

Activities in geriatrics and gerontology education and research

Virginia Center on Aging
Virginia Geriatric Education Center
Virginia Department for the Aging

Case Study

Are You at RISK for Blindness? Don't Keep Glaucoma a Family Secret!

Older Age Is a RISK Factor

Mary Price, MD

Educational Objectives

1. Raise awareness of risk factors for glaucoma.
2. Encourage health care providers to educate the patient about glaucoma risk factors.
3. Educate glaucoma patients to encourage family members to seek a glaucoma examination.



Background

At least three million people in the United States currently have glaucoma, half of whom do not know they have a potentially blinding disease. Glaucoma is one of the leading causes of preventable blindness in the United States, and the most common cause of blindness among African Americans. Glaucoma is a condition in which the optic nerve is damaged. Pressure builds up in the eye when the aqueous humor is prevented from draining properly. The resulting increase in pressure within the eye can damage the optic nerve. If the entire nerve is destroyed, blindness results. Five to ten million Americans have elevated intraocular pressure which places them at risk for developing glaucoma. Most people, even those in high risk groups, are largely unaware of the risk factors for glaucoma, and that periodic ophthalmic examinations reduce, delay or prevent unnecessary loss of sight. While vision lost from glaucoma cannot be regained, diagnosis and treatment during the early asymptomatic stage can

prevent further vision loss.

Risk Factors

Intraocular Pressure (IOP) -

While elevated intraocular pressure is a major risk factor for glaucoma, a single intraocular pressure measurement is a poor predictive screening test. Fifty percent of people with undiagnosed glaucoma will have intraocular pressures below 22 mm Hg (mercury) at the time of screening and will therefore be missed. Up to one third of all

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individuals with primary open-angle glaucoma may have intraocular pressure levels consistently below 22 mm Hg (so-called normal-tension glaucoma). On the other hand, many individuals with "elevated" pressures (21 mm Hg or above) may not have, and may never develop, optic nerve damage from glaucoma.

Other Risk Factors

The EyeCare AmericaSM Glaucoma Project recommends evaluating other risk factors for glaucoma in order to identify individuals who may be in need of more extensive testing. Besides elevated IOP, the strongest risk factors for glaucoma are family history of glaucoma, older age, and African-American heritage. First degree family members of a person with glaucoma are up to ten times more likely to have glaucoma than a person without a family history of glaucoma. Although glaucoma is uncommon among Caucasians before age 50, it tends to occur at least a decade earlier in African-Americans, thus requiring more intensive evaluation at a younger age. High myopia (greater than 5 diopters) is a contributory but somewhat less pronounced risk than other factors. If the optic nerve appears to have a large cup-disc ratio, asymmetry of cupping, disc hemorrhage or narrowed disc rim, glaucoma

should be suspected. Patients with diabetes, a previous eye injury, or a history of steroid use for a long period of time may also be at higher risk for glaucoma.

Education & Screening

The Glaucoma Project Risk Factor Analysis Scorecard provides a weighting system, utilizing history-based factors, to assess glaucoma risk. It can also be used by patients and other non-physicians to determine risk level. Those who score 4 or higher are considered to be at high risk for glaucoma and may need further evaluation.

1. Family History (Choose one)

- No family history of glaucoma 0
- Parent or child has glaucoma 2
- Brother or sister has glaucoma 4
- Parents & brother or sister 4

2. Race/Ethnicity (Choose one)

- White/Caucasian 0
- Hispanic 1
- Black/African-American 3

3. Age (Choose one)

- < 40 0
- 40-49 1
- 50-59 2
- 60 + 3

Add up the scores in each of the

above three categories. If you have a total score of 4 or higher, you have an increased risk for having glaucoma.

Case Study

Mrs. S. was seen in the Ophthalmology Clinic at Virginia Commonwealth University's Medical College of Virginia for an eye examination because she could not see the fine print with her glasses. Mrs. S. is a 54 year old African-American female and has been in good health. She had a brief episode of elevated blood pressure with her second pregnancy but does not require medication.

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Mrs. S got her first pair of bifocals nine years ago and has not returned to the eye doctor since. Last year she began to experience increasing trouble with near vision. Her brother has recently been discovered to have glaucoma. She could be corrected to 20/20 at distance and near with an updated glasses prescription. However, routine check of her intraocular pressure revealed 30 mm of mercury in the right eye and 38 mm of mercury in the left. Examination of the optic nerves showed nearly complete cupping of both optic discs, slightly worse in the left eye. Visual fields were obtained and showed extensive visual field loss in both eyes, with the better right eye reduced to ten degrees nasally and 15 degrees temporally.

Mrs. S. was advised not to drive because of loss of side vision and was started on medication to treat her glaucoma. Mrs. S. was encouraged to contact her family members with advice to have a complete medical eye exam.

Conclusion

Current estimates show at least three million people in the United States have glaucoma. A person with diagnosed open angle glaucoma is likely to have three living first degree relatives (parents and siblings) with glaucoma. For every five glaucoma cases, there is one undiagnosed, living relative. Do you know anyone at RISK for blindness? Don't keep this a family secret - encourage your

Help for At-Risk Individuals

The EyeCare America™ - Glaucoma Project is a public service project of the Foundation of the American Academy of Ophthalmology, co-sponsored by Pharmacia Corporation, and endorsed by the Virginia Society of Ophthalmology (VSO). VSO members are committed to heightening public awareness about this disease. If a patient is found to be at high risk for glaucoma, he or she may call the EyeCare America Glaucoma Project Information and Referral line, 1-800-391-EYES (3937), for a referral to a local participating ophthalmologist. Patients who have health insurance will be billed according to the doctor's office procedure and are responsible for any fees not covered by insurance. For uninsured patients without the means to pay, the cost of the initial glaucoma examination and the initiation of medical treatment for glaucoma are waived. By joining forces to ensure early detection and treatment, the senior citizen community can prevent unnecessary vision loss in thousands of Americans.

family members to have yearly medical eye examinations.

