Deprescribing Can Be Valuable Tool in Managing Polypharmacy

Reducing the number of medications older adults use can have surprising benefits, according to research presented in a new supplemental issue of the journal *Public Policy & Aging Report* from GSA.

Titled “Comorbidity, Deprescribing, and the Healthcare of Older People” and supported by Age UK, the issue explores the role of deprescribing — defined as the “the systematic process of identifying and discontinuing drugs in instances in which existing or potential harms outweigh existing or potential benefits within the context of an individual patient’s care goals, current level of functioning, life expectancy, values, and preferences” — as a solution to polypharmacy.

James Goodwin, PhD, then the chief scientist at Age UK, served as guest editor. He joined with *Public Policy & Aging Report* Editor in Chief Brian Kaskie, PhD, of the University of Iowa to write an introduction for the issue’s ten articles. They summarized the authors’ identification of several factors that contribute to polypharmacy in older adults:

- An increasing complexity of health care delivery, irrespective of the national setting, leading to problems of coordination between caregivers, physicians, and patients;
- The rise of co-morbidities and chronic long-term illnesses as the population ages;
- The huge numbers of available pharmaceuticals and their widespread use;

Continued on page 8

It is a great honor and privilege to serve you as your president during this year. It is a humbling experience following in the footsteps of my predecessors who have so ably stewarded our Society. I am determined to acquit myself of this responsibility to the utmost of my capacity.

The past year has been eventful for GSA and its members. The coming year promises to be no less so. After much deliberation and input from members from all segments of our Society, GSA Council approved the 2020 Vision for Growth & Impact statement and the amended bylaws, with an enthusiastic recommendation to membership as you vote this coming month. If this passes, an extraordinary effort will commence, involving voluntary leadership and GSA staff, to transition to the new governance structure.

The purpose of the governance changes is to better meet the needs of GSA members and to make us more nimble in responding to new opportunities and challenges. The member experience will be enhanced by allowing members to focus on what they are most interested in. Importantly, the interdisciplinary claim of GSA will be more easily realized and expanded. We are truly the only interdisciplinary organization that focuses on aging, and we should begin to more deeply act like we are.

Continued on page 8
From the CEO

My Personal Aging Muse
By James Appleby, BSPharm, MPH • jappleby@geron.org

As readers of this column know, I sometimes highlight the critical work GSA members do to improve the lives of older individuals through the prism of my personal aging muse — my 87-year-old mother. I have had the good fortune to witness her aging experience and to learn daily from her journey. Her aging process provided real-world lessons on many issues GSA members study — family caregiving, sarcopenia, frailty, Alzheimer’s disease, falls, mobility issues, Parkinson’s disease, hearing health, intergenerational issues, and more.

Even with these challenges, Mom aged with grace, just the way she lived her entire life. Her final lesson for our family was about resilience and generativity, traits that defined her. My five older siblings and I lost our father at an early age — leaving my mother to raise us, serve as our rural community’s only pharmacist, run a business, get us all through college, and provide a loving and caring environment all along the way. She was a mentor to us all and earned the title of most resilient person we’ve ever known.

To celebrate Mom’s expert teaching on resilience and her desire to support the next generation, our family established a student travel scholarship in her name at her alma mater — The Philadelphia College of Pharmacy. This scholarship honors her aging journey and helps cultivate future scholars by enabling a student pharmacist with an interest in gerontology to attend the GSA Annual Scientific Meeting, including the just-completed meeting in Boston.

In Boston, GSA announced another program that will support our Emerging Scholar and Professional Organization (ESPO) members — one that honors the memory of GSA team member, colleague, and friend Dr. Greg O’Neill. Those who knew Greg would agree that he too was a model of resilience and was passionate about mentoring emerging gerontologists throughout his 20-year career with GSA.

The new Greg O’Neill Student Policy Internship will enable an ESPO member to spend a summer at GSA headquarters immersed in the many aging policy issues GSA works on. This annual internship, beginning in 2019, will serve as an enduring legacy to Greg’s commitment to advancing evidence-based aging policy.

Resilience — enduring the challenges of life — is an important trait for personal success. Generativity — guiding and nurturing the next generation of professionals — is essential for advancing the field. I’ve witnessed amazing examples of both in my personal and professional families this year and I encourage all GSA members to carry these themes into 2019.

