

# ADVANCES *in Aging*

## Alzheimer's: Treating the Human Side of the Disease

Alzheimer's disease affects approximately 4 million people in the United States; 19 million Americans have a family member with the disease. As the U.S. population ages, the incidence of Alzheimer's disease will increase. Around the country, health professionals called geriatric psychiatrists, or geropsychiatrists, are working with Alzheimer's patients and their families in diagnosis, education, treatment, and the issues surrounding the disease. Now and in the future, there is a pressing need for comprehensive and compassionate services; David Loreck, M.D., is helping to fill that need.



David Loreck

Loreck is a board-certified geropsychiatrist who is deeply involved in the VA Medical Center's geriatrics and Alzheimer's disease assessment clinic.

"When I came here" – about eight years ago – "there was a geriatric assessment and primary care clinic, run by Dr. Conrad May. I went to him and we looked at their caseload; about 50 percent of the referrals were for Alzheimer's disease and dementia," Loreck says. They expanded the clinic accordingly, and Loreck has

developed and expanded the Alzheimer's and dementia component of the program.

The clinic is targeted for comprehensive assessment of the frail elderly. The clinic sees, says Loreck, "people who seem like they're at risk for not maintaining their independence. What we offer is a comprehensive, multidisciplinary geriatric assessment. We can offer more time and expertise from different disciplines than a routine primary care appointment."

The clinic involves social workers, pharmacists, geriatric psychologists, neuropsychologists, physician's assistants, nurse practitioners, geriatric internists, and often law school students. Patients talk to several team members before the group meets to discuss the case.

"Our goal is to assess a person's medical status, cognitive status, functional status, and psychosocial support system," Loreck says.

Frequent questions that the clinic helps to answer include: Is this normal aging, or is it Alzheimer's? If it is Alzheimer's, what stage of the disease is he/she in, and what are the short- and long-term prognoses? Are there treatments or medications that can help with the symptoms, including behavioral problems? Should he/she still be driving? Does he/she need to be in a nursing home? What can we do to keep him/her out of a nursing home as long as possible? What resources are available for help?

The clinic spans the spectrum; it is, or can be, involved in diagnosis and staging of Alzheimer's disease and dementia, treatment (of the

disease and its complications), associated management issues, follow-up, and psychosocial support.

In some cases, Loreck says, a diagnosis of Alzheimer's disease can be made on the first visit. Often, however, "we see a lot of complicated medical cases that need additional tests and evaluation, and then we bring [the patient] back for a follow-up visit."

Another goal of the clinic is to avoid or delay nursing home placements. "We're a big supporter of adult day programs," says Loreck. "Say your dad has wandered from home a couple of times. If he's in an adult day program Monday through Friday, you can still go to work and not worry that he's getting lost." According to Loreck, the VA provides contracts for adult day care with several community programs. "Adult day care provides a respite for the intense toll that supervising an Alzheimer's patient can take on the family," he says.

The clinic helps with recommendations about living arrangements, as well as about day-to-day coping mechanisms for both the patient and the caregiver.

At any given time, says Loreck, the clinic follows 300-400 patients, and completes 150-200 new assessments per year.

One of the largest missions of the program is education, says Loreck. The clinic is in a clinical rotation, providing training and education for interns, residents, fellows, and externs in psychology, neuropsychiatry, medicine, psychiatry, pharmacy, social work, and nurse practitioner.

His clinic work, however, is only 25 percent of Loreck's job. He is the attending physician for the VA Baltimore Rehabilitation and Extended Care Center (BRECC), which has a 54-bed specialized unit for patients with advanced Alzheimer's disease and other dementias. "The unit is not a permanent placement for patients," says Loreck. "Most stay at least a year, but if demand increases, that could drop

Continued on page 3

GGEAR, Alzheimer's Association, Central Maryland Chapter, and Maryland Gerontological Association presents

### Eighth Annual Dementia Conference

October 16

UM Center For Research on Aging, GGEAR, Claude D. Pepper OAIC and Baltimore VA GRECC presents

### Advances In Aging Lecture: Management of End of Life Care

October 26

See Calendar for details (page 8).