Study Questions

1. A 65-year-old white female has open-angle glaucoma with visual fields loss. She has two brothers and two sisters who are between 60 and 70 years old.

What are the chances that at least one of the brothers and sisters has open-angle glaucoma?

2. Consider the older adults with whom you interact professionally or personally. What do you estimate to be the percentage with a history of glaucoma?

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From the
**Executive Director,
Virginia Geriatric
Education Center**

Iris A. Parham, Ph.D.

This has been a most busy quarter for the staff of the VGEC as we have now implemented all the activities outlined in the ten objectives of our funded five-year project and have also completed all of the proposed work for our funded Geriatric Interdisciplinary Team Training grant. The final edited tapes for our mammography video-conference funded by VHQC are now available and the pressure ulcer on-line training session should be ready for viewing in February; special recognition goes to Derek Neely for his technical expertise and to Marcia Tetterton and Kim Cash for their many contributions to the content portions of the pressure ulcer on-line training session. The Kids-Into-Health-Careers program for high-school-aged students has had a very successful fall under the leadership of Dr. Ayn Welleford. January, 2002 will see the kick-off for the K-8 programming. This newsletter also contains highlights of the geriatric medicine conference, developed under the leadership of Dr. Tom Mulligan, to be held in the Spring at the Homestead. Other activities highlighted in this quarter's newsletter are the many faculty and staff GSA

presentations, the upcoming Validation Therapy training, beginning in February, the Sigma Phi Omega Socials, and the Virginia Association on Aging's 2001 Awards. We would like to bring your attention to our recognition of Ms. Lucy Halunko who received the 2001 VGEC Distinguished Service Award; Ms. Lucy Halunko has worked with the VGEC for 15 years as the producer of all of our nationally presented videoconferences. Her most recent efforts in the development and presentation of our mammography video-conference were exemplary. Finally, as the VGEC has just submitted the final report for GITT and the progress report for last year, we have a grand total of 43,095 trainees. We are celebrating, but know we have much more work to do.

From the
**Director, Virginia
Center on Aging**

Edward F. Ansello, Ph.D.

Renewal

A popular symbol at this time of year is that of the old man, representing the year just concluded, making way for the baby who represents the New. The changing of the calendar forces reflection for many of us. Out with the old. In with the new. It is commonplace to observe how "old" must make way for "new" or "young." But we can alter our point of perspective ever so slightly and gain a wholly different, more positive slant. Instead of old or new, old or young, we can see old and new, old and young, simultaneously and within one person. Renewal can occur at any point in the life course; in fact, as we become older, we often have more "materials" to work with in renewing ourselves: more experiences, more connections, more mistakes to learn from, more facets of our "selves" to build upon.

We have embraced lifelong learning at the Virginia Center on Aging (VCoA) since our inception, because we know that growing older is not the end of growing. Our first director, Bill Egelhoff, was State Director of

Elderhostel during his tenure here. Elderhostel, for those who don't know, is an internationally successful program of brief, sometimes intense, always educational, learning opportunities for adults ages 55 and above. These offerings typically encompass five or six days of learning, but may be shorter or longer, and may be formatted so that the instructors come to the Elderhostelers, or the Elderhostelers travel to the instructors and to learning sites, or a combination of both. VCoA offers Elderhostel programs across Virginia (Hampton, Yorktown, Richmond, and Natural Bridge) and welcomed its 20,000th Elderhosteler two years ago. We have also, from our beginning, offered short educational programs that are not affiliated with Elderhostel. Sites have included senior centers, lodges, retirement communities, nursing homes, and church halls. Topics have ranged from Southern literature to history to pre-retirement planning.

In February 2002 we will offer our Ninth *Love of Learning* experience. As always, it is scheduled around Valentine's Day to signify our (and presumably the participants') love of learning throughout the life course. As usual, *Love of Learning* is being held at the Chamberlin Hotel, proudly overlooking the

Hampton Roads waterway. This year's program (February 13-15) features Hampton Roads itself, especially its pirates and its poets, and includes a trip to and walking tour of historic Old Towne Smithfield. Good food and dancing complement the content, for we think that learning should be enjoyed.

This time of year should prompt both reflection and renewal. Whether with us or elsewhere, continue to grow. Learn. Take advantage of the opportunities around you to renew yourself. Make the most of your Gift of Time!

From the
**Commissioner, Virginia
Department for the
Aging**

Ann Y. McGee, Ed.D.

*Aid in the Aftermath: Helping
Older Virginians Cope With
Disaster*

Virginia's 25 local area agencies on aging provide valuable services to the aging population throughout the year. This year, however, several AAAs have been called upon to provide extraordinary levels of service in times of great need, and they have answered the call.

In July and August of 2001, heavy rains in Southwest Virginia caused extensive flooding, requiring rapid

evacuation of residents in some areas. Many individuals had to leave without identification, medications, or personal belongings. After the floods, many older citizens returned home to find most or all of their possessions ruined. Air conditioners, heat pumps, fuel tanks, and their personal possessions were damaged or destroyed, leaving many without vital heating or cooling systems.

The terrorist attacks of September 11, 2001, occurred on the heels of these natural disasters. In Northern Virginia, one of the attacks damaged the west wing of the Pentagon and caused numerous casualties. Though transportation and meal delivery services to older citizens were disrupted for several days, the psychological effects of the attack were more pervasive and long-lasting. Many older residents in the neighborhoods surrounding the Pentagon became distraught and feared for their safety, and those feelings continue to linger.

Responding to these disasters, the Virginia Department for the Aging requested and received Disaster Supplemental Funding from the U.S. Administration on Aging. Disaster funds were sent to the Appalachian Agency for Senior Citizens in Cedar Bluff, and Mountain Empire Older Citizens, Inc., in Big Stone Gap, to assist with emergency expenditures they experienced as a result of the flooding. Staff at

these AAAs used these funds to help them assess the damage to older citizens' homes and property, and to assist them in completing disaster relief applications. The funds were also used to meet the increase in demand for services such as home-delivered meals, transportation, counseling, and care coordination.

