

Editor: Henny van Dijk

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October, 2021

The Brookwood Community...



Berry Rittman cancelled the bus trip to Brookwood scheduled for Tue. Sep. 14 because of Hurricane Nicholas which path would take it right to that community. Because a large number of members signed up for this venue we will most likely find another

date to visit this remarkable community at some future time.

UTHRO's Health Symposium ...

It is with regret that the Executive Committee voted



unanimously to cancel the scheduled Annual Health Symposium in light of the still raging Covid-19 pandemic. I had hoped in August we would be able to invite speakers but at our monthly meeting it was clear that a "live" meeting with food" was just to risky. Our health

is far more important.



The UTHRO Endowment Award... and the winner is...

A virtual meeting was held on September 29 for members to consider and vote on seed grant awards from the UTHRO Endowment for Healthy Aging. Many thanks to Monica Bennett and Dr. James Booker at the Consortium on Aging for hosting and arranging the Webex meeting, to Barbara Kelly who prepared summaries, and to others who reviewed the applications. There were 20 members present. Two \$1,000 awards were given, one in the category of Geriatric Education and one in the category of Quality Improvement in Geriatrics. Three projects entered in each category were summarized and sent to members before the meeting. At the meeting, votes were taken in each group, and a winner was announced.

The proposals in the Geriatric Education group were: "Evaluating Adult Mistreatment and Incapacity" by Dr. Julia Hiner; "Advancing the Future Geriatrics Workforce: A Virtual Interprofessional Clinical Experience" by Dr. Rachel Jantea; and "Geriatric Education in the UTHealth School of Dentistry Special Patient Clinic" by Drs. Erin Thomas and Cameron Jeter. The winner in this category was **Julia Hiner, "Evaluating Adult Mistreatment and Incapacity"**

The proposals in the Quality Improvement in Geriatrics group were: "The Effect of Quarantine on Body Weight in Residents of Assisted Living Facilities" by Dr. Maureen Stabile Beck; "Optimizing Care for High Risk Older Adults Undergoing Major Cancer Surgery" by Dr. Tacara Soones; and "Quality Improvement of Geriatric Dentistry in the UTHealth School of Dentistry Special Patient Clinic" by Drs. Erin Thomas and Cameron Jeter. The winner in this category was **Maureen Beck, "The Effect of Quarantine on Body Weight in Residents of Assisted Living Facilities"**

A \$5,000 grant was also awarded. The investigators for three proposals were invited to present their work to the members, and a vote was then taken to determine the winner. Proposals and presenters were: "Digital Markers for Early Diagnosis of Alzheimer's Disease" by Dr. Assaf Gottlieb; "Predictors of Completion of a Dental Appointment for Aging Adults with Intellectual and Developmental Disabilities" by Dr. Thomas Harrison; and, "Association Between Osteoporosis and Incident Dementia in the Health Age and Body Composition (ABC) Cohort" by Dr. Abayomi Ogunwale. The winner in this category was **Assaf Gottlieb, "Digital Markers for Early Diagnosis of Alzheimer's Disease"**

Thanks to all of the members who participated in the selection process for these grant awards and who have contributed to the UTHRO Endowment for Healthy Aging. As the Endowment grows, the interest generated will grow as well which means more funds available to support important research in geriatrics.
Peggy O'Neill

