

ADVANCES *in Aging*

GRECC Researchers Study Best Ways to Lose Weight and Lower Risk Factors



Participants in the PRAISED program.

Losing weight and following an exercise regimen is a challenge, especially for older individuals who feel they are always on a diet and who struggle to get enough exercise to burn extra calories. Post-menopausal women have an especially difficult time maintaining a healthy weight as they age, because of changes in hormones, physical activity levels, and dietary habits.

Researchers in the Division of Gerontology at the University of Maryland, Baltimore, and the Geriatric Research, Education and Clinical Center (GRECC) at the Baltimore VA Medical Center are investigating which diet and exercise regimens are most effective in helping groups of older persons lose weight and lower their risk for metabolic syndrome, diabetes, and cardiovascular disease. In the Diet, Aerobic Exercise, and Metabolism in Women Study (DAMES), VA Career Scientist and GRECC researcher Alice Ryan, PhD, and GRECC Director Andrew Goldberg, MD, are examining how menopause and race

affect metabolism in black and white women and determining the effects that weight loss and exercise have on their risk factors for cardiovascular disease and metabolic syndrome.

“Post-menopausal women are more likely than men of the same age to be overweight and suffer the health consequences of obesity that lead to cardiovascular disease,” says Ryan. “Furthermore, post-menopausal black women, on average, have higher cardiac risk factors than white women.” She and Goldberg suspect that metabolic factors—*independent of diet, exercise, and lifestyle*—may predispose black women to these health risk factors.

Supported by grants from the National Institute on Aging, Ryan and Goldberg are in the fourth year of DAMES, which is looking at which of two interventions—*dietary-induced weight loss plus exercise or diet alone*—is more successful in helping overweight, post-menopausal women lose weight and modify their risk factors. They

are also investigating whether there are racial differences in the metabolic responses to each intervention.

In particular, they are examining racial differences in abdominal fat metabolism and muscle metabolism, and the role of these differences in the development of diabetes, high blood lipids, and increased risk factors for cardiovascular disease.

About 95 post-menopausal women from the greater Baltimore area have enrolled in DAMES. The women are relatively healthy non-smokers from various socioeconomic backgrounds. They do not currently have diabetes, but have body mass indices ranging from 26–50 (over 25 is considered overweight).

The study, which requires a substantial investment in participants’ time, begins with six weeks of heart-healthy diet education and a low-fat, low-cholesterol, high-fiber diet, followed by a six-month weight loss-and-exercise intervention—or a six-month, weight loss-only intervention—followed by a six-month maintenance period. “In total, it’s a year or more of their time,” says Ryan.

As part of the six-month intervention, all DAMES participants meet with a dietician once a week for six months. Half of the participants exercise three times a week on treadmills in the VA’s Senior Exercise Rehabilitation Center, which has motorized treadmills, stationary bicycles, and a walking track. The other half of the participants do not exercise as part of the study.

The goal of the DAMES intervention, says Ryan, is for the participants to lose about 10 percent of their body weight and increase their VO₂ max (or cardiac fitness levels) by 10 percent. “Those who finish the study are usually successful in meeting this goal,” Ryan says. *[continued on pg. 2]*

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[from pg. 1] DAMES participants undergo an extensive battery of pre-intervention and post-intervention testing including total body fat mass and fat-free mass by DXA, abdominal fat and leg muscle area by CT, maximum aerobic capacity on a treadmill, oral glucose tolerance, fasting blood lipids and cholesterol, and abdominal and gluteal fat aspirations (to measure the size and metabolism of fat cells.)

Goldberg and Ryan say that previous research has shown racial differences in metabolism between black and white women. Black women have less visceral fat—fat deep in the abdomen covering the intestines and thought to be a strong predictor of metabolic syndrome—than whites. Studies also show, however, that despite their lower levels of visceral fat, black women are more insulin resistant and have higher blood pressure than white women. Other research shows that black women have larger gluteofemoral fat cell size as well as more fat on their leg muscles than white women of comparable size and that this muscle fat may be an indicator of their risk for developing metabolic syndrome.

“Because of these metabolic differences, we hypothesize that black women may need not only to lose weight but also to add exercise to their lifestyles to reduce the fat in their muscles and improve their risk factors for cardiovascular disease and metabolic syndrome,” Ryan says.

