AGSNEWS

NEWSLETTER OF THE AMERICAN GERIATRICS SOCIETY

2019
Volume 50
Number 1

INSIDE

FIND OUT WHAT'S ON DECK FOR #AGS19

We're just weeks away from #AGS19, the 2019 AGS Annual Scientific Meeting (May 2-4; pre-conference day May 1) in Portland, OR. If you haven't already broken out your calendar to start tracking must-do events, we're here to help.

Physicians, nurses, pharmacists, physician assistants, social workers, long-term care and managed care providers, healthcare administrators, and many others will join us to discover the latest information on clinical care, research on aging, and innovative models of care delivery. Check out several of the program highlights below. To customize your own experience, visit Meeting.AmericanGeriatrics.org/program/schedule-glance.

Attendees can update their knowledge and skills through state-of-the-art educational sessions and research presentations.

Research & Education Spotlights

- **Plenary Paper Session (Thurs., May 2, 9:30-10:15am PT):** Sponsored by the Research Committee, this session will present the top three abstracts based on quality, originality, and research methodology.
- **Presidential Poster Session (Thurs., May 2, 5-6pm PT):** The Presidential Poster Session and reception feature posters that received the highest rankings from abstract reviewers. One poster in each category will receive a "Best Poster" award.
- **The New AGS National Online Curriculum: Innovative Ways to be a Quicker, Better Geriatrics Educator for All Learners (Thurs., May 2, 2:45-3pm PT):** Attendees rotate through four group discussions on teaching methods to reconvene for a full debrief. This will also introduce you to how Aquifer Geriatrics, our new national online curriculum, can help learners achieve proficiency in geriatric competencies.
- **Yoshikawa Outstanding Scientific Achievement for Clinical Investigation Lecture (Fri., May 3, 9:30-10:15am PT):** Now in its third year, the Yoshikawa Lecture spotlights a nationally recognized mid-career geriatrics professional, who will discuss how their research is changing care for us all as we age.

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FOR OLDER PEOPLE, MEDICATIONS ARE COMMON; UPDATED AGS BEERS CRITERIA® AIMS TO MAKE SURE THEY'RE APPROPRIATE, TOO

The AGS this year unveiled its latest update to one of geriatrics' most frequently cited reference tools: The AGS Beers Criteria® for Potentially Inappropriate Medication Use in Older Adults. With more than 90% of older people using at least one prescription and more than 66% using three or more in any given month, the AGS Beers Criteria®—a compendium of medications potentially to avoid or consider with caution because they often present an unfavorable balance of benefits and harms—plays a vital role in helping health professionals, older adults, and caregivers work together to ensure medications are appropriate.

"Medications play an important role in health and wellbeing for many older people," noted Donna M. Fick,

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AGS 360° WITH NANCY E. LUNDEBJERG, MPA

For this letter, our Communications team challenged me to summarize AGS life in 280 characters. I was *way* ahead of them (see picture right).

For months, we've been crunching on our proposal to serve as the National Institute on Aging's (NIA's) Clinician-Scientists Transdisciplinary Aging Research Coordinating Center (Clin-STAR CC). As AGS CEO, I couldn't be prouder of our submission. Our proposed Clin-STAR CC builds on great work the AGS (with the Alliance for Academic Internal Medicine) has been doing since 1994 supporting surgical and medical specialties under our U13 GEMSSTAR conferences (funded by NIA), as well as the Jahnigen Career Development Program (funded by The John A. Hartford Foundation and the Atlantic Philanthropies) and the T. Franklin Williams Program—both precursor programs to the NIA GEMSSTAR program.

We're #AGSProud of alumni from these initiatives—not least of all because many are now members and partners. To keep that momentum going, however, we need to support synergy and build a community among transdisciplinary scientists, which is why we were excited to see the call for a coordinating center. The mission for our proposed Clin-STAR CC is to foster a national culture of intellectual generosity and innovation to nurture transdisciplinary, aging-focused clinician-scientists; and to stimulate and enrich the knowledge, skills, and passion of these colleagues.

Our proposal was packed off to NIA last month. While I won't divulge all the details, I think a by-the-numbers overview speaks for itself. Our proposal:

- Was 540+ pages long!
- Is supported by 60 partner organizations, coalitions, and institutions.

- Engages many AGS members, including Chris Carpenter (UWash), Lona Mody (UMich), and Louise Walter (UCSF) as my co-PIs; and Emily Finlayson (UCSF), Una Makris (UTSW), Anthony Molina (UCSD), and Heather Whitson (Duke) as Associate Directors.

The final proposal really has me #AGSProud, but it's also bittersweet. As we wrote and brainstormed, we carried the quiet voice of our north star, the late Arti Hurria, in our heads and hearts. I know Arti had a moment with the late David Solomon, T. Franklin Williams, Dennis Jahnigen, and Jeff Silverstein to talk about how we continue improving care for older adults.

Our Clin-STAR CC application was all-consuming, but while we were editing several other cool things happened:

- With thanks to our editors, authors, and staff, we published the *Geriatrics Review Syllabus 10th Ed. (GRS10)*. I'll let page count serve as proxy for how knowledge has grown: Our first edition had a 5-page index; *GRS10's* is 50+ pages!
- Thanks to our 13 panelists and intrepid staff, we released our third update for the AGS Beers Criteria®. In addition to supporting safe prescribing, their work informs two quality measures: One from the Centers for Medicare and Medicaid Services on high-risk medications and a second on drug-disease interactions from the National Committee for Quality Assurance.
- Sens. Susan Collins and Bob Casey reintroduced the Geriatrics Workforce Improvement Act (GWIA). GWIA would formally establish and fund the Geriatrics Workforce Enhancement Program, and would reauthorize the Geriatrics Academic Career Awards. This has been an important advocacy collaboration for AGS with the Eldercare Workforce Alliance and the National Association for Geriatric Education. Support from constituents like you will be key. Visit CQRCEngage.com/geriatrics to learn more.
- Thanks to a stellar team of AGS leaders, we also released implementation steps in a decision-making framework for older adults with multiple chronic conditions (available on GeriatricsCareOnline.org with a summary in *JAGS*). This builds on earlier AGS guiding principles for multimorbidity by adding action steps to support those needing expert care. It's always nice to see the next generation of a groundbreaking document, and this is no exception.

