



# THE GRECC FORUM ON AGING

GERIATRIC RESEARCH, EDUCATION &amp; CLINICAL CENTER

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## Restoring Lost Continence: Biofeedback Benefits Post-Prostatectomy Patients

Prostate cancer is now the most common form of cancer in men, affecting almost half of all men over age 60. Most prostate cancers are discovered while still localized, when radical prostatectomy is often considered the treatment of choice with demonstrated excellence for ensuring survival. However, this procedure carries with it the common post-operative sequela of urinary incontinence, a critical limitation in quality of life for thousands of prostate cancer survivors.



Kathryn Burgio, PhD



Patricia Goode, MD

Birmingham / Atlanta GRECC investigators Kathryn Burgio, PhD, and Patricia Goode, MD

(Continued page 3)

## Forestalling Falls: GRECC Programs Maximize Mobility for Older Veterans

Fall is upon us, and in the spirit of the season, the Forum would like to turn your attention to the exceptional work regarding falls and mobility being done by GRECC staff in Birmingham/Atlanta and Los Angeles. Falls are a common and serious problem for older adults. Nearly 35% of community-dwelling adults age 65 and older will fall annually, 5% of whom will require hospitalization. A fall is often a major precipitant of spiraling physical decline in older adults. Investigators have identified multiple risk factors for falls and have found that the most successful interventions are those that are interdisciplinary in nature. Based on this evidence, guidelines advocate broad-based interventions that integrate gait and balance exercise programs, medication modification, treatment postural hypotension and cardiovascular disorders, as well as modification of environmental hazards.

The Birmingham/Atlanta GRECC Fall Prevention and Mobility Clinic is led by Dr. Cynthia J. Brown, and staffed by an occupational therapist, a physical therapist and a geriatrician. This interdisciplinary structure enables all facets of fall prevention to be addressed in one clinic visit. Working together, practitioners from each discipline focus on specific risk factors that increase the likelihood of falls. The occupational therapist targets up-



Dr. Cynthia Brown

Dr. Steven C. Castle  
and  
Dr. Tatjana Bulat

per body strength, functional ability, and environmental hazards. The physical therapist addresses gait, balance, lower body strength, and provides ambulatory devices as needed. The geriatrician evaluates for the presence of orthostatic hypotension, reviews and modifies the medications, and refers to other indicated providers, such as optometry for eyewear. Preliminary outcome data from this clinic indicates that the program has been extremely successful, with a reduction in falls for over 80% of the veterans who utilize its service.

Dr. Steven Castle from the VA Greater Los Angeles Healthcare System GRECC has worked with colleagues from Physical Medicine and Rehabilitation to develop

(Continued, page 2)

## Forestalling Falls

*Continued*




Laurence Z.  
Rubenstein, MD,  
MPH

a Fall Prevention Screening Clinic demonstration project. Based on a piloted model by Laurence Z. Rubenstein, MD, MPH, the project integrated both evaluation and

educational components. With the use of VHA Clinical Initiative funds, clinic staff provided training for other interdisciplinary teams in VISN 8 and 22. It identified key risk factors associated with falls using a standardized patient questionnaire, screening exam, medication review process, and therapist assessment (i.e., use of assistive devices, home / environmental factors and ability to participate in therapy.) Key aspects of repeat fallers were identified, including higher Geriatric

Depression Scores, increased reports of spinning sensations and less training with adaptive equipment.

Be sure to tune into the October 26th Geriatric Audio-conference on "Fall Prevention: Research to Practice" (see announcement on page 4), where Drs. Brown and Rubenstein will discuss the available evidence for fall prevention and examine potential ways to introduce fall prevention into a busy primary care practice. 

## Views from VACO

Once GRECCs were encouraged to work and prosper independently. But the national system of GRECCs that has grown over 30+ years is now a potent force in its own right, and one that is uniquely positioned to identify and implement optimal strategies for system-wide change.

The first eight GRECCs started in the mid-1970s. With congressional authorization and support, the number grew to 11 by 1984; 17 by 1992; and the present number (21) in 2000. The GRECC program was introduced to a VA and a US healthcare system that knew little of the health needs of the elderly and less of how to address them. The terms "organic brain syndrome" and "senility" were only beginning to give way to "Alzheimer's disease," and advanced clinical training in geriatrics in any healthcare profession was almost unheard of.

The GRECCs exist in a very different world today, and the challenges they face have evolved. Where once each GRECC was expected to identify one or two critical issues and spearhead efforts toward resolution, GRECCs now are increasingly encouraged to identify and take advantage of shared interests. The mission of

GRECCs has always been a challenge to create and educate a workforce able to address the health needs of aging veterans. But where once this meant "writing the book," the current challenge to each GRECC is to make the most of what it can do by minimizing redundant effort and maximizing cooperation.