DAMES will continue until 2008. Recently, former DAMES participants who found the study to be beneficial have started recruiting new participants. “Several former DAMES women have lost a significant amount of weight and are making women they know aware of the study and how they might benefit. That’s one way of looking at success and the long-term effect of the study,” says Goldberg. “The DAMES women are making lifestyle changes and sharing them in their communities.”

Women who are interested in learning more about the DAMES study should call 410-605-7179 and mention DAMES.

In another GRECC weight-loss study, Marianne Shaughnessy, PhD, CRNP, Associate Director for Education and Evaluation at GRECC, recently completed a pilot study of the effectiveness of an exercise and nutrition program on 34 congregants at the Transformation Church of Jesus in West Baltimore. The study is titled People Reducing Risk and Improving Strength Through Exercise and Diet (PRAISED).

The church, says Shaughnessy, is a tight, active community that works to meet the needs of its members in different realms. “Research has shown that diet and exercise programs have been successful in church populations because the church is an extended family, and social support is important to success in weight loss,” she says.

The church members, who are male and female blacks ranging in age from 18 to 87, believed themselves to be relatively healthy at the beginning of the study. “But like so many Americans, they underestimated their risk factors for cardiovascular disease,” says Shaughnessy. “And their risk was high.”

The PRAISED pilot, which was funded by a \$50,000 grant from the Statewide Health Network Grant Program, centered on weekly nutrition education classes and three-times-weekly exercise sessions that were supervised by Detrick Stith, MS, exercise physiologist who was the study coordinator. Each session began and ended with a prayer.

In the nutrition classes, PRAISED participants kept track of what they ate and learned about portion control and the nutrient content of foods. “Healthy portions were smaller than they expected, but they learned to adjust,” Shaughnessy says.

The exercise component was conducted on the 20-acre ground surrounding the church. When early dusk and weather

forced the group inside into a converted exercise space in the church administration building, GRECC purchased six treadmills to keep the momentum going. Participants were also encouraged to walk on their own and were given pedometers. Their goal was to walk a total of 10,000 steps—or five miles—a day.

PRAISED, which concluded in February, showed that participants who stayed with the program lost weight. “A significant number have lost 10 percent of their body weight, and that’s no small achievement,” says Shaughnessy, who hopes to obtain additional funding for a larger version of the study. “I’d like to add a motivational component. Counseling would help congregants establish a realistic set of weight-loss expectations and increase their self-efficacy—their belief that they can really lose the weight.”

Additionally, GRECC hopes to start a post-study exercise program at the church. Shaughnessy says, “There is some demand. The participants are making a fair attempt to keep on exercising, and that is something we want to encourage.” ■

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Treadmill Aerobic Exercise Training Continues to Show Dramatic Benefits

Stroke is the leading cause of disability in older Americans. Even after traditional rehabilitation, most stroke survivors live with some loss of mobility. Elderly stroke survivors have the greatest loss, frequently becoming dependent and in need of long-term care.

Recognizing this, the National Institutes of Health's Claude D. Pepper Older Americans Independence Center and the VA Medical Center are collaborating to conduct studies of whether aerobic treadmill exercise can improve mobility and cardiovascular health and fitness, even years after a stroke has occurred.

The NIH and VA-funded studies, which are directed by Richard Macko, MD, professor of neurology and gerontology, began investigating task-oriented exercise in 1997. Study subjects are stroke survivors who still have hemiparesis (half-paralysis), which causes walking problems at least six months after their stroke and after all conventional rehabilitation care has ended.

The study has three phases. Phase One measures participants' baseline fitness, size of leg muscle, and muscle-fat-bone ratio (using a body scan). Some participants also submit a muscle biopsy. Additionally, investigators measure walking speed and walking patterns using computer-assisted analysis. Using a functional MRI (fMRI), they map regions of the brain that become active when the participants' partly paralyzed legs are moved.

Their studies show that stroke patients have poor cardiovascular fitness levels that are half that found in normal individuals. Their muscle size is 20 percent smaller, and their muscle fibers have changed into a type that fatigues quickly and may promote diabetes and inflammation.

"An fMRI of the brain shows greatly reduced activation during movement of the paralyzed leg and varying activation patterns, depending on what parts of the brain

were injured by the stroke. These abnormalities all contribute to the disability of stroke and are targets for the therapeutic exercise," Macko says.

