

Collington Health Services Committee presents a talk entitled:

MODERN GERIATRIC MEDICINE

Speaker: DR. MICHELE BELLANTONI, MD

**Associate Professor, Division of Geriatric Medicine and Gerontology,
Johns Hopkins University School of Medicine**

HIGHLIGHTS and SUMMARY BY L. PETER FIELDING, MD

Michele Bellantoni visited Collington on Thursday, September 21, 2017. Marvell Adams (Collington's Executive Director) toured with her the Creighton Center, the Clinic and our common areas at the Clock Tower before an informal lunch in our dining room. At 2 p.m., the auditorium was filled to capacity, the connection to our local TV channel was working and our resident-run film crew was ready to roll. The sound system was not great but serviceable.

After a few words of introduction, Michele Bellantoni launched into her talk, specifically geared to our seniors' community but based on the same academic material used to discuss the specialty of Geriatric Medicine with the medical students at Johns Hopkins.

This Health Services talk was longer than usual (75 minutes!) but the audience attention was maintained throughout. The Q and A session lasted 20 minutes, but could have gone on much longer. Afterwards many people came up to chat informally such that our speaker did not leave until 4 p.m. The purpose of this report is to summarize the content of Dr. Bellantoni's talk and emphasize her "take-home" messages.

Geriatric Medicine definition

The issues of aging include: cognitive health; emotional health; mobility; nutrition; hormones; fragility; cardiovascular health; immunity and end of life issues. Each may contribute to or detract from life expectancy and quality of life.

Longevity in the USA Lower than in Europe

■ **Comparison to Europe**

The overall longevity is greater in Europe than in the USA in ALL of the following categories of disease: heart disease; stroke; lung disease; diabetes; hypertension and cancer.

■ **Comorbid conditions**

The increased occurrence of current medical conditions (comorbidity) in the seniors' population in the USA helps to explain these life expectancy differences.

■ **Body-mass index (BMI)**

The relationship between height and body weight, from which the BMI is calculated, has had a rapid deterioration in recent decades resulting in a great increase in obesity frequency. Thus, a rising BMI is a major cause of the increase of comorbidity in the USA and its consequential decrease in our life expectancy.

>Take home message: Focused attention on diet, nutrition and exercise are key factors to reduce BMI and therefore the prevalence of co-morbid conditions which may then increase an individual's life expectancy.

The Johns Hopkins Community Health Partnership Study (2012 – 2016)

Life span varied by zip code in the Baltimore area highlighting the relationship between the socioeconomic condition of patients and their longevity. Substantial differences in clinical outcomes were observed for highly treatable conditions indicating that diminished access to healthcare is very important to preserving life span.

>Take home message: Improved access to healthcare must become a major goal with active outreach programs geared towards prevention and preemption strategies. Such programs have demonstrated: a reduced need for hospital care consultation; a reduced frequency of emergency department visits; decreased readmission after hospital discharge; and reduced complication rates when comorbid conditions are treated.

Cognitive Health: Dementia Increases

The observed increased frequency of all forms of dementia, in recent decades, has many causes. The following items **in bold** are associated with increased dementia frequency; possible mitigating strategies are suggested.

- **Increased amyloid plaques in the brain** is associated with Alzheimer's disease. Cause unknown; specific treatment none.
- **Increased BMI.** Caloric restriction favors longevity with 1800 Cals/day being the estimated optimum.
- **Increased stress.** Stress reduction strategies: restorative sleep; exercise; meditation.
- **Diminished immunological function.** Maintenance of immunological function with vaccinations for influenza, pneumonia, herpes zoster & tetanus/pertussis.
- **Reduced social interaction.** High-intensity volunteering activity provides an opportunity to care for others.

Current Johns Hopkins Geriatric Medicine Clinical Program

■ **General Principles:**

Right care
Right time
Right place
Lowest cost
Highest quality
One Electronic Health Record

■ **These broad goals can be achieved by:**

Coordinated system of healthcare, including patient advocates and navigators.

Patient portal for communication

24-hour physician access

Collection of data for measures of clinical quality

Integration with a team approach between primary and secondary care.

■ **Components of the J.H. program:**

Activities of daily living (ADL) support

Chronic disease management

Coordination with acute hospital services

Daycare program

Fall prevention

Medication management

Multi-morbidity management

Oral & dental care

Preventive health

Specific post-acute service follow-up

Vision and hearing support,

Wellness program

SUMMARY

- **Principles of care**

 - Genes only determine 25% of our life span

 - Remaining 75% requires coordinated care in multiple settings

 - Major emphasis on clinical outreach

 - Advanced Directives documentation

- **Preventive care:**

 - Dementia

 - Diet and nutrition

 - Fall prevention

 - Oral and dental care

 - Osteoarthritis and osteoporosis

 - Screening for cancer

 - Vaccinations

 - Vision and hearing support

- **Pre-emptive care:**

 - Active medical issues prioritization

 - Coordination of specialist care

 - Effective communication

 - Medical access 24/7

 - Medication management

- **Palliative care:**

 - All of the above, but geared to symptom management to maximize quality of life for the individual's physical and psychosocial needs and wellbeing.

- **Passing (end of life) care.** (These items added by LPF)

 - Role of food and water management

 - Pain management and use of sedatives/anxiolytics

 - Hospice support for patients and family