

**NATIONAL INSTITUTE OF HEALTH
AGS COMMENTS ON DEVELOPMENT OF NEW COMMON FUND PROGRAMS FOR 2013**

SEPTEMBER 14, 2011

The American Geriatrics Society (AGS) is the nation's largest membership association of geriatrics healthcare professionals, with nearly 6,000 members. We, and our members, are dedicated to improving the health, independence and quality of life of older people through initiatives in clinical practice, professional and public education, research, and public policy advocacy.

AGS appreciates this opportunity to comment on new research ideas proposed by the National Institute of Health's Common Fund, and we have provided feedback specifically on those research proposals which focus on Chronic Pain and Technology as outlined below. As an overarching comment, it is of the utmost importance to assure that older adults are included in research so that the evidence to guide practice decisions in the frail older adult population is more substantial.

NIH INSTITUTE/CENTER IDEAS ON CHRONIC PAIN

Given the difficulty in identifying a physiological or psychological etiology in many patients, especially older adults, AGS hopes that this research will further explore chronic pain as a diagnosis in its own right.

Proposed Common Fund Research Idea: *Biomarkers for chronic pain using functional brain connectivity*

- **AGS Feedback:** This proposal puts excessive emphasis on functional neuroimaging, and looks at serological and genomic markers associated with pain which must be emphasized in such a project. AGS recommends that this research idea be melded with markers of frailty in older adults as a way to gauge changes in pain associated with aging.

Proposed Common Fund Research Idea: *Chronic Pain Conditions: A Transformative Classification for Stimulating Research, Improving Diagnosis, and Personalizing Treatment*

- **AGS Feedback:** Because this proposal indicates that a bio-psychosocial definition is needed for pain, AGS is concerned that this type of approach may overlook the vulnerable and multi-comorbid aging population. Psychosocial models may involve pain, but to overemphasize such in the determination of biological/physiological origins may render psychiatric patients vulnerable to treatments that do not reflect organic causes of pain. Vulnerable elders may be particularly susceptible to such bias.

Our recommendation is to consider older adults, especially those with multiple chronic and often complex conditions as a focus of any research that attempts to reclassify the diagnosis and treatment of pain.

Proposed Common Fund Research Idea: *Venture Fund for Research and Development of New Medications to Treat Chronic Pain (see “NIH Award Strategies” in Innovation Brainstorm ideas)*

- **AGS Feedback:** This proposal states that “a significant amount of dollars is being invested in testing medications to treat chronic pain but the results of the studies have not yielded any significant progress in the treatment of this condition.” We would like to draw particular attention to the fact that the research community has made great strides in controlling neuropathic pain and that opioids have helped tremendously in conjunction with other interventions. We believe it is important to identify improvements for the future, but to also acknowledge those strides that have already been made with topical and oral interventions and to build upon these efforts.

AGS recognizes the need for collaboration between academia and industry moving forward in relation to research and development around new medications to treat chronic pain. Any such collaborative programs must have inclusion of aging populations and take into account special issues relevant to the geriatric population, like multi-morbidity, as part of such efforts.

NIH INSTITUTE/CENTER IDEAS AROUND TECHNOLOGY

Proposed Common Fund Research Idea: Innovative Mobile and Wireless Technologies (mHealth) to Improve Health Research and Health Outcomes

- **AGS Feedback:** AGS believes that this is an important proposal, and specifically recommends that any research in this area looks at the need to have the following:
 - Applications (i.e. the software) be able to run on multiple devices, i.e. Pad/Tablet, smart phone, laptop/desktop seamlessly.
 - Devices are active and accessible regardless of location in hospital, rehab, skilled facility or in the community.
 - Different disciplines and providers all have access to a common record so that everyone can see each other’s notes.
 - Patient specific applications should be accessible through various devices and locations and adaptable to a multitude of health literacy levels.

Proposed Common Fund Research Idea: Meeting the Challenge of Big Data in Biomedical and Translational Science

- **AGS Feedback:** We believe this is an ambitious proposal, especially when considering how to translate this concept to the needs of older adults. We believe this proposal has a great deal of promise, but that a more adequate vetting in relation to older adults in various clinical settings is needed.