Clinical experience and multiple research studies suggest that persons with diabetes are more likely to develop cognitive impairment or frank dementia, which may be Alzheimer’s type or vascular dementia. Initially, this may be subtle and manifest itself as mental slowing or apathy. On the other hand, patients with Alzheimer’s disease have an increased risk of developing type 2 diabetes. What both these groups have in common is advanced age, a genetic predisposition, and comparable pathological features in the pancreatic islets and the brain, namely amyloid derived from amyloid B protein in the brain of Alzheimer’s disease and islet amyloid derived from islet amyloid polypeptide in the pancreas in type 2 diabetes.

A study of subjects from the Mayo Clinic Alzheimer Disease Patient Registry found that both Type 2 diabetes (35 percent vs. 18 percent; P<0.05) and impaired fasting glucose (46 percent vs. 24 percent; P<0.01) were more prevalent in Alzheimer’s disease vs. non-Alzheimer disease control subjects. Hence, 81 percent of cases of Alzheimer’s disease had either Type 2 diabetes or IFG. In selected subjects where autopsy data were available, islet-cell amyloid was more frequent and extensive in patients with Alzheimer’s disease than the non-Alzheimer’s disease controls. However, diffuse neuritic plaques were not more common in patients with type 2 diabetes than in control subjects.

The Honolulu-Asia Aging Study investigated the effects of brain aging in very old men of Japanese-American descent born between 1900 and 1919 utilizing MRI. The prevalence of diabetes in this cohort was 38 percent, and subjects with type 2 diabetes had a moderately increased risk of lacunes (small brain infarcts), (odds ratio (OR) 1.6), and atrophy of the hippocampus (OR 1.7). Those with a longer history of diabetes, those taking insulin, and those with complications had more common pathological changes commonly seen in dementia.

The development of dementia and even depression will adversely affect overall health and diabetes management in particular. Managing complex medication regimens, including multiple injections of insulin or glucagon-like peptide 1 agonists, will become problematic and may result in severe hypo or hyperglycemia. Memory impairment, executive dysfunction, and functional impairment that accompanies neurodegenerative processes will lead to poor food choices and meal preparation, as well as difficulty in glucose monitoring.

The following schematic illustrates the potential risk factors for cognitive impairment in type 2 diabetes. In addition, glucocorticoids ex-
cess and elevated inflammatory markers may also have a role in the etiology of diabetes-related cognitive impairment. It is therefore advisable to focus on adequate glycemic control, avoidance of frequent hypoglycemia, treatment of dyslipidemia, and control of blood pressure (perhaps a major factor since poorly controlled hypertension in itself has been associated with the development of dementia in later life) as areas of prime importance in the care of patients with type 2 diabetes. These are also the components of cardiovascular risk-factor management—and most diabetes-related complications are related to macrovascular or microvascular disease.

REFERENCES

Keys to Longevity...A Healthy Body and a Healthy Brain

As the U.S. and world population continues to increase in age, so too does Alzheimer’s dementia and related dementia increase. Even though aging itself is not the only risk factor in Alzheimer’s, it is a fact that the rate of dementia increases after the age of 85. Alzheimer’s disease is the most-common form of dementia. So what can we do about this as geriatric care professionals to help our patients prevent or delay dementia?

First and foremost, we need to understand the connected relationship between a healthy body and a healthy brain. They are uniquely connected and both are affected by the types of life choices we make. Healthy life choices clearly are positive for both the body and the brain. As geriatric professionals, we must not forget to focus on brain health.

As we age, our brains may lose some agility. By focusing on brain health from the perspective of health promotion and disease prevention, we can prevent and slow down some of the brain’s loss of acute sensitivity and memory.

The American Alzheimer’s Association has lead the way in giving us some practical tools to use as we educate our patients and their families about both prevention and early intervention for Alzheimer’s disease and related dementia. There are four straightforward and public health-grounded strategies that can and should integrate into our practices:

Remain socially active – Social activity can reduce stress levels. By doing so, one actually helps maintain health connections among the brain cells. Social activity also requires that you use your physical stamina and your mind together. One significant activity that increases physical activity and cognitive functioning is dance. Numerous studies from Europe have shown dramatic effects through dancing both for prevention of dementia and in intervention to stimulate cognitive functioning with individuals who have Alzheimer’s disease.

