



The Duke University Center for the Study of Aging and Human Development
and the Claude D. Pepper Older Americans Independence Center present



the Center Report

Annual Research Retreat Was Well Attended

The Annual Duke Research Retreat on November 30, 2018 was well attended with over 25 posters displayed.

Tyson Brown, PhD, gave a talk on *Ethnoracial Health Disparities among Older Adults: Life Course and Stress Processes*. Kenneth Schmader, MD, gave a talk on *A New Era in Vaccine Science in Older Adults: The Case of the Recombinant Zoster Vaccine*. Mitch Heflin, MD, and Sandhya Lagoo-Deenadaylan gave a talk on The Perioperative Optimization of Senior Health (POSH) Program. An engineering aging panel gave talks on their research.



Maddox awardees: Seaman (on right) and Zietlow (on left)

Continued on page 2



EDITORIAL How Can We Prevent Intergenerational Conflict?

As the baby boomers enter old age, there has been increasing concern that old-age entitlements such as Social Security, Medicare, and Medicaid may consume so much of our federal budget that younger people may revolt against the increasing costs of these programs, leading to major intergenerational political conflict. So far, the United States have been remarkably free of such conflict. Older people have not formed a substantial voting block despite the lobbying by the AARP, the

National Council for Senior Citizens, and other organizations designed to protect and enhance the welfare of older Americans.

However, there are some conflict clouds threatening on the horizon. This is reflected in concerns about “Death Panels,” “Pulling the Plug on Granny,” and rationing health care for seniors. Such concerns may tend to solidify a “gray bloc” of voters. On the other side, concerns with the mounting national

debt and deficit spending may call for drastic reductions in old-age entitlements.

There are a number of ways to reduce the future costs of old-age entitlements that have been discussed over the years, as well as ways to increase revenue for these programs. The key seems to be first, develop a consensus that such changes need to be done, and second, introduce the changes gradually so that they do not disrupt plans and the economy. ■

*The opinions in this editorial are those of the editor and do not necessarily reflect Center policy.

Annual Research Retreat Was Well Attended (continued)

Maddox Scholars Reports

The George Maddox, PhD, awards were presented to Kendra Seaman and Kahli Zietlow.

Kendra Seaman said recent research has shown that compared to younger adults, older adults have a tendency to accept more positively-skewed risks (small chance of a large gain) than other types of equivalent monetary gambles. According to her, “We call this propensity an age-related positive-skew bias. However, it is unclear whether these results generalized to decisions about other, non-monetary risks. Specifically, do older adults display the same bias when considering health-related risks? I will use the Maddox awards to plan and conduct pilot studies examining this question”. The award will be used to fund a visit to work in the laboratory of Corinna Löckenhoff, an expert in aging and health-related decision making. The

goal of this visit to Cornell University will be to adapt existing financial decision-making tasks to the health domain. Remaining funds will be used to collect pilot data for a grant on health-related incentive processing and decision making.

Kahli Zietlow said that her project is a pilot study to describe the prevalence of cognitive impairment, incapacity, and their relationship in older adults presenting for elective surgery. Older adults have a high burden of cognitive impairment, which is correlated with impaired capacity to consent for medical-decision-making. This presents challenges when considering how best to consent older adults for surgery. There is a paucity of literature exploring how capacity is approached in the preoperative setting. Formal assessment is time-consuming and not feasible to perform on all patients in a busy preoperative clinic.

Summary of Heflin/Lagoo-Deenadaylan Report on POSH

Perioperative Optimization of Senior Health (POSH) is an integrated care model between surgery, anesthesia, and geriatrics. Patients presenting for POSH pre-operative appointments are eligible for inclusion. Participants will undergo cognitive testing with the MOCA and Independent Living Scale (ILS). The ILS primarily assesses executive function and judgement. Capacity to consent for upcoming surgery will be assessed using the MacArthur Competence Assessment Tool for Treatment (MacCAT-T). The MacCAT-T evaluates ability to understand, appreciate, reason, and express a choice, to aid clinicians in making a capacity determination. Based on results, we hope to identify cut scores for these instruments to understand when a more thorough capacity assessment is indicated. ■



Cohen To Step Down As Director

The following is an announcement from Mary Klotman, MD, Dean, Duke University School of Medicine:

Harvey Cohen, MD, director of the Duke Center for the Study of Aging and Human Development, has informed me that he plans to step down from his role as director of the Center on June 30, 2019. Heather Whitson, MD, MHS, will succeed Dr. Cohen as director.