Kudos again to all responsible for this work. We couldn't have done it without you—and we look forward to celebrating your accomplishments at #AGS19.✦

AGS Beers Criteria® continued from page 1

PhD, RN, FGSA, FAAN, a co-chair of the expert panel responsible for the 2019 AGS Beers Criteria®. "With this new update, we hope the latest information on what makes medications appropriate for older people can play an equally important role in decisions about treatment options that meet the needs of older adults while also keeping them as safe as possible."

Published in its entirety in the *Journal of the American Geriatrics Society* (DOI: 10.1111/jgs.15767), the AGS Beers Criteria® also includes a host of resources—from mobile apps to a pocket reference card—to help clinicians implement prescribing recommendations (available from GeriatricsCareOnline.org), as well as tools to aid older adults and caregivers in understanding what "potentially inappropriate" medications are (available for free from HealthinAging.org).

What is the AGS Beers Criteria®?

The AGS Beers Criteria® includes lists of certain medications worth discussing with health professionals because they may not be the safest or most appropriate options for older adults. Though not an exhaustive catalogue of inappropriate treatments, the five lists included in the AGS Beers Criteria® describe particular medications with evidence suggesting they should be:

1. Avoided by most older people (outside of hospice and palliative care settings).
2. Avoided by older people with specific health conditions.
3. Avoided in combination with other treatments because of the risk for harmful "drug- drug" interactions.
4. Used with caution because of the potential for harmful side effects.
5. Dosed differently or avoided among people with reduced kidney function.

First developed by Mark Beers, MD, and colleagues in 1991, these lists have been staples of care for nearly three decades. They were transitioned to the AGS in 2011.

What's new in 2019?

A panel of 13 experts reviewed more than 1,400 clinical trials and research studies published between 2017 and the last update in 2015. Across its five lists, the 2019 AGS Beers Criteria® includes:

- 30 individual medications or medication classes to avoid for most older people.
- 40 medications or medication classes to use with caution or avoid when someone lives with certain diseases or conditions.
- Several changes to medications previously identified as potentially inappropriate. Twenty-five medications or medication classes were dropped outright from the last update to the AGS Beers Criteria® in 2015, while several others were moved to new categories or had guidance revised based on new evidence.

Companion tools released with the 2019 update also include an expanded editorial outlining the proper use of the AGS Beers Criteria®, particularly when it comes to two important priorities this tool helps shape: Safe prescribing practices at the bedside and the development of quality measures for evaluating health care.

"The AGS Beers Criteria® aims to guide older people and health professionals away from potentially harmful treatments while helping us assess quality of care," noted Todd Semla, MS, PharmD, BCGP, FCCP, AGSF, also a co-chair of the AGS Beers Criteria® panel for 2019.

"The AGS Beers Criteria® should never solely dictate how medications are prescribed, nor should it justify restricting health coverage. This tool works best as a starting point for a discussion—one guided by personal needs and priorities as we age," added Michael Steinman, MD, a fellow co-chair of the AGS Beers Criteria® panel.✦

FOR EXPERTS IN AGING, A NEW TAKE ON LEARNING TO LEAD

Experts in geriatrics have made more than a New Year's resolution to continue improving our care as we grow older. With the publication of new research in the *Journal of the American Geriatrics Society (JAGS)*, these experts also hope their resolution will become a more tangible reality thanks to the Emerging Leaders in Aging (ELIA) Program, a promising approach to leadership for a profession that has witnessed impressive growth but also tremendous demand in recent years.

Piloted by Tideswell at UCSF, the AGS, and the Association of Directors of Geriatrics Academic Programs (ADGAP), ELIA has offered intensive leadership training to more than 60 geriatrics health professionals from all corners of the country. With an eye toward driving the social change necessary to make high-quality, person-centered care an actionable priority, ELIA's qualitative and quantitative successes, published in *JAGS*, chart a course toward leveraging long-distance mentoring and project-based learning to empower the emerging innovators we will need in greater and growing numbers as more of us age.

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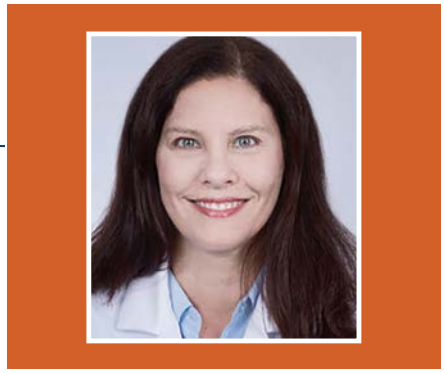
FROM OUR PRESIDENT

LAURIE G. JACOBS, MD, AGSF



It's hard to believe this is my *last* letter as AGS President.

In my first letter, I outlined several "sign-posts" for tracking progress toward our "true North Star": High-quality, person-centered care for older people. Those signposts included:

- Continued improvements to care and care delivery.
- Renewed commitments to patient and caregiver satisfaction.
- Reductions in care costs (without shifting costs to patients).
- Improvements in our own satisfaction with the healthcare system.

It was easy then—and remains easy now—to treat these priorities as signposts in the literal sense: Markers on a list we check off as we move. But if a year's worth of working as a leader among equals has taught me anything, it's that these priorities are more like cardinal directions. As our landscape continues to evolve and change, these anchor points pivot with us—pointing us where we need to go, and benchmarking how far we move along the way.

Indeed, working to improve care and care delivery is something we'll always strive to accomplish (in part because care and care delivery can always be improved). Our momentum this year alone has born witness to that! A case-in-point is our new decision-making framework for older adults living with multiple chronic conditions. Published earlier this year in the *Journal of the American Geriatrics Society (JAGS)*, this momentous endeavor represents our next step on the road toward translating earlier AGS *principles* on addressing multimorbidity into actionable steps for clinicians on the front-lines of care.

The tips and scripts for carrying out our recommended actions—all now available on GeriatricsCareOnline.org—themselves represent much more than checklists. They are directional indicators for how our approach to care has evolved since the AGS took shape in the 1940s, and they speak to how far our approach still can go as we pivot from building priorities to making frameworks for their execution.