Stay mentally active at all times – Mentally stimulating activities strengthen brain cells and the connections between them and may even create new nerve cells as evidenced by animal studies.

Stay physically active – Physical exercise that is individualized so that people truly enjoy it is essential for maintaining good blood flow to the brain as well as to encourage new brain cells. Physical activity can also reduce the risk of a heart attack, stroke, and diabetes—all risk factors in Alzheimer’s.

Adopt a brain-healthy diet – Research suggests that high cholesterol may contribute to stroke and brain-cell damage. A low-fat, low-cholesterol diet is always advisable. There is also growing evidence that a diet rich in dark vegetables and fruits, which contain antioxidants, may help protect brain cells.

As geriatric professionals, let’s focus on promoting a healthy brain and a healthy body from day one.

By Cecilia Rokusek, Ed.D., M.Sc., R.D., GREAT GEC Executive Director
Fifth Annual GEC Symposium Celebrates Success

By Connie Sokolowski, B.A., GREAT GEC Administrative Project Coordinator, and Cecilia Rokusek, Ed.D., M.Sc., R.D., GREAT GEC Executive Director

On March 2-3, the GREAT GEC hosted its Fifth Annual Interprofessional Geriatrics Symposium. The 2012 theme—Closing the Gap Through Interprofessional Education and Collaborative Care—focused on a key area in current practice: interprofessional care and teamwork in a changing health care environment.

This year’s symposium highlighted interprofessional competencies and relevant trends in geriatric health care such as electronic health records, the patient-centered medical home, and interprofessional roles in multiple geriatric care fields.

The GEC symposium brought together experts and professionals from 14 health and education professions, as well as governmental, commercial, and academic organizations, to exchange information, knowledge, and research about geriatrics and discuss major interprofessional care issues among the elderly.

The 2012 conference drew nearly 100 attendees from Florida and across the United States. The two-day event included a diverse combination of oral presentations by 24 speakers. Guided by the interprofessional theme, the presenters’ discussed topics such as falls risk, dementia, health literacy, elder abuse, cardiovascular disease, health care reform, foot care, medication management, vision care, oral health, preventative care, and maintaining the pre-frail in the community.

Attendees also were able to interact with 18 poster presenters and a number of exhibitors that lent their expertise, services, and products to this event. Some of the poster topics included:

- Closing the Gap of Geriatric Collaborative Care Through Psychology (Award Winner)
  - Traci Olivier, B.S.
  - Nicole Slagh, B.S.
  - Michelle Gagnon Blodgett, Psy.D.

- Media Portrayal of Older Adults: 1960-2010 (Award Winner)
  - Linda E. Maurice, B.A.

- Somatic Mutation as a Mechanism of Aging and Cancer: A Prototypical Disease of Aging (Award Winner)
  - Stephen G. Grant, Ph.D.

- Tissue Dielectric Constant Measurements as a Way to Assess Skin Tissue Water in Persons with and Without Diabetes Mellitus
  - Aldene McClymont (OMS-III)
  - Naushira Pandya, M.D., CMD
  - Harvey N. Mayrovitz, Ph.D.

- Fasting Blood Glucose as a Predictor of Depression in the Non-Diabetic Geriatric Population
  - Jaclynn Moskow (OMS-III)
  - Naushira Pandya, M.D., CMD
  - Raymond L. Ownby, M.D., Ph.D.

- Interprofessional Education: The Key to Unlocking the Door in Health Care Reform in the Last Century
  - Cecilia Rokusek, Ed.D., M.Sc., R.D.

- Thrombocytopenia in the Elderly: A Patient Case
  - Kristy Nguyen (Pharm.D. candidate)
  - Joshua Caballero, Pharm.D., BCPP

- Merkel Cell Carcinoma – Case Presentation
  - Kenya Rivas, M.D.
  - Hara Rosen, D.O.
  - Naushira Pandya, M.D., CMD

- Marital Quality and its Influence on Disease Management Self-Efficacy Among People with RA
  - Sweta Tewary, Ph.D.

