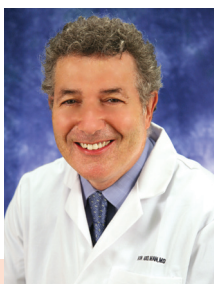


Dear Colleague,

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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Faculty News

Evelyn C. Granieri, MD, MPH, MEd, was elected to membership in the Virginia Apgar Academy of Medical Educators – an active community of educators at Columbia University College of Physicians and Surgeons. The Apgar Academy is dedicated to promoting, rewarding, and supporting outstanding education for medical students, residents, fellows, and faculty. Since arriving at Columbia, Dr. Granieri has developed the Division of Geriatric Medicine and Aging and its rigorous curriculum that has been the source of education and training for medical housestaff and other health care professionals at NewYork-Presbyterian and Columbia. She is currently working to help establish curricular initiatives in geriatrics for the College of Physicians and Surgeons and a medical education track within the medicine residency, and has developed curricula for geriatrics fellowships internationally.

In addition, Dr. Granieri was honored by the Association of American Medical Colleges (AAMC) for her service on the Administrative Board of the AAMC Council of Faculty and Academic Societies. The Council, which represents the full range of faculty at medical schools and teaching hospitals, is charged with identifying critical issues facing faculty members.

Janey C. Peterson, EdD, Assistant Professor of Clinical Epidemiology in Medicine at Weill Cornell Medical College, has been awarded the prestigious Paul B. Beeson Career Development Award in Aging Research from the National Institute on Aging and the American Federation for Aging Research. Dr. Peterson was selected for a \$720,596, four-year grant to develop a physical activity intervention for older adults with multiple high-risk chronic diseases.

Predag Popovic, MD, and *Bindhu Thomas, MD*, geriatricians with the Division of Geriatric Medicine and Aging at NewYork-Presbyterian/The Allen Hospital, became board certified in Hospice and Palliative Medicine. In addition, Dr. Thomas has also been awarded certification by the American Medical Directors Association and is now a Certified Medical Director in Long Term Care.

Holly G. Prigerson, PhD, an internationally known researcher on bereavement and end-of-life care, and *Paul K. Maciejewski, PhD*, join the Division of Geriatrics and Palliative Medicine at NewYork-Presbyterian/Weill Cornell as Co-Directors of the newly created *Center for the Study of End-of-Life Care*. Drs. Prigerson



and Maciejewski were previously with the Dana-Farber Cancer Institute. Dr. Prigerson served as Director of Psycho-Oncology Research, Psychosocial Oncology, and Palliative Care. In July, Drs. Prigerson and Maciejewski will be joined by their former clinical psychology fellow, *Kelly M. Trevino*, whose primary interest is in the evaluation of interventions for psychosocial distress in adolescents and young adults with cancer.

Program Highlights

In 2013, recognizing the important role that geriatricians play in the delivery of palliative medicine, NewYork-Presbyterian/Weill Cornell renamed its geriatrics program the *Division of Geriatrics and Palliative Medicine*. The Division has overseen the Palliative Care Consultation Service at Weill Cornell since it was established in 2005 to provide supportive care for adult inpatients in the areas of pain, symptom management, and medical treatment at the end of life. The establishment of the *Center for the Study of End-of-Life Care*, directed by Drs. Holly Prigerson and Paul Maciejewski, will further advance scientific research in the field. Dr. Prigerson's research focuses on factors that affect the quality of life and care of cancer patients and their family caregivers, as well as refining the diagnostic criteria for prolonged grief disorder and psychiatric epidemiological and intervention studies for bereaved survivors. Dr. Maciejewski's current research focuses on the design, analysis, and interpretation of studies to better understand psychological, social, and cultural processes that influence end-of-life medical decision-making and care, and of studies to channel those processes toward improving end-of-life outcomes in ways that reflect the values and preferences of patients and their families.

