NewYork-Presbyterian
The University Hospital of Columbia and Cornell

# Geriatrics Update
Winter 2013

*Dear Colleague,*

*We would like to take this opportunity to provide you with information on the clinical and research endeavors within the geriatric medicine programs at NewYork-Presbyterian Hospital. The Division of Geriatrics and Palliative Medicine at NewYork-Presbyterian/Weill Cornell Medical Center and the Division of Geriatric Medicine and Aging at NewYork-Presbyterian/Columbia University Medical Center are committed to improving the quality of life for the elderly and frail, who often are confronted with physical, social, and psychological conditions that limit their independence. Through its affiliation with Columbia University College of Physicians and Surgeons and Weill Cornell Medical College, NewYork-Presbyterian offers comprehensive geriatric medicine and aging programs that continue to expand and strengthen research, clinical, and educational efforts.*

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## Research Highlights

Translational Research Institute on Pain in Later Life. Created in response to the millions of older adults experiencing persistent pain, the Translational Research Institute for Pain in Later Life (TRIPLL) at NewYork-Presbyterian/Weill Cornell seeks effective solutions to the problem of later-life pain, moving basic behavioral and social science and medical research findings more rapidly into programs, practices, and policies targeting older adults. A National Institute of Aging-funded Edward R. Roybal Center, one of 12 such centers nationally, TRIPLL is a multi-institutional and interdisciplinary collaboration focusing on implementing innovative approaches for improving pain management among older adults; developing and translating research-based methods, tools, and strategies that facilitate successful translation of evidence into practice; and developing and maintaining an effective infrastructure of conducting translational research on aging and pain in New York City. Currently, some 20 projects are underway, including those that address:

- the feasibility and effectiveness of using mHealth technology to help older adults self-manage chronic conditions
- treatment of pain to reduce disability among older home health patients
- the extent and severity of oral pain and disease experienced by recipients of Meals-on-Wheels and how these conditions may affect their ability to eat

*Dr. Ronald D. Adelman is a nationally recognized researcher on older patient-physician communication and whose professional interests include palliative care and chronic illness education for interdisciplinary health professionals, building psychosocial programming into geriatrics fellowships, and integrating mental health into primary geriatric medical care.*

In addition, TRIPLL researchers are conducting an R01-funded study designed to train physical therapists working in the home care setting to deliver a cognitive behavioral self-management program for older adults with activity limiting pain.

Nursing Home Resident Aggression. With little research available on aggression directed at staff by nursing home residents, Dr. Mark Lachs served as principal investigator for a National Institutes of Health-funded R01 study to estimate the prevalence of resident-to-staff aggression over a two-week period. They found that aggressive behaviors occurred most commonly in resident rooms and in the morning, typically during the provision of morning care. A variety of demographic and clinical factors were identified that could serve as the basis for evidence-

*Dr. Evelyn C. Granieri, a nationally recognized educator in geriatric medicine, frequently mentors young physicians in various specialties in geriatrics issues, noting "there is a unique body of knowledge about older adults that must be taught and is not acquired simply by taking care of people in this age group."*

based interventions. Because resident-to-staff aggression may negatively affect the quality of care, resident and staff safety, and staff job satisfaction and turnover, further research is needed to understand its causes and consequences and to develop interventions to mitigate its potential impact.

Depression in Late Life. George S. Alexopoulos, MD, founder and Director of the Weill Cornell Institute of Geriatric Psychiatry and of the NIMH-supported Advanced Center for Interventions and Services Research in Late-Life Depression, directs a comprehensive program of studies that seeks to identify neurobiological abnormalities leading to depression in late life, with the explicit goal of developing targeted interventions. Dr. Alexopoulos' group has been one of the first to identify the biological significance of cognitive impairment in late-life depression. Based on these findings, Dr. Alexopoulos and his colleagues are pursuing a program of studies to identify neurobiological abnormalities leading to chronic depression in late life, with the explicit goal to develop targeted interventions, including an initiative to improve delivery of care for late-life depression in the community.

At NewYork-Presbyterian/Columbia, Richard Mayeux, MD, Chief of Neurology and Co-Director of the Taub Institute for Research on Alzheimer's Disease and the Aging Brain, and his colleagues recently completed a study evaluating the association of late-life depression with mild cognitive impairment (MCI) and dementia in a multiethnic community cohort of 2,160 community-dwelling Medicare recipients aged 65 years or older. The researchers concluded that the association of depression with prevalent MCI and with progression from MCI to dementia, but not with incident MCI, suggests that depression accompanies cognitive impairment but does not precede it.

## Clinical Highlights

The Division of Geriatrics and Palliative Medicine at NewYork-Presbyterian/Weill Cornell – designated a National Center of Excellence by the John A. Hartford Foundation – was established in 1998 and embraces a comprehensive approach to aging. Clinical programs and services cover such diverse areas as primary geriatric care, pain management, palliative medicine, elder abuse assessment and intervention, and translating knowledge about environmental geriatrics into clinical practice.

The Division of Geriatric Medicine and Aging at NewYork-Presbyterian/Columbia, which was established in 2006, is primarily based at NewYork-Presbyterian/The Allen Hospital. This community hospital serves the neighborhoods of northern Manhattan, the Bronx, and parts of Westchester and Northern New Jersey, caring for a growing elderly population. Programs are focused on improving the quality of life for the frail and vulnerable, as well as functional adults who may be at risk of serious medical problems.