Committing to increase patient and caregiver satisfaction with care while also reducing care costs is also a life-long ambition—yet one which has seen us move the needle considerably in the past few months. At the grassroots level, for example, our Health in Aging Foundation has unveiled a streamlined design for HealthinAging.org, our portal for putting geriatrics insights in the hands of older adults and caregivers directly.

More broadly, that same commitment to the spaces and places where older people need our support has helped push legislation like the Geriatrics Workforce Improvement Act (GWIA) closer to becoming law. The GWIA will advance the workforce we need as we age by codifying into law the Geriatrics Workforce Enhancement Program and the Geriatrics Academic Career Awards—both critical to the present and future workforce we need as we all age.

That workforce also will have access to new and growing services as our member experts continue to advance important initiatives ensuring geriatrics receives the recognition (professionally and fiscally) it deserves. Since we started taking a more active role in shaping billing codes less than a decade ago, for example, AGS members have helped secure reimbursement for four new services while also ensuring that other, potentially damaging proposals—like the plan to collapse Evaluation and Management coding in the 2019 Medicare Physician Fee Schedule—were amended or delayed long enough for us to start developing more thoughtful solutions.

In looking back at how I've written about these updates in my letters, I've noticed that each has carried a sense of anticipation (not least of all, I think, because they're due a few weeks before they even reach you!). Indeed, some parts of the U.S. will already be anticipating *spring* by the time you read this letter, though right now (early February) the East Coast is still mired in a "polar vortex"—itself reason enough to anticipate May… and with it, #AGS19.

The "changing of the guard" we'll toast in Portland—welcoming our new AGS President, Sunny Linnebur, PharmD, for example—is as fitting a sign of progress as any. Earlier this year, in fact, a study of gender equity in medical society leadership (published in *JAMA Internal Medicine*) ranked the AGS among the top societies for female leaders. So for me, to pass the baton to another interdisciplinary female leader isn't just a "sign-post"—it's a clear and consistent marker for the trajectory of who we are. ✦

Best,

Laurie G. Jacobs

REPORT FROM PRESTIGIOUS NIH-FUNDED CONFERENCE LOOKS TO BIOLOGICAL "PILLARS OF AGING" FOR BETTER GRASP OF HEALTH

Medical care for older adults has long focused on preventing and treating chronic diseases and the conditions that come with them. But now, geriatrics researchers and clinicians hope a new understanding—one honed at a prestigious conference hosted by the AGS and the National Institute on Aging (NIA), with support from The John A. Hartford Foundation—can lead to better and more effective interventions by targeting the aging process itself rather than discrete conditions or concerns.

"Aging is complex and varies from one person to the next, but there's a growing body of evidence that aging itself is driven by interconnected biological factors we call 'hallmarks' or 'pillars,'" said Christopher Carpenter, MD, MSc, FACEP, FAAEM, AGSF, one of the co-authors of a report on the conference. "We believe disrupting these hallmarks—which cover everything from the stability of our genes to ways our cells communicate—can contribute to chronic disease and frailty, which is why a better understanding of how they work is so important."

Convened in 2016 as the second conference in a three-part series for recipients of the NIA's Grants for Early Medical/Surgical Specialists Transition into Aging Research (GEMSSTAR) program, the NIA "U13" conference brought together more than 100 scholars, researchers, leaders representing 19 medical specialties, and NIA representatives to stimulate research across the disciplines involved in high-quality, person-centered care. Conference findings, published in the *Journal of the American Geriatrics Society* (DOI:10.1111/jgs.15788), detail how new methods of studying the older-adult population can reveal new tools and accelerate innovative treatments focused on big-picture outcomes important to people's lives, such as function and independence.

Rather than beginning with the discrete health conditions and concerns common among older adults, conference organizers took the unique approach of focusing on aging itself as a primary factor impacting multiple chronic diseases and the declining ability to rebound from health challenges (also known as "resilience"). In doing so, GEMSSTAR scholars advanced our understanding of the concept that targeting age-related mechanisms might delay, prevent, or even reverse geriatric syndromes, age-related chronic diseases, and declines in resilience. Conference sessions also focused on new methods and strategies for studying these aspects of aging, and reviewed the challenges of studying age when older people often have been excluded from medical research.

Major themes that emerged from the conference include a need for increased attention to:

- **The study of our human population as it ages.** Most clinical trials still look for people who are "ideal," such as people who do not have chronic diseases. However, researchers now understand the importance of ensuring pragmatic clinical trials reflect the full spectrum of health for older adults, particularly those who are frail.

- **The need for new tools to help older adults and caregivers adapt to changing health needs.** Studying the biology of aging could yield even more approaches to aging-related disease prevention or treatment for geriatrics experts who will be needed in greater numbers as the world continues to age.

- **The importance of accelerating how we translate research into promising clinical practice.** Conference workshops also focused on ways to make aging research actionable for clinical studies and clinical practice. For example, suggestions included integrating aging concepts into research conducted by "subspecialists" in particular areas of medicine; creating a national, diverse "geroscience biobank" attuned to exploring multimorbidity and frailty in particular; and incorporating "precision medicine" as a catalyst for individualized healthcare delivery.

- **Supporting the future of aging research.** As more and more people benefit from increased longevity, specialty clinician-investigators must be empowered to contribute to the evolution of aging research. Collaboration will be particularly important, said Evan Hadley, MD, Director of the Division of Geriatrics and Clinical Gerontology at the NIA, in his closing remarks for the GEMSSTAR U13 conference. Dr. Hadley emphasized that partnering across disciplines previously seen as independent will be important to future progress, which is why the GEMSSTAR community—early-career physicians trained in medical and surgical sub-specialties to conduct transdisciplinary aging research—offered such an important outlet for beginning these discussions.✦

Access the full conference report from JAGS *at bit.ly/2E5kimY.*

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#AGS19 also offers a variety of continuing education sessions, including invited symposia, workshops, and meet-the-expert experiences. Sessions will include information about emerging clinical issues, current research in geriatrics, education, health policy, and geriatric care delivery.