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The 4 Ms and How Applied

The Age-Friendly Health System (AFHS) is a nationwide movement to improve the quality of care for older adults sponsored by The John A. Hartford Foundation, the Institute for Healthcare Improvement, the American Hospital Association, and the Catholic Health Association. The 4Ms – What Matters, Medication, Mentation, and Mobility are the core concepts of the AFHS movement. Any healthcare system can reallocate its existing resources to address each of the 4Ms. For example, in Memorial Hermann Hospital Cardiac Intermediate Care Unit and Cardiac Intensive Care Unit, we ask the patients “what matters most today” and address it during the day (What Matters). The pharmacist at the unit reviews the patient’s medications and informs the physician if the patient is prescribed any inappropriate medication. The electronic medical record system also alerts the prescribing physician about risky medications for older adults (Medication). The nurses monitor the patient’s mental status and screen for any confusion or delirium. Furthermore, they have hearing amplifiers, reading glasses, and puzzles to maintain their audio-visual perceptions and prevent confusion and delirium (Mentation). If the patient requires any physical assistance, the physician orders a physical therapy evaluation. The nurses are educated about the importance of mobility to prevent physical deconditioning. They encourage the patients to be out of bed and sit on the chair as much as possible during the hospitalization (Mobility).

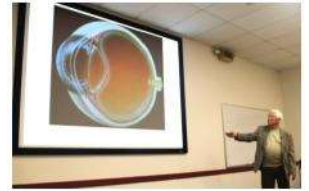
By incorporating the 4Ms in the care, the nurses reported that they felt more empowered and satisfied because they could meet what the patients needed by asking “What Matters” questions rather than providing the care that the providers assumed the patients wanted. They also said that it created the opportunity to clarify what the patient did not understand about their care plan and further answer their questions. However, the most valuable lesson that we learned from practicing the 4Ms movement was that the 4Ms are not distinct but rather work together. In many cases, the effort to address one M can also be applied to another M. For example, a patient said that what matters most to him was to continue to ambulate. The team quickly assessed his physical function, brought the physical therapist, and provided a walker – addressing both What Matters and Mobility at the same time. In another case, a nurse tried to ask what matters most to a patient but could not because the patient did not answer any questions. Initially, the nurse thought the patient was confused but applied a hearing amplifier to see if she had a hearing issue. As soon as she put the earphone of the hearing amplifier to the patient’s ear, the patient started smiling and answering all of the questions. It turned out that the patient had a hearing issue and became depressed because she did not know what to do. When we incorporated the 4Ms in our case, we detected the patient’s hearing issue, cured the depression, prevented delirium, and understood what matters most to her, addressing What Matters and Mentation at the same time and further improving the quality of life of the patient.

Min Ji Kwak, MD

Dr. Richard Ruiz Remembered...

On Sep. 17 UT and Hermann lost one of the longest serving Chairs at the Med School, Dr. Richard Ruiz. As is my tradition I asked several of his friends and colleagues to pay tribute to Dick Ruiz. The picture is from 2016 when he gave a 30 minute talk at our Annual Health Symposium, using exactly one visual - succinct and to the point. Henny van Dijk

Dick was truly one of a kind. A maverick, a self critic and a no-nonsense physician who did not put up with sloppy work. His patients sensed this and truly adored him. I consider him the Frank Sinatra of Ophthalmology. He really did it “MY WAY”.



R. Larry Brenner

I met Dr. Richard Ruiz in 1969. I was excited to be an intern at Hermann Hospital and was trying to get a residency in ophthalmology. One day, we were making rounds with Dr. Ruiz when he inquired about the differential diagnosis on a patient. Like an excited third grader, I waved my hand, convinced I knew the answer. It was way off base. A cold unblinking stare that let me know I had goofed, but in spite of that, Dr. Ruiz offered me the residency. I remained a fan for the next 50 years.

Charles Garcia

One such challenge in creating the Vision Consortium, was trying to find a way to build his dream for a research group while staying within the sometimes-unyielding minefield of UT administrative guidelines for research groups.

I remember attending one of the early planning meetings with Dick, when a light bulb seemed to turn on in his head. “I’ve got it,” he said. “Con-sor-ti-um! The UT Houston Vision Research Consortium! They ought to let me get away with that one.” And they did.

Dianna (Redburn) Johnson

Even after I retired, Dr. Ruiz continued to call and check up on me periodically. We had our disagreements and argued pretty strenuously, but the memory of his generosity, genuine affection for those who worked for and with him, and his love for the practice of medicine will remain as some of my most treasured memories. Zikhrano livrakha—May his memory be a blessing.