In fact, we’ll be asking members to consider resilience and generativity as it relates to the future of GSA itself. In Boston, the GSA Council voted to move forward with its 2020 Vision for Growth & Impact plan to update GSA’s system of governance. As we approach the Society’s 75th anniversary in 2020, GSA leaders have been working on a means of optimizing the organization’s structure and processes so that we meet the ever-changing needs of our members and the field. To enter the implementation phase, members will be asked to vote in January on a revision to the GSA bylaws.

Thank you for all you do to advance interdisciplinary research, in all facets of aging, across the life-course.

Enjoy your holidays and have a happy new year!

James

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Letters to the Editor: We will publish letters to the editor in response to issues raised in the newsletter. Please limit letters to no more than 350 words. Letters should include the writer’s full name, address, and telephone number. Letters will be accepted or rejected at the sole discretion of the editors and may be edited for clarity or space. Send to: tkluss@geron.org

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Canetto Honored with American Psychological Association Award

Silvia Sara Canetto, PhD, FGSA, is the recipient of the American Psychological Association's 2018 Denmark Reuder Award. This award recognizes outstanding international contributions to the psychology of women and gender. Canetto has a sustained record as a leader and an innovator in education, research, and service in this area. Her scholarship on cultural scripts of gender, age, and suicide has been described as path breaking and transformative. Canetto is professor of psychology at Colorado State University, where she is core faculty in the Counseling Psychology and Applied Social and Health Psychology Programs. She has graduate degrees from the University of Padova in physiological psychology; the Hebrew University of Jerusalem in general psychology; and Northwestern University in clinical psychology and gerontology.

Cherry’s Project Wins Award

Alzheimer’s Los Angeles is the recipient of The SCAN Foundation’s 2018 Innovation in Health Care Award for successfully transforming dementia care for the state’s highly vulnerable dual-eligible population, i.e., eligible for both Medicare and Medicaid. These individuals are older, low-income, ethnically diverse, and have multiple chronic health conditions. The project is led by Debra Cherry, PhD, of Alzheimer’s Los Angeles (together with Lora Connolly, director of California’s Department of Aging) in conjunction with federal and state agencies, an academic center, ten health plans, and three local Alzheimer’s organizations. Participating health plans have changed their systems of care to make them more responsive to the needs of people with cognitive issues and their family caregivers, their care managers have been trained in more dementia-capable care practices, and families have been provided with disease education and support. Project materials are available from www.alzheimersla.org/professionals. This initiative was supported, in part, by the Change AGEnts Initiative, a program of The John A. Hartford Foundation and GSA.

In Memoriam

Robert Atchley, PhD, FGSA, passed away on November 13. He was a professor emeritus of gerontology at Miami University in Oxford, Ohio, where he directed the Scripps Gerontology Center for 24 years, as well as the former gerontology department chairman at Naropa University in Boulder, Colorado. He previously served as president of the American Society on Aging. His research focused on spiritual development, wisdom, and service as vital frontiers of personal growth in the second half of life. Most recently, he joined the Board of Directors at Golden West, a nonprofit independent and assisted senior living community in Boulder, Colorado. Atchley was a recipient of GSA’s Richard Kalish Innovation Publication Award.

Colleague Connection

This month’s $25 amazon.com gift certificate winner:

Sara Qualls, PhD, FGSA

The recipient, who became eligible after referring new member Robert Wickersham, MA was randomly selected using randomizer.org. For more details on the Colleague Connection promotion visit www.geron.org/connection.

Member Spotlight

GSA’s website features monthly Q&A sessions with distinguished members.

The current spotlight shines on:

Shannon E. Jarrott, PhD, FGSA

Visit www.geron.org/membership to ask questions and read previous interviews. Connection promotion visit www.geron.org/connection.

GSA Connect Corner

Anthony R. Sarmiento, FGSA: “Now available are the written proceedings of the National Academies of Sciences, Engineering, and Medicine’s Roundtable on Health Literacy 1-day public workshop on the effect of low health literacy on the health of older adults held in March 2018: Health Literacy and Older Adults: Reshaping the Landscape. From what I experienced as an attendee, I believe that the workshop was an extraordinary and rare official public meeting during which government officials, researchers, and industry representatives revealed deep personal feelings and experiences with their own aging, illness, and mortality.”