In addition, NewYork-Presbyterian provides clinical services tailored to the geriatric population through the Departments of Medicine, Psychiatry, Neurology, and Social Work. Gerontological programs and initiatives of note at NewYork-Presbyterian include:

Inpatient Services. NewYork-Presbyterian/Weill Cornell provides two inpatient services – the Geriatric Consultation Service offers inpatient consultations to other physicians in the Hospital for their older adult patients who are hospitalized with special needs, and the ACE Unit (Acute Care of the Elderly), which is a special elder-friendly unit that uses a holistic approach to patients' medical and psychosocial needs to achieve the best possible outcome.

The Palliative Care Consultation Service at NewYork-Presbyterian/Weill Cornell, established in 2005, provides supportive care for adult inpatients in the areas of pain, symptom management, and medical treatment. The Service – comprised of an attending physician, nurse practitioner, and social worker – is available to patients cared for on any inpatient unit in the Hospital.

At NewYork-Presbyterian/The Allen Hospital, a 23-bed Geriatric Evaluation Management Unit is designated for the care of elderly patients. Rather than a disease-oriented approach, the Division's geriatricians take a broader view, performing a comprehensive assessment

to identify health problems, as well as treat comorbidities that may compound the condition, such as dementia, failure to thrive, and polypharmacy concerns.

NYC Elder Abuse Center (www.nyceac.org). The Division of Geriatrics and Palliative Medicine at NewYork-Presbyterian/Weill Cornell has taken the lead in developing the highly collaborative NYC Elder Abuse Center, a partnership of New York City government and non-profit agencies that provides a streamlined and rapid response to complex cases of elder abuse. The interdisciplinary group has broad expertise in elder abuse and neglect that is both clinical and academic. Faculty serve in advisory capacities to professional organizations, legislatures, industry, and other entities to help protect the rights of older people.

The NYC Elder Abuse Center coordinates and facilitates two teams, one in Manhattan and one in Brooklyn, to offer a central response point for the agencies and people working on elder abuse cases in the community. In addition, the teams utilize a case consultation model to improve the health and quality of life for older adults through reviewing, discussing, and coordinating cases of elder abuse and neglect; identifying systemic and resource problems that can be brought to the attention of others for strategizing and intervention; and identifying research needs. They also serve as an important informational resource for professionals working in the health, mental health, public safety, justice/legal, victim assistance, and social service systems.

Home Visits. Through the Gruss Lipper House Call Program at Weill Cornell and a home visit service at The Allen Hospital, the geriatric medicine divisions provide medical care in the homes of older adults, who for reasons of chronic disease, mobility impairment, or inclement weather cannot travel to the Hospital or one of its ambulatory care centers for treatment, particularly following hospitalization. The highly regarded clinical and teaching House Call initiative began in 1997 as a venture by several NewYork-Presbyterian/Weill Cornell medical residents, and today it has evolved into a formal program that continues to meet the needs of the community.

Physicians and a geriatric nurse practitioner, who serves as the case manager, visit a select number of patients, often accompanied by medical students, interns, and residents who shadow the attending physician and also participate in the geriatric team care.

*Dr. Mark S. Lachs has dedicated his professional career to protecting the health, rights, and dignity of older Americans. In March 2011, Dr. Lachs testified before the Senate Committee on Aging on the prevalence of elder abuse and the importance of providing resources and developing multidisciplinary centers to address this widespread problem. In June 2012, he spoke at the White House on the problem of financial exploitation of older adults.*

## Academic Highlights

NewYork-Presbyterian Hospital's geriatric programs are committed to teaching geriatric care to physicians in training at all levels, as well as those already in clinical practice. Training and education programs include a two-year geriatric medicine fellowship at each campus.

At NewYork-Presbyterian/Weill Cornell, a robust medical student program includes the Adelman Medical Student Summer Program and the Medical Student Training in Aging Research (MSTAR) program.

At NewYork-Presbyterian/Columbia, Dr. Evelyn Granieri provides oversight to the Medical Residency Rotation in Geriatric Medicine, which introduces interns to the field by rotations through the Geriatric Evaluation Management Unit at The Allen Hospital and a number of geriatric outpatient clinics.

Psychosocial Education. To address the lack of well-developed psychosocial education in geriatrics fellowship training, the Division of Geriatrics and Palliative Medicine at NewYork-Presbyterian/Weill Cornell created the New York Metropolitan Area Consortium to Strengthen Psychosocial Programming in Geriatrics Fellowships in 2007. In each subsequent year, Consortium faculty, representing 18 metropolitan area geriatrics fellowship programs, designed and implemented a psychosocial educational conference for geriatrics fellows – including some 60 geriatrics fellows each year (approximately 25 percent of all U.S. geriatrics fellows) – which has demonstrated a positive impact on geriatrics fellowship training and may be replicable in other localities.

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## The Liz Claiborne Center for Humanism in Medicine.

The newly created Liz Claiborne Center for Humanism in Medicine at NewYork-Presbyterian Hospital and Weill Cornell Medical College offers health care professionals and trainees in multiple disciplines educational programming aimed at enhancing and integrating the principles of palliative care and medical humanism into patient care. Complementing the emphasis on cutting-edge and evidence-based medicine, a focus on humanism in medicine stresses the importance of patient- and family-centered care and effective open communication.

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