Clinical Practice Spotlights

- **Geriatric Mental Health: What to Do When Nothing Works (Thurs., May 2, 2:45-3:45pm PT):** Speakers Stephen M. Thielke, MD, MS, MA, and Soo Borson, MD, will lead this session on the mental health care of older adults.
- **Geriatrics Literature Update (Sat., May 4, 8:45-10:15am PT):** The Geriatrics Literature Update is one of our most popular (and eye-catching!) sessions. Join us for a debrief on 2018's most important published papers (and maybe a sing-along?).
- **Advanced Age is Not a Contraindication to the Use of Statins for Primary Prevention of Coronary Artery Disease: A Debate (Fri., May 3, 4-5:30pm PT):** The use of statins to prevent cardiovascular disease in older adults remains controversial. This debate will present the pros and cons of using statins (and other lipid-lowering agents) based on the most recently available evidence and clinical practice guidelines.
- **Pharmacotherapy Update (Sat., May 4, 1-2pm PT):** This session opens the door to learning more about pharmacotherapy advances in 2018. Learn more about prescription options and new safety updates, particularly following the release of the 2019 AGS Beers Criteria®.

Public Policy Spotlight

- **Time's Way Up! Addressing Pay Inequity and Discrimination for Women in Geriatrics (Thurs., May 2, 10:15-11:15am PT):** Our female colleagues have come a long way leading the geriatrics workforce (and other workforces across the country and around the world), but gender inequity still persists across all professions and industries. A writing group of members from our Public Policy Committee and Women in Geriatrics Section has been hard at work developing a position paper focused on how we can achieve equity for women professionals across geriatrics. This session will present findings from the writing group's research and explore recommendations for a path forward.

Other Session Spotlights

- **A Dementia-Specific Advance Directive (Thurs., May 2, 8:15-9:15am):** This session will focus on the complexities associated with advance care planning for people living with dementia. Attendees also will explore possible avenues for addressing unique legal, ethical, and personal considerations.
- **AGS Awards Ceremony (Fri., May 3, 7:30-8am PT):** Join us to celebrate colleagues honored for their service and leadership making geriatrics what it is today.
- **AGS CoCare: Ortho Education Modules: Fractures for Non-Surgeon and Pre-Operative Evaluation (Thurs., May 2, 1:30-2:30pm PT):** Geriatrics and medical professionals interested in developing or improving hospital based geriatrics co-management programs with surgical specialties will find this session a must, since it offers an introduction to the new AGS: CoCare: Ortho platform.
- **Quality Improvement Strategies to Improve the Emergency Department Care of Older Americans—Your Role as a Clinical Geriatrics Leader (Fri., May 3, 1:30-2:30pm PT):** Featuring national leaders from the Geriatrics Emergency Department Collaborative, this session will describe how to integrate quality improvement strategies into emergency department care for older adults.

If you didn't tweet your highlights, do they even count? Be sure to let us know what has you excited by taking to Twitter, Facebook, LinkedIn, and Instagram using #AGS19. Interested in becoming an official #AGS19 Twitter Correspondent? Tweet "Hey @AmerGeriatrics, I'm tweeting #AGS19" and we'll add you to our Twitter list (and share some exclusive previews and tools) so that attendees know who's who for Portland's Twitterati!

Networking is also a must at #AGS19. The Presidential Poster Reception, Special Interest Group meetings, and Section meetings are all great opportunities to interact with colleagues.

Special Interest Groups at #AGS19

Wed., May 1, 6-7pm PT
- Acute Hospital Care
- Aging & Oral Health
- Alcohol, Tobacco, & Other Drug Use (ATOD) Among Older Adults
- Clinical Care for Homeless Older Adults
- Clinical Research in Dementia
- Elder Abuse and Neglect
- Needs of Older Lesbian, Gay, Bisexual and Transgender Persons
- Osteoporosis and Metabolic Bone Diseases
- Polypharmacy
- Program of All Inclusive Care for the Elderly (PACE)
- Society for General Internal Medicine (SGIM) Geriatrics
- Tideswell Leaders in Aging Program

Thurs., May 2, 2:45-3:45pm PT
- Junior Faculty Research Career Development

Thurs., May 2, 6-7pm PT
- Cancer and Aging & Palliative Care
- Geroscience
- Healthcare for Low-Income Seniors
- Healthy Aging
- International Activities
- Interprofessional Education and Practice in Geriatrics
- Private Practice Providers in Geriatrics
- The Hospital Elder Life Program (HELP) / Delirium Prevention
- Veterans Health Administration

Fri., May 3, 10:30-11:30am PT
- Older Adults Facing Chronic Kidney Disease and/or Kidney Failure

Fri., May 3, 6-7pm PT
- Care Transitions
- Clinician Wellness
- Ethnogeriatrics
- Family Physicians in Geriatrics
- Geriatric-Surgical Co-Management Programs
- Geriatrics Consultative Services
- Health Systems Leadership (HSL) in Geriatrics
- Information Technology Issues
- Post-Acute and Long-Term Care

Sat., May 4, 7:30-8:30am PT
- Make it Safe to Grow Old! Accountable Care Communities for Frail Elders
- Wound Prevention and Management

2018'S MOST TALKED ABOUT STUDIES

What were the most talked about geriatrics research updates of 2018? The *Journal of the American Geriatrics Society (JAGS)* has the answer! Check out their list of top research highlights—complete with Twitter-worthy summaries—as measured by Altmetric*, an aggregate score of attention in the news and on social media.