Jacquelyn J. Benson, PhD: “We are currently looking for older couples in a committed, non-marital relationship to participate in a paid online research study about their daily health, emotions, and interactions. Both partners must be willing to participate. Each partner will receive a $50 Amazon e-gift card after completing surveys each day for fourteen days. Participation is confidential; surveys are brief and can be quickly completed on a tablet, smartphone, or computer. Couples may begin the study at a time that works best for their schedule. To sign up please contact the research team at loveafter60lab@missouri.edu or visit the website.”
The Big Picture

GSAs Annual Scientific Meetings have been a fall experience for me most years since 1985, and each time, I am amazed anew by the breadth and depth of the presentations and our members’ knowledge and commitment, not to mention the friendships. The number of GSA members who know and care about public policy issues is also quite impressive, and I appreciate the strong participation in our Policy Series and the positive feedback received about this column. Thank you!

Since the last article, I hope you voted (too late now) and got your flu shots (not too late) as both can have positive results. As promised, this month’s column will touch on the recent mid-term elections that returned some balance to both the legislative branch and the power base in DC. In recent years, politicians and pundits seem to say that every upcoming election will be the “most significant” in our history or some version of that hyperbole. This year was no exception.

Yes, electing Democrats as the majority in the House this year will stop threats to repealing the Affordable Care Act (ACA) and block granting Medicaid in the next Congress. But had they been elected two years ago it would have prevented repeal of the individual mandate and many more harmful bills. Logically speaking, which election is more significant? They are all significant in part because they play a role in stopping the overreach of politicians who believe their election “mandates” are much more robust than the voters intended. So, this was a year when the voters corrected course and the coarse behavior.

As the political parties work to choose their leaders and the House and White House begin adjusting to the shift in power as a result of the midterm election, Democrats have announced plans for investigations and legislative initiatives to bring down the cost of prescription drugs, rebuild our infrastructure, and address immigration reform.

Although the president claimed victory the day after the election, the Republican House losses were very large and, given the strength of the economy, they were the worst for a president’s own party in at least a century, according to an analysis by JPMorgan. If the strong economy and a tax cut law were meant to protect Republicans, it appears from exit polls that their actions on health care and immigration issues hurt them. How much President Donald Trump helped or hurt those for whom he campaigned is difficult to know, but polls did show that when asked if the vote was a show of support for the president, 26 percent said yes, 38 percent said they voted in opposition to the president, and 33 percent said that Trump was not a factor.

In addition, the Rust Belt did not stick with the Republican party this election, and the conservative states of Utah, Nebraska, and Idaho all passed ballot measures supporting the expansion of Medicaid coverage — more backlash from the ACA repeal efforts.

The exit polls showed the continuation of gender, racial, and age gaps in voting patterns. Women and minorities favored Democratic candidates in their states and districts by 59 percent and 90 percent, respectively. White men voted for Republican candidates 60 percent of the time, and white women were evenly split at 49 percent for Democratic and Republican candidates. Persons 45 to 64 years of age voted 50 percent for the Republican candidate and 49 percent for the Democratic candidate. Persons 65 years and older voted for Republicans 50 percent to 48 percent for Democratic candidates. This was a significant shift (seven percent) from 2014, when only 41 percent of those 65 and older voting in House races supported the Democratic candidates. By contrast this year, younger voters ages 18 to 29 and 30 to 44 years of age voted for the Democratic candidate 67 to 32 percent and 58 to 39 percent, respectively.

The 116th Congress

Here is a look at the numbers when the 116th Congress begins on January 3, 2019. In the House there will be 234 Democrats (up from 197) and 200 Republicans (down from 236) with 1 undecided race as of November 27. In the Senate there will be 53 Republicans (up from 51) and 47 Democrats (down from 49), which includes 2 Independents that caucus with the Democrats.

The House of Representatives

As this article went to press, Representative Nancy Pelosi (D-CA) still did not have the committed votes needed to become the next speaker of the House in January, but she was very close. She has worked to neutralize her opposition using various agreements, including possible rules changes that the “Problem Solvers Caucus” has proposed “to help spur immediate action on health care, immigration, and infrastructure.” In some cases, newly elected members promised during their campaigns that they would not support Pelosi. Two years ago, there were calls for her to step aside for new leaders, and that attempt was unsuccessful as well.