- HSV1: A Proposed Risk Factor for Alzheimer’s Disease
  - Michelle Duhaney, D.O.
  - Hady Masri, D.O.
  - Naushira Pandya, M.D., CMD
  - Kenya Rivas, M.D.

- Diabetes Foot Education Program for Health Care Professionals in Geriatric Care: An Interprofessional Evidence-Based Approach
  - Sweta Tewary, Ph.D.
  - Naushira Pandya, M.D., CMD
  - Nicole Cook, Ph.D.
  - Charles Blackledge, M.P.H.

- Interrelationships Between Physical Status, Mood, Cognition, and Inflammation in Geriatric Populations
  - Jacklyn Moskow (OMS-III)
  - Naushira Pandya, M.D., CMD
  - Raymond L. Ownby, M.D., Ph.D., M.B.A.

- Addressing Nutrition, Medication, and Socialization in Older Adults
  - Luis Aguilar, Public Education Coordinator of Senior Health NOW (Nutritional and Optimal Wellness)

- Senior Intervention and Education Programs
  - Gail Gannotta, L.P.N., Senior Intervention and Education Director
  - ADRC: Aging and Disability Resource Center of Broward County

- The Correlation Between Lower Extremity Sensory Status, Balance, and Fall Risk in Individuals 2 DM Type 2
  - Annie Brodsky, SPT
  - Lauren Freve, SPT
  - Jennifer Kappler, SPT
  - Kelley Noonan, SPT

- Elder Resilience Post Disaster: A Prospective Study
  - Cecilia Rokusek, Ed.D., M.Sc., R.D.

Exhibitors in attendance included Avante and Hospice of Broward County (gold sponsors), Vitas Innovative Hospice Care (silver sponsor), Catholic Hospice (bronze sponsor) as well as Novo Nordisk, Hospice by the Sea, Novartis, and the Alzheimer’s Association.
Attendee evaluation responses indicated this year’s symposium was a great success. The interprofessional theme was also very well received, which was evidenced by the comments culled from the evaluation forms. Joan Weiss, Ph.D., who serves as director of the Division of Diversity and Interdisciplinary Education, Bureau of Health Professions, Health Resources and Services Administration, kicked off the 2012 symposium. Joshua Caballero, Pharm.D., GEC discipline head from NSU’s College of Pharmacy, presented a fascinating interprofessional presentation on medication interactions and challenges faced by elders taking several medications. Comments noted that the fifth annual symposium was the “best symposium ever.”

The Florida Coastal Geriatric Resources, Education, and Training Center (GREAT GEC) is grateful for the outstanding support of its interprofessional colleagues throughout the NSU campus. Special acknowledgment goes to Anthony J. Silvagni, D.O., Pharm.D., M.Sc., dean of the College of Osteopathic Medicine, for his ongoing support of the symposium and for his forward-thinking vision and support of interprofessional education for students and geriatric professionals.

The GREAT GEC, located within Nova Southeastern University, is one of a national network of 46 Geriatric Education Centers in the United States. The GREAT GEC offers health professions’ educators, students, and community practitioners with opportunities to learn more about providing culturally appropriate health care to older adults and their families and is dedicated to improving the health care of Florida elders.
In March 2012, the NSU-COM Lifelong Learning Institute (LLI) participated in campus-wide Brain Awareness Week activities. Three different classes were offered each day covering the following topics:

“REMEMBERING AND FORGETTING”
Leanne Boucher, Ph.D., assistant professor, Division of Social and Behavioral Sciences, Farquhar College of Arts and Sciences

This talk covered the basics of memory such as how do we remember, why do we forget, and what happens when we get older? The session also provided tips on how to keep our minds sharp.

