

# TGS/TMDA Enews Letter April 2023 May 2023



**Join us at our 34th annual conference!**  
**August 4-6, 2023**  
**Hilton Palacio del Rio**  
**San Antonio, Texas**  
**Hotel rate \$189/night**  
**Register today for early bird discount!**

**TGS/TMDA Conference Website**

### TGS SCHOLARSHIP FOR ANNUAL CONFERENCE

Texas Geriatrics Society is offering scholarships to Residents and Fellows with a strong interest in geriatrics to attend the TGS/TMDA Annual Conference.

Details:

- \$500 for attending entire conference
- \$250 for attending 2 full days
- \$125 for attending 1 full day

To apply, please email the following to Maggie Hayden: [maggie@texasgeriatrics.org](mailto:maggie@texasgeriatrics.org)

1. Your contact information (name; credentials, mailing address)
2. Short paragraph (250 words or so) about your future goals in geriatrics
3. Letter of support from a faculty member, supervisor, or program director

Scholarships are limited to the first ten accepted applicants. Deadline to apply is July 15, 2023. Accepted applicants will need to provide their own travel, hotel, and registration to the conference. Registration fee for Residents/Fellows/Students is \$30 for all 3 days. Please note scholarship recipients do NOT receive CME

Once at the conference, they will need to sign in each day, attend the sessions, and complete a post-session survey for each attended session. Checks, made payable to applicant, will be mailed post conference, provided all attendance requirements are met. **SPACE IS LIMITED TO 10**

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**Happy Spring!**



***Alzheimer's – The disease that takes two.*      By Dr. Neeta Nayak, MD**

There's a reason why I'm an enthusiastic geriatrics and palliative medicine trained physician.

One of my first house calls while doing an internal medicine residency was Mr. R, a 70-year-old veteran who had started showing signs of memory loss. He had been an electrician and retired around 60 years of age. He was a devoted grandfather and volunteered in his church. His wife, a pediatric nurse, noticed he was a bit forgetful and would occasionally bring home spinach from the grocery store when she'd asked for celery. They and his primary provider attributed his forgetfulness of names and dates to "senior" moments.

Life had gone on for another year or so when Mr. R forgot his wife's birthday and anniversary (mind you, Mr. R was one of those rare husbands who had never forgotten something so important in the 40 years they'd been married).

Things came to a head when he picked up his grandson from school and lost his way. The family had to call the police and found him and the child two hours north of the school with a flustered Mr. R driving around in circles, unable to find his home.

**The progression of the disease impacts more than just the patient**

Memory testing revealed a progressive loss of short-term memory, and he was diagnosed with probable Alzheimer's disease. His wife took it the hardest. She quit her job in pediatric nursing to become his 24/7 geriatric nurse at home.

By the time I did a home visit, he had become home bound and helplessly reliant on caregivers to assist him with daily activities such as bathing and dressing. He could barely remember his wife's name which added to her grief. Over a few months, he became incontinent, and wheelchair bound.

He could barely recognize food and would become highly agitated when his wife tried to hand feed him. They opted not to place a feeding tube and about a year later, he passed away gently on hospice. I distinctly remember his wife's tearful words to this day. "We had planned on renting an RV and driving all across America when he turned 70 and spending time together. All our dreams were crushed," she had shared. "Alzheimer's disease robbed me of my husband many years before he passed. He never knew who I was, his children or grandkids for the last few years. His brain was gone long before his body followed."

She asked questions that many facing this diagnosis struggle with every day. "Why did it take so long for us to find out he had Alzheimer's? Why can't the doctors do more for people like him? Why wasn't anyone able to help me do more for him?"

**Finding solutions with little to no answers**

I still feel her pain more than two decades later. My encounter with this couple and seeing my own grandmother who began demonstrating memory loss, made me feel so helpless in my ability to care for patients with neurodegenerative diseases and provide solace to their caregivers.

Alzheimer's disease is vastly underdiagnosed in its early stages. The eyes do not see what the mind does not know. I felt my own helplessness very keenly. It made me give up a fellowship in gastroenterology at the Mayo Clinic and switch to a fellowship in geriatric medicine at the University of Chicago. And I have no regrets.

