A Comparison of How Generalists and Fellowship-trained Geriatricians Provide “Geriatric” Care

*Presentation by Will Saxena, MD:*


With the rapidly ageing society, health care of the elderly is set to emerge as one of the stiffest challenges the world of medicine is likely to face in coming decades. The current study tried to examine the adequacy of geriatric care provided by generalist primary care physicians as opposed to fellowship trained geriatricians.

**Purpose:** to determine whether outpatient care provided to older patients by fellowship-trained geriatricians is distinguishable from that provided by generalists.

**Study design:** was an observational study conducted at three primary care clinics of an academic medical center with a random sample of 140 adults aged 65 and older receiving primary care at one of the clinics. A medical chart review involving records of 69 patients receiving primary care from a fellowship-trained geriatrician and 71 patients receiving primary care from a generalist (general internal medicine or family practice) was conducted; information pertaining to two practice behaviors relevant to the care of older adults—avoidance of inappropriate prescribing and proactive assessments for geriatric syndromes—was abstracted.

**Results:** Geriatricians scored 17.6 out of a possible 24 points, on average; generalists scored 14.2 (*P*<.001). Geriatricians scored higher than generalists on prescribing and geriatric syndrome assessments. In a linear regression model adjusting for patient age and number of comorbidities and clustering according to provider, provider specialty was strongly associated with overall score (β coefficient for specialty=6.75, *P*<.001; 95% confidence interval=4.57–8.94).

**Conclusion:** the practice style of fellowship-trained geriatricians caring for older adults appears to differ from that of generalists with regard to prescribing behavior and assessment for geriatric syndromes. The findings support the cause to enhance education and training of the healthcare workforce with respect to full spectrum of health needs of elderly.
Cognitive and cerebral metabolic effects of celecoxib versus placebo in people with age-related memory loss: Randomized controlled study

Presentation by Susan Duffy, MD:


Epidemiological studies – association of NSAID use with lower risk of Alzheimer Disease (AD). Most randomized placebo controlled trials may be explained by Neuroprotein. Effects occur with these drugs before dementia symptoms are clinically obvious. Safety concern with increased risk of death with use of NSAIDS after first MI. 40% people >65 years have age associated memory impairment characterized by self-perception of memory loss.

**Purpose:** to determine the effects of the cyclooxygenase-2 inhibitor, celecoxib, on cognitive performance and regional cerebral glucose metabolism in nondemented volunteers with mild age-related memory decline.

**Study Design:** This was a randomized, double-blind, controlled 18-month trial conducted in a university research setting. The intervention was a daily celecoxib dose of 200 or 400 mg or placebo. Inclusion criteria was > 40 yrs old, objective cognitive performance for age group, and mild age-related memory complaints. At baseline standardized neurological test battery was conducted including EKG, E2, TSH, CBC, MRI, MMSE, Hamilton scale. Six cognitive domains were evaluated: psychomotor speed, visuospatial and executive exams, learning, delayed recall, and language & semantic memory. Statistical parametric mapping of FDG-PET scans was also performed.

**Results:** Measures of cognition showed significant between-group differences in executive functioning and language/semantic memory, favoring the celecoxib group compared with the placebo group.

Limitations were the small sample size and population limited to healthy people.

**Conclusion:** It may be that a daily celecoxib dose may improve cognitive performance.
Caring for older patients: Current attitudes and future plans of family medicine residents

*Presentation by Jason Wilbur, MD:*


Training of family medicine residents was reviewed and as the population continues to age, geriatrics training is important.

**Purpose:** to characterize the extent to which family medicine residents plan to include geriatric and nursing home care in their future practices, assess associations between residents’ plans to include geriatric and nursing home care with their current attitudes toward older people and impressions of the professional and financial satisfaction they will receive from care of the elderly, and identify the obstacles and incentives they perceive to including nursing home care in their future practices.

**Methods:** 139 residents in the 7 University of North Carolina Department of Family Medicine programs were surveyed.

**Analysis:** Simple descriptive statistics and t-tests were conducted.

**Results:** 116 (84%) surveys were returned. Positive attitudes toward elderly patients was reported. 92% planned to care for patients who were elderly. 68% anticipated that their practice would comprise elderly patients. Only 26% of the respondents planned to provide nursing home care.

**Conclusion:** Family medicine residents have limited interest in nursing home care and residency curricula will need to include health care needs for the aging society.
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