The Liz Claiborne Center for Humanism in Medicine, founded and directed by Randi R. Diamond, MD, continues to provide educational programming to health care professionals and trainees aimed at enhancing and integrating the principles of palliative care and medical humanism into patient care. Dr. Diamond and Ronald D. Adelman, MD, Medical Director of the Liz Claiborne Center, and their colleagues are developing the concept of sentinel hospitalization and the role of palliative care. The researchers define sentinel hospitalization as a transitional point in the patient's disease course that heralds a need to reassess prognosis, patient understanding, treatment options and intensities, and goals of care. Hospitalists, who are well positioned to recognize a patient's sentinel hospitalization, provide an opportunity for active integration of palliative care that provides high quality and cost-saving care through its patient- and family-oriented approach, its interdisciplinary nature, and its focus on symptom control and care coordination. [*Journal of Hospital Medicine*. January 29, 2014. E-pub.]

In 2013, Weill Cornell medical students debuted, with support from the Liz Claiborne Center for Humanism in Medicine, *Ascensus* – a journal through which students, residents, and attending physicians can reflect on their experiences in medicine with works of art, poetry, and other avenues of creativity.

The New York City Elder Abuse Center is a collaborative effort with government and non-profit agencies in New York City, developed by Weill Cornell's Division of Geriatrics and Palliative Medicine, and led by Risa Breckman, LCSW, Executive Director, and Mark S. Lachs, MD, MPH, Medical Director. In the four years since its founding, the Center has brought vital awareness of this issue and has made major inroads to improve the way professionals, organizations, and systems respond to elder abuse, neglect, and financial exploitation.

Education is a major component of the Center, and through blogs, podcasts, and e-newsletters, the Center provides practical information and resources on elder justice-related topics to help providers better assist elder abuse victims. [For more information about the New York City Elder Abuse Center and its many programs and resources, visit nyceac.com.]

Enhancing medical education in geriatrics at all levels of training continues to be a high priority at both NewYork-Presbyterian/Weill Cornell and NewYork-Presbyterian/Columbia. At Weill Cornell, the Division of Geriatrics and Palliative Medicine has created a robust month-long geriatrics rotation for second-year residents, which includes experiences inside and outside of the Hospital. The intent is to make internal medicine training more sophisticated in geriatrics so that physicians are comfortable with their older patients and can handle more of the problems germane to this population. As part of the rotation, residents are assigned a panel of patients – many in their 80s and 90s with medically and socially complex problems – on the ACE (Acute Care of Elders) unit, under the direction of Eugenia L. Siegler, MD, Medical Director of Geriatric Inpatient Services. Residents not only observe the elderly at their sickest and frailest in the inpatient setting, but also provide care in a variety of venues after their recovery, helping the residents to understand the principles of transitional care.

The Division of Geriatric Medicine and Aging at Columbia serves as the sponsor of mandatory *rotation in geriatric medicine* for some 50 internal medicine interns. The highly rated geriatric rotation incorporates interdisciplinary training in all aspects and settings of care. Included are experiences in consultative geriatrics, home visits, care of older adults in the outpatient setting, long-term care facilities, and community-based outreach programs. Evelyn C. Granieri, MD, MPH, MEd, mentors young physicians and other clinicians in geriatric issues. Clinicians and trainees from other disciplines and institutions also have an opportunity to work with Dr. Granieri and her colleagues as they seek to foster geriatric education among members of the health care field, as well as in the community.

The Division of Geriatric Medicine and Aging at NewYork-Presbyterian/The Allen Hospital – which has five geriatricians and a dedicated geriatric nurse practitioner – is launching a new *geriatrics palliative care initiative* to teach housestaff how to engage in goals of care discussions with patients and family members. The innovative program, which brings together faculty from both Geriatric Medicine and Palliative Medicine,

includes a didactic component and a hands-on application with the goal of providing interns with an important skill set when caring for older patients who may present with a number of chronic or end-of-life medical issues.

NewYork-Presbyterian/The Allen Hospital has become a *training site for international physicians* who want to learn geriatrics and geriatric palliative care and return to their native countries to develop initiatives and formal graduate medical education and fellowship training programs in these areas. In 2013, the Division welcomed physicians from South Africa and Portugal, and in 2014, it will welcome international trainees from Spain.

Research Initiatives

At NewYork-Presbyterian/Columbia:

A Major Effort to Prevent Loss of Muscle Mass in Older Adults. Thuy-Tien L. Dam, MD, a geriatrician, epidemiologist, and clinical researcher with NewYork-Presbyterian/Columbia and NewYork-Presbyterian/The Allen Hospital, has a particular interest in the causal pathways that lead to sarcopenia in older adults. Dr. Dam hypothesizes that the interaction of muscle with fat and how they impact muscle efficiency and strength contribute to the development of frailty, disability, and adverse outcomes in vulnerable seniors. Dr. Dam is currently funded by a K23 grant from the National Institute of Aging to conduct a pilot clinical trial to examine the efficacy of low magnitude mechanical stimulation on muscle strength among adults residing in assisted living communities.

