

May 2010



## GET-IT Newsletter

### News & World Report Ranking

### 2010 Rankings of Best Medical Schools:



### UNTHSC's Geriatrics Ranked 15th Overall! Highest Ranked Osteopathic Program in the Country!!!

#### Special Interest Articles:

- *Shoulder Problems in the Elderly*
- *AGS Presentation*
- *Older Americans Month*

Twenty **UNT Health** physicians and 28 **Texas College of Osteopathic Medicine** (TCOM) alumni were named Top Docs by *Fort Worth, Texas magazine* in the April 2010 edition

UNT Health Geriatrics Physicians and TCOM alumni named 'Top Docs'

Janice Knebl, DO, Geriatrics  
&

Alvin Mathe', DO, Geriatrics and Palliative Care (TCOM '89)

### Reynolds GET-IT Program Launches Website!



[www.hsc.unt.edu/Sites/GETIT](http://www.hsc.unt.edu/Sites/GETIT)

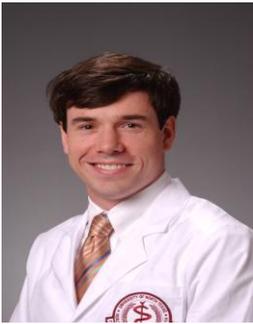


# Seniors Assisting in Geriatrics Education

## Medication Review and Pharmacology – Visit 4

During Visit 4 of the SAGE Program, students perform a medication assessment on an older senior client. They learn to appreciate issues associated with prescriptions and multiple medications as well as to identify side effects and interactions associated with selected drugs.

~Robert Winsett, Student Doctor



Our senior is on three different medications for hypertension (and according to Epocrates, they do not interact with each other), and we have seen from her blood pressures readings that the medications she takes are effective. At 90 years old, our senior has been on many of her medications for the past 10-20 years, and was not immediately certain why she was taking several of her prescribed medications. Although she does know what they are for, our senior takes several medications that she is not sure how they specifically benefit her because she cannot remember ever not taking them. These include her daily allergy medicine, and perhaps more importantly, her sleep aid medication.

Even with insurance co-pays, our senior informed us that she spends a little more than \$100 every month on medication, which shocked me. I had never realized how expensive it can be to maintain health with the help of pharmaceuticals, and I cannot even imagine what our senior would have to pay if her insurance company refused to cover any of her medications. I have a much better appreciation of the need for insurance to cover such medications.

Every time we visit with our senior I am reminded that aging is not the tortuous process that I have always pictured. While she was not always certain what her medications were for, she remembers every medication that she takes (sometimes even the dosages) and also seems to be very good about remembering to take them all. My biggest fear of aging is losing my mental capacity, and our senior and her sharp mind have made me realize my fears are not as certain as I might think. Again our senior informed us that aside from her limited mobility, she feels great and healthy, disproving yet another of my fears of aging. I hope I can be as youthful and optimistic as our senior as I reach her age!

~Kristen Taylor, Student Doctor



*"Our patient is on a lot of pain medications that seem to overlap in effectiveness. She also takes Prednisone for her RA, which is also an immunosuppressant, and as an elderly patient, that could be detrimental. She is taking supplements, which was suggested to her by her Rheumatologist to counteract any side effects she may experience to her medications. Our client told us that she recently had to switch doctors, as hers is moving out of state. She expressed concern about the change, stating that she didn't like having to start over with someone new when her symptoms have been acting up so badly lately. This visit showed me the importance of maintaining a good relationship with my patients, and reminded me of the confidence and trust the patients have in their physicians. The loss of one of her doctors has really impacted her, both personally and in her health care regimen. She spoke briefly on the bedside manner of her cardiologist, and how he has "a huge ego and doesn't seem to care about his patients". This again reminded me that as a future physician, we need to be aware of how we make our patients feel, as that will directly translate into how well they take our advice, and if they will return to us."*

## May Grand Rounds

### “Addressing the Barriers to Effective Pain Management and Issues of Opioid Misuse and Abuse”

May 26, 2010 @ noon in, Mini-Auditorium

Alvin Mathe', DO, (TCOM '89)  
Geriatrics and Palliative Care



Dr. Mathe earned his Doctor of Osteopathy degree from the Texas College of Osteopathic Medicine in Fort Worth, Texas. He completed his Internal Medicine Residency and his Fellowship in Vascular Medicine from the Cleveland Clinical Foundation in Cleveland, Ohio. Dr. Mathe is Medical Director of Palliative Medicine at Texas Health Harris Methodist Fort Worth Hospital. Dr. Mathe specializes in geriatrics, hospice and palliative care and vascular medicine. Dr. Mathe is Assistant Professor of Medicine in the Department of Internal Medicine at the University of North Texas Health Science Center at Fort Worth.”

# NEWS



AgeStrong!LiveLong!

