

July 2010



GET-IT Newsletter

What is Quality of Life?

Special Interest:

- SAGE
- Save the Date
- A Special Thank You

The revved up engine at the end of the runway had an ear splitting roar like a car with no muffler. It belched out black exhaust as the engine leaked oil onto the ground. Made up of aluminum and bolts, the B-25 Mitchell Bomber taxied down the runway with one of our very own senior volunteers & SAGE mentors, Mr. Richard Harrison. Mr. Harrison celebrated Father's Day with a wild ride down memory lane. Seventy years ago, a young 20 year old Mr. Harrison flew the B-25 Mitchell Bomber, which was used by many



Allied air forces & in every theater of World War II. Mr. Harrison also flew the B-29 for training purposes and it was one of the largest aircrafts to see service during World War II. The B-29 Bomber was one of the most advanced of all World War 2 airplanes, featuring innovations such as a pressurized cabin, a central fire-control system, and remote-controlled machine gun turrets.

Mr. Harrison has lived a wonderful life and most of his accomplishments came later in his life. "He believes any body can do anything, if they want to and if they just do it." He has proven this many times over. Mr. Harrison published his 1st book, "Grass Roots" at 80 years old & his 2nd book, "DC Rider" at the young tender age of 84. He learned how to watercolor in France, plays the guitar & piano, and wrote musical scores, was a composer and ran a music school. Mr. Harrison teaches us you can do so much late in life. He has a zest and natural curiosity for life.

One may ask, "What else is there to do?" well, Mr. Harrison wants to go dancing to try out his new prosthetic leg. His leg was amputated at 90 years old and although initially he was ashamed of it, he was very motivated to learn how to deal with his leg. He is very proud of what he can accomplish now, especially after seeing some athletes with their prosthetic leg and what they could do with it, such as jogging, swimming and other sports.

Ten (10) more years to go to reach 100 and Richard Harrison will reach his goal. He is currently deciding on his new goals and challenges for the next 10+ years. Richard is proud to be a part of a program (Standardized Patient Program & SAGE Mentor) where he felt he was contributing to the medical community and helping a few doctors in the process. He is a true inspiration to not only his family, but to all of us.

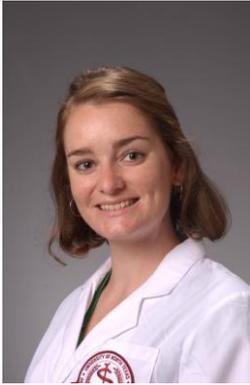




Seniors Assisting in Geriatrics Education

Limited Physical Examination – Visit 5

During Visit 5 of the SAGE Program, students perform a physical and cognitive examination (Mini Mental Status Examination, the Clock Drawing Test, and the 15 item Geriatric Depression Scale) on an older adult. Students learn to adapt an examination to possible health conditions such as frailty, immobility, hearing loss, memory loss, and/or other impairments



~Student Doctor, Leah Freeman

Our client for this assignment was very open and willing to help us learn. It is really important to give them time to talk and get out what they are thinking. We've had three different sage clients at this point and all have been very willing to talk about themselves and their past. It seems very important to make sure they have plenty of time to process and discuss any questions they may have. Patience is key!!

We found a few residual symptoms of a major stroke the client had in the past. He had no consensual pupillary reflex on the right. He also had bilateral above the knee amputations due to a circulation (possible blood clot) issue. Assessing his mental state was more difficult than I thought it would be. He would spend quite a bit of time to end up not answering a question. It was difficult to tell if it was a cognitive issue, memory issue, or if he just did not feel like answering specific questions.

I think it is important to be sure to develop a good relationship with older patients, especially during their first visit. As mentioned previously, it can take longer for them to understand some things and to formulate proper responses or questions. It is really important to take this into consideration when getting a history or doing an exam.