I want to thank Dr. Cohen for his visionary leadership of this Center for the past 36 years. During his tenure, Dr. Cohen, the Walter Kempner Professor of Medicine and chair emeritus of the Department of Medicine, founded and led the Geriatric Research, Education and Clinical Center at the Durham VA and the Geriatrics Division at Duke. Under his leadership, Duke was designated as a Hartford Foundation Center of Excellence in Geriatrics and received funding from the National Institute on Aging (NIA) to establish one of the first Geriatrics Research and Training Centers, and subsequently a Claude Pepper Older Americans Independence Center which Dr. Cohen led for over 25 years. The Center has been funded by a T32 training grant continuously for over 30 years and has educated and trained the nation's leading experts on aging. Its

postdoctoral research training program has graduated more than 200 scholars, and the Geriatric Fellowship program has graduated more than 113 geriatricians. The Center has been consistently rated among the top five academic programs in aging nationally. Dr. Cohen will continue in his faculty roles as investigator and mentor.

Dr. Whitson is an internist, geriatrician, and clinical investigator. She is an Associate Professor with Tenure in the Departments of Medicine and Ophthalmology and currently serves as deputy director of the Duke Center for the Study of Aging and Human Development. She is a research physician in the Durham VA's Geriatrics Research Education and Clinical Center. Her research agenda seeks to improve health and resilience for older adults with multiple chronic conditions, with a special focus on the interface of sensory and cognitive health. Dr. Whitson leads the Pilot and Exploratory Studies Core of the Duke Claude D. Pepper Older American Independence Center. She leads and co-leads numerous others studies and national research initiatives. In recognition of her contributions to

geriatrics research, Dr. Whitson was awarded the 2018 American Geriatrics Society Thomas and Catherine Yoshikawa Award for Outstanding Scientific Achievement in Clinical Investigation.

Please join me in thanking Dr. Cohen for his many years of service to Duke University and the School of Medicine and congratulating Dr. Whitson on her new role as director, effective July 1, 2019. ■

the Center Report

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SLOGAN FOR THE DAY:
How Dare You Think I'd Rather Be Younger?



FEATURED STAFF: The Duke Family Support Program (DFSP)

Welcome to our first installment of articles focusing on staff. Over the past few years we have highlighted a number of very successful faculty conducting their research through the Aging Center. However, we also know that successful programs require dedicated, competent staff. While usually working quietly in the background, staff nonetheless are a major building block for thriving programs and research activities. We are proud to highlight our staff in this and future articles.

The Duke Family Support Program (DFSP) started in 1980 with Lisa Gwyther, a social worker and an Associate Professor in the Department of Psychiatry and Behavioral Sciences. Lisa recognized the gaps in services for those struggling with neurocognitive disorders like Alzheimer's disease and other dementias. Since 2011, the DFSP expanded from

two to four compassionate staff members and a wider range of programs.

The DFSP is an integral part of Project CARE, a state-level program, which provides in-home consulting, education, support, and respite options for those caring for adults with dementia in North Carolina. The Program also offers an 8-week early stage program called Memory Makers for those who have recently been diagnosed and their care partners, a Look, Listen and Lunches Reflections program at the Nasher Art Museum, and a What's Next program for families whose disease has progressed to moderate or severe stages. Through a contract with Duke Human Resources, the staff members also provide free confidential consultation services to Duke employees with concerns about aging relatives.



Bobbi Matchar
Director of the DFSP

Because the work they do is so extensive, the team members have seamless communication and are always aware of each other's work. Bobbi Matchar, who recently became the Director of the DFSP, says each of the members on staff wear many hats.

