

# MAGEC MESSENGER

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## *Closer Management of Pharmaceuticals Necessary for Senior Patients*

**P**roper pharmaceutical management could cut the number of prescriptions taken by today's seniors, impacting expenses and improving quality of care in the process.

Focusing on why senior patients are taking so many different medications - an approach called pharmaceutical therapy management - could cut healthcare costs and lead to seniors living independently for longer period of time, according to Dr. Wayne K. Anderson, dean of the University of Buffalo School of Pharmacy and Pharmacy and Pharmaceutical Sciences.

Pharmaceutical therapy management is the foundation of a new program in geriatric pharmacotherapy in the UB pharmacy school designed to improve pharmaceutical management of seniors by training new pharmacists who would be involved exclusively in the healthcare of older patients and conducting research on how pharmacotherapy can enhance and extend the lives of older patients.

"Our goal is to begin to develop programs that allow independent senior citizens to continue to live independently, even though they have a number of medical conditions and as a consequence take a good number of drugs," said Anderson. "The length of time that they can continue to remain independent is very dependent on the success of their drug therapies."

Senior citizens in the United States age 65 and over take an average of six to eight prescription drugs daily, according to Anderson - a figure he said is probably too high.

"Proper pharmaceutical therapy management could probably cut in half the number of drugs most senior citizens now are taking, so the amount of money they are spending is reduced and the quality of their lives is much improved."

Part of the problem, Anderson explained, is that most senior citizens see several physicians, each of whom may prescribe a medication based on symptoms the patient is experiencing.

"Different physicians use different drugs to treat different conditions," he said, "and some of these drugs interact, in some case exacerbating the side effects of other drugs that are being taken for other conditions."

Statistically, a person taking eight drugs can expect at least one drug interaction that will have a negative effect on his or her health, according to Anderson.

The scenario often goes like this, he continued: An older patient sees a physician about a particular related complications and mortality rates, lower lengths-of-stay and lower costs, despite the fact they treat more complex cases, found the study, "100 Top Hospitals Orthopedic Benchmarks for Success," performed by the

HCIA-Sachs Institute and sponsored by the Human Motion Institute.

"The obvious goal of treatment is to help patients return to a normal life to the greatest extent possible. The study shows that "100 Top Orthopedic Hospitals" are enabling significantly more orthopedic patients to return home rather than be institutionalized," said Jean Chenoweth, executive director of the HCIA-Sachs Institute. "And these hospitals also are demonstrating lower complications rates and lower costs overall."

Findings of the study include:

□ Benchmark teaching hospitals with orthopedic residency programs are most likely to release orthopedic patients home after hospitalization, rather than discharging them to a skilled nursing or other short-term-care facility.

□ Two-thirds of women - compared to just half of the men - treated for procedures remain institutionalized after hospital stays. Women are more likely to be discharged to a skilled nursing or other short-term-care facility. One potential reason men are more likely to be discharged home is because women tend to outlive men, implying that more older men may have a spouse at home to provide support.

□ Hospitals with the largest orthopedic programs have the lowest death and complications rates.

*Geriatric Research, Education, and Clinical Centers*

**G**eriatric Research, Education, and Clinical Centers (GRECCs) have become leaders in the integrated research, education and clinical systems providing care to older veterans (Goodwin & Morley, 1994; Haber & Moravee, 1982). The Veterans Administration (VA) developed out of the "Old Soldiers Homes" at the end of the 19th century. The VA became a separate entity in 1930, and following World War II, it began affiliating with medical schools and emphasizing teaching and research as a way to enhance care of the veteran. In 1964, an executive order by President Kennedy and Public Law 88-450 directed the development of long-term care programs within the VA. Recognition of the rapid growth in the aging veteran population, with the prediction that 37% (9 million) of the veteran population would be over 65 years of year by the year 2000, led to increased enthusiasm for the development of expertise in geriatrics within the VA in the early 1970's. At the instigation of Paul Haber, MD, Congress authorized the establishment of five GRECCs. Congress specifically stated that these GRECCs should not only serve the VA but also provide education for health care professionals caring for the aged in the general population. By 1980, eight GRECCs had been established: in Boston, MA (Bedford and Brockton/West Roxbury); Little Rock, AR; Minneapolis, MN; St. Louis, MO; Seattle, WA (Seattle and American Lake); and Palo Alto, Sepulveda; and West Los Angeles in California. In 1984, Durham, NC, and Gainesville, FL, were added. Since 1987, further GRECCs have been opened: Ann Arbor, MI; San Antonio, TX; Madison, WI; Miami, FL; Salt Lake City, UT; and Baltimore, MD. Public Law 99-166, passed by Congress in 1985, has authorized an increase in GRECCs to a total of 25. The latest four to be added are Bronx, NY; Pittsburgh, PA; Cleveland, OH; and Nashville, TN. GRECCs are under the direction of the Office of the Assistant Chief Medical Director in the VA central office. In 198, GRECCs have also been regularly reviewed by the

