UC Irvine Program in Geriatrics Awarded Federal Grant to Take Aim Against Elder Abuse

UC Irvine Program in Geriatrics was awarded a three year, $1.02 million grant to pilot a new approach to preventing elder abuse among adults with dementia. “Adults with dementia are particularly vulnerable to abuse,” states Laura Mosqueda, MD, Director, UC Irvine Program in Geriatrics and principal investigator for the grant. “Our model acknowledges that there are multiple, complex, interrelated factors that can lead to abuse. This grant allows us to develop and evaluate a new model to reduce the risk of elder abuse.” UC Irvine is partnering with the California Department of Aging, California Department of Social Services, Legal Aid Society of Orange County, and the Orange County Elder Abuse Forensic Center.

Congratulations to UC Irvine Program in Geriatrics
Ranked 35th in the country
2012 U.S. News & World Report

SeniorHealth Center Specializes in Evaluating and Treating Memory Loss

Have you ever misplaced your keys, forgotten a phone number or drawn a blank when trying to recall someone’s name? For most people, this type of forgetfulness is a normal part of aging and not generally a cause for concern. But when memory loss becomes disabling or interferes with daily living, it may be a warning sign of dementia.

“Patients and their families often ask when the right time for a memory assessment is,” says Dr. Steven Tam, a geriatrician who entered the specialty after personal experience taking care of his own grandmother who suffered from vascular dementia. “One of the keys is if there are cognitive changes beginning to affect the patient’s everyday life.”

When to Call the Doctor
Seek a memory assessment when an older adult:
• Can no longer work
• Can no longer manage his or her finances
• Gets lost frequently when driving
• Experiences dramatic personality or behavioral changes

“Geriatricians are skilled at understanding the whole picture, taking into account the complex situation of multiple diseases, medications and symptoms, as well as appreciating the needs of the family and caregivers of patients with dementia,” says Tam. A general term for memory loss and a decline in mental ability, dementia is a condition that can include the following changes: memory loss, behavior or mood changes.

At UC Irvine’s SeniorHealth Center, geriatricians, physician assistants, pharmacists, social workers, psychologists and nurses all work together to provide a comprehensive approach for patients with dementia. Patients with memory loss are given an initial physical exam and memory screening. If results indicate a problem, the patient undergoes an in-depth cognitive evaluation by a geropsychologist. The comprehensive assessment tests attention, concentration, memory, and verbal and problem-solving skills. Geriatricians work closely with neurologists at UC Irvine. A clinical evaluation may include blood or spinal cord fluid tests and brain imaging scans.

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Director’s Column

As 2012 comes to a close, it is an opportunity both for reflection while also looking ahead to 2013. This year has been a busy one. Some of our major accomplishments include:

• Designation as 35th in the country by US News and World report.
• One of five in the country to receive a federal grant to prevent elder abuse.
• Hosted the John B. Parker Successful Aging Series.
• Developed and launched the Planning to Live Longer and Stronger series for our donors, to acknowledge their support while providing education about living fully at every age.
• Launched Ageless Alliance: United Against Elder Abuse, a grassroots national campaign to prevent elder abuse.
• Recruited two new faculty members to join us.
• Began expansion of the SeniorHealth Center from 8 to 12 exam rooms.

In 2013, we plan to increase our impact in clinical care, research and teaching. Our SeniorHealth Center is expanding and we are continuing to broaden the scope of our teaching, so that every future physician learns how to care for older adults. Our new federal grant allows us to implement a model designed to reduce elder abuse for persons with dementia. 2013 will also bring an expansion of our initiatives to create an educated, savvy group of consumers of healthcare. Stay tuned for more information.

Sincerely,
Laura Mosqueda, MD
Chair and Clinical Professor, Family Medicine
Director, Program in Geriatrics

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“It’s important to obtain an accurate diagnosis as soon as possible. The symptoms may be caused by a neurodegenerative condition such as Alzheimer’s, or other condition including undetected small strokes, or even potentially reversible conditions,” says Tam. Depression, medication interactions, sleep problems, thyroid disorders, anxiety or vitamin deficiencies are all treatable conditions that may contribute to memory loss.

“One once a diagnosis is established, we can initiate the most effective treatment and provide support to our patient’s family, helping them understand what to expect,” says Tam.

Alzheimer’s disease accounts for 60 to 80 percent of dementia cases. Vascular dementia is caused by poor blood flow to the brain, and can result from any number of conditions that narrow the blood vessels, such as stroke, diabetes and hypertension. Other forms include dementia with Lewy bodies (an abnormal protein deposit in the brain stem and cerebral cortex), Parkinson’s disease dementia, frontotemporal dementia (affecting language and behavior) and Huntington’s disease. Each type requires its own treatment approach.

“It’s not just ‘get the answer and send them on’. The real work is using the knowledge to make their lives better. Our focus is to make our patients’ lives better today as a result of our work.”

BONNIE OLSEN, PhD,
geropsychologist at the SeniorHealth Center

Dementia is not an inevitable part of aging, but its prevalence does increase with age. Because the first of the baby boomers reached age 65 last year, a rapidly increasing number of Americans will face a greater risk for Alzheimer’s disease and other dementias. According to the Alzheimer’s Association, as baby boomers age, one in eight will get Alzheimer’s disease after turning 65; at 85 that risk increases to nearly one in two. And if they don’t have it, chances are they will likely be caring for someone who does.

To make an appointment with a UC Irvine geriatrician, call 714.456.7007.
Consider a Gift to UC Irvine For Your End of Year Charitable Giving

UC Irvine Program in Geriatrics is widely recognized as one of the leading geriatrics programs in the country for its comprehensive continuum of services, commitment to excellence and dedication to finding better ways to care for older adults through innovations. Please consider supporting us as we work to improve the lives of older adults and those who love them. There are several ways to donate. You can give online at www.som.uci.edu/geriatrics, or send a check to UC Irvine Program in Geriatrics, 101 The City Boulevard South, Building 200, Suite 835, Orange, CA 92868, or call us at 714.456.7396. Thank you for your support.

Thank You

to Aegis of Laguna Niguel and Hospice Care of the West for hosting the first ever fundraiser for Ageless Alliance: United Against Elder Abuse. One hundred percent of the proceeds went to Ageless Alliance, a program of UC Irvine to support the development of this national social justice movement dedicated to prevention of elder abuse and neglect. Visit www.agelessalliance.org to learn more.

www.som.uci.edu/geriatrics • 714.456.5530
Welcome

Herb Sier, MD, board-certified geriatrician, joins the UC Irvine SeniorHealth Center team from Northwestern University Medical Center in Chicago, Illinois.

Melanie Gironda, MSW, PhD, researcher and gerontologist, joins the UC Irvine Department of Family Medicine and Program in Geriatric from UCLA.

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• SeniorHealth Center Treating Memory Loss
• John B. Parker Successful Aging Series
• And more!