Jaime Tartar, Ph.D., associate professor, coordinator of psychology research, Division of Social and Behavioral Sciences, Farquhar College of Arts and Sciences

The brain is the stress hub because it interprets what is stressful, determines our behavioral and physiological response to stressors, and can be damaged by stress. This talk outlined the biology of a stress response and how stress can be both helpful and damaging to the brain and body. Dr. Tartar reviewed how the body’s reaction to acute stress has protective and adaptive effects in the short run and discussed how chronic stress can lead to poor health consequences such as decreased memory performance and depression.

“LANGUAGE AND THE BRAIN”
W. Matthew Collins, Ph.D., assistant professor, Division of Social and Behavioral Sciences, Farquhar College of Arts and Sciences

This talk covered how language is developed and learned over the lifespan.

LLI members have also been extremely participatory with many activities related to brain fitness, including the ongoing study by Raymond Ownby, M.D., Ph.D., professor and chair of the NSU-COM Department of Psychiatry and Behavioral Medicine. Dr. Ownby’s brain-training study, which is examining the effects of cognitive training on fluid intelligence, also is comparing the effects of working memory training and general cognitive stimulation on a battery of cognitive measures.
The Human Connectome Project, a project that seeks to map the neural connections of the living human brain, has been making huge strides over the last few years. Most recently, Van J. Wedeen, M.D., of Massachusetts General Hospital and Harvard Medical School lead a study that revealed the human brain’s nerve fibers to form a highly geometric and organized 3-D grid. Dr. Wedeen used a technique he developed—diffusion spectrum magnetic resonance imaging (MRI)—which provides a resolution 10 times greater than a conventional MRI to study the brains of rhesus monkeys, owl monkeys, marmosets, galagos, and of course, living humans.

Previous animal studies suggested that the grid pattern might have existed, but conventional MRI scans showed nerve fibers in the human brain as a tangled mess of spaghetti, Dr. Wedeen explained. Traditionally, scientists would inject dyes into the neural pathways of animals post-mortem—a technique unsafe for living humans—to map brain connectivity. Still, this method produced images without “very detailed structures.” It wasn’t until Dr. Wedeen used diffusion spectrum MRI by “trac[ing] the movement of water molecules along the intersections of brain fibers (the cellular projections that form the brain’s communication network), tracking the orientation of each fiber at each crossing,” that he was able to obtain the new images.

Dr. Wedeen and his team aren’t the only researchers furthering the Human Connectome Project. Researchers from Washington University in St. Louis, Missouri, and the University of Minnesota are leading a study that utilizes neuroimaging to map brain connections and their variability in twins and non-twin siblings. This study will “provide freely available data about brain connectivity, its relationship to behavior, and contributions of environmental and genetic factors to individual differences in brain circuitry.”

Marsel Mesulam, M.D., the director of the Cognitive Neurology and Alzheimer’s Disease Center at Northwestern University in Illinois, who was not involved in the study, called the work “very exciting.” He added that “more work should be done to link the imaging methods with traditional neuroanatomy methods to confirm the findings.” It’s also important to understand the relationship between a brain’s structure and its function. Understanding the structure of a typical brain would ultimately help scientists comprehend what happens when brain development goes wrong, as in Alzheimer’s or mental illness.
As the U.S. population continues to grow, 2 out of 10 people will be over the age of 65 by the year 2030. Residents in Florida, however, need not wait for those 2030 statistics since those numbers have been near evident to us since 2010. Progression into frailty has been a huge concern for preserving elder residents in the community and slowing down their risk for institutionalization, hospitalization, and death.

Linda Fried, M.D., M.P.H., geriatrician, professor of epidemiology, and dean at Columbia University in New York, was one of the first to recognize the syndrome of frailty and identified its features such as weight loss, poor energy, slowness, poor physical activity, and weakness. Those that have three or more components are considered frail, and those with one or two factors are considered pre-frail. Identifying individuals at the pre-frail level and entering them into high-impact public volunteer services can improve mood, physical fitness, and potentially cognition.

When Experience Corps was first developed in the 1990s, it proved to do just that. Experience Corps involved elders in a high-impact role in elementary schools classes ranging from kindergarten through third grade, volunteering 15 hours per week for 6 months. These elder volunteers help students with class assignments and team problem solving. When comparing to control classrooms without the program, students generally improved reading scores and had less student referrals for bad behavior. For the participating elders, studies showed improvement in psychosocial wellbeing and overall improvement in mood. Walking up school stairs, getting up from classroom chairs, and chaperoning students significantly improved calorie expenditure and potentially slows age-related muscle loss.