The Arlington Area Agency on Aging also received disaster funding, which was used to address the impact of the September 11th terrorist attack on the Pentagon. Funds are being used to transport older citizens to counseling sessions and to assist traumatized low-income older citizens in obtaining anxiety medications prescribed by their physicians. Training sessions are also being conducted at residential facilities, nursing homes, and assisted living facilities to teach professionals to recognize post-traumatic stress disorder (PTSD) and make necessary referrals.

Daily, each of the 25 local area agencies on aging in Virginia routinely provides a comprehensive array of services to meet the particular needs of their communities. In times of crisis, however, their staff members put forth a tremendous effort in assisting all members of the aging population who need help. On behalf of these individuals, and all the citizens of the Commonwealth of Virginia, we thank them for their hard work and dedication.

Focus on the Virginia Geriatric Education Center



Nancy Bynum

Nancy Bynum, Executive Secretary Senior, joined the Department of Gerontology, School of Allied Health Professions in December of 1998. Nancy's employment history totals 24 years of combined service at Virginia Commonwealth University and the VCU Health Care System in the area of Office Administration.

Nancy has rapidly advanced within the Department of Gerontology taking on the responsibility of administrative supervisor and office manager. Over the past three years Nancy has developed and built a strong clerical relationship and support system for the Department of Gerontology and the Virginia Geriatric Education Center. This has been done through teaching and supervising the staff in all areas of human resources, payroll, accounts payable, and

data entry. In addition, Nancy has developed a financial database and payroll grant tracking reporting system for the Gerontology Department to manage numerous grants maintained by the Virginia Geriatric Education Center. Nancy has assisted and supported the Gerontology Alumni with various fund raising activities and goals that played a vital role in creating the "Iris A. Parham Scholarship Foundation" in honor of the department's Chair in May 2001.

Nancy's latest undertaking was to request joint funding of \$28,272, from the Higher Education Equipment Trust Fund (HEETF), which was approved to upgrade the lecture-classroom located on the first floor of the Randolph Minor Annex building where the Department of Gerontology is located. This shared lecture-classroom will be upgraded to high-tech state of the art in 2002. This classroom will be designed to facilitate both in-class and video-conferencing distance learning curricula.

Nancy lives in Mechanicsville with her husband David. She loves to spend time with her family and four year old grandson.

Focus on the Virginia Center on Aging



Vanessa Wilson

Vanessa Wilson joined the Virginia Center on Aging (VCoA) in November as a Research Specialist. Her responsibilities include analyzing data and writing statistical reports for the Virginia Geriatric Education Center's telecourses, managing data collection and analysis for the Geriatric Interdisciplinary Team Training courses, and data entry for the Department of Social Services/VGEC contract to train Adult Care Residence employees. She is also contributing to the wellness segment of "More Life Left to Live: Educating Older Adults about Healthy and Unhealthy Lifestyles." In addition, Vanessa looks forward to assisting with duties relating to the Alzheimer's and Related Disease Research Award Fund.

Vanessa graduated from Virginia Tech in May 2001, earning Bachelor's degrees in both Biology and Psychology.

While attending Virginia Tech, Vanessa was a member of Phi Sigma National Biological Honors Fraternity and participated in many social and volunteer organizations. She was also an Undergraduate Research Assistant her senior year, helping to conduct a thesis study in Industrial/Organization Psychology. Vanessa hopes to begin the Master's program in Gerontology at VCU in the fall and eventually to study nutrition and disease in older adults.

Vanessa has lived in Richmond most of her life and enjoys time with friends and family, singing, exercising, yoga, trips to Virginia Tech, and planning her upcoming wedding.

Gerontology Department Socials Serve to Connect Faculty and Students

Angela G. Rothrock, MS
Sigma Phi Omega
President - Epsilon Chapter

Virginia Commonwealth University's Epsilon Chapter of Sigma Phi Omega, the national Gerontology honor society, has actively coordinated monthly departmental activities and brought faculty and students together outside of the classroom. These monthly socials serve to promote both professional and personal networking opportunities, as well as to build a cohesive

department.

This semester's activities have included dinner at Bandito's Burrito Lounge and Bottom's Up Pizza, two pot-luck socials, and two visits to All Fired Up Paint-Your-Own Pottery. Enjoy the photos on page 18. Plans are being made for the spring semester, with dinners planned for one night a month, with more activities to be added. Dates and locations can be found at <http://views.vcu.edu/sahp/gerontology> and click on "activities".

Virginia Energy Choice

The Virginia Center on Aging has been contacted by Virginia Energy Choice, a consumer education program sponsored by the State Corporation Commission (SCC), in cooperation with consumer organizations, local utility companies and competitive service providers. Virginia Energy Choice has provided us with information regarding important changes to Virginia consumers' energy bills and the way we purchase electricity and natural gas.

In brief, Virginia's energy industry is changing from a regulated monopoly, whereby one local utility company has the exclusive right to supply your electricity and/or natural gas and deliver it to your home or business, to a competitive energy market, whereby different energy suppliers will be

able to compete with one another to provide your electricity and/or natural gas, and you may have the opportunity to compare supplier offers and choose which is best for you. The change will occur over a period of several years and will depend on where you live. Some Virginians already can participate in Virginia Energy Choice.

To help consumers compare offers, energy bills will be changing beginning January 2002. The new bills will include relevant information regarding how much energy you use each month, how much you pay for the supply and delivery of electricity or natural gas to your home or business, and what price you should use to compare offers from different suppliers.

Virginia Energy Choice has developed several resources to help consumers understand the changes to the energy industry, including:

- a website,

- www.yesvachoice.com

- a toll-free number,

- 1-877-YES-2004**

- a printed consumer guide with fact sheets, price comparison worksheets, questions to ask suppliers

- a grant program for organizations interested in becoming involved in the consumer education effort

Printed materials are available free of charge via the website and toll-free number.