Phase Two is a three-day-a-week treadmill aerobic exercise intervention (study controls follow a traditional post-stroke exercise intervention) for six months. "The key concept is to train individuals in a repetitive task that is relevant to their daily activity, such as walking, and to use a progressive aerobic formula that is essentially identical to that used in cardiac rehab," Macko explains. Phase Three consists of re-measuring participants at the end of the intervention.

The research team now has preliminary data from a randomized study that shows that treadmill aerobic training improves not only mobility but also cardiovascular fitness in chronic stroke patients. "This occurs even ten years after stroke, so the game is not over [for people] at the typical end of medical rehabilitation," Macko says. "These findings offer grade-A evidence and hope to chronic stroke survivors that they may successfully fight back against the disability of stroke and improve their cardiovascular health with exercise."

The pre- and post-intervention fMRIs appear to show differences in brain function in the participants, but not in the controls. Researchers believe that these differences are the effect of muscles "teaching" non-affected sides of participants' brains to, in effect, take over the duties of some of the brain's damaged areas. "We believe this program has the potential to be a new neuroscience-based model of health care to optimize living with a stroke disability," Macko says.

Stroke survivors find the study to be beneficial. "When stroke survivors enter the studies, they typically are de-conditioned and a little intimidated by exercise. Most of them have never been on a treadmill in



their lives," says Kathleen Michael, PhD, RN, CRRN, Pepper Center Director. "But once they start the treadmill exercises, they become more fit and have better balance. The study is a liberating experience for many of them," she adds.

After being in the study for a while, one participant fell into a step pattern on the treadmill very much like her pre-stroke walking pattern, Michael says. "She was surprised and delighted and very moved. She said, 'I never thought I'd ever be able to walk like this again.'"

The treadmill exercise study continues through 2007. For information about participating in the study, contact Bonnie Berman at 410-605-7000, ext. 5405, or Sue Kopunek at 410-605-5444. ■

Lamy Center Researchers Examine Medicare Part D Benefit



Bruce Stuart, PhD



Linda Simoni-Wastila, PhD

The pending Medicare Part D drug benefit provides the first-ever national prescription drug coverage for aged and disabled Medicare beneficiaries. Although the benefit, scheduled for implementation on January 1, 2006, provides Medicare beneficiaries with access to prescription medications, it contains significant gaps in coverage. The standard benefit, available to beneficiaries with an annual income above 150% of the poverty level, has a \$250 deductible and requires the beneficiary to pay for all drug spending between \$2,250 and \$5,100 (dubbed the “doughnut hole”), after which the federal government picks up the bill for 95% of all drug costs.

The doughnut hole represents a sizable gap in coverage and, as a result, many beneficiaries with moderate-to-high drugs costs will spend a considerable part of each year paying the full out-of-pocket price for needed medications. It is not possible to assess the impact that such coverage gaps will have on beneficiaries’ use of medications because no current drug coverage plans have this benefit design. In addition, it is not known how the Medicare drug benefit will impact drug and medical services use and spending patterns by Medicare beneficiaries. This is especially the case for those beneficiaries who are particularly vulnerable because of changes in medications, such as the severely disabled, Medicaid-Medicare dual eligibles, and beneficiaries in long-term care facilities. At this point, it is

fair to say that the benefit design raises more questions than it answers about affordability, access, and the continuity and quality of pharmacologic care.

To address some of these concerns, faculty and staff at the Peter Lamy Center on Drug Therapy and Aging are undertaking an intensive research program to evaluate the impact of the Part D Medicare program on beneficiaries. **Bruce Stuart, PhD,**

and **Linda Simoni-Wastila, PhD,** are conducting several research studies intended to inform policy-makers and clinicians about the potential positive and negative ramifications of the new Medicare drug benefit. One project, sponsored by the Robert Wood Johnson Foundation, is examining how gaps in coverage influence drug use and spending and whether, in the long run, reductions in drug use and spending translate into increases in spending for other, more expensive services such as hospitalizations and emergency department visits. In a paper published in April 2005 in the web exclusive edition of *Health Affairs* (www.healthaffairs.org), the authors found that gaps in drug coverage do result in reduced drug spending and that individuals with specific chronic medical conditions experience even greater reductions despite greater need. In related work, the authors are further investigating the impact of drug coverage gaps in beneficiaries with two common chronic medical conditions—diabetes and severe mental illness—in order to determine whether gaps in drug coverage result in reduced spending for medications used specifically for these conditions.

