



QUARTERLY NEWSLETTER

Arkansas Geriatric Education Collaborative

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From the Director's Desk

We are coming to the end of the second year of the Arkansas Geriatric Education Collaborative, a Geriatric Workforce Enhancement Program. It is an appropriate time to look back on our accomplishments during the 2nd year and recap some of the continuing and new achievements. We continue to be proud of what we contributed to the education and training of health professionals, faculty, and students who are looking forward to careers in one of the many health care disciplines in Arkansas. We are pleased that there is great interest in the new, updated AR-GEMS online self-study program and our successful Summer Institute for faculty, which is scheduled for the week of May 15, 2017. For more information on either of these two programs, email Regina V. Gibson, MALS, RN, CHES at rvgibson@uams.edu.

We continue to offer video teleconferences four times/year and have dates but not topics for the Fall series (October 11 and December 13, from 11 am to 1 pm). Our newest option, programs available through web-streaming (Blackboard Collaborative), is becoming more popular; this means you can stay at your computer and receive the program in real time and ask questions through the chat option. We are delighted to offer you the opportunity of accessing AGE C programming more conveniently. This month we are launching...

[more information »](#)



›IN THIS ISSUE

Parkinson's disease Psychosis: Options for Therapy

by Andi Daniel, PharmD Candidate 2017, and Lisa C. Hutchison,
PharmD, MPH
The University of Arkansas for Medical Sciences

At some point during the disease progression, 20 to 40% of patients with Parkinson's disease (PD) experience

›UPCOMING EVENTS

Save the Dates for the AGEC 2-hour Free Fall Video Teleconferences!!!

Save the dates for the Arkansas Geriatric Education Collaborative (AGEC) Fall video teleconferences (VTCs) to be held at the UAMS Donald W. Reynolds Institute on Aging in the Jo Ellen Ford Auditorium on **October 11, 2017**, and **December 13, 2017**. Topics have not been determined. These are **FREE** VTCs that offer **FREE** continuing education for some

hallucinations or delusions, referred to as Parkinson Disease Psychosis (PDP). This commonly occurs about 10 years after PD onset.^{1,2} Hallucinations are thought to be a result of overstimulation of serotonin receptors, specifically 5-HT_{2A}, or potentiated by overstimulation of dopamine D₂ receptors.⁴ Other potential causes should be addressed in a patient, such as a dementia-related, medication-induced, or delirium-induced hallucinations. But if these causes are ruled out, therapy directed at PDP can be considered. Historically, PDP has been managed with the atypical antipsychotics, clozapine or quetiapine, which have been considered probably effective and possibly effective, respectively.³ In April 2016, the FDA approved a new agent, pimavanserin (Nuplazid), specifically for PDP. While all three drugs are considered antipsychotics, their targeted receptor activity is different, which explains differences in effectiveness and adverse effects. Clozapine and quetiapine exhibit antagonistic activity on histamine-1 receptors, which causes somnolence, and alpha-1 receptors, which causes orthostatic hypotension. Pimavanserin does not affect either of these receptors. All three agents affect the serotonin receptor 5-HT_{2A} although pimavanserin is a reverse agonist, and it will... [Read more ...](#)

Incorporating Clinical Simulation in Health Profession Education

by Stacy E. Harris DNP, APRN, ANP-BC
The University of Central Arkansas

The University of Central Arkansas hosted the grand opening of the Nabholz Center for Healthcare Simulation (NCHS) on December 9, 2016. The NCHS is located on the second floor of the Doyne Health Science Center (DHSC) and includes 1,341 square feet of newly created simulation area and 4,132 square feet of remodeled clinical laboratory space. The new simulation area consists of two rooms designed to replicate a hospital setting. One patient room has the ability to be transformed into a rehabilitation room with bathroom and home-like features. Each patient room is connected to a control room. The control room is

disciplines.

Participants may attend VTCs live in Little Rock, or view remotely at a Center on Aging or other participating sites. Prefer to watch online? A live streaming link is available at www.agec.org/vtc. CE credits will be requested.

Watch for detailed announcements on our website at www.agec.org/events.

AGEC GERIATRIC EDUCATION PROGRAMS

AGEC Arkansas Geriatric Mentors and Scholars (AR-GEMS) Program

AR-GEMS is a 60-hour self-study program for all health professionals across disciplines who work with older patients and want to learn more about the aging process and to improve the care they provide. The self-study program is nine months in duration and begins upon enrollment.

Except for a one-day Coaching and Mentoring Workshop, attendance at two AGEC video teleconferences, and the Annual Geriatric Long Term Care Update in Little Rock, all coursework is online. If interested, please call 501.603.1969 or email rvgibson@uams.edu for an application.

AGEC Summer Institute for Faculty

The Summer Institute is a FREE week-long program of intense didactic education in geriatrics coupled with clinical observation in various health care delivery sites. This program is designed for faculty who are teaching the next generation of health care professionals. If you would like an application for Summer Institute 2018, please go to our website at www.agec.org or email us at agec@uams.edu. You may also call 501.603.1969.