The GRECCs and subgroups of GRECCs are currently pursuing a number of potential collaborations in research, education, and clinical activities. Discussion among the Associate Directors of Research and the Clinical Directors have identified complementary efforts underway at several sites devoted to adapting the VA's weight loss initiative, MOVE, for older patients. Clinical studies and novel interventions designed to recognize, manage, and prevent delirium in elderly veterans are also likely to benefit from the spirit of cooperation, both because of the greater number of minds being brought to bear on the studies and the greater statistical power made possible through the involvement of multiple clinical populations.

Plans are underway through The Office of Geriatrics and Extended Care to improve the primary care management of elderly veterans by promoting more widespread

assessment for fall risk, urinary incontinence, functional status, and end of life planning. GRECCs educational capabilities will be crucial to the success of the proposed effort: the Associate Directors for Education and Evaluation have identified several promising approaches for meeting this challenge as well as the broader need to share with primary care providers front-line management approaches in geriatric oncology, cognitive impairment, and palliative care.

GRECCs have been and will continue to be "centers" in much more than just name. But with the increased depth in knowledge and skills that come from hundreds of people working on the pieces of the same puzzle for tens of years, these programs are now finding the advantages of learning from each other so that each can make the most of what it has to offer.

Stay tuned!

**Ken Shay, DDS, MS**



Ken Shay,  
DDS, MS



## Restoring Lost Continence: Post-Prostatectomy *Continued*

examined the effectiveness of pre-operative behavioral training to reduce the duration and severity of incontinence and to improve the quality of life in the 6 months following surgery. The NIH-funded study was a 5-year prospective randomized controlled trial comparing preoperative behavioral training to usual care. Patients undergoing radical prostatectomy were stratified according to age and tumor differentiation and randomized to either one pre-operative session of behavioral training to enhance control of pelvic floor muscles plus daily home exercise or a "usual care" control condition consisting of simple postoperative instructions to interrupt the urinary stream. Median time to continence for those receiving the preoperative behavioral training was 3.5 months, whereas it was over six months for those in the control group ( $p=.03$ ). Six months post surgery, severe/continual leakage was still present in approximately twenty percent of control patients compared to only six percent of those in behavioral intervention ( $p=.04$ ).

These findings, recently published in *The Journal of Urology*, indicate that a single preoperative session of biofeedback-assisted behavioral training can hasten the recovery urine control and reduce the severity of incontinence following radical prostatectomy.

Burgio KL, Goode PS, Urban DA, Umlauf MG, Locher JL, Bueschen A, Redden DT. Preoperative biofeedback-assisted behavioral training to reduce post-prostatectomy incontinence: A randomized controlled trial. *The Journal of Urology*, 175, 196-201, 2006.



## Nashville GRECC Weaves the Threads of Interdisciplinary Training in Geriatrics



Among all the GRECCs, the Nashville Geriatrics Interdisciplinary Competency-based Curriculum (GICC) has the largest number of Office of Academic Affiliations-funded associated health professions trainees. The GICC has doubled in size and funding since its inception in 2000. Currently, the program receives more than \$500,000 per year in stipends, funding 35-55 individual trainees annually. Approximately 180 individuals have received GICC training to date.

The remarkable success of this program is attributed to the innovative interdisciplinary approach developed by Veronica Scott, MD, MPH, AD for Education and Evaluation. She leads an Interdisciplinary Faculty Team in the development, implementation and evaluation of the GICC, a curriculum for adult learners in the health professions completing post-graduate clinical training across 11 different disciplines: medicine, social work, occupational therapy, pharmacy, podiatry, psychology, chaplain service, speech pathology, audiology, and dentistry.

The GICC has six competencies, each of which includes individual learning objectives, teaching strategies, and learning resources, such as electronic syllabi and recommended web-based resources. Centered on an inter-

disciplinary Core, the GICC is balanced by additional discipline-specific components. These balanced components together enable each discipline to achieve the VA Profession-Specific Standards of Excellence in Clinical and Interprofessional Education / Training.

The program is based on adult learning theory (andragogy). Most of the training in the GICC is problem-based, occurring in small groups and/or direct patient care settings. Trainees participate in both didactic and clinical teaching conferences, some of which are Core activities and others of which are discipline-specific. In conjunction with their faculty preceptors, all trainees identify, write, and present clinical cases at the VISN-wide monthly Ethics Clinical Case Conference and write a brief article on a topic in geriatrics. Trainees are also given the option to develop individualized learning plans. These efforts have culminated in research projects, quality improvement projects and the development of an Occupational Therapy Management Guide on six commonly encountered geriatric conditions. After completing the program, trainees are evaluated on outcomes related to competencies gained over the course of training. Currently, six waves of such data are being analyzed for publication.



