’s exceptional leadership contributions to research in the field of aging. Dr. Miller is widely recognized for his research into the genetic and biological aspects of aging using mouse models. Dr. Miller is the Geriatrics Center associate director for research and professor of Pathology, and is a research scientist at the VA Ann Arbor Healthcare system.

LAWTON AWARD
Louis D. Burgio, Ph.D., is the recipient of the 2008 M. Powell Lawton Award of the Gerontological Society of America. The award is presented annually to honor contributions from applied gerontological research that have benefited older people and their care. Dr. Burgio is the Harold R. Johnson Professor of Social Work and research professor of the Institute of Gerontology. A leading researcher on applied gerontology, he is widely known for his work on developing interventions for the behavioral complications of dementia in long-term care settings and for the problems faced by family caregivers.

DEVITO AWARD
Beth Spencer, M.A., L.M.S.W., was selected as the Anthony V. DeVito II Memorial Award recipient in 2008. The award is presented annually by the Geriatrics Center to recognize outstanding service, dedication and commitment to excellence in geriatrics education in Michigan. Ms. Spencer is director of the Geriatrics Center’s Silver Club, Coffeehouse and Memory Keepers, social and enrichment programs for people with various stages of memory loss.

HOSPITAL ELDER LIFE PROGRAM
The Geriatrics Center Hospital Elder Life Program received an international award for excellence in the care of hospitalized older patients. The Knight Steel Award was presented to recognize the program for helping to set new standards in the care of older patients. Coordinated by Alene Blomquist, M.A., L.C.S.W., L.M.S.W., the Hospital Elder Life Program at U-M was implemented to help older patients maintain physical, mental and emotional well-being while hospitalized. Volunteers are trained to provide stimulating activities, early mobilization, nutrition support and relaxation interventions for frail and at-risk elderly patients.

www.med.umich.edu/geriatrics
Top Care Means Better Living

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hospice enhance care of older patients throughout the community. In addition, through the Turner Senior Resource Center, U-M offers health and wellness support groups and classes, counseling services, and lifelong learning opportunities,” the article stated.

“We have always tried to keep a community orientation,” says Dr. Halter in the article. “Even though we are in an academic setting, our faculty and staff make a conscious effort to maintain a community focus and attention to primary care. We’re happy that there is a positive perception of Ann Arbor as a healthy place, and we want to be a part of that.”

The University of Michigan Geriatrics Center seeks to increase the span of healthy, active life for older adults through interdisciplinary clinical care, education, research and community service.

Jeffrey B. Halter, M.D., Director
Geriatrics Center and Institute of Gerontology
Kathleen M. Fitzgerald
Editor/Writer

Portions excerpted with permission from Department of Internal Medicine Annual Report

If you would like more information about our programs, would like to receive this newsletter by email, or wish to be removed from our mailing list, please visit: www.med.umich.edu/geriatrics or contact Kathleen Fitzgerald at 734-936-2156 or kmfitz@umich.edu.

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