"We are a staff of four social workers and there isn't a task any of us won't do. It is important to me that there's nothing that only one person knows, so that if that one person is sick or on vacation, at least two of us know how to do everything. That is something I've worked hard to encourage in the past few years."

Bobbi believes that the team's constant communication is fundamental to their success, and enjoys going to work every day because of how well the team works together.



The Duke Family Support Program (DFSP)

Continued on page 5



Natalie Leary
Social Worker

Natalie Leary is a social worker on staff at the DFSP who spends the most time with Project CARE, providing care management and funds to award respite vouchers. Natalie is the first point of contact, triaging calls from Project CARE families. She does an initial telephone assessment of the situation and determines how to move forward from there, often using home visits to get a better understanding of the situation.

Natalie also helps facilitate the Early Stage and Beyond community programs, which includes Memory Makers, the 8-week educational support group for early stage memory loss. She provides help for three additional support groups: the Daughters' Caring for Aging Relatives Group, the Evening Dementia Family Caregiver Group, and a group for individuals living with memory change and their care partners. In addition to her work with the support groups, Natalie coordinates the Nasher Art Museum Look, Listen and Lunch program, a monthly program for people involved in the DFSP community, offering a free guided tour of the Nasher Art Museum with live music in the gallery or a hands-on art



Janeli McNeal
Team Social Worker

project related to each tour's theme. Natalie also writes the DFSP e-news, a monthly newsletter offering new ideas, tips, research opportunities, and updates about neurocognitive diseases emailed to families on the DFSP mailing list.

Janeli McNeal is a team social worker who answers phone and email requests from family or professional caregivers about diagnosis and support services. Janeli co-facilitates the Memory Makers group and works with Project CARE families.

Janeli has a clinical role as well, collaborating with doctors and physician assistants at Duke Neurology. She helps with family education and bridges families to resources, offering help with adaptation to and understanding of a new diagnosis. She helps families manage symptoms and reduce the negative effects of symptoms on daily life. Janeli also assists patients with disability applications, Family Medical Leave Act forms, and legal matters.

Recently, Janeli began assisting with cognitive assessments, although her work ranges from direct practice with

clinic patients to more macro work with legislation and programs addressing community needs. Both Janeli and Natalie speak Spanish and are able to assist our Spanish-speaking population.

Their Journey to the DFSP

Each team member had a different journey to her roles at the Duke Family Support Program, but their passion for working with older adults remains a consistent theme. Natalie was inspired by her parents' care for her grandparents. Natalie saw the value of family care firsthand and it led to her interest in aging and end of life care. She decided to pursue a Master's in Social Work and interned at the DFSP before joining the team full time.

Janeli's decision to work in geriatrics followed an undergraduate mission trip to India. She and ten other women experienced the effects of the broken health-care system of Chennai and Mumbai. She vividly remembers the slum-like healthcare facilities and the shortage of basics like adequate clothing. She realized then that while most young people prefer work with youth, she would find her niche in serving older adults.

Challenges

Staff work in the DFSP is undoubtedly difficult. The broad scope of services cannot be sustained without external funding. Much of the funding comes from the North Carolina Department of Health and Human Services through the Division of Aging and Adult Services. Bobbi says that they look primarily to grants and the generosity of donors to sustain local program growth. Another staff challenge is to constantly seek new

Continued on page 6



FREQUENTLY ASKED QUESTIONS* Are Older People More Depressed?

"The older we get, the fewer things seem worth waiting in line for." – Anonymous

Depression is among the most common complaints of older adults. However, the good news is major depressive disorders (not counting bereavement) are less than half as prevalent among persons over 65 as in the general population. It appears that most

older adults have learned how to "look on the bright side" and not let the vicissitudes of aging make them clinically depressed. They have learned to expect and accept the various problems of aging as part of living.

However, it is true that because depression is easily confused with other conditions, such as dementia and hypochondriasis, depressed adults are often undiagnosed. ■

*Adapted from Palmore, *Older Can Be Bolder*. Amazon, 2011.

FEATURED STAFF: The Duke Family Support Program (DFSP) (continued)

ways to reach more families who could benefit from the Program's education and service programs.