Can Exercise Improve Cognitive Symptoms of Alzheimer's Disease?
- DOI: 10.1111/jgs.15241
- Altmetric Score: 858
- #Exercise training may delay the decline in cognitive function that occurs in individuals who are at risk of or have #Alzheimer's disease, with aerobic exercise possibly having the most favorable effect. #geriatrics @AGSJournal

Medical Costs of Fatal and Nonfatal Falls in Older Adults
- DOI: 10.1111/jgs.15304
- Altmetric Score: 678
- In 2015, the estimated medical costs attributable to falls was ~$50 billion. For nonfatal falls, Medicare paid approximately $28.9B, Medicaid $8.7B, and private/other payers $12B. Overall medical spending for fatal falls was estimated to be $754 million! #geriatrics @AGSJournal

Adherence to Mediterranean Diet Reduces Incident Frailty Risk: Systematic Review and Meta-Analysis
- DOI: 10.1111/jgs.15251
- Altmetric Score: 641
- Adherence to a #MediterraneanDiet= significantly lower risk of incident #frailty in community-dwelling older people. Future studies should evaluate whether a Mediterranean diet can reduce the risk of frailty, including in non-Mediterranean populations. #geriatrics @AGSJournal

Longitudinal Relationship Between Hearing Aid Use and Cognitive Function in Older Americans
- DOI: 10.1111/jgs.15363
- Altmetric Score: 518
- #HearingAids may have a mitigating effect on cognitive decline in later life. Providing them & other rehabilitative services earlier in the course of impairment may stem the worldwide rise of #dementia. #geriatrics @AGSJournal

Prognosis After Emergency Department Intubation to Inform Shared Decision-Making
- DOI: 10.1111/jgs.15361
- Altmetric Score: 389
- After emergency intubation (inserting a tube through the mouth to place someone on a ventilator for assistance with breathing), 33% of older adults die during hospitalization & only 24% of survivors are discharged home. Supporting realistic shared decision-making about this option may be key! #geriatrics @AGSJournal

Association Between Physical Therapy in the Emergency Department and Emergency Department Revisits for Older Adult Fallers: A Nationally Representative Analysis
- DOI: 10.1111/jgs.15469
- Altmetric Score: 325
- Expanding physical therapy services in the ED may reduce future fall-related ED visits for older adults, but we need to know more about people receiving PT and follow-up PT use after discharge. #geriatrics @AGSJournal

Proton-Pump Inhibitors and Long-Term Risk of Community-Acquired Pneumonia in Older Adults
- DOI: 10.1111/jgs.15385
- Altmetric Score: 308
- Proton-pump inhibitors—often used to reduce the production of stomach acid—pose a risk for developing #pneumonia, according to a new study of individuals 60+ years old. #geriatrics @AGSJournal

A Comprehensive Measure of the Costs of Caring for a Parent: Differences According to Functional Status
- DOI: 10.1111/jgs.15552
- Altmetric Score: 290
- Approximately 34 million family and friends provided unpaid care to individuals aged 50+ in 2015. A new study looks critically at what #caregiving costs: For a #daughter caring for an older #mother, for example, costs ranged from $144K to more than $201K over 2 years. #geriatrics @AGSJournal

Use of Antiepileptic Drugs and Dementia Risk: An Analysis of Finnish Health Register and German Health Insurance Data
- DOI: 10.1111/jgs.15358
- Altmetric Score: 250
- Antiepileptic medicines used to treat #seizures may contribute to #dementia and #Alzheimer's disease in older people. #geriatrics @AGSJournal

Underdiagnosis of Influenza Virus Infection in Hospitalized Older Adults
- DOI: 10.1111/jgs.15298
- Altmetric Score: 217
- Adults 65 and older hospitalized with fever/respiratory symptoms during #flu season are less likely to undergo provider-ordered influenza tests than younger adults. #geriatrics @AGSJournal ✦

**As of February 4, 2019*

NEW NIH RESEARCH POLICY SEEKS GREATER "INCLUSION ACROSS LIFESPAN"; AGS EDITORIAL EXPLAINS HOW…AND WHY

The pipeline of research supporting care as we age is about to look a bit more like the country it serves—and for good reason. Beginning this year, the National Institutes of Health (NIH) will for the first time in its history require NIH-funded scholars to eliminate arbitrary age limits in their work, age limits that previously allowed for excluding groups like older people without just cause. A series of articles recently published in the *Journal of the American Geriatrics Society (JAGS)* explores how the change came to fruition—in large part thanks to advocacy from organizations like the AGS and its member experts—and why the change matters.

"Clinical research, much of it championed by NIH scientists, has made increased longevity with less morbidity a tangible reality," said William Dale, MD, PhD, one of the co-authors for an article describing the policy change. "To keep up that momentum, we need greater attention to age in current and future scholarship."

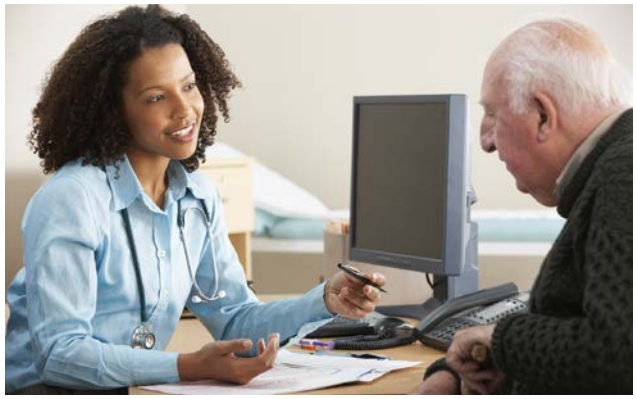
Effective as of Jan. 25, the new NIH "Inclusion Across the Lifespan" policy supports research involving traditionally underrepresented age groups—specifically older people and children—by requiring approved justifications before any study participants can be excluded from NIH-funded work based on age alone. The policy also advocates for sensitivity in the language used to describe older adults, stressing the importance of building "respect and understanding" beginning with how we describe older participants in clinical research.

In an editorial authored by AGS representatives and published in *JAGS* (DOI: 10.1111/jgs.15784), geriatrics experts describe how influential stakeholders like the AGS worked closely with the NIH to ensure older adults would have more of a presence in future government-funded health scholarship.

"In workshops and comments submitted to NIH, we stressed that excluding trial participants based on arbitrary age restrictions complicates research and jeopardizes findings that could help those most likely to experience a disease or condition," noted Cathleen Colon-Emeric, MD, MHS, co-author of the editorial. "We believe this new policy represents an opportunity for geriatrics researchers to develop better care for all our needs as we age."