Alzheimer's disease is a neurodegenerative disease that usually starts insidiously and worsens over time. It is the cause of 60% to 70% of cases of dementia. While the most common early symptom is difficulty remembering short-term events, the disease can progress to include problems with language, disorientation, mood swings, loss of motivation to care for oneself resulting in self-neglect and behavioral issues, withdrawal from loved ones, losing bowel and bladder functions and ultimately death. Most diseases affect the diseased person, run their course and either end up as

*(Continued on page 3)*

curable, fatal or chronic. But there is a familiar adage when it comes to Alzheimer's, "This is a disease that takes two." Alzheimer's disease is notorious for being chronic, progressive and relentless in its course and takes with it not only the person afflicted but also the caregiver. I have seen caregivers suffer intensely from the burden of daily caregiving; it takes a toll on their own emotional and physical health.

Alzheimer's disease and dementias are some of the most perplexing diseases among the myriads of diseases we studied in medical school and beyond. How can a person with no physical ailments, not even hypertension, end up with dementia? Why does it affect someone in their 60s with no family history or known risk factors, while someone with a century-old brain, can still be sharp as a tack?

### **After decades of intense research, why is this a disease that still defies a cure?**

We studied about plaques (clumps of a protein called beta-amyloid that appear in the spaces between neurons) and tangles (protein called tau that appears inside a neuron) in medical school and how they accumulate in the brains of those with Alzheimer's. But the jury is still out on their role in killing brain cells.

I cannot conclude this blog without a few words on Dr. Alois Alzheimer. He was a German psychiatrist who is credited with identifying the first published case of "presenile dementia," which his colleague Dr. Emil Kraepelin, would later name as Alzheimer's disease. In 1901, Dr. Alzheimer observed a 51-year-old woman named Auguste Deter who had puzzling behavioral symptoms and short-term memory loss. In 1906, upon her demise, he studied her brain and identified amyloid plaques and neurofibrillary tangles. He was a very dedicated neuropathologist and spent much time studying this brain disorder until his own premature death from an unrelated disease at age 51.

### **Facing an Alzheimer's diagnosis today**

As of 2020, there were about 50 million people and counting in the world with Alzheimer's disease. It seems to affect about 3% of people older than 65 and almost 32% of those over 85, women more often than men and is ranked in the top ten leading causes of death in the United States.

Treatment for this disease as of today is mostly palliative. Actions such as eating a healthy diet, exercising regularly, staying engaged socially and avoiding smoking and excess alcohol may help reduce the risk of cognitive decline.

I often wonder what we could do differently for Mr. R had it been now, instead of over 25 years ago. There were hardly any dedicated memory care units in his town that could've helped his wife. We do now! There were no medications easily available in the early to moderate stages of his diagnosis to temporize the disease. We do now! There wasn't much knowledge in the local health care community of resources and support groups available to his wife through the Alzheimer's association. We do now!

It's very apparent that Alzheimer's is a perplexing disease and caring for the patient and caregiver takes a compassionate village. While this couple didn't have the opportunity to benefit from this village, it's available now and there's hope for those that follow!

*Dr. Neeta Nayak is triple board-certified in internal medicine, geriatrics, hospice and palliative medicine. She is a passionate geriatrician and was raised in a family that prioritized caring for elders at home and experienced firsthand both the challenges and rewards that come along with that journey. She is a TMDA Board Member.*

**Texas Geriatrics at TexMed 2023**  
**May 20, 2023**  
**Fort Worth Convention Center**

Dr. Renee Flores, President-Elect of TGS, is this year's geriatrics program chair. She has coordinated the following speakers/sessions. We hope to see you there: [TexMed 2023](#)

**Saturday, May 20 at 8:30 am Room 202A**

***What Matters Most: Sexual Health (Renee Flores, MD, EdD, CSE, CSC)*** What matters most for older adults includes sexual health, yet few patient-physician encounters address sexual health. Despite adults remaining sexually active after age 50, the importance of sex to quality of life and what matters most is not topic patients or physicians bring up during a doctor visit. The newer generation of baby boomers is more accepting of sexuality due to social and political changes, which has increased the focus on sexuality and sexual rights. It is essential to be able to have the knowledge and tools from the healthcare perspective to be able to help older adults achieve what matters most. This session is targeted for clinicians to explore sexuality, attitudes, barriers to discomfort, communication, and how to address sexual health, which includes a skills-building tool for taking sexual histories and improving conversations about sex.

**Saturday, May 20 at 9:45 am Room 202A**

***What Matters Most: Geriatric Cardiology-An Emerging Discipline (Min Ji Kwak, MD, MS, DrPH)*** Cardiovascular diseases (CVD) are the leading causes of high morbidity and mortality, predominantly affecting older adults. Older adults with CVD tend to have multimorbidity and geriatric syndromes (polypharmacy, frailty, or cognitive impairment); therefore, cardiovascular clinicians taking care of older adults require geriatric-focused care, although their prior training might have yet to include the concept of geriatric medicine. Thus, geriatric cardiology has recently emerged as a discipline integrating geriatric medicine and cardiovascular medicine. The objective of this lecture is to introduce the field of geriatric cardiology to geriatric medicine clinicians, emphasize the critical role of geriatric medicine clinicians in the care of older adults with various cardiovascular diseases, and engage more geriatric medicine clinicians to join the effort to advance the discipline of geriatric cardiology.