Fredi BleekerFranks

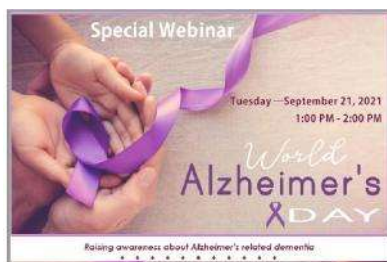
Perhaps the most important personal lesson I have learned from Dick Ruiz is to treat every individual with respect. While accepting nothing less than excellence from all of his employees, the sheer grace with which he led the department and engaged with his patients and the community is a model of leadership for us all to live up to.

John O'Brien

I was privileged and blessed to work with Dr. Richard Ruiz for 42 of his 58 years in practice. He loved practicing medicine and he was good at it. Ask his patients. He was an exceptional leader. Ask his colleagues, former residents and long time employees. He was a dreamer and a builder which added excitement to the work he loved.

Sue McRaney

2021 World Alzheimer's Day...



This year's event was held virtually via WebEx and featured a presentation titled,

"New Excitement in Alzheimer's Treatment"
by Dr. Paul Schulz.

His first statement was that today he is more hopeful than ever for

future treatments of Neurodegenerative diseases of dementia of which Alzheimer's is one. This disease not only effects 4.5 million in the US, but it is the most expensive and emotionally most distressing. Till not so long ago we didn't have many treatments available even though we knew the three identities that cause Alzheimer's— Amyloid plaques, Tau proteins and Neuronal loss or AT&N. The neurologist had one tool to measure the degree of dementia with the Mini-Mental State Exam (MMSE) and the Mini-Cog test. A score of 20 to 24 suggests mild dementia, 13 to 20 suggests moderate dementia, and less than 12 indicates severe dementia.

We know that a person between the ages of 20—80 loses about 40% of his memory. The neurologist can now rely on more tests like cognitive testing, blood tests, MRI, Pet scans etc. to diagnose the severity of the dementia, but keep in mind that the onset of this disease can be as much as 20 years prior. The question then becomes "can we get rid of those Amyloid and Tau plaques" and that's where the hope lies, because trials have shown that that is possible. Two drugs are the most promising:

Adacanumab and Donanemab

Adacanumab is in Phase III; it is a monthly infusion of antibodies to remove Amyloid plaques from the brain. There was a 40% reduction in decline of activities and a 87% decrease in neuropsychiatric symptoms.

The Donanmab to insert Tau antibodies showed that for the first time it affects the disease and that's where hope comes in. Schulz mentioned 5 other drugs that showed promise. One of the side effects of the Amyloid drug is edema and sometimes hemorrhaging and they stop the infusions to clear up both.

Finally there is a trial underway and enrollment possibility for those with an MMSE over 22 (Mild Dementia).

I asked two questions and his answers:

could they develop a test for those who are susceptible to dementia such as PTSD veterans, football players or boxers that would image the brain similar to tests for breast cancer via a mammogram

"My thought is that the testing we are developing to detect AD many years prior to symptoms might also apply to persons with specific AD risk factors, such as PTSD, TBI, etc. PET scans work well, but are expensive and involve radiation."

if the lag time is about 20 years what could be a tool to detect earlier A blood test that would identify certain genes or antibodies as standard testing for instance.

"Yes, My thoughts are that we will eventually have a blood test to detect persons that are accumulating brain amyloid plaques. My fantasy is that at age 50, men will get PSAs, lipids, and an AD test. Women will be similar, but get an additional mammogram. I hope that detecting AD with simple tests years before symptoms, and acting on it with medications, will be something that happens in my life time."