In a project funded by the Commonwealth Fund, several different studies related to the Part D drug benefit are being conducted. One study, to be published by *Health Affairs* in July 2005, focuses on the variations in out-of-pocket spending projected for beneficiaries with

the Standard Part D. Another addresses the likely impact of the asset test required for subsidized drug coverage. A third paper examines the impact of insurance. A fourth study is looking at patterns of over-the-counter (OTC) medications in long-term care facilities. Although OTC medications will not be reimbursed under the Part D plan, their use is quite common—more than 95 percent of all nursing home residents use at least one OTC drug per month, accounting for 37% of all drug utilization. By not including OTC medications for reimbursement, the Part D benefit may have the unintended consequence of increasing use of more expensive—and potentially more potent—prescription substitutes.

Finally, the Lamy Center has received a 2-year grant from the Office of the Assistant Secretary of Planning and Evaluation (ASPE), U.S. Department of Health and Human Services, that will result in the first-ever national estimates for prescription drug spending by Medicare beneficiaries in various types of long-term-care facilities. Working with the Centers for Medicare and Medicaid Services (CMS) and Omnicare, a large long-term-care pharmacy provider, Lamy Center investigators are developing and applying a series of algorithms that will result in therapeutic drug class and individual drug-level use and spending estimates. Until recently, the special needs of the over 1.5 million Medicare beneficiaries residing in nursing homes have been largely unaddressed by Part D drug benefit planners. Findings from this study will provide much-needed information on drug use and spending patterns in nursing homes, providing a foundation for resource allocation, clinical interventions to improve quality of care, and appropriate medication management. ■

Researchers Look at Aging Effect on Fitness and Muscle Strength in Older Persons with HIV

Since its development about ten years ago, the HIV drug combination therapy, or highly active, antiretroviral therapy, has given many people with HIV several extra decades of life. HIV-positive individuals who have access to the therapy are routinely living well into their 50s—a situation that would have been hard to imagine 20 years ago, in the early years of the epidemic.

As the HIV-infected begin to live beyond middle age, they are experiencing the same age-related health problems that plague much of the older HIV-negative population—arthritis, weight gain, cardiovascular problems, diabetes, high blood pressure, and high cholesterol. Some of these can be further complicated by HIV medication. In addition to these co-morbid conditions, older HIV-positive adults are also at risk for loss of aerobic fitness, which declines by approximately one percent per year in healthy, sedentary adults.

Since a “geriatric HIV-infected population” is a new phenomenon, relatively little research has been done on this group or on how HIV itself affects the aging process and fitness.

Kris Ann Oursler, MD, ScM, assistant professor of medicine who directs the Infectious Disease Clinic at the Baltimore VA Medical Center, and her mentor, **Les Katzel, MD, PhD**, associate professor of medicine and clinical director of the Baltimore VA Geriatric Research and Education Clinical Center (GRECC), recently began a study to investigate how aging affects older HIV-infected patients.

“We hypothesize that older HIV-infected adults have an accelerated decline in physical functioning that is in part modifiable with exercise rehabilitation interventions,” Oursler says.

In the Geriatric Exercise Training for Fitness (GETFIT) study subjects, ages 21–65+ who are on stable antiretroviral therapy, are being recruited through the VA Medical Center. They will complete a standard battery of functional performance

measures: six-minute walk; exercise on a treadmill with a measure of aerobic capacity; DEXA scan to measure percentage of lean mass; CT scan of the lower leg to measure muscle area; and a measure of muscle strength and range of motion. The researchers will compare the outcome measures of the HIV-infected subjects with normative data in the literature for age- and gender-matched healthy adults, as well as to results from other GRECC exercise studies.

Oursler and Katzel hope that the study helps answer several questions, including whether the functional decline is steeper as patients age and to what degree it might be in part attributable to co-morbid factors such as hepatitis C infection, side effects from antiretroviral therapy, or other medical co-morbid conditions, such as chronic lung disease.

GETFIT will continue through approximately the middle of 2006. The next step, says Oursler, is to develop a diet and exercise program targeted to HIV-positive older adults. A future study will look at similar subjects 50 and over and their performance on the same measures before and after an exercise intervention.