# Department Responds to Need for Geriatric Physical Therapy

Geriatrics is a rapidly growing specialty in physical therapy. Normal aging need not result in pain and loss of mobility. Physical therapists work to help older people help themselves in dealing with the aging process and with physical complications caused by a disease or an accident.

The Department of Physical Therapy in the School of Medicine, chaired by Mary Rodgers, PhD, PT, offers a professional program with a number of

opportunities for education in geriatric care. These involve didactic instruction, interdisciplinary team practice, patient treatment, and community prevention programs.

Entry level and elective courses in geriatrics are co-taught by assistant professors Denise Bender, MEd, PT, GCS, Ellen Wruble, MSPT, CWS, and Rhonda Stanley PhD, PT. Stanley also leads the Geriatric Seminar course, where students are required to formally present a seminar topic in geriatrics.

Other courses offered with a geriatric component include Human Growth and Development, taught by Janet Hale, PT and Kelly McBride, MA, PT; Psychology of Disability, a required course taught by Bender; and Community Health, taught by Kathy Davis, MA, PT, which allows students to volunteer for "hands-on" experience in a geriatric setting.

Outside the classroom, students can participate in several interdisciplinary courses in geriatric care offered through the Western Maryland Area Health Education Center (AHEC), Eastern Shore AHEC, and GGEAR. Arrangements have been made allowing students to participate in the Geriatric Assessment Interdisciplinary Team Program (GAIT).

In the area of research, several faculty members study various geriatric populations. Drs. Gerry Smith, Jill Whittall, Larry Forrester, and Sandy Waller, assisted by a number of students, are conducting stroke research. Drs. Gadi Alon, Kevin McQuade, and Stanley are in the preliminary stages of studying older women with a past history of hip fracture. Rodgers and Stanley are examining individuals of all ages who use manual wheelchairs as their primary means of locomotion. This study involves the development of a functional assessment tool to evaluate independence. Rodgers, working closely with Randall Keyser, is involved in the biomechanical analysis of wheelchair propulsion in young and older wheelchair users. The department also offers a new PhD program in Physical Rehabilitation Science.

The department of Physical Therapy has a faculty practice staffed by one part-time and two full-time physical therapists. Bender, Waller, and Stanley see older patients in this clinic. Specific populations are targeted, including various neurological patients with Parkinson's disease or other movement disorders, stroke, or vestibular dysfunction. Individuals with musculoskeletal problems are seen in the clinic by Bender, an American Physical Therapy Association (APTA) certified geriatrics specialist, and Waller, an APTA certified neurology specialist. The department is in the early stages of collaboration with area senior centers to provide geriatric physical therapy.

For more information, contact Stanley at 410.706.4543, or visit the Gerontology Programs at the University of Maryland, Baltimore web site, <http://gerontology.umaryland.edu>.



(front) Mary Rodgers, Margaret Alston, Rhonda Stanley, Kelly McBride  
(back) Gadi Alon, Jill Whittall, Ellen Wruble, Larry Forrester, Gerry Smith

*The Mission of the*

*Department of Physical*

*Therapy is to "optimize*

*health by promoting*

*wellness, preventing injury*

*and restoring function.*

*We accomplish this*

*through excellence and*

*leadership in patient*

*centered clinical practice,*

*education and research."*

*Rhonda Stanley, PhD PT*

## Alzheimer's

Continued from Page 1

below 6 months.”

“We can't guarantee permanent placement,” he says. What we represent is an extended period for assessment; we look for medical complications, behavioral problems, and try to get the patient back into the community. I think people would be surprised to know that at least one-third of our patients actually return to the community.”

If that isn't possible, he says, a patient's stay at BRECC “at least gives the family time to visit all the area nursing homes and make an unhurried, non-emergent, and very big decision.” There are also some very advanced cases, says Loreck, where BRECC is involved more with end-of-life care.