One interesting study composed of eight African American female participants showed increased activity in executive functioning centers of the brain by functional MRI imaging. This suggests evidence of neural plasticity even at advanced ages in life. Though Florida does not have an official Experience Corps program, there is Broward Impact, which was first established over 40 years ago. One of its many programs is the Foster Grandparent Program, where volunteers mentor, tutor, and provide support for children at all ages. Another important Broward Impact program is the Dropout Prevention Program where elders, under the jurisdiction of the Florida Department of Juvenile Justice in residential and correctional facilities, work with children in danger of academic failure.

All these amazing programs are good examples of intergenerational collaborations creating win-win situations benefiting both elder and children well-being. According to Dr. Fried, “The answers to one can solve the problems of the other.”
Alzheimer’s disease (AD) is a common form of dementia affecting the elderly population. While there is no cure for Alzheimer’s disease, there are a variety of prescription medications to treat and manage the illness. However, caregivers and patients sometimes turn to alternative medicines to treat AD.

Gingko biloba contains approximately 40 different flavonoids that are believed to provide neuroprotection. In laboratory studies, gingko appears to alter neurotransmission, provide neuroprotection, and increase cholinergic transmission in the brain. In a human study, standardized extract of ginkgo (EGb) 761 at a dose of 120 mg per day showed modest improvement in cognitive and social functions in mildly to severely demented patients with Alzheimer’s disease or vascular dementia. However, gingko biloba appears to be ineffective in preventing or delaying dementia. Additionally, most of the studies did not appropriately evaluate side effects or drug interactions that can carry dire consequences.

In India, Bacopa (Bacopa monnieri) leaf extract is widely used for enhancing memory. A study shows promise that Bacopa may improve higher-order learning and memory; however, future research is needed to further establish this effect. Unfortunately, Bacopa also has many drug interactions with common medications such as calcium channel blockers (e.g., nifedipine), thyroid medications, and phenytoin.

Coenzyme Q10 (CoQ10) supplementation with at least 120 mg three times a day may slow down the progression of dementia. When using CoQ10, close monitoring is needed for possible interactions. CoQ10 has a chemically similar structure to vitamin K that can reduce anticoagulant effects of warfarin and can also increase the effects of anti-hypertensives.

Currently, other herbal supplements with no conclusive evidence include boron, melatonin, chromium, copper, cranberry, DHEA, khat, lemon balm, and ginseng. One must be careful with herbal medications since different species will carry different concentrations of the active ingredients. Additionally, since herbal supplements are not regulated, one must be careful with selecting a manufacturer. Finally, before starting any herbal supplement, consult with a health care professional to make sure there are no drug interactions with any medications you are currently taking.

REFERENCES


Health Maintenance of the Elderly

By Kenya Rivas, M.D., Assistant Professor, Department of Geriatrics

Health maintenance of the elderly is an attractive point in both health and economic terms. However, knowledge of this subject is in its baby steps. Current data suggest that effective maintenance for the elderly may be difficult and will require a broader range of strategies than with younger adults, and may not be without risk of significant iatrogenic insult from the measures employed.

The profile of aging in this country has changed dramatically over the last century. It is always a good reference to know that the average life expectancy at birth has increased from 47 years in 1900 to over 78 years in 2008. By 2030, the percentage of the population over 65 years of age will exceed 20 percent or over 70 million people. This increase in life expectancy has led to a change in the definition of health maintenance and healthy aging. The increase in life expectancy is also thought to be based on the advance of health care and preventive guidelines.

In actuality, the interventions to address chronic medical problems have become increasingly important in order to maximize both the quantity and quality of life for older adults.