To support these mandates, the AGS authors advocate leading the charge by:

- Making use of new and better data about older people to conduct deeper and more extensive analyses of treatments and interventions.
- Helping colleagues across health care understand how to engage older adults in aging research. A related editorial in *JAGS* (DOI: 10.1111/jgs.15785), for example, describes a framework for supporting the inclusion of older adults in research by helping scientists pivot to specific priorities for recruiting older participants.
- Advocating for older adults. The Inclusion Across the Lifespan policy advocates a paradigm shift from protecting vulnerable individuals "*from* research" to protecting them "*through* research." AGS authors emphasized the importance of doing so by acknowledging that underrepresenting older adults and other groups in research studies can result in "unsafe and inappropriate care decisions" based on incomplete data.
- Developing infrastructure and resources for review boards, research centers, and even individual researchers to adopt more inclusive practices—and more inclusive terminology—for older adults.



The new policy comes at a critical juncture. A study conducted by colleagues from the National Institute of Aging (DOI: 10.1111/jgs.15786), for example, examined the adequacy of age inclusivity in NIH-funded Phase III trials. Looking at work published from 1965 to 2015, the team determined that more that 33% of studies had upper-age limits, and that 25% of these studies specifically excluded people 65-years-old and older. Findings were even more stark for certain conditions common with age: More than 70% of trials for abnormal heartbeat, coronary atherosclerosis, heart attack, COPD, and lung cancer excluded people over 75.

"Advances in health and medicine aren't just about discovering new treatments; they're also about uncovering how those treatments improve health, safety, and independence for unique individuals—including older adults," concluded Camille Vaughan, MD, MS, one of the authors on the AGS editorial. "The NIH is taking an important step toward ensuring research reflects reality. Groups like the AGS and its members are excited to be among the first to chart that new frontier." ✦

PROGRESS WITH GERIATRICS LEGISLATION HIGHLIGHTS BIPARTISAN COLLABORATION FOR CARE WE NEED AS WE AGE

The AGS has offered ringing endorsement for the bipartisan Geriatrics Workforce Improvement Act. Introduced by Sens. Susan Collins (R-Maine) and Bob Casey (D-Pa.), the bill aims to address the shortage of health professionals expertly trained to care for older people, and also advances supports for older adults, caregivers, and the interprofessional teams responsible for delivering high-quality care. The bill draws on considerable insights from the Eldercare Workforce Alliance, a collaborative comprised of more than 30 member organizations (including the AGS) reflecting the diverse expertise of millions of professionals who support health and aging for older Americans.

"The future we're working for at the AGS—a future when all older Americans have access to high-quality, person-centered care—begins by building the workforce to make that possible, and by ensuring that workforce can connect us to the tools and supports we need as we age," notes AGS Chief Executive Officer Nancy E. Lundebjerg, MPA. "We commend Sens. Collins and Casey for working with us and our partners to make that future a reality with the Geriatrics Workforce Improvement Act."

The Geriatrics Workforce Improvement Act supports two critical objectives for geriatrics healthcare professionals, older adults, and millions of caregivers across America. First, the bill would formally establish and authorize funding for the Geriatrics Workforce Enhancement Program (GWEP), the only federal program designed to increase the number of health professionals with the skills and training to care for older people. This important legislation will authorize GWEP funding of $45 million annually through 2024.

The bill also would reauthorize the Geriatrics Academic Career Awards (GACAs), a program that enabled career development for hundreds of clinician-educators. The program was eliminated in 2015 through a consolidation of several training programs. The bill will authorize GACA funding of $6 million annually through 2024.

The introduction of this important legislation follows announcements of related funding opportunities from HRSA in November 2018, making each program more actionable even as legislation wends its way through Congress. HRSA anticipates funding 47 GWEPs for five years and 26 GACAs for four years. Authorization of the GWEPs and GACAs as outlined in the Geriatrics Workforce Improvement Act will help ensure that HRSA receives the funding necessary to carry these critically important geriatrics workforce training programs forward. ✦

Support from constituents across the U.S. will be critical to ensuring lawmakers recognize the importance of this legislative proposal. For more information on contacting your U.S. Senators, visit the AGS Health in Aging Advocacy Center at cqrcengage.com/geriatrics.

Remembering Dr. Arti Hurria, A Champion of Geriatrics Across Specialties

By William Dale, MD, PhD, and Supriya Mohile, MD, MS

Like many of us across geriatrics and healthcare, we were deeply saddened by the loss of Arti Hurria, MD, FASCO, an AGS leader committed to building geriatrics expertise across health specialties.

Trained as a geriatrics oncologist, Dr. Hurria joined the AGS in 2006 and advanced some of our most influential programs connecting colleagues outside geriatrics to our principles, and to the rewards of supporting health, safety, and independence for older adults. Dr. Hurria was Chair of the AGS Cancer and Aging Special Interest Group and our Medical Subspecialties Section. Most recently, she also served as Principal Investigator for an AGS grant from the National Institutes of Health supporting our U13 conference series targeting awardees in the Grants for Early Medical/Surgical Specialists' Transition to Aging Research (GEMSSTAR) program. This grant epitomized Dr. Hurria's interests, enthusiasm, and collaborative spirit.

Like the GEMSSTAR scholars and countless colleagues and trainees she supported, Dr. Hurria believed deeply in the need to infuse geriatrics into all specialties. She not only put that belief into action but also became a model for making it a priority, working with colleagues at the AGS and in geriatrics, oncology, and beyond to identify areas of high priority and to refine approaches to clinical care, research, and education.