Both AR-GEMS and the Summer Institute for Faculty are programs supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of

where instructors use audio and video technology to control the high-fidelity patient manikins and run patient care scenarios. Besides storage areas, the new NCHS has two debriefing rooms where students watch their peers perform a patient-care scenario by observing the case via a smart TV. After the scenarios, the students and instructors discuss and debrief the scenario. The NCHS uses uniquely designed clinical experiences to bring students into real-world environments through simulation.

Currently, the senior nursing students are using an evolving simulation case: patient admitted to an emergency room setting with stable chest pain that worsens eventually leading to an Intensive Care Unit admission with a diagnosis of myocardial infarction. The patient scenario deteriorates requiring Advance Cardiac Life Support (ACLS). This type of simulation helps develop competency in high stakes skills in a low-pressure environment. One of the interprofessional simulations involves occupational and physical therapy students assessing...

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Mealtime Rituals and Person-Centered Care for Adults with Alzheimer's disease

by Justin Martin, OTS Doctorate Program, and M. Tracy Morrison
OTD R/L, Chair, Occupational Therapy
Arkansas State University (ASU)

Personhood is a term used to describe the actions taken by self or others for the purposes of promoting personal autonomy and quality of a life (Little, 2014). Societal conversations about personhood can be found alongside those about spirituality and human rights (Martin & Sabbagh, 2011). While US health care policies unanimously promote personhood concepts, the process of preserving personhood during times of personal health decline and increased dependency levels remains relatively unexplored among aging populations.

Mealtime choice is enjoyed as a ritual of personhood during the first year of postnatal development (Birch, Savage, & Ventura, 2007). Infant caregivers are encouraged to facilitate

Health and Human Services (HHS)
under the University of Arkansas
System Arkansas Geriatric
Education Collaborative.

Please visit our
website www.agec.org for more
information.

Did you know

that...?

May is Older Americans Month!!

When Older Americans Month was established in 1963, only 17 million living Americans had reached their 65th birthday. About a third of older Americans lived in poverty and there were few programs to meet their needs. Interest in older Americans and their concerns was growing. A meeting in April 1963 between President John F. Kennedy and members of the National Council of Senior Citizens led to designating May as "Senior Citizens Month," the prelude to "Older Americans Month."

Historically, Older Americans Month has been a time to acknowledge the contributions of past and current older persons to our country, in particular, those who defended our country. Every President since Kennedy has issued a formal proclamation during or before the month of May asking that the entire nation pay tribute in some way to older persons in their communities. Older Americans Month is celebrated across the country through ceremonies, events, fairs, and other such activities.

Source: U.S. Department of Health and Human Services Administration for Community Living

Quick Facts About Alzheimer's disease

infant engagement levels in the feeding process through varied methods that include increased feeding times, environmental modifications and additional food choices. By mid-childhood, mealtime rituals become expressions of personhood and incorporated into interpersonal social dynamics. By adulthood, mealtime rituals are carried across generations between the parent and offspring. And upon late adulthood, the mealtime ritual may be one of the only remaining expressions of personhood that generalizes into institutionalized care settings (Kiser, Medoff, Black, Nurse, & Fiese, 2010).

There is a paucity of information about the influence of mealtime rituals on the quality of life and the well-being of individuals with Alzheimer's disease (AD).

Individuals with AD commonly experience...

[Read more ...](#)

Your Body after Cancer Treatment

by Lisa VanHoose, Ph.D., PT, MPH, Assistant Professor, Physical Therapy
University of Central Arkansas (UCA)

What is the most common cancer treatment-related side effect in senior cancer survivors?

You probably guessed it, if you are a cancer survivor or the loved one of a cancer survivor. Fatigue is the most common cancer treatment related side effect in senior cancer survivors^{1, 2}. Senior is defined as 65 years of age or older. Cancer increases the risk and severity of fatigue in older persons². Most senior cancer survivors report cancer related fatigue (CRF) at some time during cancer treatment^{1, 2}. The National Comprehensive Cancer Network defines CRF as "a distressing, persistent subjective sense of physical, emotional, and/or cognitive tiredness or exhaustion related to cancer or cancer treatment that is not proportional to recent activity and interferes with usual function"³. In layman's terms, CRF the condition affects one's ability to perform routine tasks and does not respond to typical strategies, such as rest, change in diet, or lowering stress. The disruptive symptoms can begin with the start of treatment and may continue years after

Alzheimer's disease is the 6th leading cause of death in the United States.

More than 5 million Americans are living with Alzheimer's. By 2050 this number could rise as high as 16 million.

Every 66 seconds someone in the United States develops the disease.

In 2017, Alzheimer's and other dementias will cost the nation \$259 billion. By 2050, these costs could rise as high as \$1.1 trillion.