Representative Steny Hoyer (D-MD) is seeking a return to his previously held position of majority leader and has no challengers. The majority whip position will go to James E. Clyburn (D-SC) or Diana DeGette (D-CO). In addition, Debbie Dingell (D-MI) is competing for one of the three co-chair positions on the Democratic Policy and Communications Committee; she has a strong health and aging background.

Meanwhile, the Republicans chose their leadership as expected: current Majority Leader Kevin McCarthy (R-CA) was easily elected to be minority leader. Steve Scalise (R-LA) will serve as the minority whip, and Liz Cheney (R-WY), daughter of former Vice President Dick Cheney, was elected to be chair of the Republican Conference. Leader McCarthy will need to deal with the conservative Freedom Caucus next year, but it may turn out to be less of a nuisance as part of the minority party.

The Senate

In the Senate, Majority Leader Mitch McConnell (R-KY) will continue in that role for his fifth year, while Senator John Cornyn (R-TX) steps down under term limits as the majority whip,
succeeded by the current conference chairman, John Thune (R-SD). The Republican conference chair is likely to be John Barrasso (R-WY), who currently chairs the Policy Committee (and some consider a potential presidential candidate). Roy Blunt (R-MO) is likely to serve as Policy Committee chair. Keep in mind that with a larger majority, the Republicans will be able to move forward on some issues without the support of the moderate few, e.g. Susan Collins (R-ME). On the Democratic side of the aisle, the Senate Democratic leadership is unlikely to change much for the 116th Congress with Charles E. Schumer (D-NY) continuing as minority leader, Richard J. Durbin (D-IL) as minority whip, and Patty Murray (D-WA) as assistant Democratic leader.

Committees

Because Democrats will take control of the House, all House committee and subcommittee chairmanships will be handed over from the Republicans. Republicans will chair all committees and subcommittees in the Senate. Below are key committees related to health care and aging issues and committee members who will likely chair them.

The House Energy and Commerce Committee has jurisdiction over, among other areas, Medicaid and some other health care issues (except health care supported by payroll deductions), and the Geriatric Workforce Enhancement Program (GWEP). The committee will be chaired by Representative Frank Pallone (D-NJ), a long-time aging advocate.

The House Ways and Means Committee has jurisdiction over taxation, Social Security, and Medicare, and will be chaired by Richard Neal (D-MA); John Larson (D-CT) will likely chair the Social Security Subcommittee. John Yarmuth (D-KY) will chair the Budget Committee, while Nita Lowey (D-NY) will chair the Appropriations Committee with Rosa DeLauro (D-CT) serving as the chair of the all-important Labor, Health and Human Services, Education, and Related Agencies Subcommittee.

The Appropriations Committee is responsible for determining funding levels for various programs in the federal budget each year. Lowey and DeLauro have been steadfast advocates for aging programs while in the minority and majority. Bobby Scott (D-VA) will chair the Education and Workforce Committee, which has responsibility for reauthorizing the Older Americans Act and has jurisdiction over, among other areas, employment-related retirement security including private pensions, health, education, Community Services Block Grants, the Low Income Home Energy Assistance Program, and other services for older adults. These leaders have strong records of supporting programs that serve older adults.

The Senate Finance Committee has jurisdiction over, among other areas, taxation, Social Security, Medicare, and Medicaid. Susan Collins (R-ME) will remain chair and Bob Casey (D-PA) will serve as ranking member on probably the most bipartisan and collegial committee in Congress.

The Senate Appropriations Committee leadership will stay the same with Richard Shelby (R-AL) as chair and Patrick Leahy (D-VT) as vice chair, with Roy Blunt (R-MO) as chair and Patty Murray (D-WA) as ranking member of the Labor, Health and Human Services, Education, and Related Agencies Subcommittee. Murray has used her roles on the Appropriations and Health, Education, Labor, and Pensions (HELP) Committees to both authorize and fund programs that support older adults.

The Senate HELP Committee is responsible for, among other areas, aging and retirement, including private pension plans, and education. Leadership here will stay the same with Lamar Alexander (R-TN) serving as chair and Patty Murray serving as ranking member. Alexander and Murray have had a good working relationship over the years which bodes well for moving bipartisan bills in the next Congress, possibly health insurance reform.