Veronica Scott, MD, MPH

For more information about the Nashville GICC, contact Dr. Veronica Scott at: [Veronica.Scott@va.gov](mailto:Veronica.Scott@va.gov).





## GRECC Audio-Conference Education Series

EES, GRECC, and GEC are pleased to announce a collaborative series of audio-conferences. Each lecture will be accessible by dial-in from any location and will confer one hour of CE credit for physicians, nurses, social workers, and psychologists. Lectures will also be rebroadcast in the morning and afternoon of the following day. Please refer to the EES website ([vawww.ees.aac.va.gov](http://vawww.ees.aac.va.gov) for VA employees, otherwise go to [www.ees-learning.net](http://www.ees-learning.net)) for details, access instructions, handouts, and more information.

Upcoming topics include:

"Fall Prevention: Research to Practice" October 26, 3 pm EDT.  
Cynthia Brown (Birmingham)  
Larry Rubenstein (Sepulveda)

"Exercise for Stroke Survivors" November 30, 3 pm EDT.  
Richard Macko (Baltimore)

Future topics will include:

"Geriatric Nutrition & Wound Healing"  
Ronni Chernoff (Little Rock)  
Barbara Bates-Jensen  
(Sepulveda)

"Optimizing Pharmacological Regimens"  
Juliana Milan (Bedford)

## Upcoming Conferences

**The GSA** ~ The Gerontological Society of America is hosting their 59th Annual Scientific Meeting in Dallas, TX from November 16-20, 2006. This event brings researchers, educators, practitioners, and policy makers together to exchange ideas and translate research on aging in to action. Contact: [www.agingconference.com](http://www.agingconference.com)

**Reflecting on 100 Years of Alzheimer's: The Global Impact on Quality of Lives.** Conference is co-sponsored by the Cleveland GRECC. It will be held on November 6-7, 2006 in Cleveland, OH. Contact: Tony D'Eramo at (216) 791-3800, x. 5670.

## Awards for GRECC Members

Congratulations to two outstanding GRECC members who have recently been named the 2006 winners of the Marsha Goodwin-Beck Interdisciplinary Awards for Excellence in Geriatrics. These awards, presented at the National Leadership Board Meeting in September 2006, recognize outstanding direct service providers and leaders in the interdisciplinary care of older veterans.

Ms. Betty Wexler, RN, MSN, Clinical Nurse Specialist at the Palo Alto GRECC, has been selected as the winner of the Excellence in Geriatric Clinical Care Delivery Award. This award recognizes Ms. Wexler's excellence as an outstanding clinician, role model, and team member within the area of geriatric care. Ms. Wexler's dedication to improving the care of our aging veterans exemplifies the primary mission of GRECCs across the nation.

Harvey J. Cohen, MD, Director of the Durham, NC GRECC has been named as the winner of the Excellence in Geriatric Leadership Award. Over the course of his 30 years of service, Dr. Cohen has established several key programs at the Durham VA, including the Geriatric Fellowship Program, the Geriatric Evaluation Unit and the Geriatric Clinic. He is widely known as a mentor who commits himself to the development of Fellows and Junior Faculty who comprise the future of quality geriatric care.

**28th National Conference of the Alzheimer's Society of Canada.** This diverse program offers an interchange of information about exciting advances in Alzheimer research, treatment and care for providers, researchers, and others in the field. Held on November 6-8, 2006 in Toronto, Ontario, Canada. Contact: <http://www.alzheimer.ca>

## GRECC Newsletter Online Submission

The GRECC Forum on Aging is in the process of undergoing changes in content, format, and structure. These revisions are designed to enhance the Newsletter's ability to serve as a showcase for the cutting-edge research studies, innovative clinical demonstration projects and successful educational and training programs that are the hallmark of GRECCs across the VA Healthcare System. As a platform to highlight these achievements and awards, the Newsletter continues its widespread circulation to all GRECCs and VA Medical Centers, VACO, the US Congress and other government stakeholders.

We thank those who have submitted articles and information and we continue to seek additional examples of excellence. To facilitate this process, we have created a centralized online submission site, located on the GRECC homepage (<http://vaww1.va.gov/grecc/>). Please submit your detailed information or article, along with all requested contact information. Due to limited publication space, the article size is limited to 300 words.

We look forward to learning about your exciting achievements!

With best wishes,  
The Editorial Staff of the GRECC Newsletter.

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