In addition to the clinic and BRECC, the program is involved in three research studies. One is a study on screening for dementia in primary care. Another is an unfunded study – “we're using our own resources,” Loreck says – on the best ways to assess cognition and function in advanced dementia patients. Finally, the group is one of the sites for a National Institute on Aging study examining factors that contribute to the quality of end-of-life care in Alzheimer's patients.

Treatment for Alzheimer's disease has advanced in recent years, says Loreck.

“There's nothing curative, but we have [medications] that may give mild to moderate improvement of symptoms for one to two years. We've gone from a do-nothing, throw-up-your-hands, “What can you do, it's Alzheimer's disease?” and we're entering a treatment phase.”

Before treatments existed, he says, “It was very hard to get primary care providers to do a lot for Alzheimer's patients. It was almost a therapeutic nihilism: ‘What's the difference, it's dementia, they're going to go downhill and wind up in a nursing home, and there is nothing to do about it.’ That's still sort of our biggest battle, because old prejudices die hard.”

Alzheimer's comes with complications, which commonly include behavioral or psychiatric changes – paranoia, severe depression, anxiety, irritability, or agitation. According to Loreck, 9 of 10 patients with Alzheimer's experience one or more of these complications, and they can have devastating results.

“Generally, those [complications] are the reasons a lot of times that a family member will be unable to care for someone in the community. Say you're taking care of your dad . . . one issue that's going to make you feel like you can't manage it anymore is if he starts accusing you of stealing his money, or threatening you, or if he takes a swing at you. Can you imagine how distressing that would be if you're trying to care for a spouse or parent? Lots of times these people have never had any history of anything like this, but they become progressively suspicious and hostile and may start doing dangerous things.”

Such complications are often overlooked in the general media coverage of Alzheimer's disease, says Loreck, making families unaware that they are actually common complications, and that effective treatment is available.

Additional information about programs in the VA for patients with Alzheimer's disease or related disorders can be obtained through Loreck, 410-605-7367, or through Cynthia Wiley, the clinical coordinator for dementia programs, at 410-605-7000, ext. 7428. The Alzheimer's Association can be contacted at 410-561-9099, or through their web page, [www.alz.org](http://www.alz.org).

*Advances in Aging*

## Reba Cornman, MSW, Receives Award

The Eastern Shore Area Health Education Center (AHEC) presented Reba Cornman, MSW, director, GGEAR Program, an award in June in recognition of her continued commitment to providing geriatric clinical education to health care professionals and students.



Reba Cornman

providing geriatric clinical education to health care professionals and students.

Cornman also has joined the Advisory Board of the Master's Program Studies in Aging at the College of Notre Dame of Maryland.

## PhD in Gerontology Approved at UMB and UMBC

*Advances in Aging* is pleased to announce that the Maryland Higher Education Commission and the Board of Regents of the University System of Maryland have approved an interprofessional MS/PhD in Gerontology, which will be coordinated through the University of Maryland Baltimore County and the University of Maryland, Baltimore. Kevin Eckert, PhD, of UMBC and Jay Magaziner, PhD, of UMB will co-direct the new degree program, which will begin admitting students in fall 2001. For further information please contact Eckert at 410-455-2960, or Magaziner at 410-706-4567.

# NEWS

# RESEARCH

## Highlights

### Epidemiology Trainees Reap Benefits of Interdisciplinary Research Environment

*A very dynamic “crew” of up-and-coming investigators is being honed in the Department of Epidemiology and Preventive Medicine. They are working in a program designed to train pre- and post doctoral students to conduct original independent research in the epidemiology of aging, and more specifically, the prevention of late life disability and functional decline, and to prepare doctorally trained professionals (MD., PhD, DO) for academic and research careers in primary medical care issues. Program Director Jay Magaziner, PhD, MSHyg, director of the Division of Gerontology in the Department of Epidemiology and Preventive Medicine, serves as the “captain” to foster the development of these young investigators.*

“The aging population has increased the need for research on diseases and disabilities that affect older persons,” says Magaziner. “For our epidemiology aging program we focus on four substantive areas where training faculty mentors have extensive gerontologic research experience and ongoing projects—musculoskeletal disorders, cardiovascular disease, women’s health, and long-term care. The primary care program offers many opportunities to study health and health care issues.”