Likewise, the leadership will not change on the Senate Special Committee on Aging, which has jurisdiction (but not legislative authority) over key issues pertaining to older adults, including Social Security and retirement savings, health care for seniors, long-term care, elder abuse, older workers, and affordable housing for seniors. Susan Collins (R-ME) will remain chair and Bob Casey (D-PA) will serve as ranking member on probably the most bipartisan and collegial committee in Congress.

There you have the line-up going into the 2019 season. The productivity and potential for bipartisanship next year may depend on the extent that the Mueller Russia investigation exposes wrongdoing by any of the Trumps or their allies and how Congress reacts. In addition, investigations into administration officials and agency actions by House Democrats could increase antagonism between the parties.

Further, the ability of Congress to agree on budget caps and avoid sequestration or a government shutdown is a major hurdle and failure could affect other legislative initiatives. There are issues that offer opportunities for bipartisanship. These include bringing down the price of prescription drugs, reauthorization of the Older Americans Act and the Geriatric Workforce Enhancement Program, health insurance market stabilization, a comprehensive infrastructure package, tax extenders, and even “Dreamer” legislation. Less likely to pass are major expansions of Medicare or Medicaid, changes to Social Security, or a reversal of the Republican tax cuts. Long-term care will be back on the agenda in the House with legislation being introduced and hearings conducted, but again, there is little chance that a long-term services and supports financing bill will make it to the president’s desk.

Yes, I think the majority overreached with the relentless attacks on the ACA, Medicaid, Dodd-Frank Wall Street reform, and immigration. But a major push for “Medicare for all” or single payer or impeachment without overwhelming justification would likely be a swing too far in the other direction for the pretty evenly divided electorate. Next year offers some potential for bipartisan work on aging and health issues, but if we take too long, the presidential races will heat up and make compromise difficult. A budget deal will also be necessary to avoid sequestration.

Stay tuned as we move into 2019 and GSA education and advocacy opportunities surface. Have a great holiday season!
Call for 2019 Award Submissions

CAREER AWARDS

Nominations for these awards open January 1, 2019, and must be submitted by March 31, 2019. Self-nominations are not accepted.

SOCIETY-WIDE

Donald P. Kent Award
This award is given annually to a GSA member who best exemplifies the highest standards for professional leadership in gerontology through teaching, service, and interpretation of gerontology to the larger society.

Robert W. Kleemeier Award
This award is given annually to a GSA member in recognition for outstanding research in the field of gerontology.

Margret M. and Paul B. Baltes Foundation Award
This award acknowledges outstanding early career contributions in behavioral and social gerontology.

M. Powell Lawton Award
This award honors contributions from applied gerontological research that have benefited older people and their care.

Maxwell A. Pollack Award for Productive Aging
This award recognizes instances of practice informed by research and analysis, research that directly improved policy or practice, and distinction in bridging the worlds of research and practice.

Minority Issues in Gerontology Committee Outstanding in Mentorship Award
This award recognizes outstanding commitment and dedication to mentoring minority researchers in the field of aging.

Doris Schwartz Gerontological Nursing Research Award
This award is presented to a GSA member who has a record of outstanding and sustained contribution to geriatric nursing research.

BEHAVIORAL AND SOCIAL SCIENCES (BSS) SECTION

Distinguished Career Contribution to Gerontology Award
This award recognizes career contributions that have articulated a novel theoretical or methodological perspective or synthesis that addresses a significant problem in the literature.

Distinguished Mentorship in Gerontology Award
This award is given to an individual who has fostered excellence in, and had a major impact on, the field by virtue of their mentoring, and whose inspiration is sought by students and colleagues.

Richard Kalish Innovative Publication Award
This award recognizes insightful and innovative publications on aging and life course development in the behavioral and social sciences in two categories: (1) Book Category and (2) Article Category.

BIOLOGICAL SCIENCES (BS) SECTION

Nathan Shock New Investigator Award
This award recognizes innovative and influential publications. It acknowledges outstanding contributions to new knowledge about aging through basic biological research.

HEALTH SCIENCES (HS) SECTION

Joseph T. Freeman Award
This award is given for lectureship in geriatrics to a prominent physician in the field of aging, both in research and practice.