“This study will be a randomized clinical trial with a diet and exercise intervention to see if such an intervention could improve subjects’ cardiovascular health,” says Oursler. She and Katzel have submitted a grant to VA Research and Development to support this research. ■

Jay Magaziner Receives MERIT Award



Jay S. Magaziner, Ph.D., M.S., Hyg., Professor, Director of the Division of Gerontology of the Department of Epidemiology & Preventive Medicine and co-director of the University of Maryland

Center for Research on Aging and the UMB/UMBC Doctoral Program in Gerontology has been awarded his second Method to Extend Research in Time (MERIT) Award from the National Institute on Aging (NIA). The award recognizes Dr. Magaziner’s “outstanding record of scientific achievements as a principal investigator on NIA research projects” in addition to his “sustained contributions to aging, and leadership and commitment to the field.” The prestigious award provides a budget of \$6.8 million for its first five years and is renewable.

The first ten years of this award was used to examine issues pertaining to recovery from hip fracture at the physiological level, and to evaluate promising interventions to reduce the losses experienced by hip fracture patients. This second MERIT Award is to extend this prior work into an examination of men with hip fracture. Dr. Magaziner’s goal for the next five to ten years is to bring our understanding of the consequences of hip fracture in men up to the level it is currently at concerning women, and to advance our understanding of the consequences of hip fracture for men and women.

There are over 350,000 hip fractures per year in the United States and over 1.6 million annually worldwide. Some notable consequences are that approximately half do not regain their pre-fracture abilities to perform basic tasks required for everyday life, precipitous loss of bone mineral density, and increased use of health care resources. Most of what we know has been learned from studies of women. This project will address these and other issues in a large study of men and women within the Baltimore Hip Studies.

Kevin Eckert Named Dean of Erickson School



J. Kevin Eckert, Ph.D., co-director of the UMB/UMBC Doctoral Program in Gerontology and Professor, Department of Sociology and Anthropology at UMBC has been named Dean of UMBC's

Erickson School for Aging Studies. A primary focus of the school will be improving the quality of education for professionals in the burgeoning aging services and care industry, which is essential to ensuring a decent quality of life for America's growing aging population.

The Erickson School of Aging Studies was established in April 2004 with a \$5 million gift from John Erickson, founder and chief executive officer of Erickson Retirement Communities, the Baltimore-based firm that is a national manager and developer of campuses for middle income people over 62 years of age. The school provides executive education, public policy leadership, and applied investigative research related to aging, aging services and seniors housing and care. Future plans also include offering specialty degree programs at the undergraduate and graduate levels. For more information, visit <http://www.umbc.edu/erickson>.

Carmen Morano Named Educator of the Year

Carmen Morano, Ph.D., Associate Professor, School of Social Work and Chair of the school's Aging Specialization was named the Social Work Educator of the Year by the Maryland Chapter of the National Association of Social Workers. Dr. Morano, who received his award at the Chapter's annual conference held on March 31, 2005, was honored for his outstanding contributions to the field of social work education as well as for his service to older adults through his participation in community initiatives serving the aged and their family caregivers

GGEAR Program to Receive MGA Award

The Geriatrics and Gerontology Education and Research Program (GGEAR) has been chosen by the Maryland Gerontological Association (MGA) as the recipient of the organization's annual program recognition award. The award will be presented to GGEAR's Director, Reba Cornman and the MGA's annual conference scheduled for June 9, 2005. The GGEAR Program was chosen to receive this honor in recognition of the program's long term commitment to promoting inter-professional education in aging for health professionals, students and family caregivers throughout the State of Maryland.

NEW FACULTY APPOINTMENT

Michael Terrin, M.D., C.M., M.P.H.

has recently joined the faculty of the Department of Epidemiology and Preventive Medicine, Division of Gerontology with the rank of Professor. Dr. Terrin received his M.D., C.M. from McGill University School of Medicine and his M.P.H. from the Johns Hopkins University School of Hygiene and Public Health. Prior to joining the faculty Dr. Terrin was President and Chief Executive Officer, Maryland Medical Research Institute in Baltimore. He has extensive experience in the implementation and analysis of clinical trials and in the field of epidemiology.

Dr. Terrin is currently working with Jay Magaziner, Ph.D., Ms.Hyg., Director of the Division of Gerontology on the design and implementation of clinical trials and is running the data coordinating center for a clinical trial concerning approaches to transfusion in patients who have had hip fractures.