In addition, during the last two years, Dr. Dam has been actively engaged in the Foundation for the NIH Sarcopenia Project entitled, Identifying Clinically Important Muscle Weakness and Sarcopenia, to define clinically relevant cut-points for weakness and low muscle mass using a pooled dataset of 26,000 community dwelling older adults. These cut-points could be used in the future to identify, diagnose, and test adults with new pharmacologic agents. Dr. Dam is also a member of the Osteoporotic Fractures in Men (MrOS) Research Group. [Comparison of the FNIH Criteria to other Proposed Sarcopenia Definitions. *Journal of Gerontology: Medical Sciences*. Accepted for publication. / Objective assessment of activity, energy expenditure, and functional limitations in older men: the Osteoporotic Fractures in Men study. *The Journals of Gerontology Series A: Biological Sciences and Medical Sciences*. 2013 Dec;68(12):1518-24.]

At NewYork-Presbyterian/Weill Cornell:

Verbal and Physical Aggression Directed at Nursing Home Staff by Residents. With little research conducted on aggression directed at staff by nursing home residents, Mark S. Lachs, MD, MPH, and his colleagues conducted a study to estimate the prevalence of resident-to-staff aggression over a two-week period in large urban nursing homes. The population-based sample included 1,552 residents and 282 certified nursing assistants. Looking at resident characteristics and staff reports

of physical, verbal, or sexual behaviors directed at staff by residents, the researchers found that resident-to-staff aggression in nursing homes is common, particularly during morning care. A variety of demographic and clinical factors was associated with resident-to-staff aggression, which could serve as the basis for evidence-based interventions. Further research is needed to understand its causes and consequences and to develop interventions to mitigate its potential impact. [*Journal of General Internal Medicine*. 2013 May;28(5):660-67.]

A Culturally Sensitive Arthritis Self-Help Program (ASHP).

M. Cary Reid, MD, PhD, Director of the Translational Research Institute for Pain in Later Life (TRIPLL) in the Department of Geriatric and Palliative Medicine at Weill Cornell Medical College, conducts multi-institutional and interdisciplinary studies focused on implementing innovative strategies for improving pain management among older adults. In a recent study, Dr. Reid and his colleagues conducted a comparative effectiveness study to determine whether a culturally adapted ASHP improved attendance, retention, and adherence to self-management exercises, and if the original ASHP's beneficial outcomes were maintained following program adaptation. The study, which enrolled 201 participants recruited from eight New York City senior centers, found that adherence with use of the self-management exercises (number of days using endurance, stretching, and relaxation exercises) was similar in both groups, as were significant positive physical/psychosocial outcomes. The results support future efforts to employ controlled designs to quantify the benefits of adapted evidence-based programs to ensure that adaptation maintains program effectiveness. [*Pain Medicine*. 2014 Feb;15(2):206-13.]

Viscosupplementation for Osteoarthritis: A Primer for Primary Care Physicians.

Non-pharmacologic modalities and conservative pharmacologic therapies are recommended for the initial treatment of osteoarthritis (OA), however, safety concerns continue to mount regarding the use of these treatments, including acetaminophen, and topical and oral non-steroidal anti-inflammatory drugs, and none have been shown to impact disease progression. Viscosupplementation with injections of hyaluronans (HAs) are indicated when non-pharmacologic and simple analgesics have failed to relieve symptoms associated with knee OA. In his review of the literature focusing on the efficacy and/or safety of HA injections in treating OA of the knee and in other joints, Dr. Cary Reid found that although traditionally reserved for second-line treatment, evidence suggests that HAs may have value as a first-line therapy in the treatment of knee OA as they have been shown to be more effective in earlier stages and grades of disease, more recently diagnosed OA, and in less severe radiographic OA. For primary care physicians who treat and care for patients with OA of the knee, intra-articular injection with HAs constitutes a safe and effective treatment that can be routinely administered in the office setting. [*Advances in Therapy*. 2013 Nov;30(11):967-86.]



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