Staff must not become disheartened by the limitations of treatment and prevention for dementia. Janeli says they are often encouraged by the relief experienced after a family has been helped to understand the symptoms of the disease and what helps. Labeling the issues, and knowing they are not alone, helps families move forward and use community supports.

Impact

The Duke Family Support Program staff have daily reminders that their work matters. Individuals become part of a community give-and-take, acknowledging hardships and celebrating triumphs that come with the diagnoses. Natalie

points out that she witnessed numerous new friendships blossom into supporting relationships, where individuals help each other through the "ups and downs and the unknowns that come with memory change." Lasting communities and helpful relationships emerge. This impact on community-building has been Natalie's favorite part of her job.

This community impact affects all staff. Janeli emphasizes the delicate balance between being part of and leading the community toward advocacy, reducing stigma affecting persons with memory disorders and their families. Constant community feedback and the staff's public awareness educational programs assures the team continues to address changing needs and preferences in ways that are lasting and most valuable.

Future

Bobbi has truly enjoyed growing the Early Stage and Beyond Community for the past six years, and aims for more growth in other services. She stresses the significance of outreach, after hearing from many people who wish they had known about the remarkable DFSP program services earlier. DFSP staff are eager to continue to be the "go to" community experts on responding to changes in memory and thinking. That's good news for NC families. ■



Fellows and Students Present Research at GSA Meeting

Center on Aging fellows and students presented over 43 posters, papers or participated in symposia at the Gerontological Society of America Annual Scientific Meeting in Boston, MA, during November 14-18. The theme of the meeting was “The Purposes of Longer Lives.” The following are the authors, titles, and conclusions of these presentations (listed in alphabetical order of first author).

K. Arbeev, O. Bagley, S.V. Ukraintseva, B. Thyagarajan, J.M. Zmuda, J.H. Lee, K. Christensen, A.I. Yashin presented “GENETICS OF CUMULATIVE MEASURE OF PHYSIOLOGICAL DYSREGULATION: EVIDENCE FROM LONG LIFE FAMILY STUDY.” Conclusions: Our findings provide evidence that dynamics of Distance Measure represents an additional important predictor for mortality among older adults.

I. Akushevich, J. Kravchenko, A. Yashkin, A. Yashin presented, “MULTIMORBIDITY TIME TRENDS AMONG OLDER U.S. ADULTS.” Conclusions: although individuals who reach age 65 in 2013 can expect to live longer than their counterparts from earlier birth-cohorts, this increase in longevity is accompanied by higher levels of multimorbidity and an increased role of diseases previously overshadowed by the effects of high-impact cardiovascular conditions.

I. Akushevich, A. Yashkin, J. Kravchenko, A. Yashin presented “EFFECTS OF LIFESTYLE, SOCIOECONOMICS, AND AGE-RELATED DISEASES ON RISK OF ALZHEIMER’S DISEASE AND OTHER DEMENTIAS.” Conclusions: links between the distinct differences in comorbidities, behavioral and socioeconomic factors can predict the risk for AD/ADRD.

A. Bardo, S. Lynch presented: “COGNITIVE AND HAPPY LIFE EXPECTANCY ACROSS THE U.S.: A LIFE COURSE PERSPECTIVE.” Conclusion: Findings include that happy life expectancy exceeds cognitive life expectancy substantially for persons in all birth and current region combinations, and that life-long midwesterners and northeasterners live the greatest proportion of their remaining lives happy and cognitively unimpaired compared to persons from, and living in, other regions.

C. Barker, T. Brown, M. Hauser, R. Thorpe, K. Whitfield presented “COPING AS A PREDICTOR OF HEALTH AMONG AFRICAN AMERICAN SIBLINGS.” Conclusions: there may be dimensions of religious coping that are learned from being in



same family and that education is important for understanding health in African Americans.

D. Belsky presented “HOW ARE EXPOSURES THAT SHORTEN HEALTHSPAN RELATED TO GENOMIC QUANTIFICATIONS OF BIOLOGICAL AGING?” Conclusion: Findings reveal marked differences across telomeres, several epigenetic clocks, and gene-expression measures of biological aging.