When addressing geriatric syndromes like cognitive impairment, falls, incontinence, vision or hearing impairment, low body-mass index, dizziness, and dependency in activities of daily living, quality of life becomes the focus and preserving independency in activities of daily living is a paramount objective. Decline in function and loss of independence are not an inevitable consequence of aging. Prevention, along with lifestyle modification changes and a multidisciplinary intervention when chronic conditions alter the quality of life of an individual, will maximize the vulnerable aspects of it in order to maintain, when possible, his or her independence.

We must keep in mind that older individuals differ greatly in their physiologic and functional status. This wide heterogeneity in health states among older adults means that treatment decisions, both preventive and therapeutic, should be considered based on individual needs. Age alone should not be the sole determinant for many interventions that are recommended for health maintenance.

A proposed framework for primary care for older individuals that defines short-term, mid-range, and long-term goals may help providers more appropriately and effectively prioritize issues in this population.

Short-term issues focus on immediate needs to maintain or restore current health status and may be the sole focus for patients at the end of life. Such issues may relate to symptom management, care coordination, personal safety, and living situation. Mid-range issues, addressing needs over the subsequent one to five years, involve preventive care, disease management, psychological issues, and coping strategies. Long-term issues, relating to plans to be implemented at the time of eventual decline, are important to consider for older adults who are currently healthy and high-functioning.

In conclusion, the focus changes to vitality, function, and quality of life for older adults. Screening decisions need to be individualized, considering underlying comorbidities and functional status, patient preference, and quality of life.
October 2011 marked the launch of the Interprofessional Leadership in Geriatric Education (ILGE) program sponsored by the GREAT GEC. The ILGE is designed to provide faculty development opportunities in geriatrics and gerontology for both administrative and clinical faculty members of all health professions. The curriculum gives special attention to interprofessional competencies and relevant trends in health care, including the Health Care Reform Act, Healthy People 2020, and the National Standards on Culturally and Linguistically Appropriate Services.

The health care system of the 21st century deals primarily with acute illnesses, with little emphasis on chronic illnesses, disease prevention, or health maintenance. Older adults with multiple health challenges may bounce between many health care specialists who may never interact with each other or coordinate the care of elders to assure wellness and prevent further disease. Incorporating health promotion and disease prevention programs into the health care delivery of older adults can have significant results, especially if provided by health care professionals in a coordinated and interprofessional team approach.

Beginning last fall, our cohort of 14 participants has met twice a month and has had an introduction to the concepts of interprofessional education and collaboration, as well as aging from a variety of lenses. Participants are faculty members and clinical educators from a range of professional backgrounds, including medical education, geriatricians, nutritionists, social workers, occupational therapists, and public health specialists. Having a multidisciplinary group allows strong discussions around interprofessional communication and collaboration in health care settings. Brief case studies and discussions provide timely exposure to the Core Competencies for Interprofessional Collaboration, which were published by the Interprofessional Education Collaborative Expert Panel in May 2011.

This 160-hour educational experience includes both a didactic component and self-study. Didactic sessions are delivered by NSU faculty experts in the following topic areas:

- Interprofessional Care and Aging in America
- Electronic Health Records and the Medical Home
- Cultural Competencies and Ethno Geriatrics
- Access to Health Care and Funding
- Attitudes and Ageism
- Health Literacy
- Geriatric Syndromes and Disease Management
- Technology for Teaching
- Successful Aging and Resilience
- Maintaining Independence
- Pedagogical and Qualitative Reach
- Grant Writing

The program is scheduled to recommence with a new cohort in October 2012. There is no fee to participate in this unique program. For further details and to secure your spot in this fall’s Interprofessional Leadership in Geriatric Education program, please contact Stacey Pinnock at stacey.pinnock@nova.edu.
The Community Living Center at the West Palm Beach VA Medical Center in Florida now has a new fulltime staff member. His name is Bruce. He’s two years old. He likes to hug.

“When Bruce enters a resident’s room, the first thing he does is lay his head on their bed so they can pet him,” said Bruce’s handler, Gary Leopard. “If they’re in a wheelchair, he lays his head on their leg. He’s also trained to hug. He puts his paws over the resident’s shoulders, and the resident gets to hug him.”