Implementation of a Career Exploration Program with Local Elementary to High School Students

Kathleen D. Watson, MS &
Adrienne Martin
Virginia Geriatric
Education Center

The Virginia Geriatric Education Center's 2001-2002 Kids into Health Careers programs for grades 9-12 project is gearing up for a busy and eventful year. Over 95 students signed up to participate in this year's program after a highly successful kick off/information session on September 19. This monthly program will continue through May 2002 and will begin again in the fall with all new students.

Kids into Health Careers is part of an initiative from HRSA and the Bureau of Health Professions (BHP) designed to expose students from culturally diverse and economically disadvantaged backgrounds to a variety of health careers in order to enable them to make informed choices about their futures. Goals include exposing the students to positive attitudes about the aging process and dispelling the myths of aging that hold many people back from interacting with older adults. The KIHC team hopes that this will be the first step in moving students to consider not only health careers, but also health

careers that are aging focused. One message is that with the changing demographics, most health practitioners will interact with older persons, no matter what their field is. Therefore, it is important for anyone contemplating a health career to be well informed about aging and related issues.

Thus far, students have heard about careers in the disciplines of medicine, nursing, rehabilitation counseling, and pharmacy. The speakers discuss life in their respective professions as well as the preparation and educational requirements of their professions. Also, the speakers relate what they do and see in their professions back to the myth of aging that is the subject for the month. For example, the myth for November was "To be old is to be sick". Dr. Julie Beales, a geriatrician, spoke of her focus on older patients, many of whom are in very good health and are great examples of successful aging.

Students keep a journal on every session, answering questions about what they found the most interesting and engaging, as well as what did not hold their attention. In addition, there is an exercise that the students complete at home each month. In lieu of the word "homework" the exercise is called an "Exploration". Following November's program, the students' Exploration was to interview either a health

professional or an older adult about the myth "to be old is to be sick" and to find out if the person agreed with the statement or not. Then, the student was to reflect on his or her opinion of the myth as well, comparing thoughts before hearing the speakers to those after the evening's program concluded.

In January, speakers from Occupational Therapy and Physical Medicine and Rehabilitation present to the group. January also sees the kick off of the Kids into Health Careers program aimed at students in kindergarten through eighth grade.

The K-8 program began January 9th and runs until June 2002. The VGEC is partnering with the Sacred Heart Center, a non-profit community center that serves neighborhoods in South Richmond. Andrea Cason, the Assistant Director of the center, is "excited to partner with the VGEC to offer the kids at the center the opportunity to explore health careers and hopefully spark some interest". This program will use field trips as a key learning tool, to provide the children a chance to explore various health related settings with behind the scenes and hands on approaches. Field trips already slated for the program include visits to the VCU School of Dentistry and the Occupational Therapy department.

A total of 30 students will participate in the K-8 program,

with 15 kids from K-4 and 15 from grades 5-8 forming two separate groups. This will enable each group to receive age appropriate instruction as they complete their tours.

We look forward to this program being as successful as the high school program is proving to be.

Presentations by the Department of Gerontology

Presentations by the Department of Gerontology at the Gerontological Society of America Conference Chicago, Illinois November 14-18, 2001

Poster Presentations

"Generativity Among An African American Sample: A Life Tapestry Framework".

Authors: Owens, E. A. Welleford, W. N. Lape

"Exploring Aging Related Health Careers with High School Students".

Authors: Parham, I. A., Welleford, E. A., Rothrock, A. G., Watson, K. D., Coogle, C. L., & Shivy, V.

"Defining a Typology of Health Care Error in the Transition of Care From Hospital to Home Health Care".

Authors: Cotter, J.J., Boling, P., Parsons, P., Smith, W.R.

"A Partnered Project: Multi-level Career Ladder Training for CNA".

Authors: Coogle, C.L., Parham, I.A., Owens, M.G.

"Expectant Caregivers' Participation in Home and Community-Based Care Advocacy Training".

Authors: Pyles, M. A., Coogle, C. L., & Ansello, E. F.

Paper Session

"Dementia: Prevalence, Symptoms, Functioning"

Chair: Cotter, J.J

Symposium

"Qualitative Research Interest Group Symposium:

Triangulation: Combining Qualitative & Quantitative Methodology"

Co-Chair & Presenter: Welleford, E.A.

Workshop

"Distance Learning in Gerontology"

Presenter: Cotter, J.J.

COMMONWEALTH OF VIRGINIA

Alzheimer's and Related Diseases Research Award Fund

FINAL PROJECT REPORTS FROM THE
2000-2001 ALZHEIMER'S RESEARCH AWARD FUND

UVA **James P. Bennett, Jr., M.D., Ph.D. & Christine Thiffault, Ph.D. (Dept. of Neurology)**

"Mitochondria Membrane Potential in Alzheimer's Disease"

It has been hypothesized that AD derives from dysfunctioning mitochondria in neurons, and that abnormal mitochondrial genes are ultimately responsible for these defects. The investigators utilized a reliable cell model (known as a "cybrid") that enables the abnormal mitochondrial genes of AD patients to be examined in an intact cell, and studied the biophysiology of mitochondria in these cell models. Cybrid mitochondria from non-AD subjects exhibit a cyclical loss and restoration of their membrane charge. In the presence of a fluorescent dye, this appears under the microscope like blinking lights and is called "flickering." Mitochondria inside cybrid cells made from AD patients do not flicker normally, and this funded study showed that flickering is coupled to the flow of electrons in mitochondria, down what is referred to as the electron transport chain. This is a complex group of proteins that mitochondria use to synthesize ATP, a general source of cell energy. The investigators now believe that AD mitochondria have defective coupling of electron flow to ATP formation, and this is why they fail to flicker normally. The results of this study show that mitochondrial genes in AD produce defective energetics in mitochondria. They also provide a potential means for identifying drug development targets: a drug that could restore flickering to AD mitochondria would be expected to improve this coupling of energy production. **(Drs. Bennett and Thiffault may be contacted at 434/924-8374)**

Goodwin House **Sheila Caswell, Mary A. Corcoran, Ph.D, O.T.R., & Karen Love, B.S.**