D. Belsky also presented “QUANTIFICATION OF BIOLOGICAL AGING FOR TESTING GEROPROTECTIVE INTERVENTIONS: EXPOSURES THAT SHORTEN HEALTHSPAN”. Conclusions: findings show modest differences between measures of biological aging in prediction of functional and mortality outcomes, but marked differences in sensitivity to social and health-behavior exposures known to shorten healthspan.

N. Boucher, J.H. Bull, S.H. Cross, C. Kirby, J. Kelly David, D.H. Taylor presented “ACCEPTABILITY OF AN INNOVATIVE PALLIATIVE CARE MODEL: HEALTHCARE CONSUMER AND FEDERAL TAXPAYER VIEWS.” Conclusions: Focus groups indicated the model sounded promising, but likely difficult to enact in our current system.

Continued on page 8

Fellows and Students Present Research at GSA Meeting (continued)

N. Boucher, K. Steinhauer, K. Johnson presented “VA STAFF VIEWS ON THE ROLE OF RELIGIOUS/SPIRITUAL SUPPORT FOR OLDER VETERANS WITH ADVANCED ILLNESS.” Conclusions: The findings have implications for quality improvement in VA care.

T. Brown, T.H. Brown presented “ACHIEVEMENT AND STRESS PROCESSES UNDERLYING ETHNORACIAL INEQUALITIES IN HEALTH IN LATER LIFE.” Conclusions: a majority of the effect of race on self-rated health is indirect through SES (education, income, wealth), exposure to stressors (discrimination, chronic stressors, financial strain, neighborhood disorder, traumas), and allostatic load.

C. Brown, R. Sloane, M. Morey presented “CHARACTERISTICS OF OLDER VETERANS ADHERENCE TO EXERCISE.” Conclusions: adherent participants had a lower BMI ($p = .0026$). However, participant status had no effect on the number of reported comorbid conditions and symptoms.

S. CoCroft, B. Plassman, K. Welsh-Bohmer, H. Edmons, M. Lutz, H. Rhodes, M. McCart, H. MacDonald presented “THE RECRUITMENT OF AFRICAN-AMERICANS IN A CLINICAL TRIAL EXPLORING THE IMPACT OF DISCLOSING AMYLOID IMAGING RESULTS.” Conclusions: Compared to Whites, African Americans reported fewer concerns about future memory decline and were less likely to participate in studies involving multiple visits over a six-month period. Our study found a link between community partnerships and participation among African Americans. In contrast to previous research, our study found no differences between Whites and African Americans in willingness to participate in AD biomarker research.

W. Deardoff, P. Liu, R. Sloane, C. Van Houtven, S. Hastings, H. Cohen, & H. Whitson, “ASSOCIATION OF SENSORY IMPAIRMENT WITH HEALTH CARE UTILIZATION AND COSTS IN ADULTS WITH AND WITHOUT DEMENTIA.” Conclusion: our results highlight the dramatic healthcare costs associated with dementia and identify a vulnerable population with sensory and cognitive impairments who are high health-care utilizers.

S. Ge, Z. Zhu, B. Wu, E.S. McConnell presented “TECHNOLOGY-BASED COGNITIVE INTERVENTIONS FOR INDIVIDUALS WITH MILD COGNITIVE IMPAIRMENT: A SYSTEMATIC REVIEW.” Conclusions: Technology based cognitive training and rehabilitation interventions show promise, but the findings were inconsistent due to the variations in study design.

R. Hall, J. Rutledge, K. Hall, C. Colon-Emeric presented “RACIAL DIFFERENCES IN RESILIENCE AMONG OLDER DIALYSIS PATIENTS.” Conclusions: older black dialysis patients may experience declines in function at an earlier age than whites.

C. Hendrix, D. Matters, T. Griffin, P. Kramer, H. Batchelder, J. Prewitt, H. Park presented “THE DUKE ELDER FAMILY/ CAREGIVER TRAINING (DEFT) PROGRAM.” Conclusions: Overall, an improvement in levels of caregiver preparedness and readiness for hospital discharge was observed within 14 days of training.