Bruce the Therapy Dog, a 62-pound black Labrador, started work at the 120-bed VA Community Living Center on December 19, 2011. He’s already the most popular staff member there. “Before we had Bruce, I’d walk down the halls here and everyone wanted to see me,” Leopard said. “Now the only one they want to see is Bruce. ‘Where’s Bruce?’ they all ask. ‘Is Bruce with you today?’ ‘They all want Bruce to ‘shake hands’ with them,” he added. “They want to shake his paw, but he doesn’t know how to do that yet. We’re working on that.”

Leopard said he also brings Bruce to the 10-bed hospice wing of the Community Living Center. “It’s really something to see, the way Bruce approaches these residents, especially the ones closest to death,” he said. “He senses it. He lays his head on their bed, even if they can’t respond. He tries to get as close to them as he can. He’ll nuzzle them.”

Bruce and Leopard put in a full day at work, punching in at 7:30 a.m., Monday through Friday, and leaving at 4:00 p.m. “We visit as many residents as we can,” Leopard said. “Today we saw about 60 or 70. When they see Bruce, they always want to share stories about their own pet dog at home, or pet dogs they’ve had in the past.”

“I had a long-haired dachshund when I was in Germany,” said 78-year-old Charles Filler, a resident at the Community Living Center. “We had that dog for his entire life. I don’t have a dog now.” But in a way, Filler does have a dog, as do all the other residents at the center. “Whenever we see Bruce, everything changes,” Filler said with a smile. “That dog just took right to me.”

Deepak Mandi, M.M.B.S., chief of staff at the West Palm Beach VA, confirmed the instant bond that occurred between Filler and the black Lab. “Bruce licked his face for almost a whole minute!” Dr. Mandi said. “Bruce is definitely improving the quality of life of our residents here at the Community Living Center. He fits right in. He is a very busy dog. And a very loved dog.”

But nothing is ever perfect. Bruce, like everyone else, has an Achilles heel. “We really have to watch what he eats,” Dr. Mandi said. “We have to watch his weight. The residents are always trying to sneak treats to him.”

Michael Silverman, M.D., chief of geriatrics and extended care at the West Palm Beach VA, said Bruce the Therapy Dog makes the Community Living Center seem less like an institution and more like a home, which is what the VA strives for. “Bruce gives our residents something to look forward to,” Dr. Silverman explained. “He lifts them up.”

Dr. Silverman said the unconditional affection provided by a pet can help alleviate the loneliness and depression that can sometimes overtake someone staying at a Community Living Center, or any nursing home, for that matter. “Everyone here wants to spend time with Bruce,” he said. “He brings them joy, warmth, and companionship.”

Bruce was donated to the VA by Vets Helping Heroes—a nonprofit based in Boca Raton that pays to have service dogs trained to interact with disabled Veterans. The organization’s founder, 89-year-old Irwin Stovroff, is a World War II veteran who flew Liberator bombers. He started Vets Helping Heroes in 2007 after learning that no federal funding is available to provide service dogs to disabled veterans returning from Iraq. His organization has since donated about 65 dogs to disabled veterans all over the United States.
GEC faculty and staff members will be participating in the following national and international meetings:

**WORLD CONGRESS OF DIABETES**
Beijing, China
June 15-17, 2012
(Naushira Pandya, M.D., CMD, will be a featured speaker.)

**26th WORLD CONGRESS OF SVU**
(CZECHOSLOVAK SOCIETY OF ARTS AND SCIENCES)
Žilina, Slovakia
July 1-6, 2012
(Cecilia Rokusek, Ed.D., R.D., and Hady Masri, D.O., will be featured speakers.)

**ALZHEIMER’S ASSOCIATION INTERNATIONAL CONFERENCE**
Vancouver, British Columbia, Canada
July 14-19, 2012

**140th ANNUAL APHA MEETING AND EXPOSITION**
(AMERICAN PUBLIC HEALTH ASSOCIATION)
San Francisco, California
October 27-31, 2012

**65th ANNUAL GSA SCIENTIFIC MEETING**
(GERONTOLOGICAL SOCIETY OF AMERICA)
San Diego, California
November 14-18, 2012