Geriatrics and Gerontology Advisory Committee (GGAC). All GRECCs are affiliated with a medical school (the Boston GRECC with two schools and Sepulveda and West Los Angeles with UCLA) and have provided a major stimulus in developing geriatric programs at major universities throughout the United States.

The concept behind the GRECCs was that bringing together a cadre of basic and clinical researchers with a focus on aging would stimulate a rapid increase in clinically useful knowledge about the older person. The GRECCs were required to develop clinical demonstration units to test these concepts. The educational component was responsible for the rapid dissemination of this knowledge throughout the VA and the private sector. Clearly, the most successful example of this strategy was the development of the Geriatric Evaluation and Management Unit (GEMU) at the Sepulveda GRECC, demonstrating its efficacy and its rapid dissemination throughout the VA (133 programs) and the private sector.

GRECCs have proven to be a highly successful research model, with research funding averaging over \$3 million per GRECC and each GRECC producing over 50 scientific publication in 1991. The scientific contributions of the GRECCs have been numerous. They include description of Syndrome X (hypertension, hyperinsulinemia, and hypertriglyceridemia), demonstration (by computer analysis of its receptor structure) that amyloid-beta protein produces amnesia, the finding the 1-alpha-hydroxylase enzyme activity in the kidney is reduces with aging, description of the detrusor hyperactivity and impaired contractility syndrome as a cause of incontinence, pioneering observations on age-related alternations in the immune system, discovery of the key role of protein energy undernutrition in poor outcomes associated with hospitalized older persons, linkage analysis of some familial forms of Alzheimer's disease to chromosome 21, definition of the causes of the anorexia of aging, and

the findings that older males develop secondary hypogonadism.

Besides GEMUs, GRECCs have pioneered the development of other demonstration units, including academic nursing home units, special care units, specialized exercise programs, medication reduction clinics, sexual dysfunction clinics, clinics for older person with spinal cord injuries, a preventive gerontology program for older veterans in the community, and an adapted work therapy program for persons with early dementia. GRECCs, together with other VA sites, have played a leading role in developing interdisciplinary team training.

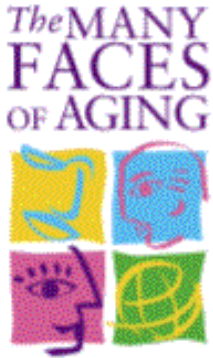
GRECCs have also played an important role in disseminating geriatric knowledge to health professionals of a variety of disciplines and have played a key part in developing the physician geriatric fellowship. They have developed two novel educational games; Geropady and the Geriatric Challenge Bowl, and have been key in introducing the Aging Game to Medical students. GRECCs play a major role in continuing education, with over 5,000 educational activities each year. GRECCs have developed a variety of patient education clinics and a series of videotapes.

GRECCs represent an exciting success story. They have developed key clinical demonstration units and have been leaders in the training of health professional in gerontology. GRECC scientists are among the leaders in geriatric research. The GRECC integration of research, education, and clinical care into "centers of excellence" had played an important role in probing the mysteries of aging and providing insights into the appropriate care of our graying population.

The prediction that 37% of the veteran population would be over 65 years of age by the year 2000, led to increased enthusiasm for the development of expertise in geriatrics within the VA



### *The Many Faces of Aging Is Older Americans Month Theme*



The Administration on Aging (AoA) has announced “The Many Faces of Aging” as the theme for Older Americans Month to be celebrated in May 2001.

### *Letter from the Administration on Aging Announcing the Theme for Older Americans Month 2001*

As we ushered in a new century, we rededicated ourselves as an Aging Network to improving the quality of life of all older persons, their families, and their caregivers. Together, we have given a national voice to hundreds of thousands of family caregivers. We have advocated for the modernization and reauthorization of the Older Americans Act. And, we have worked together toward the national goal of eliminating health disparities such as diabetes and cardiovascular disease among minority elders through the adoption of healthy lifestyles and increased rates of adult immunization.