FACULTY— NEW RESEARCH GRANTS

Richard Macko, M.D. Physician, GRECC, VA Maryland Health Care System, and Professor, Department of Neurology, University of Maryland School of Medicine has received a \$4,200,000 grant from the Baltimore Department of Veterans Affairs Rehabilitation, Research & Development Center of Excellence. The

title of the grant is Task-Oriented Exercise and Robotics in Neurological Disease. The focus of this 5 year grant is to optimize functional recovery in gait impaired stroke patients using a multi-systems approach investigating models of task-oriented exercise, robotics, and behavioral modification. The studies will determine the optimal exercise formulas to improve fitness vs. ambulatory function, establish novel protocols integrating lower extremity modular robotics with exercise to enhance locomotor learning, and establish behavioral modification strategies to overcome barriers to mobility recovery and durably shape habitual activity patterns and participation. As the research in the Center of Excellence progresses, the information learned will be applied to other neurological conditions such as Multiple Sclerosis, Parkinson Disease and Spinal Cord injury.

Carole Woodle, Ph.D., Assistant Professor, Division of Gerontology, Department of Medicine has received a Career Development Award from the American Diabetes Association entitled, Perilipin Regulation of Hormone-Sensitive Lipase.

Obesity is reaching the status of an epidemic level in USA and obese patients have increased high risk to develop of diabetes type 2. Hence, a skyrocketing number of patients, suffering from diabetes type 2, is expected in the near future. Dr. Woodle's goal is to identify crucial steps in the disease that could be curtailed by the development of new drugs. Adipose tissue functions to store the surplus of energy in the body under the form of fat. With developing obesity, increased adipose tissue mass makes the adipose tissue unable to control its fat storage. The extra fat is to be released in the blood circulation and is taken up by tissues such as muscle, liver and pancreas, creating major metabolic disturbances in these organs and affecting their normal functioning controlled by insulin. Two major players have been identified to play an important role in fat storage and release: Perilipin, the protein envelop that helps packaging the fat and the Hormone sensitive lipase that helps release the fat from the adipose tissue. The proposal aims to understand the mechanism by which these two players are able to control the fat release

from adipose tissue. Such a mechanistic understanding will be helpful to design drugs to prevent detrimental excessive fat release from the adipose tissue.

Denise Orwig, Ph.D., Assistant Professor, Division of Gerontology, Department of Epidemiology and Preventive Medicine is the Principal Investigator for two

clinical trial studies sponsored by Novartis Pharmaceuticals Corporation and the National Heart, Lung and Blood Institute (NHLBI). The Novartis study Phase III clinical trial is entitled, Multinational, Multicenter, Double-Blind, Randomized, Placebo-Controlled, Parallel Group Study Assessing the Efficacy of Intravenous Zoledronic Acid in Preventing Subsequent

Osteoporotic Fractures after a Hip Fracture. The NHLBI study is a randomized-controlled research study entitled, Transfusion Trigger Trial for Functional Outcomes in Cardiovascular Patients Undergoing Surgical Hip Fracture Repair. ■

STUDENTS News

SCHOOL OF SOCIAL WORK

Charles Smith, a doctoral candidate in the School of Social Work has received one of the prestigious Hartford Doctoral Fellowships in Geriatric Social Work. Mr. Smith's research is entitled, Critical Review of Study of Study Methodologies Focusing on Gerontological Social Work Research. The dissertation will provide detailed examination of the status of geriatric social work knowledge, factors influencing methodological quality, and examination of a proposed new methodology for conducting studies of the status of a professions knowledge base that reduces limitations and increases cost-effectiveness.

The Fellowship bestows \$20,000 in funding for up to two years to assist doctoral candidates to complete their dissertation research. Travel expenses to two national conferences plus a \$10,000 match from the host institution is also provided.

THE DOCTORAL PROGRAM IN GERONTOLOGY



Kate de Medeiros, doctoral student, was a co-winner of the 2004 Margaret Clark Award for outstanding paper in anthropology and gerontology among graduate students. Her paper was entitled, Expanding

Narrative Approaches to Life Stories of the Elderly. Ms. De Medeiros had a paper published in the *Journal of Aging Studies* 19 (1): 1-13 entitled, The Complementary Self: Multiple Perspectives on the Aging Person.



Tom Shaffer, doctoral student, was a participating author in four articles:

Doshi, J, **Shaffer T**, Briesacher, B., National Estimates of Medication Use in Nursing Homes: Findings from the 1997

Medicare Current Beneficiary Survey and the 1996 Medical Expenditure Survey, *Journal of the American Geriatric Society*, 2005 (in press).