"A Staff-Developed Program to Enhance Care Quality for Residents with Dementia"

This project engaged 39 nursing home staff in designing high quality care for residents with dementia. Staff were taught to use principles of care based on the Montessori educational approach for cognitive development in children. These principles guided the staff to simplify both the physical environment and everyday activities to match the abilities of each resident. By empowering facility staff to direct an aspect of daily care, the investigators anticipated positive outcomes related to staff retention, quality of care, and caregiving self-efficacy in comparison with nine control group participants at a separate but similar facility who did not receive the intervention training. The results of inferential statistical analysis using repeated measures are discussed as they relate to administrative cooperation and commitment, a factor that is emerging in the literature to be crucial for successful staff programs. **(Ms. Caswell and colleagues may be contacted at 703/824-1167)**

EVMS **Barbara Freund, Ph.D., R.N. (Glennan Center for Geriatrics and Gerontology)**

"Use of the Clock Drawing Test as a Screen for Declining Driving Competency in Cognitively Impaired Older Adults"

The primary purpose of this study was to determine if the onset of declining driving ability can be predicted by the Clock Drawing Test (CDT), a rapid, simple clinical measure of executive functioning in older adults with cognitive impairment. A secondary purpose was to compare simulated driving performance with actual on-road driving performance. Twenty nine men and women, aged 65 and older, completed the CDT and a simulated driving test. In addition, nine of these subjects were randomly selected to complete an on-road driving test. The findings demonstrate that the CDT is a useful screen for driving competency, even among participants with only mild cognitive impairment. Results further suggest that high fidelity driving simulation is a sensitive method to objectively evaluate driving performance and may be a valid alternative to on-road testing. The results support the use of the CDT by clinicians interested in determining when patients should be referred for driving evaluation. **(Dr. Freund may be contacted at 757/446-7040)**

VCU/MCV Mohammed Kalimi, Ph.D. (Dept. of Physiology)

"Amyloid Beta Protein-Induced Hippocampal Cell Death: Mechanism of Action"

Amyloid beta protein (A beta) is known to mediate the neurotoxicity and inflammatory responses associated with AD. It is also a major constituent of the plaque formation that is characteristic of AD. Yet the precise cellular and molecular mechanisms by which amyloid beta protein induces neuronal cell death and injury have yet to be determined. The results of this study suggest that pretreatment with the neurosteroid, pregnenolone, or the estrogen antagonist drug, tamoxifen, protects HT-22 cells against A beta-induced cell death. Second, treatment with A beta resulted in enhanced nuclear localization of glucocorticoid receptors (GR) in clonal mouse hippocampal HT-22 cells as compared to control untreated cells (or pregnenolone- or tamoxifen-alone treated cells). Interestingly, prior pregnenolone or tamoxifen treatment followed by A beta resulted in dramatic reduction in GR nuclear localization. In addition, using pharmacological and biochemical approaches, the investigators showed that A beta-induced hippocampal cell death is mediated, in part, by the activation of protein kinase C (PKC), activation of mitogen-activated protein kinase (p38 MAPK), and modulation of inducible nitric oxide synthase (iNOS). **(Dr. Kalimi may be reached at 804/828-9500)**

VCU/MCV Elizabeth O'Keefe, M.D., Pamela Parsons, G.N.P., & Peter Boling, M.D. (Department of Internal Medicine) "Percutaneous Endoscopic Gastrostomy (PEG) for Nutritional Support in Persons with Advanced Dementia and Feeding Difficulties: Do the Outcomes Fulfill the Expectations of the Decision-Maker?"

Eating difficulties are common in advanced dementia and family members may be faced with the difficult decision of whether to artificially maintain nutrition, which is usually done through a tube placed directly into the stomach by means of a PEG. Recent literature suggests that tube feeding rarely prolongs life, improves nutrition, or makes the patient any more comfortable, yet advanced dementia is still a major indication for PEG placement in Virginia. This study was designed to gain further insight into why the decision is made to place a PEG by interviewing the responsible family member (decision-maker) at the time of PEG placement and three months later. Results indicate that the majority of decision-makers expected tube feeding to prolong life, improve nutrition, decrease aspiration and improve comfort, and most hoped it would improve quality of life (QOL). Although the overwhelming reason given for PEG placement was to keep the patient alive, only 50% of patients survived three months. The decision-makers of the survivors stated that their expectations had largely been met. Subjective improvement in QOL was reported, but little evidence was offered to substantiate this. The investigators conclude that PEG placement in advanced dementia is largely a matter of treating the family, rather than the patient, and raise questions about whether this is ethically justified. **(Dr. O'Keefe and colleagues can be reached at 804/828-5323)**

VA Tech Sherry Schofield-Tomschin, Ph.D. & Anna Marshall-Baker, Ph.D. (Dept. of Near Environments) "Tactile and Visual Stimuli in Alzheimer's Care Units: Incorporating Quilts in the Living Environment"

Careful design planning in facilities for individuals with Alzheimer's disease and other forms of dementia can provide environments beneficial to the well-being of residents. Important components in therapeutic settings are objects that provide cultural meaning, are stimulating to the touch, or reminiscent of things familiar in their previous homes. The purpose of this study was to examine the behavioral impact of hanging quilts in the public areas of Alzheimer's care facilities. The investigators were interested in determining if residents with AD would interact physically with the quilts or exhibit altered wandering behavior because of their interest and engagement with them. A modified behavioral mapping technique was employed in two facilities that differed in the amount of visual and textile stimuli available to the residents. The addition of quilts had little impact at the environmentally rich site, but had a dramatic affect in the facility that was previously poor in visual and tactile stimuli. The quilts needed to be vertically lowered to be in the viewing plane, however, in order to achieve significant interest and interaction. Wandering behaviors were only modified to include the quilt manipulations into normal wandering patterns, and exiting behaviors were not diminished. This study, the first in a series to identify more fully appropriate components of the physical environment that can enhance quality of life, has implications for other types of stimulating or culturally meaningful objects in long-term care facilities. **(Drs. Schofield-Tomschin & Marshall-Baker may be contacted at 540/231-3250)**