The program boasts many strengths, including integration into a small, well-established graduate program offering Doctor of Philosophy and Master of Science degrees in epidemiology and preventive medicine.

“Students in this program have much to gain,” says Magaziner. “They can master a core curriculum in epidemiology and biostatistics, learn about the basic biological and psychosocial processes, gain expertise in at least one of the substantive areas, contribute to a research team under a primary and secondary mentor, and conduct original independent research.”

“Interdisciplinary collaboration is critical to cultivating a knowledgeable and meaningful career in gerontology research and in primary care,” says Magaziner. “This program facilitates a collaborative environment that bridges across units of the University. These trainees are building an invaluable network of mentors and colleagues as their careers mature.” The stories of five of the trainees serve as examples of their diverse backgrounds, interests and future plans.



**Program Director Jay Magaziner and trainees Cynthia Yonan, Charlene Quinn and Cynthia Port**



**Cynthia Yonan, PhD:** I received my PhD in clinical psychology (with a specialization in aging) in 1999 from Washington University in St. Louis. My dissertation research focused on the contribution of psychological factors to the development of communication difficulties in hearing-impaired older adults.

I am currently in my first year of a postdoctoral research fellowship in the epidemiology of aging with Drs. Jay Magaziner and Mona Baumgarten. My postdoctoral research focuses on mental health and aging. I am interested in understanding the contribution of depression and neuroendocrine factors to morbidity and functional decline in elderly hip-fracture patients. Recently, I was invited to discuss my hip-fracture research at the National Institute on Aging Summer Institute.

My other research focuses on the long-term course of depression in caregivers of Alzheimer’s patients. I am coauthor with Drs. Mona Baumgarten and J. Richard Hebel on a manuscript that was recently submitted for publication, “Depression in Bereaved Caregivers: A Five-Year Prospective Study.” A manuscript of my dissertation work, “The Influence of Personality and Behavior on Hearing Handicap in Older Adults,” will also be submitted for publication shortly. My Master’s work on speech perception in the elderly was published in *Psychology and Aging* (March 2000).



**David Mann, MD, MS:** As a recent graduate of the department’s preventive medicine residency, I am currently a PhD student in epidemiology in the primary care training program.

I am the primary worker on the University’s obligations as a contractor to the Maryland Department of Health and Mental Hygiene for the arthritis program development grant. This involves analyzing existing state data to generate estimates of arthritis prevalence in Maryland, and assisting in the development of public health intervention programs and the development of a Maryland arthritis plan. Arthritis and its resultant disability are important issues for an aging population.

Along with Dr. Douglas Bradham, I am conducting a randomized

trial of two interventions for diabetes care in the VA population. This study is a test of ways to deliver existing knowledge, as opposed to a test of new knowledge. This is the essence of health services research, and I am convinced that improved delivery of existing knowledge can reap greater benefits than generating new knowledge that is poorly delivered. The issues of health services delivery in general and diabetes care delivery in particular are relevant issues for the elderly.

My interests involve examining factors that either promote or inhibit the receipt of influenza and pneumococcal vaccines by persons age 65 and over (all of whom should be current for both) in health care delivery systems. I am attempting to develop an approach to assessing current rates of vaccination using the administrative claims database at the Baltimore VA Medical Center.



**Jamie Benedict, BS:** I came to the University of Maryland, Baltimore in 1998 after receiving Bachelor of Science degrees in chemistry and biology from the University of Richmond. Currently, I am a third-year predoctoral student in the Program in Toxicology and a first-year gerontology trainee in the Department of Epidemiology and Preventive Medicine. My research addresses four main questions: 1) What genes regulate normal ovarian development? 2) What are the effects of environmental toxicants on ovarian development? 3) What are the mechanisms that underlie the effects of ovarian toxicants? 4) Is there evidence that environmental exposures are associated with ovarian toxicity, reproductive dysfunction, and reproductive aging in women?

