



THE  
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GERIATRIC RESEARCH, EDUCATION & CLINICAL CENTER

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**Osteoporosis Treatment Reduces Mortality After Hip Fracture**

An estimated 345,000 Americans are hospitalized each year with a hip fracture, a serious condition that increases one's risk of impaired mobility and long term care placement. More critically, 15 to 25 percent of hip fracture patients will die within a year of their fracture.

A team of GRECC researchers and clinicians from the Durham VA Medical Center, led by Kenneth W. Lyles, M.D., have begun to tackle preventative strategies to decrease subsequent fractures and mortality in older adults. Dr. Lyles, a geriatrician and endocrinologist who holds additional appointments at Duke University Medical Center and The Carolina's Center for Medical Excellence, and colleagues found that an osteoporosis drug given intravenously once a year significantly reduces the occurrence of new fractures and the incidence of death in patients who have had of a hip fracture. The results of the international clinical trial were published online Sept. 17 in the *New England Journal of Medicine*.

The researchers studied 2,127 patients who were randomized to either receive the drug zoledronic acid (trade name Reclast) or placebo within 90 days of surgery for a hip fracture. Patients were recruited from hospitals throughout the world, including the United States, South and Central America, Europe and Canada and included about



Kenneth W. Lyles, MD

500 men. Those receiving zoledronic acid had a 28% lower mortality rate and were 35% less likely to suffer another fracture. Only 8.6% of the study patients taking zoledronic acid suffered a new fracture, compared to 13.9% of those not taking the drug. Similarly, only 9.6% of zoledronic acid patients died, compared to 13.3% of those not taking the drug. While earlier studies have demonstrated that the drug can reduce fractures and improve bone density in patients with osteoporosis, the results of the new trial are the first to demonstrate that the drug can also save lives.

Zoledronic acid, which was recently approved by the Food and Drug Administration for the treatment of osteoporosis in postmenopausal women, works by preventing the loss of existing bone and is

**Shaping Up After a Stroke: Managing Insulin Resistance via Exercise**

Insulin resistance and glucose intolerance are highly prevalent after stroke, contributing to worsening cardiovascular disease (CVD) risk and a predisposition to recurrent stroke. Recent data from Dr. Frederick M. Ivey and colleagues at the Baltimore VA GRECC show that nearly 80% of individuals in the chronic phase of stroke are either pre-diabetic or diabetic, which conveys an approximate 2 or 3 fold increased risk of recurrent stroke, respectively. Although exercise training has been used to improve measures of insulin sensitivity and glucose metabolism, stroke survivors had never been studied in this context. Questions remained regarding whether these important forms of metabolic adaptation could be achieved with exercise in this population. Hence, Dr. Ivey and colleagues recently con-

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## Managing Insulin Resistance

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Frederick Ivey, PhD

ducted a controlled study in older individuals disabled by stroke to determine the effects of progressive treadmill aerobic exercise on the insulin and glucose responses during oral glucose tolerance testing (OGTT). The study followed 46 participants who were randomized to either treadmill exercise or control (stretching) groups following ischemic stroke. Results of this

trial, published in the October 2007 issue of the journal *Stroke*, show that stroke survivors are fully capable of exercising at a level requisite for improving glucose tolerance and indices of insulin sensitivity. There were significant reductions in the insulin response to glucose load during OGTT and a significant lowering of fasting insulin in the treadmill group but not in the control group. Furthermore, the researchers observed exercise-induced reductions in glucose levels during OGTT in the subgroup of participants with abnormal baseline glucose metabolism compared to no change in participants with normal glucose tolerance or the control group. In general, stroke participants with greater degrees of insulin resistance and glucose intolerance improved the most following

6 months of progressive treadmill exercise.

These initial findings suggest that it is possible for stroke survivors to partially reverse abnormalities in glucose metabolism and insulin sensitivity with exercise, thereby potentially reducing cardiovascular and recurrent stroke risk.

Larger clinical trials are needed to confirm these preliminary findings and further establish the long-term metabolic health benefits of exercise for individuals with disability following stroke. ■

## Views from VACO

### The “E” in “GRECC: Education and Evaluation

A GRECC is like a three-legged stool, with each of the Research, Clinical, and Educational “dowels” dependent on the other two in order to perform its job. Research is diminished without the clinical questions that direct it, without the evaluation that ensures its quality, or without the educational activities that take its message to a broader audience. Clinical looks to Research for enhancements and new approaches, to Evaluation for continuous improvement and demonstration of efficacy, and to Education for dissemination of successful models. And Education and Evaluation rely on Clinical and Research to keep their products and undertakings fresh, topical, and relevant.