This newsletter—and several of its updates, which came to fruition because of Arti's influence—are dedicated to Dr. Hurria's memory. We are privileged to work in a profession attuned to the memory of those who have gone before us. We, like many others, will continue to carry that memory forward as we work to improve health, care, and independence for us all as we age. ✦

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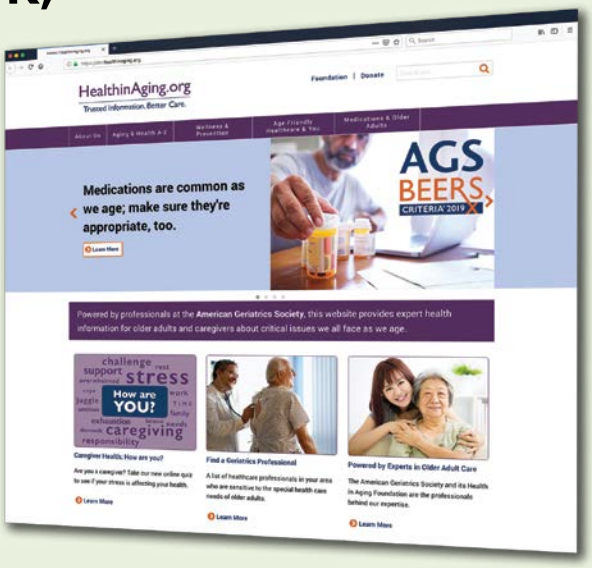


For the Health in Aging Foundation, the official foundation of the AGS, informing the public about our health needs as we age has always been a priority. HealthinAging.org, our public education portal providing older adults with up-to-date information on health and aging, has played a huge role in that work—connecting more than 800,000 older adults and caregivers annually to expert-authored health information. And now, browsing HealthinAging.org is that much easier thanks to a full web redesign that has refreshed our site's look to match our expertise.

The new HealthinAging.org allows you to:

- Find information on common diseases and disorders that affect us all as we age in our "Aging & Health A-Z" section.
- Click, read, and print easy-to-understand tip sheets on managing health.
- Prepare for visits to a healthcare professional by providing lists of questions to ask about certain concerns.
- Locate a geriatrics healthcare professional through our referral list.
- Keep the 5Ms of geriatrics—mind, mobility, medications, multiple health concerns, and matters most—at the forefront of care in the new "Age-Friendly Healthcare & You" section.

Visit HealthinAging.org today to rediscover what's new with our go-to resource for older adults and caregivers across the U.S. and around the world! ✦

Not listed in the "Find a Geriatrics Professional" Referral Service? AGS members can opt into this list to ensure older adults and caregivers in their area are aware of their services. Send an email to info@healthinaging.org or call 212-308-1414 to have your name and number listed today.

Learning to Lead continued from page 3

"Health professionals who work with older people need to be leaders in high-value clinical programs, interprofessional education, and innovative research to help us better understand aging," said Sharon Brangman, MD, FACP, AGSF, Chair of ADGAP. "ELIA is helping to make that possible with an intense, immersive opportunity to see what skills our health professionals already have—and to develop those skills for the future care we all need as we age."

ELIA focuses on junior and mid-career professionals, and serves as one of the first educational programs of its kind to offer dedicated time outside schools for health professions to hone social and scientific skills essential to caring for older adults. The program includes an orientation, in-person meetings, and monthly remote conferences encompassing more than 50 interactive instructional hours. The more than 60 scholars who have completed the program since its launch in 2014 have all executed their own capstone projects aimed at improving clinical practice, geriatrics education, or geriatrics research—and their work is paying dividends, according to the new research published in *JAGS* (DOI:10.1111/jgs.15702).

Among ELIA's early successes:

- Scholars reported delivering 85 presentations, authoring or co-authoring 65 research publications, and receiving more than 20 awards to foster greater educational development—all tied directly to ELIA training.
- Self-reported professional confidence among ELIA scholars rose from 5.8 to 8.0 on a 9-point scale following completion of the program.
- The program also has nurtured a network of peers and mentors across 24 states. This community is not only helping to advance individual careers but also working to augment professional collaboration serving older adults and caregivers in areas where the geriatrics workforce shortage is particularly pronounced.

The best testament to the program's success may come from participants themselves. As one ELIA scholar observed, "This program gives a voice and confidence to people who have fabulous ideas that may not normally move forward without specific attention to developing their leadership capacity." ✦

For more information, visit AmericanGeriatrics.org/programs/Tideswell.

AGS UNVEILS NEW DECISION-MAKING FRAMEWORK FOR OLDER ADULTS WITH MULTIPLE CHRONIC CONDITIONS

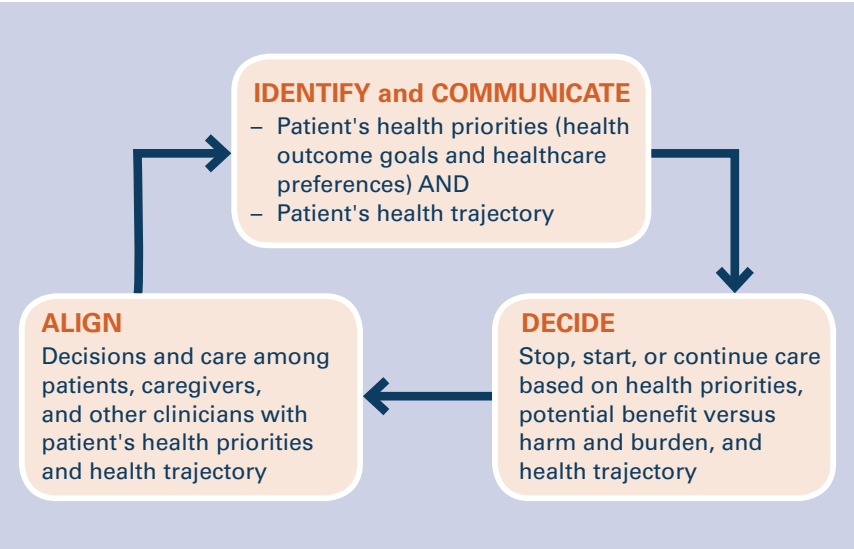
Caring for older adults with multiple chronic conditions remains challenging. In 2010, the AGS convened an expert panel to address how to provide person-centered care for this growing population. The resulting AGS Guiding Principles for the Care of Older Adults with Multimorbidity were developed using a systematic review of the literature and consensus.

The five guiding principles included:

1. Elicit and incorporate patient (and family/caregiver) preferences into medical decision-making.
2. Recognize the limitations of the evidence base; interpret and apply the medical literature specifically for this population.
3. Frame clinical management decisions within the context of harms, burdens, benefits, and prognosis (e.g., remaining life expectancy, functional status, quality-of-life).
4. Consider treatment complexity and feasibility when making clinical management decisions.
5. Use strategies for choosing therapies that optimize benefit, minimize harm, and enhance quality-of-life.