My toxicology dissertation project focuses on the environmental contaminant dioxin and the mechanisms by which it causes ovarian toxicity through binding to an endogenous receptor known as the aryl hydrocarbon receptor. Thus far, the results of these studies suggest that the aryl hydrocarbon receptor is involved in neonatal and postnatal follicular development in the rodent ovary. To date, I have published two manuscripts on this research in the journals *Toxicological Sciences* (2000; 56: 382-388) and *Environmental Epidemiology and Toxicology* (in press).

In addition, I will begin studying how chemicals affect reproductive aging in women and will start my epidemiology coursework this fall and become involved in ongoing studies on menopause. This will begin to train me to conduct both epidemiologic and laboratory studies on reproductive aging.



**Cynthia Portt, PhD :** I received my PhD in counseling psychology in 1998 from the University of Minnesota. My dissertation research evaluated the impact of aging and age-related stressors on post-traumatic stress symptoms among older survivors of remote trauma, namely ex-prisoners of war from WWII and the Korean Conflict.

I am in my first year of a postdoctoral fellowship in primary care. My postdoctoral work focuses on dementia care and the involvement of family members and friends in nursing home care. In 1999, I received the Alzheimer's Association's Senator Mark Hatfield Award for Clinical Research in Alzheimer's Disease. The award includes a grant of \$225,000 over three years for the study "Informal Caregiver

Involvement and Quality of Care in the Nursing Home."

My research in the Division of Gerontology involves examining the prevalence of dementia in Maryland nursing homes and preparing manuscripts examining the accessibility of nursing homes to family members as well as the level of staff and family agreement in visitation frequency ratings.

Currently, I am completing a half-time postdoctoral appointment in neuropsychology within the Department of Neurology as part of the Epilepsy Team and conduct neuropsychological assessments of patients with epilepsy, dementia and other neurological disorders. My areas of interest within gerontology include long-term care, end-of-life care, and geriatric neuropsychology.



**Elizabeth Rasch, MS, PT:** I am a doctoral student in the Physical Rehabilitation Science program of the Department of Physical Therapy, with a concentration in epidemiology. Due to the hybrid nature of my doctoral program, I have advisors in physical therapy (Dr. Mary Rodgers) and epidemiology (Dr. Jay Magaziner). I am a licensed physical therapist holding BS and MS degrees in physical therapy, with 10 years of experience designing and conducting research related to physical therapy and 20 years of experience as a physical therapist with clinical expertise in neurology.

My involvement with the group stems from my interest in aging with a disability. The broad objectives of my research are to identify risk factors for secondary and comorbid health conditions among people with mobility impairments, and to understand how these factors can be altered to promote health and facilitate preventive intervention.

Currently, I am working on a three-year research project funded by a Veterans Affairs Merit Review grant (principal investigator: Dr. Mary Rodgers). The study is intended to assess the effects of a 12-week home exercise program on the fitness and functional independence of people who use manual wheelchairs, and to determine the relationship between functional independence and fitness in this population. Among people with spinal cord injuries, those who are more independent and more physically fit are at lower risk for secondary health conditions. My involvement in Dr. Rodgers' research provides the groundwork for my doctoral study and research in the future.

*For more information regarding the Department of Epidemiology and Preventive Medicine training programs, contact the Academic Coordinator's office, 410.706.3338.*

# Cutting Edge

# NEWS

## *Faculty, Staff & Students*



**Kevin Eckert**

**KEVIN ECKERT, PhD**, a professor in the Department of Sociology and Anthropology and Exceptional Sponsored Research Fellow at the University of Maryland Baltimore County (UMBC) received a 2000 Regents' Faculty Award for excellence in collaboration. Eckert has been at the forefront of collaborative curriculum, teaching, and research efforts. He has been one of the primary planners for

the recently approved PhD program in Gerontology at UMBC and the University of Maryland, Baltimore (UMB) (see page 3), and the Ph.D. program in Language, Literacy, and Culture, which involves faculty from UMBC, Salisbury State University, Frostburg State University and Towson University. Eckert has been involved in collaborative study with the Division of Gerontology, Department of Epidemiology and Preventive Medicine at UMB as part of the Long Term Care Project.