Excellence in Rehabilitation of Aging Persons Award
This award is designed to acknowledge outstanding contributions in the field of rehabilitation of aging persons.
The Gerontological Society of America recognizes outstanding individuals through a variety of awards. For a full description of nomination requirements, how to nominate, and the list of past awardees, visit www.geron.org/membership/awards or e-mail awards@geron.org.

SOCIAL RESEARCH, POLICY, AND PRACTICE (SRPP) SECTION

Elaine M. Brody SRPP Thought Leader Award
This award acknowledges outstanding career contributions in social research, policy, and practice.

Carroll L. Estes SRPP Rising Star Award
This award acknowledges outstanding early career contributions in social research, policy, and practice.

ACADEMY FOR GERONTOLOGY IN HIGHER EDUCATION (AGHE)

Clark Tibbitts Award
This award is given to individual or organization that has made an outstanding contribution to the advancement of gerontology and/or geriatrics education.

Hiram J. Friedsam Mentorship Award
This award recognizes individuals who have contributed to gerontological and/or geriatrics education through excellence in mentorship to students, faculty, and administrators.

Mildred M. Seltzer Distinguished Service Honor
This award honors colleagues, near retirement or recently retired, who have actively served on AGHE committees, been officers, or led an AGHE grant-funded project.

Distinguished Faculty Award
This award recognizes persons whose teaching stands out as exemplary, innovative, of impact, or any combination thereof.

Rising Star Early Career Faculty Award
This award recognizes new faculty whose teaching and/or leadership stands out as impactful and innovative.

Part-Time/Adjunct Faculty Honor
This award honors part-time and/or adjunct faculty members for their high quality of teaching, contributions, and long-term commitment to gerontological and/or geriatrics education at an AGHE member institution.

Administrative Leadership Honor
This award honors administrators on AGHE member campuses who have made exceptional efforts in support of gerontology and/or geriatrics education.

David A. Peterson Award
This award honors excellence in scholarship in academic gerontology and/or geriatrics for an article in a volume of Gerontology & Geriatrics Education.

Book Award for Best Children’s Literature on Aging
This award recognizes positive portrayals of older adults in children’s literature.

Student Leadership Award
This award recognizes students whose leadership has advanced the goals and mission of AGHE as well as the respective goals of their AGHE-affiliated institutions.
Continued from page 1 – Deprescribing Can Be Valuable Tool in Managing Polypharmacy

In my position statement as nominee for president, I stressed two goals. The first was to increase the coordination and collaboration among the sections. The second was to enhance training opportunities. The first goal addresses our position as an organization aspiring to be interdisciplinary. The 2019 Annual Scientific Meeting will feature presidential symposia that are organized by each section around the theme of the meeting a priori and in a deliberate manner. This will be augmented by a Society-wide presidential symposium that brings the findings of the section symposia together to inform on common threads and multifaceted approaches to address important problems in gerontology.

We have already begun enhancing training opportunities at the 2018 Annual Scientific Meeting thanks to the Mentoring and Career Development Technical Assistance Workshop spearheaded by Patricia Heyn and with the leadership of several other GSA members, which has been funded by a grant from the National Institute on Aging (NIA). We also were pleased to collaborate with Atanu Dutteroy of Howard University who organized the pre-conference satellite Advancing Diversity in Aging Research Symposium, which was also supported by NIA. We expect these two initiatives to continue in 2019.

The year 2019 is shaping up to be pivotal for GSA as we approach our 75th anniversary the following year. I believe that the implementation of our governance changes and the realization of the two goals I stressed as a nominee will position us well for the future. Ours is a global organization with a 16 percent international membership. This creates a mandate and an opportunity. We will be reaching out to all our members as we develop initiatives to realize these prospects. As we race into the future, we will do so deliberatively by beginning to formulate a strategic plan for the years ahead. The big difference is that this plan will be regularly scrutinized and updated under the new governance structure.

One of the most exciting and challenging duties of the president is the selection of the theme for the Annual Scientific Meeting. This turned out to be relatively easy reflecting upon the first goal in my position statement. The theme for the 2019 GSA Annual Scientific Meeting is “Strength in Age — Harnessing the Power of Networks.” GSA is a large network composed of connected components, its members. Because of these connections, GSA is greater than the sum of its members. It exhibits emergent properties which are displayed in its interdisciplinary capabilities and approaches to the multifaceted issues and opportunities inherent in aging across its broad spectrum.