COMMONWEALTH OF VIRGINIA

Alzheimer's and Related Diseases Research Award Fund

CALL FOR APPLICATIONS

THE VIRGINIA CENTER ON AGING
VIRGINIA COMMONWEALTH UNIVERSITY

Purpose: The Commonwealth of Virginia established the Award Fund in 1982 to promote research into Alzheimer's and related diseases. Because of a commitment to program balance, the Fund encourages scientifically rigorous applications from a broad spectrum of disciplines. Studies may involve:

- (1) the underlying causes, epidemiology, diagnosis, or treatment of Alzheimer's and related diseases;
- (2) policies, programs, and financing for care and support of those affected by Alzheimer's and related diseases; or
- (3) the social and psychological impacts of Alzheimer's and related diseases upon the individual, family, and community.

Funding: The size of awards varies, but is limited to \$25,000 each. Number of awards is contingent upon available funds.

Eligibility: Applicants must be affiliated with colleges or universities, research institutes, or other not-for-profit organizations located in Virginia. The Fund encourages partnerships between community-based agencies/facilities and academic institutions.

Schedule: We request a non-binding letter of intent with tentative title, non-technical abstract, and a 4-5 sentence description of the project in common, everyday language for press release purposes by March 6, 2002. Applications will be accepted through April 1, 2002, and applicants will be notified by June 21, 2002. The funding period begins July 1, 2002 and project must be completed by June 30, 2003.

Review: Proposals will be reviewed for scientific merit by three qualified technical reviewers, one of whom is identified by the applicant. The Awards Committee will make the final funding decision.

Application: Application forms, guidelines, and further information may be obtained on the World Wide Web (<http://views.vcu.edu/vcoa/ardraf.htm>) or by contacting:

Constance L. Coogle, Ph.D.

Alzheimer's & Related Diseases Research Award Fund

Virginia Center on Aging

P. O. Box 980229

Richmond, Virginia 23298-0229

Phone: (804) 828-1525

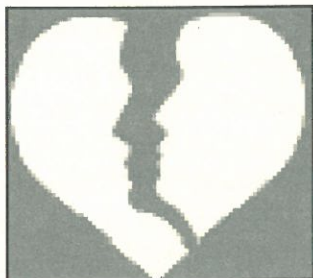
Voice Mail: (804) 278-2283

FAX: (804) 828-7905

E-Mail: ccoogle@hsc.vcu.edu

Validation Therapy Practitioner Program

Angela G. Rothrock, MS
Virginia Geriatric
Education Center



The Virginia Geriatric Education Center (VGEC) is working with Naomi Feil, who developed Validation, and her daughter Vicki de Klerk-Rubin in providing people in the field of healthcare a way of reaching disoriented older adults.

What Is Validation?

Developed from 1963 to 1980 by Naomi Feil, M.S.W., A.C.S.W., it is a tested method that helps older disoriented people reduce stress, enhance dignity and happiness. It is accepting the feelings of another person. It is reaching out with empathy to the person with memory impairment. It is a technique which may help to restore one's dignity.

Who Needs Validation?

Individuals diagnosed with Alzheimer's and related disorders who are disoriented in the later stages of life may benefit.

How can I become a Validation Practitioner?

The VGEC is offering a five block workshop (cost \$1000) taught by Vicki de Klerk-Rubin that will certify attendees as Validation Practitioners. The workshop will be held in Richmond. Once certified, a Validation Practitioner will be able to: practice individual Validation, give short presentations of Validation for small groups, and provide support to interested people.

Block One: February 8 & 9, 2002

Basic Validation Theory and Beliefs, Stages and Techniques Erickson's Stages and Stage One: Malorientation. How to begin with Validation. Assignments with Stage One Clients.

Block Two: April 12 & 13, 2002

Stage Two: Time Confusion with demonstration and practice. Discussion of experiences. Assignments with Stage Two Clients.

Block Three: July 11 & 12, 2002

Stage Three: Repetitive Motion with demonstration and practice. Discussion of experiences. Assignments with Stage Three Clients.

Block Four: September 13 & 14, 2002

Stage Four: Vegetation with demonstration and practice. Discussion of experiences. Assignments with Stage Four Clients.

Block Five: December 6 & 7, 2002

Written test and practical demonstration of Individual Validation

For more information or to register for the program contact Angela G. Rothrock, MS, Virginia Geriatric Education Center, an Authorized Validation Organization at (804) 828-9060, Fax: (804) 828-7905, or email at arothroc@vcu.edu

Age in Action seeking Submissions!

If your agency or organization is sponsoring an event or has information to share with others in the field of aging, please submit your information to the Editor at (804) 828-1525 or fax to (804) 828-7905.

Dominion Virginia Power Sponsors Gerontology Student Scholarships

The Virginia Association on Aging (VAA) is a statewide not-for-profit inclusive membership organization which advocates for improvement in the quality of life of older Virginians and their families, and which strengthens collaboration among gerontological professionals, volunteers, and students across the Commonwealth through education, research, practice, and networking. Every year VAA presents awards to exemplary individuals in the field of gerontology.

Awards are made to one person in each of the following categories: doctoral student, master's student, certificate student, educator, and volunteer. The 2001 awards were presented at the Governor's Conference on Aging on October 16th. This year, Dominion Virginia Power generously sponsored the three student awards; VAA is honored by their generosity. This year's winners are presented below.

Outstanding Doctoral Student (\$1,500 - sponsored by Dominion Virginia Power) *Lisa Artale, Doctoral Student in Human Development at Virginia Tech.*

Ms. Artale is conducting her dissertation research in Denver at the Department of Health Care, Policy, and Financing in

the program integrity unit. She is addressing incidence of fraud and abuse in the Medicaid system with hopes of developing a better method for detecting instances of fraud and abuse. She expects to finish her Ph.D. next year.