**BARBARA C. HANSEN, PhD**, professor and director of the Obesity and Diabetes Research Center, Department of Physiology, chaired a symposium at the Experimental Biology 2000 Meeting entitled "Calorie Restriction: Effects on Body Composition, Insulin Signaling and Aging." This symposium will be published in the *Journal of Nutrition*.

**JAMES P. G. FLYNN, MD, MPH**, vice president for medical affairs for the University of Maryland Medical System and medical director of Deaton Hospital, is now on the American Geriatrics Society's Council of State Affiliate Representatives. He is president of the Maryland Geriatrics Society.

**HOWARD A. PALLEY, PhD**, was a visiting professor in the Department of Preventive and Social Medicine, School of Medicine, University of Otago, Dunedin, New Zealand during June 2000. He delivered a lecture entitled "The Development of Long-Term Care Policy for the Frail Elderly in the United States of American: Some Social Policy Considerations."



**Howard Palley**

**CARMEN MORANO, PhD**, associate professor, has joined the School of Social Work. Morano received his Ph.D. from Florida International University (FIU) in 1999 and his MSW from Barry University in 1981. He served as an adjunct professor at FIU and a



**Carmen Morano**

licensed clinical social worker in Florida. With his wife, also a social worker, Morano started a private geriatric care management practice that currently staffs five social workers. He will be presenting "Measuring Caregiving Strain and Gain in Hispanic and Non-Hispanic Alzheimer's Disease Caregivers" at this year's Gerontological Society Association meetings.

# Mrs. G.

You're a nurse, or a pharmacist, or a social worker. You have an appointment with an older woman who is having some financial problems and can't keep track of her medication schedule. Her dentist recommended a full evaluation.

What do you do?

If you're using the University of Maryland's new web-based case project, you click on your areas of interest, listen to conversations among health care professionals, Mrs. G., and her daughter, and experience how each professional might assess Mrs. G.'s condition. In the end, you listen to several care providers discuss the case and formulate recommendations for the woman.

"The point is to demonstrate to students and to professionals how collaboration can support functioning in older adults," says Reba Cornman, MSW, GGEAR's director. "It demonstrates the benefits of each profession, and how each can be helpful to a patient."

The case project, under the aegis of the Geriatrics and Gerontology Education and Research (GGEAR) program, was developed as a collaborative effort across professional specialization. The team of faculty included Denise Bender, Department of Physical Therapy, School of Medicine; Nancy Friedley, School of Medicine; Joan O'Sullivan, Law School; Nicole Brandt, School of Pharmacy; Frances Lodder, Sinai Hospital Department of Social Work; Marianne



Actors portray Mrs. G. and her daughter talking to a social worker.

Shaughnessy, School of Nursing; and Janet Yellowitz, Dental School. The Office of Medical Education in the School of Medicine then designed the web site, integrating written dialogue, spoken dialogue, and slides. The case can be seen at, <http://gerontology.umaryland.edu>, under the Education and Training heading.

The roles of Mrs. G., her daughter, and other characters were played by members of Ages on Stages, an intergenerational acting troupe that performs around Baltimore, focusing on aging issues. University faculty and staff members also play roles.

The site is supported by GGEAR's affiliation with the Washington, D.C. area Geriatric Educational Center Consortium, which is funded through the Bureau of Health Professions, Health Resources and Services Administration.

A study guide will soon be available providing questions and evaluation forms, making the website useful to student groups. Fourth-year medical students will work on the case as part of their ambulatory care rotation, says Cornman. In addition, a second case, in which the competency of an older man is assessed, is expected to debut next year.

"We hope the cases will prove useful to each of the schools as they train their students to work in the field of geriatrics or at least be knowledgeable about working with older individuals who will inevitably be part of any health care practice," Cornman says.

## GGEAR Honors UMB Students

The Geriatrics and Gerontology Education and Research Program (GGEAR) held its annual ceremony on May 24, 2000 honoring students from each of the six professional schools who demonstrated an exceptional interest and dedication to the clinical care of the older adult. Each student received a certificate and \$100.