Henny van Dijk

Two Important Web Events

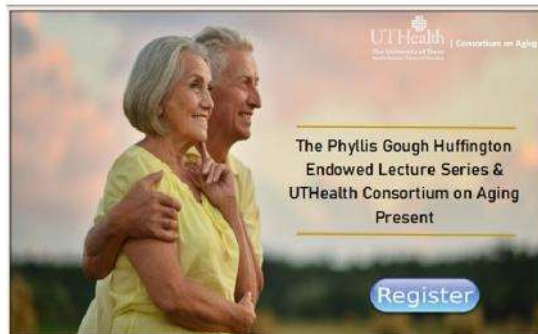


On Tue. Oct.26 the Consortium on Aging will host a symposium on Aging Research featuring Dr Alan Green, Dr. Alan Green, MD a Forensic Pathology Specialist from Little Neck, NY who has over 54 years of experience in the medical field. As a practicing physician, Dr. Green has translated the scientific research on anti-aging and life extension and put it to work on humans, and as such, he's a true pioneer in Anti-Aging Medicine.

The symposium is a virtual one on WebEx and one can register to attend by contacting Monica Bennett at 713 500 3921 or email her at

Monica.J.Bennett@uth.tmc.edu

This all day affair features speakers from UTHealth and Baylor as well as the Annual Symposium on Aging Research Pitch Competition of the Harry E. Bovay, Jr. Foundation. There will be three presentations on which the audience can vote and the winner will be announced during the symposium.



Hot Topics In Aging

Live Webinar

Tue. Nov. 2, from 9 AM - 5 PM

"Moving forward together:

Healthcare, Social Services, and Healthy Aging"

A variety of interprofessional speakers will cover topics ranging from:

- Resilient caring for caregivers and providers
- Addressing social isolation
- Vulnerable older adult populations including LGBT and those living with disabilities
- Technology to support aging in place
- Navigating community agencies and social services to support healthy aging
- Ageism & Ableism

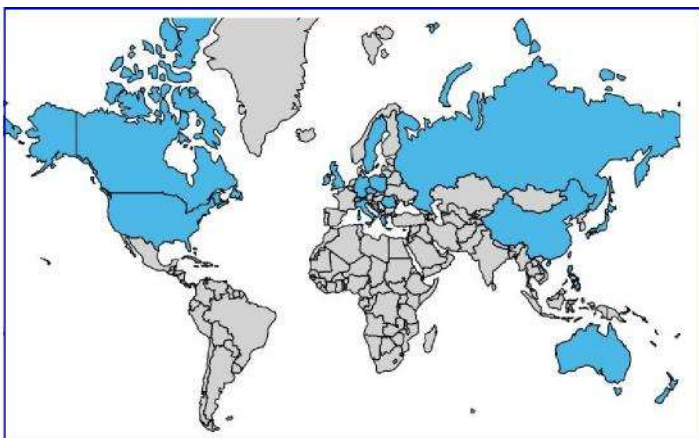
UTHRO

The University of Texas Houston Retiree Organization
5827 White Clover Dr.
Richmond, TX 77469

*To update your address or phone number
please contact us at 281-655-1983*

And Now For Something Completely Different...

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Halloween, celebrated annually on Oct. 31, is one of the world's oldest holidays. Although it's derived from ancient festivals and religious rituals and stems from the belief that there is a powerful bond between those in heaven and the living. Halloween is still widely celebrated today in a number of countries around the globe. In countries such as Ireland, Canada and the United States, traditions include costume parties, trick-or-treating, pranks and games. Versions of the holiday are celebrated elsewhere, too. In Mexico and other Latin American countries, people honor deceased loved ones and ancestors and is celebrated on Nov.2, while in England, Guy Fawkes Day, falls on November 5, and is commemorated with bonfires and fireworks. In China the "Hungry Ghost Festival" is celebrated in August, while Australia and New Zealand celebrate this festival on Oct. 15. Russia also celebrates a version of Halloween but on Jan.6, and Germany celebrates it as St. Martin's Day on Nov. 15. So, you see a lot

of people do celebrate but...To each his own!

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