Outstanding Master's Student (\$1,000 - sponsored by Dominion Virginia Power) *La'Quina Fulton, Master's Student in Gerontology at Virginia Commonwealth University.*

Ms. Fulton is pursuing a master's in gerontology with a track concentration in Public Policy and Administration. She completed her undergraduate work at the University of South Carolina where she was a Dobson Scholar, an endowed scholarship devoted to recognizing students committed to serving older adults. She currently works at the Virginia Geriatric Education Center as a Research Specialist where she organizes the Geriatric Health Professionals Mentoring Program. She also works as a social worker at the Masonic Home of Virginia. La'Quina states, "My inspiration, thirst for knowledge, and willingness to serve have been molded by my grandparents, educators, and fellow peers to learn all that I can in the field of aging." She aspires to the Presidential Management Internship in Washington DC where she would like to be placed as an intern with the Administration

on Aging.

Outstanding Certificate Student (\$500 - sponsored by Dominion Virginia Power) *Dee Caras, Certificate of Gerontology Student at Virginia Commonwealth University.*

Ms. Caras has worked for several years at a continuing care facility, which proved influential in her current pursuit of a graduate certificate in gerontology. Ms. Caras states, "what strikes me most is not so much the impact I have had on the home and those residing there, but rather the profound impact this association has had on me. I now recognize that my role in their lives is to serve merely as the vehicle that will enable them to realize their own potential." Dee plans to focus her career on wellness through building and retaining physical and mental functioning, perhaps through education of caregivers and care-recipients with a focus on prevention.

Outstanding Educator Award (\$300) *Dr. Iris Parham, Department of Gerontology at Virginia Commonwealth University.*

Dr. Parham has served at VCU since 1977. She has received a number of high honors and awards, including VCU's highest faculty honor, and has considerable success in securing federal funding. She serves as a Fellow for both the GSA and the AGHE. Renee Kube nominated Dr. Parham, writing, "Dr. Parham takes a

keen interest in students' progress and meets with each to discuss academic work and career goals. She is caring, supportive, and practical. We alumni benefit daily, both professionally and personally, from the education and encouragement we received from the department's dedicated faculty and its exemplary, excellent chair."

Outstanding Volunteer Award (\$300) Hattie Shocket, Jewish Family Services of Richmond.

Mrs. Shocket visits Barbara Patterson, who is legally blind, weekly for two hours. As a friendly visitor, Mrs. Shocket reads the mail, pays the bills, files papers, writes letters under her client's dictation, takes her to medical appointments, the grocery store, and even to meet with her lawyers. According to the nominating letter for Mrs. Shocket, "This client could not have functioned these last 10 years without her friendly visitor who has become her sight. Mrs. Shocket has made it possible for her client to handle her personal affairs while living safely and comfortably at home."

Congratulations to each of this year's winners and thank you to Dominion Virginia Power for their invaluable support of the VAA awards.



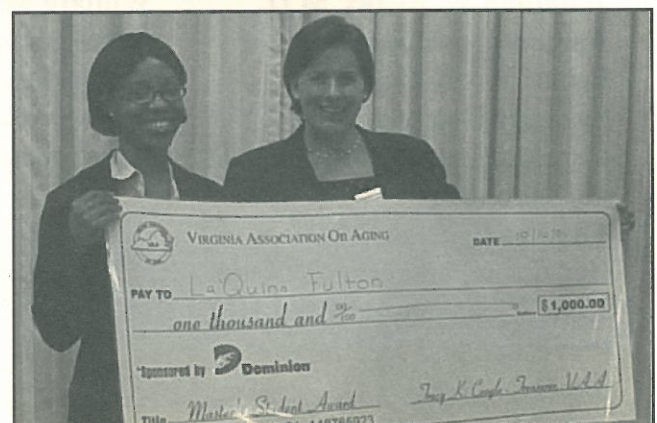
(left to right)
Dr. Iris Parham - Educator of the Year, La'Quina Fulton - Master's Student of the Year, Dee Caras - Certificate in Aging Student of the Year

Dee Caras receives her award from VAA President, Kim Smith



Dr. Iris Parham receives her award from VAA President, Kim Smith

La'Quina Fulton receives her award check from Shannon Jarrett



13th Annual Virginia Geriatrics Conference

The 13th Annual Virginia Geriatrics Conference will be held March 15-17, 2002 at the Homestead in Hot Springs, Virginia. Sponsored by the Virginia Geriatrics Society and the Virginia Geriatric Education Center, the conference is designed to provide participants with information that will improve the care of geriatric patients at the clinical level. Approval to provide Continuing Medical Education credit for physicians, nurses, and pharmacist is pending.

The registration fee of \$395 includes tuition, program materials, CME credits, and daily continental breakfast. For additional registration information, please contact:

Desiree Hodges, Program Coordinator
McGuire VA Medical Center (181)
121 Broad Rock Blvd.
Richmond, VA 23249
(804) 675-5076

Friday, March 15, 2002

Mark Williams, M.D.
What's New in Geriatrics
Douglas N. Cutter, M.D.
Sports Medicine for the Geri-
athlete
Thomas P. Bleck, M.D.
Infectious Dementias
Mary D. Nettleman, M.D.
Guidelines for the Older
Traveler
Franklin J. Zieve, M.D., Ph.D.
Update on the Management of
Lipid Disorders
Jonathan W. Evans, M.D.
Approach to Management of
Behavior with Dementia
Suzanne Holroyd, M.D.
Developments in the Treatment
of Depression
Thomas P. Bleck, M.D.
Update on Parkinson's Disease
Janet McElhaney, M.D.
Prevention and Treatment of
Stroke

Saturday, March 16, 2002

**Patty Slattum, Pharm.D.,
Ph.D., CGP**
Drug Use in Older Adults
Thomas Mulligan, M.D.
Update on Hormone
Replacement Therapy
**Anton C. Schoolwerth, M.D.
M.S.H.A.**
Prevention and Treatment of
Kidney Failure
Thomas Mulligan, M.D.
Constipation and Fecal
Impaction
William M. Pandak, M.D.
New Insights into GI Diseases
Marjorie Scott, M.D.
What Every Clinician Needs to
Know about Dermatology