Natalie Goodman, Kevin Gerold, Suzanne Sheets, Craig Smith, Jennifer Diettrick, Daniel Cohen, Marty Eng

Faculty members, whom had become familiar with the students' interests through achievements in coursework and/or clinical placements, nominated students and presented the awards. This year's student award winners were Daniel Cohen, Dental School; Kevin Gerold, School of Law; Natalie Goodman, School of Medicine; Suzanne Sheets, School of Nursing; Jennifer Diettrick and Marty Eng, School of Pharmacy; and Craig Smith, School of Social Work. Nicole Brandt, PharmD, Constance Saltz Corley, PhD, Conrad May, MD, Joan O' Sullivan, JD, Barbara Resnick, PhD, and Janet Yellowitz, MDMD, MPH, presented awards. Faculty members, family and friends of the award recipients attended the ceremony in Davidge Hall, which was officiated by GGEAR Director Reba Cornman.

*Advances in Aging* is published quarterly by the the University of Maryland Center for Research on Aging, the University of Maryland Geriatrics and Gerontology Education and Research Program, University of Maryland Claude D. Pepper Older Americans Independence Center, and the Geriatrics Research, Education and Clinical Center of the VA Maryland Health Care System, Baltimore, Maryland. For further information about the newsletter and gerontology programs at the University of Maryland, Baltimore, call 410.706.4567, or visit our web site, <http://gerontology.umaryland.edu>.

### Editorial Staff

L. Jean Hetmanski

Nancy Volkers

# CALENDAR *of Events*

**A quarterly listing of educational programs on aging research and clinical practice in the mid-Atlantic region. Contact information is listed with each program.**

## **October 4, 2000**

Eastern Shore AHEC  
**Fourth Annual Eastern Shore AHEC Geriatric Symposium**  
Salisbury, Maryland  
410.221.2600

## **October 9-10, 2000**

Penn State University  
**Society Impacts on Personal Control in the Elderly**  
University Park Campus at  
State College, Pennsylvania  
814.863.5100

## **October 12-14, 2000**

Johns Hopkins University  
**28th Annual Johns Hopkins Current Topics in Geriatrics**  
Renaissance Harborplace Hotel  
Baltimore, Maryland  
410.955.2959

## **October 16, 2000**

GGEAR, Alzheimer's Association  
Central Maryland Chapter and  
Maryland Gerontological Association  
**Eighth Annual Dementia Conference**  
Pikesville Hilton  
Baltimore, Maryland  
410.706.4327, or 410.561.9099

## **October 26, 2000**

UM Center for Research on Aging,  
GGEAR, Claude D. Pepper OAIC,  
and GRECC  
**Advances in Aging Lecture:  
Management of End of Life Care**  
*Thomas E. Finucane, MD, Division of  
Geriatric Medicine and Gerontology,  
Johns Hopkins Bayview Medical Center*  
*Diane Hoffman, JD, MPH.  
University of Maryland School of Law*  
Baltimore VA Medical Center  
Baltimore, Maryland  
410.706.4567

## **November 17-21, 2000**

Gerontological Society of America  
**53rd Annual Scientific Meeting**  
Washington, D.C.  
202.842.1275

## **December 5, 2000**

UM Law and Health Care Program  
**Crisis in Long Term Care Conference**  
Baltimore VA Medical Center  
Auditorium  
Baltimore, Maryland  
410.706.7239

## **December 14, 2000**

University of Maryland  
**Center for Research on Aging  
Lecture**  
*Mona Baumgarten, PhD, Department  
of Epidemiology and Preventive  
Medicine, UM School of Medicine*  
UMB, Howard Hall  
Baltimore, Maryland  
410.706.4567

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### **Abbreviations**

UM - *University of Maryland*  
UMB - *University of Maryland,  
Baltimore campus*  
GGEAR - *UM Geriatrics and  
Gerontology Education and Research  
Program*  
GRECC - *Baltimore VA Maryland  
Health Care System Geriatric Research,  
Education and Clinical Center*  
Claude D. Pepper OAIC - *University  
of Maryland Claude D. Pepper Older  
Americans Independence Center*

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