J. Hughes, C. Freiermuth, L. Ragsdale, S. Eucker, M. Shepherd-Banigan, S. Hastings, A. Gordon, J. Williams presented “EMERGENCY DEPARTMENT INTERVENTIONS FOR OLDER ADULTS: RESULTS OF A SYSTEMATIC REVIEW.” Conclusions: multi-strategy interventions may be associated with a small effect on functional status, as indicated by less decline in functional independence.

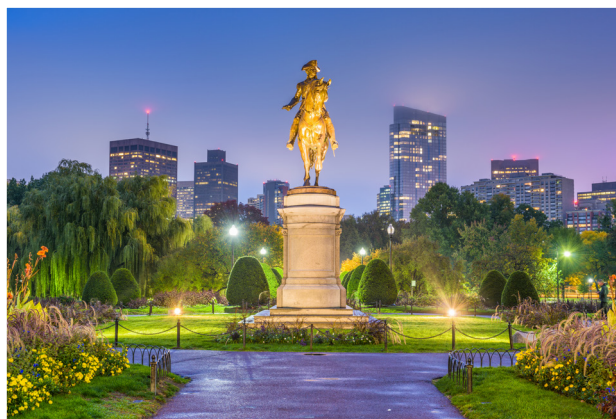
B. Kang, M.J. Karel, K. Corazzini, W. Pan, E.S. McConnell presented: “BEHAVIORAL SYMPTOMS AMONG VETERANS WITH CO-OCCURRING POSTTRAUMATIC STRESS DISORDER AND DEMENTIA.” Conclusion: Results highlight a range of triggers amenable to intervention, such as overstimulation.

B. Kang, H. Xu, E. McConnell presented “NEUROCOGNITIVE AND PSYCHIATRIC COMORBIDITIES OF POSTTRAUMATIC STRESS DISORDER AMONG OLDER VETERANS.” Conclusions: factors consistently associated with PTSD comorbidities included age, war-related exposures, other clinical conditions, psychosocial characteristics, and quality of life.

A. Kulminski, L. Shu, Y. Loika, I. Culminkaya presented “MOLECULAR SIGNATURES OF ALZHEIMER'S DISEASE IN THE TOMM40-APOE-APOC1 LOCUS IN DIFFERENT RACE AND ETHNIC GROUPS.” Conclusions: We found that the linkage disequilibrium structures, being heterogeneous, are significantly different in Caucasians with and without AD,

L. Lipsitz, H. Whitson, M. Berger, C. Giattino, J. Zhou, M. Woldorff presented “DYNAMIC PHYSIOLOGICAL OUTPUT DURING SURGERY AS A PREDICTOR OF POST-OPERATIVE RESILIENCE.” We introduce a clinical test paradigm in which the surgery itself serves as the experimental stressor, with future

Continued on page 9



recovery predicted by the response of dynamic physiological output measures (e.g., heart rate, electroencephalogram [EEG]) observed during the surgery.

Y. Loika, A. Nazarian, K. Arbeev, S. Ukrantseva, A. Yashin, I. Culminskaya, A. Kulminski presented “ANTAGONISTIC HETEROGENEITY IN GENETICS OF LIPID TRAITS: IMPLICATIONS TO THE CETP LOCUS.” Conclusions: the association of the rs1532625 minor allele with decreased LDL-C and increased TG can be specific for people with high HDL-C.

K. Manning, W. Valencia, D. Lee, K. Padala, K. Oursler, T. Kopp, M. Morey presented “INNOVATIONS IN DELIVERY OF EFFECTIVE MOBILITY INTERVENTIONS: THE GEROFIT PROGRAM.” Conclusions: One-year outcomes from new center-based participants include improved gait speed six minute walk, strength, and mobility.

M. Miller, M. Payne, K. Porter Starr, S. McDonald, C. Pieper, C. Bales presented “IMPACT OF OBESITY INTERVENTION ON MENTAL HEALTH AND QUALITY OF LIFE IN PHYSICALLY FRAIL OLDER ADULTS.” The findings demonstrate the potential benefits to mental health and quality of life of intentional weight loss in obese older adults.