In a new publication—available in its entirety from GeriatricsCareOnline.org and via an Executive Summary published in the *Journal of the American Geriatrics Society (JAGS)*, geriatrics experts worked to translate these principles into a framework for decision-making catered to the needs of clinicians in primary and specialty care.

Check out highlights from the framework below. For a deeper dive, visit GeriatricsCareOnline.org. ✦



WANT TO MAKE THE MOST OF YOUR TIME AT #AGS19? JOIN THE ANNUAL MEETING MENTOR PROGRAM!

Networking opportunities are a perfect reason to book your trip to Portland, OR, for #AGS19. With more than 2,500 colleagues expected to join us, there'll be lots of opportunities to meet new people, reconnect with old colleagues, and pursue budding interests.

But what about a one-on-one experience with a geriatrics professional specifically selected to match your unique needs?

The AGS Annual Scientific Meeting Mentor Program, facilitated by the Junior Faculty Special Interest Group, works to do just that: Match mentees at all career stages with volunteer mentors willing to share ideas and experiences. Signing up for the #AGS19 Mentor Program opens a door to valuable insights on research interests, career paths and transitions, the balance between professional and personal responsibilities, and more.

Don't miss the opportunity to become a mentor, mentee, or both! Log onto MyAGSOnline and click on "AGS Mentorship" under the "Get Involved" section to apply today! ✦

Questions about the Mentor Program? Contact Lauren Kopchik (lkopchik@americangeriatrics.org) for more information.

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AGS News is published quarterly by the American Geriatrics Society. For more information or to become an AGS member, visit AmericanGeriatrics.org. Questions and comments about the newsletter should be directed to info.amger@americangeriatrics.org or 212-308-1414.

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TIP SHEET

Ten Medications Older Adults Should Avoid or Use with Caution

Because older adults often experience chronic health conditions that require treatment with multiple medications, there is a greater likelihood of experiencing unwanted drug side effects. Older people can also be more sensitive to certain medications. To help you make better informed decisions about your medications, and to lower your chances of overmedication and serious drug reactions, the American Geriatrics Society Health in Aging Foundation recommends that older people be cautious about using the following types of medications, including some that can be purchased without a prescription (over-the-counter).

- If you are taking any of these medications, talk to your healthcare provider or pharmacist.
- Do not stop taking any medication without first talking to your healthcare provider.

Medication	Reasons
USE WITH CAUTION **Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)** Used to reduce pain and inflammation. AVOID regular, long-term use of NSAIDs ■ When good alternatives are not available and NSAIDs are necessary, use a proton pump inhibitor such as omeprazole (Prilosec) or misoprostol (Cytotec) to reduce bleeding risk. ■ Use special caution if you are at higher risk of developing bleeding stomach ulcers. Those at higher risk include people more than 75 years old, people taking oral steroids, and people taking a blood-thinning medication such as apixaban (Eliquis), aspirin, clopidogrel (Plavix), dabigatran (Pradaxa), edoxaban (Savaysa), rivaroxaban (Xarelto), or warfarin (Coumadin). ■ Also use special caution if you have kidney problems or heart failure.	NSAIDs can increase the risk of bleeding stomach ulcers. They can also increase blood pressure, affect your kidneys, and make heart failure worse.
USE WITH CAUTION **Digoxin (Lanoxin)** Used to treat heart failure and irregular heartbeats. ■ For most older adults, other medications are safer and more effective. ■ Avoid doses higher than 0.125 mg per day. Higher doses increase toxicity and provide little additional benefit. ■ Be particularly careful if you have moderate or severe kidney problems.	It can be toxic in older adults and people whose kidneys do not work well.
AVOID Certain Diabetes Drugs ■ Glyburide (Diabeta, Micronase) and chlorpropamide (Diabinese)	These can cause dangerously low blood sugar

Medication	Reasons
AVOID Muscle Relaxants ■ Such as cyclobenzaprine (Flexeril), methocarbamol (Robaxin), carisoprodol (Soma), and similar medications.	They can leave you feeling groggy and confused, increase your risk of falls, and cause constipation, dry mouth, and problems urinating. Plus, there is little evidence that they work well.
AVOID Certain Medications used for Anxiety and/or Insomnia ■ Benzodiazepines, such as diazepam (Valium), alprazolam (Xanax), and chlordiazepoxide (Librium) ■ Sleeping pills such as zaleplon (Sonata), zolpidem (Ambien), and eszopiclone (Lunesta)	They can increase your risk of falls, as well as cause confusion. Because it takes your body a long time to get rid of these drugs, these effects can carry into the day after you take the medication.
AVOID Certain Anticholinergic Drugs ■ Antidepressants amitriptyline (Elavil) and imipramine (Tofranil) ■ Anti-Parkinson drug trihexyphenidyl (Artane) ■ Irritable bowel syndrome drug dicyclomine (Bentyl)	They can cause confusion, constipation, dry mouth, blurry vision, and problems urinating (in men).
AVOID the Pain Reliever meperidine (Demerol)	It can increase the risk of seizures and can cause confusion.
AVOID Certain Over-the-Counter (OTC) Products ■ AVOID products that contain the antihistamines diphenhydramine (Benadryl) and chlorpheniramine (AllerChlor, Chlor-Trimeton). These medications are often included in OTC remedies for coughs, colds, and allergies. ■ AVOID OTC sleep products, like Tylenol PM, which contain antihistamines such as diphenhydramine.	Although these medications are sold without a prescription, they are not risk-free. They can cause confusion, blurred vision, constipation, problems urinating, and dry mouth.
If you are NOT being treated for psychosis, use Antipsychotics WITH CAUTION ■ Such as haloperidol (Haldol), risperidone (Risperdal), or quetiapine (Seroquel). These medications are commonly used to treat behavioral problems in older adults with dementia.	They can increase the risk of stroke or even death in older adults with dementia. They can also cause tremors and other side effects, as well as increase your risk of falls.
AVOID Estrogen Pills and Patches ■ Typically prescribed for hot flashes and other menopause-related symptoms	They can increase your risk of breast cancer, blood clots.

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