Rector TS, Spector WD, **Shaffer T**, Finch MD, Pneumonia in Nursing Home Residents: Factors Associated with On-Site Care of EverCare, *Journal of the American Geriatric Society*, 2005 (in press).

Hodlowsky R.T., Spector W, **Shaffer T**. Effects of Nursing Home Ownership Type and Resident Payer Source on Hospitalization for Suspected Pneumonia, *Medical Care*, 2004

McAuley W, Spector W. D., Van Nostrand J, **Shaffer T**, The Influence of Rural Location on Utilization of Formal Home Care: The Role of Medicaid, *The Gerontologist*, 2004

EPIDEMIOLOGY OF AGING

Anita Bercovitz is completing her post-doctoral fellowship with NRSA (Primary Care Training Grant) and has started a position at the National Center for Health Statistics (NIH), Long-Term Care Branch.

Elizabeth Pradhan, doctoral student, was a co-author in the following publications:

Christian P, West KP Jr, Katz J, **Pradhan EK**, LeClerq SC, Khatry SK, Shrestha SR. Cigarette Smoking During Pregnancy in Rural Nepal: Risk Factors and Effects of Beta-carotene and Vitamin A Supplementation. *Eur J Clin Nutr* 2004 Feb; 58(2):204-11.

Katz J, Khatry SK, Thapa MD, Schein OD, **Pradhan EK**, Leclerq SC, West KP Jr. A Randomized Trial of Povidone-iodine to Reduce Visual Impairment from Corneal Ulcers in Rural Nepal. *Br J Ophthalmol*. 2004 Dec; 88(12):1487-92.

Khatry SK, Lewis AD, Schein OD, Thapa MD, **Pradhan EK**, Katz J. The Epidemiology of Ocular Trauma in Rural Nepal. *Br J Ophthalmol* 2004 Apr; 88(4):456-60.

Whitcomb BW, **Pradhan EK**, Pittas AG, Roghmann MC, Perencevich EN. Impact of Intensive Care Unit Type on Hyperglycemia-associated Mortality. Submitted for publication in *Archives of Internal Medicine*.

Ajith Silva, Ph.D., post-doctoral fellow has authored the following publications:

Silva A. Convergence of Long Term Care Planning and Retirement Planning at the Work Place. *Journal of Aging and Social Policy*. V.16, No.2, 2004.

Silva A. Multiple Dimensions of Individual Financial Preparation for Long Term Care. *Journal of Aging and Social Policy*. V.16, No.2, 2004.

Silva A. Letter to the editor: Special Issue on Individual Preparation for Long Term Care. *Journal of Aging and Social Policy*. Vol. 16(4) 2004 ■

EDUCATION

Highlights

Annual Dementia Conference – November 29, 2005

The Geriatrics and Gerontology Education and Research Program (GGEAR), the Alzheimer's Association, Greater Maryland Chapter and the Maryland Gerontological Association will sponsor the annual dementia conference on November 29, 2005.

The speakers will include Eric Tangelos, M.D., The Mayo Clinic; Nicole Brandt, Pharm.D., University of Maryland School of Pharmacy; and Jason Brandt, Ph.D., The Johns Hopkins University School of Medicine and the Copper Ridge Institute. The conference brochure will be available in September. For further information, please contact Reba Cornman, rcornman@umaryland.edu.

WHRG Symposium on Bone Health and Osteoporosis

The University of Maryland Baltimore's Women's Health Research Group will be sponsoring its Eleventh Annual Interdisciplinary Women's Health Research Symposium on October 7, 2005. The program, "Bone Health and Osteoporosis" will bring together internationally recognized scientists who will discuss the following topics: The Surgeon General's Report, bone biology, bone epidemiology, nutrition, Vitamin D, physical activity, genetics, pain management, rehabilitation, hip fractures, children, screening and diagnosis, secondary causes of osteoporosis, osteoporosis in men, and treatment. The program will take place in Baltimore at the Baltimore Marriott Inner Harbor Hotel. The brochure will be available in the late summer. For further information, visit the web site at: <http://medschool.umaryland.edu/womenshealth/whrg/boneconference.html>, send an e-mail to: whrg@epi.umaryland.edu or call (410) 706-2866. ■

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