M. Morey presented “RAMPING UP INNOVATIONS FOR VETERAN HEALTH: EXERCISE FOR WHOLE HEALTH THE GEROFIT WAY!” The results of the innovations include improved gait speed, six-minute walk, strength, and mobility.

C. Mueller, R. Charron-Chenier, B. Bartlett, T. Brown presented “LINKED LIVES AND BUNDLED BUDGETS: HOUSEHOLD HEALTHCARE SPENDING PATTERNS ACROSS AGE AND SOCIAL STATUS.” Conclusions: early in the life course, high

medical spending is more likely to indicate an investment in future household wellbeing. Later in life, high medical spending is likely to indicate a health catastrophe.

A. Nazarian, A. Kulminski presented “POLYGENIC PREDICTIVE MODELS FOR ALZHEIMER'S DISEASE.” Conclusion: the genetic risk score models integrating thousands of single nucleotide polymorphisms generally outperformed models that only contain bio-demographic covariates and/or known APOE gene polymorphisms,

G. Noppert, A. Allelo, A. O'Rand, H. Cohen presented “USING A LABORATORY BASED CUMULATIVE DEFICITS INDEX TO EXAMINE THE IMPACT OF TOTAL PATHOGEN BURDEN.” Conclusions: reducing pathogen burden and the specific pathogens that drive the CDI may provide a target for preventing the early development of age-related physiological changes.

B.L. Plassman, C.H. Van Houtven, S. Lippman, PhD₃, V. Smith, J.R. Burke, M. Shepherd-Banigan, E. Belanger, T. Wetle presented “HOW WELL DO PATIENTS AND THEIR CARE PARTNERS UNDERSTAND RESULTS OF AMYLOID PET SCANS?” Conclusions: our findings may inform clinicians of factors to consider to optimize patients' and family members' level of understanding of results of amyloid PET scans.

K. Porter Starr, K. Lyles, S. McDonald, M. Miller, D. Patel, L. Solomons, R. Sloane, C. Bales presented “FRACTURE RISK IN OLDER OBESE ADULTS WITH PHYSICAL FRAILTY: A NEW PHENOTYPE OF BONE FRAILTY?” Conclusion: fracture risk should be evaluated in obese older adults who are physically frail and this screening should include blacks as well as whites and men as well as women.

M. Shepherd-Banigan₁, E. Jutkowitz, V.A. Smith, E. Belanger, B.L. Plassman, C. Van Houtven, V. Mori presented “PREDICTORS OF LONG-TERM CARE PREFERENCES OF PERSONS WITH MILD COGNITIVE IMPAIRMENT AND DEMENTIA AND CARE PARTNERS.” Conclusions: our results will inform how clinicians can approach such conversations early in the course of neurodegenerative disease.

A. Thierry presented “PATTERNS OF TELOMERE LENGTH AND PERCEIVED NEIGHBORHOOD CHARACTERISTICS by US REGION AND RACE.” Conclusions: neighborhood characteristics may be detrimental to TL in blacks, with variability across US region, and indicate the need to further examine how context contributes to aging disparities.

Continued on page 10

S. Ukraintseva, A. Yashin, K. Arbeev, Alex Kulminski, E. Stallard presented “DECLINE IN PHYSICAL RESILIENCE DURING AGING: POTENTIAL MECHANISMS AND ROLE IN HEALTH AND LONGEVITY.” Conclusion: few biomarkers of resilience are currently present in aging studies, while their broader inclusion is critical to facilitate progress in the field.

W. Valencia, O. Intrator, M. Morey, D. Pendlebury, S. Wesgate5, J. Prvu Bettger, M. Pearson, A. Condill presented “PROACTIVE REACH: A MODERN MODEL TO INCREASE ACCESS AND DELIVERY OF EXERCISE INTERVENTIONS FOR RURAL VETERANS.” Conclusion: Automatic Screening Model may provide a way to deliver age appropriate PA materials for large numbers of Veterans throughout the country.