The particular reliance of Education/Evaluation on the other “legs” was driven home for me when I had the privilege of attending the three GRECC Symposia at the re-

cent Annual Scientific Session of the Gerontological Society of America. The session on Dysphagia spanned all three GRECC missions as it summarized normal and impaired physiology, described evaluative instruments and the development of new products and procedures, and provided a compelling evidence basis for new national guidelines for assessment and management of this highly prevalent, largely geriatric dysfunction. The session convener, Dr. JoAnn Robbins of the Madison GRECC, is undeniably (judging from her impressive grant and publication record) a peerless scientist and talented clinician. But it was ultimately her Educator hat that I saw as her findings and those of others she has mentored were highlighted for their impact on the care of older veterans.

A program coordinated by Judith Howe, PhD and Veronica Scott, MD, MPH (of the Bronx/NY Harbor and Tennessee Valley GRECCs, respectively) compared and contrasted four different



Ken Shay, DDS, MS

“learning communities” (their two host sites, plus Gainesville and Birmingham) as they were introduced to, adopted, and then put their individual stamps on palliative care programs. These efforts were clinical in nature, yet also demonstrated the unifying educational theme of systematic and interactive adaptation to local needs and styles, and what that process signified for managing future programmatic changes in the VA.

Finally, Dr. Scott collaborated with Jorge Ruiz, MD, of the Miami GRECC, to explore the range of electronic media that are extending the reach of educators and the access of learners. Along with clinical experts from GRECCs in Cleveland and Durham, each of the four presenters took a different, established clinical education task (podiatric literature review, palliative care, home safety

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## Treatment Reduces Mortality

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in the same class as oral osteoporosis drugs such as Fosamax, Actonel, and Boniva. Patients taking the drug need to take supplemental Vitamin D and calcium, and about 15 percent will have flu-like symptoms shortly after the infusion. These symptoms can be addressed by taking acetaminophen or a non-steroidal anti-inflammatory drug prior to the infusion and for three days afterward. There were no cases of atrial fibrillation or osteo necrosis of the jaw, a painful jaw condition, both of which have been previously reported with this class of drugs.

“These data show that we can go beyond cutting the risks of future fractures to reducing the death rate after these disabling fractures,” said Dr. Lyles. More research is needed to identify the specific mechanisms and other factors involved in this remarkable effect.



## Views From VACO

*(Continued)*

assessment, and ethics consultation) and employed a unique technological approach to improve the task's reach, its scientific validity, its impact on learners, and/or its relevance. As with the other two symposia, what could have easily been characterized as a set of clinical or research projects found common cause by highlighting the education and evaluation mission of its diverse subject matter.

If you weren't able to be there, you missed something very special. Try to see next year's set of GRECC Symposia when GSA is in Washington, DC!

**Stay Tuned!**

Ken Shay, DDS, MS

## GLA Social Work Ed Program Doubles

GLA GRECC was the first VA partner in a Geriatric Social Work Education Consortium (GSWEC) program sponsored by the John A Hartford Foundation in 1999. This was part of a nationwide effort to strengthen geriatric social work education and increase social workers' competency in the field of aging. Over the last eight years, the program expanded in the number of partnerships across the country and the foundation support was replaced by institutional support. In the past, few social workers were trained for geriatric practice. The National Institute on Aging projects a current need for 40,000 - 50,000 geriatric social workers, while less than 10% of that number are available. The GSWEC curriculum is designed to prepare a new generation of social workers for clinical practice, research and formulating policy.

The GLA GRECC GSWEC program has grown from the original five students to a total this year of 11 masters level interns. The new interns, who started the week of September 4<sup>th</sup> are assigned to three GLA facilities, as well as the VISN. Interns are placed in a wide variety of sites, including the GEM Unit, the NHCU, the Homeless Program and HBPC. Four interns are assigned to sites in Sepulveda including the CARE program, Primary Care, the Partial Hospitalization Program, and one SCI. Interns will also be working at LAOPC with older veterans in Substance Abuse and the Telehealth Program at the VISN in Long Beach. This year our interns have more than doubled from the previous year. We look forward to working with this outstanding and diverse group!

## Awards & Announcements

**Gregory M. Cole, PhD** of the GLA GRECC was honored with the Arthur Cherkin Memorial Award during the 24th annual UCLA Intensive Course in Geriatric Medicine and Board Review in September, 2008. Dr. Cole is a distinguished scientist with more than 100 research publications and a leader in the prevention of Alzheimer's disease.

At the award presentation, Dr. Cole presented a lecture on "Prevention of Alzheimer's disease: What you can do now and what we will try in the future."