This was a little challenging since we were doing a physical exam the first day we were meeting our new client. Luckily he was very open and willing to let us take a look at him. We are sad that we will not be seeing him again for this program (our other senior only refused to do the physical exam exercise). He would be great for another group and I highly recommend assigning him to someone. At the end of our visit he stressed how it would be great if we, or even any other students, returned to visit him on occasion.

~ Student Doctor Experiences

- ❖ This really has not changed my view on aging, however it is always a different experience finding these age related changes out on your own by conducting tests on your own patient. Overall, it was a really educational experience.
- ❖ This session showed that often times elderly patients are still very healthy, sharp, and active, and that age does not have to come with a decline in health, although there will be some inevitable changes.
- ❖ It made me realize that the reason I need to have more patience with older patients is because they do not have the sharp mental skills that they once used to.
- ❖ Not all older people are as unhappy as the stereotype. This was a useful session for both the client and myself.
- ❖ We found it pretty interesting that she made a conscious choice in life not to really learn how to drive and instead rely on her close family and friends for transportation. This might have allowed her to accept loss of independence more easily than other older people at her stage in life. We enjoyed being able to communicate clearly with our new client.
- ❖ This has not changed my view on aging because I always had high regards and respect for the elderly. Our SAGE client is self-sufficient and happy with her current situation and her past.
- ❖ During this visit I learned that it is very important for seniors to maintain a good social life. Without support of friends, family and society the quality of life goes down. Also, I learned that even though my client was very old she had very good memory and did very well on her mental exam.



SAVE THE DATE

Reynolds 2nd Annual Geriatric Update

Them Old Bones: Preventing Falls,
Managing Fractures, &
Maintaining Mobility in Older Patients

Saturday, September 18, 2010

UNT Health Science Center

Medical Education &

Training Building

3500 Camp Bowie Blvd., Fort Worth, 76107

This activity offers 7.5 CME Credits

7.5 Type 1 Nursing Contact Hours

7.5 CHES credits

7.5 Social Worker Clock Hours

*Includes Ethics/Professional Responsibility

For more information visit www.RegisterWithUNT.com

Geriatric Fellowship Program

Are you ready to care for an aging America?

Geriatric medicine offers some of the greatest career opportunities for modern healthcare professionals. With America's over-65 population expected to double in the next 25 years, the need for teachers, administrators and practitioners who are proficient in these interactive fields will also increase. Strengthening your credentials with a Fellowship in Geriatric Medicine could help you be in the right place at the right time with the right expertise!

We're seeking those about to complete residencies in internal medicine or family medicine, as well as practicing physicians who want to develop as leaders and role models in geriatric care for the future.

Fellowship Goals:

Our goal is to prepare fellows as educators, who will incorporate their special knowledge into teaching and research programs. We also aim to create highly skilled practitioners, who will use their experiences to help managed care organizations, long-term care facilities, clinics, hospitals and community service agencies to better meet the needs of aging patients.

One and two year training programs are available. The curriculum encompasses didactic coursework, teaching, clinical experience, healthcare management/administration, palliative/end of life care and research.

Stipends are competitive. Tuition, fees and travel to professional meetings are paid through the fellowship grant.

For additional information contact: Lee Ann Cunningham at 817-735-2549 or Email:
Lee.Cunningham@unthsc.edu.

Student Chapter of the American Geriatrics Society



Top 5 Reasons You Need to Join SCAGS

5. Win cool prizes at our first meeting
4. Reality: Almost 13% of the population is over age 65
3. Guaranteed clinical volunteer hours – you gotta have it
2. First served at lunches and awesome T-shirt
1. Face it, you will be old someday...

Join at Orientation for only \$30 -- \$35 Later

Benefits:

- Free T-shirt
- Free access to *Geriatrics At Your Fingertips* (PDA Version)
- 4 years of amazing learning opportunities
- Medical service hours, first preference

For more information, check us out under “Students”: <http://www.hsc.unt.edu/Sites/GETIT/>

Online Grand Rounds

New! Earn Category 1A (AOA) & Category 1 (AMA PRA™) Credits Online!!!
Professional & Continuing Education (PACE)

Download the application, install it on your computer and participate in **LIVE** Grand Rounds Wednesdays at 12 PM (central).