C.H. Van Houtven, V. Smith, S. Lippmann, M. Shepherd-Banigan, E. Jutkowitz, J. Wolff, E. Belanger, B.L. Plassman, presented “HOW DO CARE PARTNERS OF PERSONS WITH COGNITIVE IMPAIRMENT PERCEIVE COMMUNICATION WITH THE HEALTH CARE TEAM?” Conclusions: on the one hand, more severe impairment increases the role of care partners in the health care encounter. On the other, increased complexity in caregiving tasks and in treatment planning may be associated with lower care partner perceived communication quality with the health care team.

S. Wei, K. Corazzini, E. McConnell presented “CARE COORDINATION AND SOCIAL NETWORK DYNAMICS IN GERIATRIC CARE USING WEARABLE PROXIMITY SENSORS.” Conclusions: Wearable sensors provide a novel way to objectively capture network data to understand ego-centric and system-level interaction patterns in care coordination.

H. Whitson, C. Colon-Emeric presented “HOW DO WE RECOGNIZE PHYSICAL RESILIENCE? A REVIEW OF MARKERS AND MEASURES AND MARKERS ACROSS HUMAN STUDIES.” Whitson was also a panelist on a symposium titled, “Missing from Medicare: where are we on oral, hearing, and visual health?” She also was a panelist on a symposium titled “Predicting older adults physical resilience to health stressors.”

H. Whitson, C. Colon-Emeric presented “PHYSICAL RESILIENCE AFTER HEALTH STRESSORS: EMERGING CONCEPT AND A CASE EXAMPLE.” Conclusions: two methodological approaches to quantifying physical resilience will be presented through an example that uses data from older adults admitted to the hospital for upper respiratory infections.

H. Whitson, G. Potter, S. Davis, B. Plassman, R. Sloane, K. Reynolds, K. Schmader, K. Welsh-Bohmer presented “DIFFERENCES IN BRAIN ACTIVATION WITH HIGHER TASK DEMAND IN ASYMPTOMATIC ADULTS WITH AND WITHOUT APOE E4 ALLELE.” Conclusion: recruitment of supplemental networks helps support executive control in late life, and early AD may interfere with engagement of these resources.

H. Whitson, S. Woolson, M. Olsen, K. Muir, E. McConnell, J. Dziadul, J. Stelmack presented “PREVALENCE AND CONSEQUENCES OF IMPAIRMENT AMONG VETERANS RECEIVING VISION REHABILITATION: A PILOT STUDY.” Conclusions: Veterans with cognitive impairment are commonly referred to VR and appear to benefit.

J. Wang, K.N. Corazzini, H. Xu, S. Wei, E.S. McConnell, D. Ding, B. Wu presented “LIVING WITH COGNITIVE IMPAIRMENT IN CHINA: EXPLORING DYADIC EXPERIENCES THROUGH A PERSON-CENTERED CARE LENS.” Conclusion: Emergent themes provided empirical evidence that PCC is both a means and a goal to improve well-being of the dyads.

H. Xu, T. Ostbye, M.E. Dupre, A.A. Vorderstrasse, E.S. McConnell, B. Wu presented “GENDER DIFFERENCES IN THE ASSOCIATION BETWEEN MIGRATION AND COGNITION: A CROSSCOUNTRY COMPARISON.” Conclusions: the association between migration and cognition differs by gender and country.

T. Yap, S. Kennerly, S. Horn, N. Bergstrom, C. Colon-Emeric presented “TEAM-UP CLINICAL TRIAL: INVESTIGATING REPOSITIONING INTERVALS FOR NURSING HOME PRESSURE ULCER/INJURY PREVENTION.” Conclusions: clinical implications of findings thus far will be discussed along with strategies for addressing barriers to effective resident repositioning. ■



COMING EVENTS



April 9-13, 2019: 40th Annual Conference of the Southern Gerontological Society, "Mining the Gems: Investing in our future." Panama City Beach, Florida. Contact: Lee Ann Ferguson – 866-920-4660

May 1 -4, 2019: Annual Scientific Meeting of the American Geriatrics Society in Portland, OR. Contact 212-308-1414 or nlundebjerg@americangeriatricsociety.org.

November 13-17, 2019: Annual Scientific Meeting of the Gerontological Society (including AGHE meeting). Austin, TX. Contact: Membership@geron.org.