**Jennifer Martin, PhD**, a GRECC research affiliate, has been certified by the American Academy of Sleep Medicine as a Behavioral Sleep Medicine specialist. She is the 102nd person in the US to be certified! GLA looks forward to working with her in the Sleep fellowship program.

**Theodore Hahn, MD** of the GLA GRECC received the prestigious VA Marsha Goodwin Beck Award for geriatric leadership. Dr. Hahn is a geriatrician with a specialties in endocrinology and osteoporosis.

**Namirah Jamshed-Qureshi, MD**, has received a Geriatric Academic Career Award (GACA). The award is intended to promote the development of a career as an academic geriatrician and is available only to persons who have demonstrated considerable potential to become academic geriatricians. Nancy Weintraub, MD of the GLA GRECC will continue to mentor Dr. Jamshed-Qureshi through this career development award.



## David M. Worthen Award for Academic Excellence

**David C. Aron, MD, MS**, Associate Chief of Staff/Education at the Louis Stokes Cleveland VA Medical Center and Acting Associate Director/Research at the Cleveland VA Geriatric Research Education and Clinical Center has been selected to receive the 2007 David M. Worthen Award for Academic Excellence. This is the highest award given by the Veterans Health Administration to recognize outstanding achievements of national significance in health professions education.

Dr. Aron is a successful academic endocrinologist whose scholarly interests span endocrinology and health services research with an emphasis on educational strategies to achieve health care quality improvement. Dr. Aron was a pioneer in the use of an integrated inpatient-outpatient firm system in the VA and a visionary in how such a system should be organized to advance patient care. Had made major contributions to physician teaching and learning, emphasizing VA's leadership in quality of care and patient safety.

## GRECC Audio-Conference

EES, GRECC, and the GEC are pleased to announce the continuation of the collaborative audio-conference series. Each lecture will be accessible by dial-in from any location (1-800-767-1750; access code 89095) and will confer one hour of CE credit for physicians, nurses, social workers, and psychologists. The lecture will also be rebroadcast on the following day at 11:00 AM. Please refer to the EES website ([vawww.ees.aac.va.gov](http://vawww.ees.aac.va.gov) for VA employees, otherwise go to [www.ees-learning.net](http://www.ees-learning.net)) for details, access instructions, handouts, and more information.

### Upcoming Audio-Conferences:

#### **Parkinson's Disease: Latest Developments**

Roger Albin, MD  
January 31st, 3:00 PM EST

#### **Delirium Recognition, Management, and Long Term Deficits**

Wes Ely, MD, MPH  
February 28th, 3:00 PM EST

#### **Gait and Balance Disorders In the Elderly**

March 27th, 3:00 PM EST  
Sharon Gordon, PsyD

## VA Miami GRECC Conference Invitation



Paul Schiller, PhD

**Paul C. Schiller, Ph.D.**, associate professor of medicine and biochemistry and molecular biology and an investigator in UMMSM's Geriatrics Institute and the Interdisciplinary Stem Cell Institute and the VAMC Geriatric Research, Education, and Clinical Center, has been invited to address the Genostem Stem Cell Conference in Montpellier, France, on November 16, 2007. The conference is devoted to identifying, developing, and applying new gene and stem cell therapy approaches for connective tissue disorders. Dr. Schiller is leading a team of investigators who have developed a unique preparation of adult stem cells with exciting potential for enhancing repair and regeneration of all human tissues and organs, the "MIAMI" cells.

## Upcoming Conferences

### **ASSOCIATION OF GERONTOLOGY IN HIGHER EDUCATION'S 34th ANNUAL MEETING AND EDUCATIONAL LEADERSHIP CONFERENCE**

February 21-24, 2008  
Baltimore, MD. Please visit: [www.aghe.org](http://www.aghe.org) for more information.

### **AMERICAN ASSOCIATION FOR GERITRIC PSYCHIATRY: 2008 ANNUAL MEETING**

March 14-17, 2008  
Orlando, FL Please visit: [www.AAGPmeeting.org](http://www.AAGPmeeting.org) for more information.

### **2008 CONFERENCE OF THE NATIONAL COUNCIL ON AGING AND AMERICAN SOCIETY ON AGING**

March 27-30, 2008  
Washington, D.C Please visit: [www.agingconference.org](http://www.agingconference.org) for more information.

### **AMERICAN GERIATRICS SOCIETY ANNUAL SCIENTIFIC MEETING**

April 30-May 4, 2008  
Washington, D.C. Please visit: [www.americangeriatrics.org](http://www.americangeriatrics.org) for more information.

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