35% of caregivers for people with Alzheimer's or other dementia report that their health has gotten worse due to care responsibilities, compared to 19% of caregivers for older people without dementia.

1 in 3 seniors dies with Alzheimer's or another dementia. It kills more than breast cancer and prostate cancer combined.

Since 2000, deaths from heart disease have decreased by 14% while deaths from Alzheimer's disease have increased by 89%.

1 in 10 people age 65 and older has Alzheimer's disease.

[2017 Alzheimer's Disease Facts and Figures](#)
www.alz.org/facts/

>PEARLS OF WISDOM

Quote for healthcare professionals...

"There is no end to education. It is not that you read a book, pass an examination, and finish with education. The whole of life, from the moment you are born to the moment you die, is a process of learning".

by Jiddu Krishnamurti

Quote for caregivers...

treatment has ended^{4,5}.

How is cancer-related fatigue (CRF) treated?

The first step in CRF treatment focuses on reducing any personal factors that may be contributing to one's stress. Cancer survivors may benefit from counseling regarding issues that may contribute to stress such as finances, nutrition, and behavior management including coping. Strategies such as...

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"Caring for our seniors is perhaps the greatest responsibility we have. Those who walked before us have given so much and made possible the life we all enjoy."

by Senator John Hoeven

Is Your Mouth Ready for Retirement?

by Gretchen Gibson, DDS, MPH
Veterans Health Administration Central Office (VHACO)
Fayetteville, Arkansas

This newsletter segment is not necessarily written for your patients, but more for your "future patients" and even you and your family. Retirement planning is a process that is supposed to start long before the day you leave your job for the last time. Planning is the key word. When this is discussed, it evolves around making sure there are adequate funds that any retirement benefits are in place that any wills or trusts are in place; that debt is taken care of as much as possible; and that you have adequate resources to take you through retirement years.

What is often not thought about are planning for issues of health, and in this case, issues regarding oral health. The average age for retirement is now around 63. Most everyone knows that dental benefits are often acquired through insurance programs through employment. When retirement begins, these benefits end. Many people do not know that Medicare does not cover dental benefits, except in very extreme cases. There has been some suggestion that dental benefits be added to Medicare Part B, but this is by no means a given and most likely a long time off, if at all.

There is the possibility of private coverage in retirement, but this needs to be well thought out, to make sure the benefits will meet your needs. One website <http://www.mouthhealthy.org/en/dental-care-concerns/paying-for-dental-care> takes you through some questions and answers regarding dental care and what you may require in the way of dental benefits. However, just like planning for fiscal retirement, it is in your best interest to plan for dental health in retirement as well. Putting off extensive work till after retirement

may not be wise if you have not planned for the full cost in your budget. A great amount of research has shown that...

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Caring for older Americans: the future of geriatric medicine

Besdine R et al.; American Geriatrics Society Task Force on the Future of Geriatric Medicine

submitted by Regina V. Gibson, MALS, RN
CHES, Arkansas Geriatric Education Collaborative

In response to the needs and demands of an aging population, the field of geriatric medicine has grown rapidly during the past three decades. The discipline has defined its core values as well as the knowledge base and clinical skills needed to improve the health, functioning, and well-being of older persons and to provide appropriate palliative care. Geriatric medicine has developed new models of care, advanced the treatment of common geriatric conditions, and advocated for the health and health care of older persons. Nevertheless, at the beginning of the 21st century, the health care of older persons is at a crossroads. Despite the substantial progress that geriatric medicine has made, much more remains to be done to meet the healthcare needs of our aging population. The clinical, educational, and research approaches of the 20th century are unable to keep pace and require major revisions. Maintaining the status quo will mean falling further and further behind. The healthcare delivery and financing systems need fundamental redesign to improve quality and eliminate waste.

The American Geriatrics Society (AGS) Task Force on the Future of Geriatric Medicine has identified five goals aimed at optimizing the health of older persons:

- 1) ensure that every older person receives high-quality, patient-centered health care
- 2) expand the geriatrics knowledge base
- 3) increase the number of healthcare professionals who employ the principles of geriatric medicine in caring for older persons
- 4) recruit physicians and other healthcare professionals into careers in geriatric medicine
- 5 unite professional and lay groups in the effort to influence public policy to continually improve the health and health care of seniors.

Geriatric medicine cannot accomplish these goals alone. Accordingly, the Task Force has articulated a set of

recommendations primarily aimed at the government, organizations, agencies, foundations, and other partners whose collaboration will be essential in accomplishing these goals. The vision described in this document and the accompanying recommendations are only the broad outline of an agenda for the future. Geriatric medicine, through its professional organizations and its partners, will need to mobilize resources to identify and implement the specific steps that will make the vision a reality. Doing so will require broad participation, consensus building, creativity, and perseverance. The consequences of inaction will be...

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Arkansas Geriatric Education Collaborative

University of Arkansas for Medical Sciences

4301 West Markham, #798

Little Rock, AR 72205

Website: www.agec.org

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