Sunday, March 17, 2002

Eric S. Jacobson, M.D.
Biological and Chemical
Warfare
Laurie Jean Lyckholm, M.D.
Physician-Assisted Suicide
Denise D. Lester, M.D.
Pain Management: Staying on
the Right Side of the Law
F. Michael Gloth, M.D.
Quality of Death

**Virginia Commonwealth University
Department of Gerontology
Spring 2001 Courses**

12261 002	GRTY 410	Introduction to Gerontology 11:00 - 12:15	Welleford	Tues & Thurs. Busns 2114
12263 901	GRTY 601	Bio & Phys. Aging 5:00 - 7:40 p.m.	Harkins	Wednesday Sanger
15857 901	GRTY 608	Advanced Topics in Problems, Issues and Trends 6:00 - 8:40	Cotter	Thursday Lyons
15856 901	GRTY 612	Rec. Leisure & Aging 6:00 - 8:40	Osgood	Thursday Randm
12271 901	GRTY 638	Long-Term Care Admn. 7:00 - 9:40 p.m.	Rachel/ Sluga	Tuesday Lyons
12272 901	GRTY 641	Survey of Psyc Asses & Trmt 6:00 - 8:40pm.	Wood	Tuesday Randm
12274 901	GRTY 691	Top Sem: Research & Methods II 6:00 - 8:40 pm	Owens	Monday Lyons
12269 901	GRTY 607	Field Study in Gerontology	Parham	TBA
12273 901	GRTY 642	Practium in Clin Geropsychology	Parham	TBA
VIDEO CLASSES				
12265 001	GRTY 604	Problems, Issues & Trends in GRTY	Cotter	
15858 001	GRTY 601	Bio. & Physio Aging	Harkins	
INTERNET CLASS				
16939 C90	GRTY 410	Introduction to Gerontology	Welleford	TBA

For information regarding these courses, the registration process, or the gerontology program, please contact the VCU Department of Gerontology at
(804) 828-1565

Calendar of Events

January 22, 2002

Legislative Breakfast. Annual gathering sponsored by the Virginia Center on Aging to report to the General Assembly and colleagues. 7:30 am, St. Paul's Episcopal Church, Richmond. For info contact (804) 828-1525

February 28-March 3, 2002

Teaching and Learning about Aging through Interdisciplinary, Intergenerational, and International Programs. The 28th Annual Meeting of the Association for Gerontology in Higher Education. Hilton Pittsburgh and Towers, Pittsburgh, PA. For more info go to www.aghe.org/anmeetinfo.htm

March 25-26, 2002

Virginia Guardianship Association 11th Annual Conference. Omni Hotel, Charlottesville. For more info contact (804) 828-9622 or email mutterba@hsc.vcu.edu

April 1, 2002

Alzheimer's and Related Diseases Research Award Fund (ARDRAF) Final Due Date for Proposals. For more info see our website: <http://views.vcu.edu/vcoa/ardraf.htm>

April 30-May 1, 2002

Virginia Elder Rights Coalition, 2nd Annual Conference. Holiday Inn Central, Richmond. For more info contact V4A at (804) 644-2804 or VCoA at (804) 828-1525

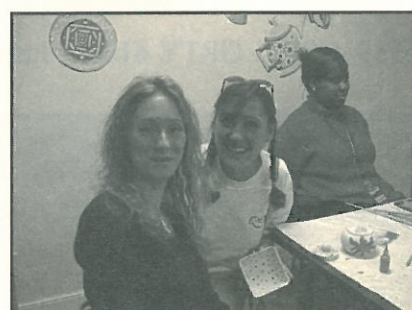
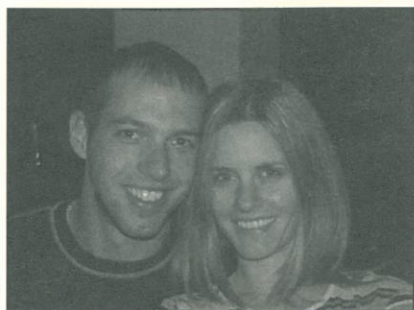
April 11-12, 2002

The Golden Years and Abuse: Working Together to Improve Services and Promote Independence. Edwin W. Monroe AHEC Conference Center, Greenville, NC. For info contact the Family Violence Program at (252) 758-4400, smunzer@pittfvp.org or Eastern Area Health Education Center at (252) 816-5215

July 20-25, 2002

8th International Conference on Alzheimer's Disease and Related Disorders. The conference will be held in Stockholm, Sweden. For more info go to <http://www.alz.org/internationalconference/program/plenary.htm> or email internationalconference@alz.org

Sigma Phi Omega Socials



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at Virginia Commonwealth University,
Richmond, Virginia.

views.vcu.edu/vcoa

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Virginia Geriatric Education Center

in the School of Allied Health
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www.aging.state.va.us

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Healthy Elderly Volunteers Needed Men & Women Non-smokers

The MCV/VCU School of Pharmacy is looking for healthy elderly volunteers to participate in a clinical research study involving two currently marketed drugs, physostigmine and scopolamine. The study will investigate the effects of these drugs on the brain, heart and saliva flow.

You may qualify for the study if you:

- Feel healthy
- Are 65 years of age or older
- Are willing to spend two nights (2) and one (1) day on four (4) separate occasions (total of eight nights and four days) at MCV Hospital

Volunteers will receive up to \$800.00 for participating in the study. For more information on the study or to see if you are qualified for the study, please contact Dr. Angela Men at 828-5429. The study is under the supervision of Jürgen Venitz, M.D., Ph.D.

Virginia Commonwealth University is an equal opportunity/affirmative action institution and does not discriminate on the basis of race, gender, age, religion, ethnic origin, or disability. If special accommodations are needed, please contact Dr. Edward F. Ansello, VCoA, at 804/828-1525 or Dr. Iris A. Parham, VGEC, at 804/828-1565.



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