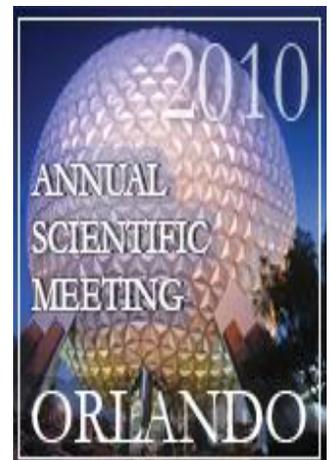
**24<sup>th</sup> Annual North Texas Family Medicine Update** conference was held on April 30-May 1<sup>st</sup> in Fort Worth, TX. UNTHSC faculty members, Dr. D’Agostino, Dr. Knebl, Dr. Mathe, Dr. Heffernan, were joined by Dr. Ranelle, Ophthalmologist in private practice & Dr. Brooks, American Cancer Society in Atlanta, Georgia for various geriatric presentations titled, “Eye Health in the Elderly”, “Prostate Cancer Guidelines”, “Palliative Care & Chronic Pain Management.” The conference was case-based and interactive with supporting didactic presentations. Approximately 109 participants enjoyed the annual conference.

#### May is Older Americans Month

Each year the Administration on Aging (AoA) issues a theme for Older Americans Month. Our theme for this year is "Age Strong! Live Long!" which recognizes the diversity and vitality of today's older Americans and highlights the importance of staying healthy throughout our lives.

### Upcoming Reynolds Poster Presentation!!!

The Reynolds GET-IT staff have been accepted to present two posters “UNTHSC Reynolds GET-IT An Innovative and Comprehensive Approach to Strengthening Physicians’ Training in Geriatrics,” & “SAGE-Seniors Assisting in Geriatric Education, A Successful Senior Mentoring Program” at the **American Geriatrics Society (AGS)** 2010 Annual Scientific Meeting, May 12-15<sup>th</sup> in Orlando, FL. Through these poster presentations Educational Coordinator Yolanda Pitts, MEd, CHES, Dr. Knebl, and Dr. Farmer will share GET-IT Program activities and year one outcomes.



# Geriatric Fellowship Program

A fellowship in Geriatric Medicine and/or Palliative Medicine will train talented physicians for careers in geriatrics. Fellows in the Palliative Care Fellowship at UNTHSC will participate in patient care at Texas Health Harris Methodist Fort Worth (THHMFV) and Community Hospice of Texas in Fort Worth. THHMFV is a 700 bed multi-service hospital and has a 16 bed Palliative Care Unit. There is also a busy Palliative Care Consult service at THHMFV. Community Hospice is a not for profit hospice based in Fort Worth and provides care at inpatient units as well as home based services. The Fellowship also includes an outpatient clinic so the fellow will experience Palliative Medicine at all levels of care. UNTHSC have routine didactic conferences to prepare for board examination.

- ❖ The programs are formal full-time training programs for one and/or two years in the subspecialty of palliative care and/or geriatrics.
- ❖ The curriculum encompasses didactic coursework, teaching, clinical experience, healthcare management/administration, palliative/end of life care and research.
- ❖ Stipends are competitive.
- ❖ Family Medicine and Internal medicine applicants are welcomed.
- ❖ Fellowship training in Geriatrics and/or Palliative Care can help you become part of a select group of physicians trained to treat our ever-growing older adult population.
- ❖ The program includes outstanding mentors who are experienced in geriatrics and palliative care.

For additional information contact: Dr. Moss at 817-735-0660 or Email: amy.moss@unthsc.edu.

## Provider Fact Sheets –Shoulder Problems

ROSEMARY BROWNE, MD AND CAROL HOWE, MD, EDITORS  
ARIZONA REYNOLDS PROGRAM OF APPLIED GERIATRICS

### **Pain When Reaching Overhead: Four Common Shoulder Problems in Older Adults**

Shoulder problems occur frequently in older adults. Four syndromes are particularly frequent, and they all share the common symptom of pain when reaching overhead: (1) rotator cuff tendinitis or impingement syndrome, (2) rotator cuff tear, (3) osteoarthritis, and (4) frozen shoulder. In addition to pain, each can cause significant long-term disability.

#### ***TIPS FOR EVALUATING AND TREATING SHOULDER PROBLEMS IN OLDER ADULTS***

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By the year 2020, the Census Bureau predicts almost 95 million people will be over the age of 55. Almost 22 million will be over the age of 75.

- ❖ If pain occurs during abduction at 60-120° of arc, a rotator cuff problem - either tendinitis/impingement or a tear – is the likely diagnoses.
- ❖ Passively abduct the patient's arm to 90° and ask the patient to hold the arm in that position when you let go. If the arm sinks (positive drop-arm sign) or there is weakness, a rotator cuff tear is the likely diagnosis.
- ❖ Obtain MRI to confirm rotator cuff tear. Acute complete tears should be repaired within 6 weeks of injury.
- ❖ If crepitus or grinding occurs when moving the arm against resistance, osteoarthritis is the likely diagnosis.
- ❖ If both active and passive movement is restricted, frozen shoulder or osteoarthritis are the likely diagnoses. X-ray can then help distinguish between these two diagnoses.