7/28/2010 No Grand Rounds

8/25/2010 Dr. Dan Swagerty

9/22/2010 Dr. Paul Eleazer

<http://www.hsc.unt.edu/education/PACE/DownloadGrandRoundsApplication.cfm>

A Special Thank You

*To everyone that Celebrated the Division of Geriatrics
TOP 15 Ranking in the US News & World Report.
We celebrated with music, food and drinks on June 30th*

Highest Ranked Osteopathic Program in the Country!!!

Why should concerns about older drivers interest anyone besides the elderly? Because in a very short time, the numbers of older drivers on our roads will more than double.

By 2030, people age 65 and older are expected to represent 25 percent of the driving population and 25 percent of fatal crash involvements, according to the Insurance Institute for Highway Safety.

In 2002, there were 19.9 million licensed drivers age 70 and older in the United States, or 10 percent of all licensed drivers, According to the National Highway Traffic Safety Administration (NHTSA),

Older drivers have higher rates of fatal crashes, based on miles driven, than any other group except very young drivers. The high death rate is due to their greater physical frailty (they are less likely to survive after an injury than a younger person).

When people with diminished capabilities continue to drive, an increased safety risk is created for all members of society. However, the 21st century challenge of aging and driving is not only about public safety, it's about mobility, dignity and independence for a growing number of older adults.

People outlive their ability to drive: men, an average of six years; women an average of 11 years. More than one in five Americans aged 65 or more do not drive.

When older drivers lose their wheels, they can become isolated, even depressed. Non-drivers leave the house--even to take a walk--fewer than three times a week, according to an AARP study. This decreased access to social activities, medical care, shopping, and other services critical to living independently also has a negative economic and cultural impact on their communities. Half of all non-drivers aged 65 or more stay home because they have no mobility options. Many cannot choose to take public transportation because service is not available in their areas, particularly in rural and small towns. Often, the same physical and functional difficulties that lead to the older driver's failing ability to drive safely make it difficult for him or her to use mass transit. So, for many older drivers, the mobility dilemma can boil down to: "Do I continue to drive even when driving begins to pose safety risks for myself and others?" Faced with this predicament, most elder drivers voluntarily limit or stop driving, but some do continue to drive. Education, monitoring and intervention by family, friends, physicians, and the DMV then become critical.

Therein lies the 21st century challenge: communities must begin now to design and implement a variety of transportation alternatives to ensure that our growing population of elders have an equally accessible and mobile life-after-driving. http://www.getting-around.org/home/aging_21century.cfm

Provider Fact Sheets- Macular Degeneration

Barry Weiss, MD, College of Medicine, University of Arizona
ARIZONA REYNOLDS PROGRAM OF APPLIED GERIATRICS

Age-related macular degeneration (AMD) is the most common cause of irreversible blindness among older adults in the United States. The prevalence of AMD increases with age and indeed, age is the strongest risk factor. AMD affects some 10% of individuals between 66-74 years of age, but the rate increases to 30% in those 75 and older. One of every 14 people over aged 75 has advanced AMD with significant visual impairment.



Symptoms of Age Related Macular Degeneration

Early Symptoms

Need for brighter light
 Decreased intensity of colors
 Metamorphopsia (wavy distortions)

Late Symptoms

Difficulty recognizing faces
 Hazy overall vision
 Blurred or blind spot in central vision

TIPS ABOUT MACULAR DEGENERATION

- Recommend smoking cessation, maintaining a healthy weight, and consuming a healthy diet, all of which reduce the risk of AMD.
- When drusen are seen on ophthalmoscopic exam, suspect AMD and refer the patient to an ophthalmologist.
- Consider using an Amsler Grid for preliminary assessment of older patients with visual complaints.
- Individualize vitamin and mineral therapy for AMD (see text) to avoid adverse effects.