**Saturday, May 20 at 11:30 am Room 204B**

***Creating an Age Friendly Practice Using the Geriatrics 4 M's (Christine Murdock, MD)***. As our population ages, it has become imperative to address the complex needs of older adult patients while providing care safely in an efficient manner. The Age-Friendly movement aligns what matters most to patients and their caregivers with an essential set of evidence-based practices. These practices organize the care of older adults with the "4M's": What Matters, Medications, Mentation, and Mobility. These elements are essential in providing high-quality care for older adults and, when implemented together, are expected to improve patient care and value significantly. Participants in this activity will learn about the benefits of implementing Age-Friendly Health Systems (AFHS) into practice, the four essential elements of an AFHS, and how the 4M's can be incorporated into existing care across a healthcare system so that patients receive care so that all 4M's.

**Growing Old Poem** By Matthew Arnold

What is it to grow old?  
 Is it to lose the glory of the form,  
 The lustre of the eye?  
 Is it for beauty to forego her wreath?  
 Yes, but not for this alone.

Is it to feel our strength -  
 Not our bloom only, but our strength -decay?  
 Is it to feel each limb  
 Grow stiffer, every function less exact,  
 Each nerve more weakly strung?

Yes, this, and more! but not,  
 Ah, 'tis not what in youth we dreamed 'twould be!  
 'Tis not to have our life  
 Mellowed and softened as with sunset-glow,  
 A golden day's decline!

'Tis not to see the world  
 As from a height, with rapt prophetic eyes,  
 And heart profoundly stirred;  
 And weep, and feel the fulness of the past,  
 The years that are no more!

It is to spend long days  
 And not once feel that we were ever young.  
 It is to add, immured  
 In the hot prison of the present, month  
 To month with weary pain

It is to suffer this,  
 And feel but half, and feebly, what we feel:  
 Deep in our hidden heart  
 Festers the dull remembrance of a change,  
 But no emotion -none.

It is -last stage of all -  
 When we are frozen up within, and quite  
 The phantom of ourselves,  
 To hear the world applaud the hollow ghost  
 Which blamed the living man.

**AMDA On-The-Go  
Podcast Series**

JAMDA On-Cognitive Screening in Post-Acute Care  
 (02-17-2023)

AOTG | Serious Illness Toolkit  
 (02-15-2023)

Caring On-The-Go | Jan/Feb 2023  
 (01-06-2023)

[View All Episodes](#)



**Who was the first African American woman to earn a medical degree in the US and in what year?**

The first person to email the correct response to will win a \$25 gift card to Starbucks! Email your answer to [Maggie@texasgeriatrics.org](mailto:Maggie@texasgeriatrics.org)

Winner based on date/time stamp of Ms. Hayden's inbox!

Deadline is May 1, 2023

**Previous answer:** Richard II was the king who established the first sanitary laws in England.

**Winner:** Julie Hiner, MD



## Journal of Gerontology Medical Sciences: Editor's Choice

Rajagopal V. Sekhar, MD spoke at our 2019 conference. His talk was titled: *Glutathione Deficiency in Aging: Why It Matters and How To Correct It*. Dr. Sekhar, Premranjan Kumar, PhD, Chun Liu, BS, James Suliburk, MD, Jean W Hsu, PhD, Raja Muthupillai, PhD, Farook Jahoor, PhD, Charles G Minard, PhD, and George E Taffet, MD all contributed to the research. Their GlyNAC randomized clinical trial has been selected and published as an "Editor's Choice" paper in the Journal of Gerontology Medical Sciences. The journal has also recognized it with an editorial written to highlight the importance of their research, and the value and applicability to older humans. Below are links to the editorial that introduces the RCT and the RCT.

### Editorial

[Toward Healthy Aging: A Clinical Trial Builds on Mechanistic Insights](#)

### Randomized Clinical Trial

[Supplementing Glycine and N-Acetylcysteine \(GlyNAC\) in Older Adults Improves Glutathione Deficiency, Oxidative Stress, Mitochondrial Dysfunction, Inflammation, Physical Function, and Aging Hallmarks: A Randomized Clinical Trial.](#)

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