Recognition of and responsiveness to the growing diversity of our aging population has been a priority in the Administration on Aging . We know that minority older Americans are expected to represent 25% of the U.S. elder population in 2030. By the middle of the 21st century, every third older person will be from a minority group.

In addition, the unique differences among our aging population compel us to attend to how we might best serve a myriad of unique ethnic, cultural, inter- and intra-generational, geographic and gender- specific interests and needs.

For these reasons and many more, we are pleased to announce the Administration on Aging's theme for next May: Older Americans Month, 2001: The Many Faces of Aging. We offer this theme in acknowledgment of the promise and the challenges posed by our rapidly increasing multi-cultural and multi-generational aging population. Already, we are interacting more and more as citizens of a global community. Diversity colors and enriches our world, our nation and each of our communities.

Over the next several months, you will receive more information about our 2001 activities in commemoration of Older Americans Month. Since 1963, the month of May has been set aside by the President to honor older Americans. We are proud to continue this very fine American tradition. The Administration on Aging looks forward to working with you throughout the year to celebrate the diversity of America's aging population and the richness which this brings to our nation.



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## CALENDAR OF CME/CEU EVENTS

Mark Your 2001 Calendar! Contact MAGEC for more information at (305) 243-6270

### April 18-20, 2001

*IGT: Geriatric Medicine Module*  
 CME/CEUs: 19.5 approved for physicians, and 19 nursing  
 Location: Joseph L. Morse Geriatric Center, Inc., 4847 Fred Gladstone Drive, West Palm Beach, FL

### May 18-20, 2001

*5th Annual Geriatric Optometry Conference*  
 CME/CEU hours: 20 approved for optometrists  
 Location: Nova Southeastern University, Dania, FL

### July 26-27, 2001

Alzheimer's Disease Educational Conference  
*"Bridging the Gap Between the Medical & Legal Communities"*  
 CME/CEU hours: pending for nursing, social work, and nursing home administration  
 Location: Palm Beach Gardens Marriott, Palm Beach Gardens, FL  
 Call (561) 683-2700 for information

### May 18, 2001

*"Focus on Caregiving"*  
*ADI Educational Forum*  
 CME/CEUs: pending for social work, nursing, occupational therapy, physical therapy, nursing home administration  
 Location: Mt. Sinai Medical Center & Miami Heart Institute, 4701 N. Meridan Avenue, Miami Beach, FL

### August 13-16, 2001

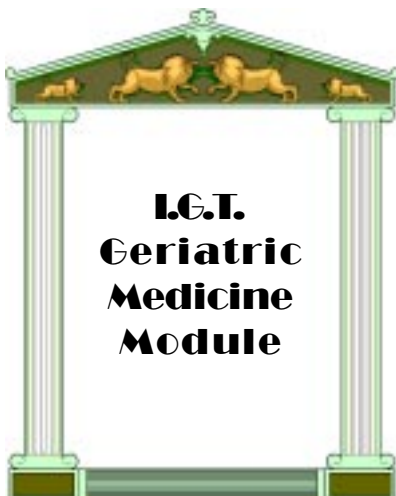
*FCOA 2001*  
*Ageing Network Conference*  
 CME/CEU hours: pending  
 Location: Wyndham Resort & Spa, Ft. Lauderdale

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## CE PROGRAM DESCRIPTION



### The Intensive Geriatric Training: Geriatric Medicine Module

is scheduled for April 18-20, 2001, at the Joseph L. Morse Geriatric Center located at 4847 Fred Gladstone Drive in West Palm Beach, FL. If you are a medical doctor, physician assistant, nurse practitioner, clinical faculty, or a director of continuing education with an interest in geriatrics, this program offers you an opportunity to expand your knowledge in geriatrics and develop skills for teaching others. Registration fees include conference

materials, continental breakfast, lunch and break refreshments.

#### Presentation Topics Include:

- Falls
- Geriatric Pharmacology
- Sexuality
- Osteoporosis
- Pain
- Successful Aging
- Dementia
- Spirituality
- Depression
- Exercise
- Sleep Disorder
- and much more.....

For more information, or to receive a brochure, please call MAGEC at (305) 243-6270.