The inter-relationships or connections between the elements of a network, which together form the whole or system are the basis for Ludwig von Bertalanffy’s General Systems Theory (1969). This analytic and conceptual approach lies at the foundations of the science of complexity that examines the nonlinear dynamic behavior of systems with their emergent properties, resulting from the feedback and feedforward effects mediated by the connections between the elements of the network. Application of systems theory is often called systems thinking. It is prevalent in all of the disciplines represented by the GSA sections, including education, healthcare management, and public policy. Systems thinking is eminently applicable to aging.

Our keynote speaker at the 2019 Annual Scientific Meeting will be Nicholas A. Chrystakis, a physician and sociologist, who is renowned for his research on social networks that examines biosocial determinants of health and longevity. I am grateful to Holly Brown-Borg and to Peter Martin who as program committee co-chairs are dedicated to a sensitive and successful programming effort. We will meet from November 13 to 17, 2019, for the very first time in Austin, Texas, famous for its eclectic live-music scene. See y’all there!

S. Michal Jazwinski, PhD, FGSA, is the John W. Deming, MD Regents Chair in Aging at Tulane University in New Orleans, Louisiana, where he is professor of medicine and professor of biochemistry and molecular biology. He is the director of the Tulane Center for Aging and the director of the Interdisciplinary PhD Program in Aging Studies at the university. Jazwinski’s research has been funded by the National Institute on Aging (NIA) since 1986, for which he has received two National Institutes of Health (NIH) MERIT Awards. His research has resulted in more than 160 publications listed in PubMed alone, ranging from basic biological research to interdisciplinary studies of human aging. He has been a member of several NIH study sections, and he has served as a member of the National Advisory Council on Aging and the NIA Board of Scientific Counselors. Jazwinski has been a member of GSA since 1986 and a fellow since 1992. He received the Robert W. Kleemeier Award in 2011. He has been chair of the Biological Sciences Section, a member of the Publications, Public Policy, and Awards Committees, associate editor for the Journals of Gerontology: Biological Sciences, and chair of local arrangements for GSA’s 2010 Annual Scientific Meeting in New Orleans.

Continued from page 1 – Incoming GSA President Shares Outlook for 2019

The construction of guidelines based on single diseases, randomized control trials of low external validity, and drugs untested in the older population; Marginalization and disempowerment of older patients, with the absence of shared decision-making; and A culture in Western societies that is expectant of medical intervention at all levels.

Collectively, the articles in the new Public Policy & Aging Report addresses ethical and policy issues related to deprescribing and explore the application of this approach in practice, including how to address barriers to deprescribing.

“And as this edition shows, we know more than ever about the current state of polypharmacy, a modern epidemic which has the potential to blight the lives of millions of older people. Yet progress is slow,” Goodwin and Kaskie state. “Let us hope that by extending our understanding and the possibilities for improvement, we reduce the risks and increase the health and quality of life of our aging populations.”
Intimidation Shaming: How It Can Ruin Professional and Mentoring Opportunities

By Heidi Moyer, PT, DPT, CEEAA

Intimidating. This word has a negative connotation in our language, and rightly so, because its definition is commonly interpreted as “to scare someone into doing what one wants.” Its Latin root, intimidare, literally translates as “to frighten.” However, I am surprised how many people use this description, this action, this negative connotation improperly. To intimidate is an action, describing how the person who is performing the action is actively doing something to scare you into performing a task or action. Many times, we come across individuals in our professional realm who are described as intimidating. The reasons for this adjective being bestowed on this individual are many; development of a revolutionary theory, number of publications, degree of association with other members in the field, the list goes on! But how we use this term could potentially damage our professional relationships with mentors in our field.

Someone can act in an intimidating manner (active voice), but this is entirely different than being intimidated by someone (passive voice). We use passive voice to emphasize the action, but as we well know in academic writing, active voice is much more appropriate. Our words matter and can affect how people view one another.

Consider this example: I once had a professor in undergrad who everyone feared. She was a fierce Icelandic woman who had a no-nonsense attitude and worked hard every day of her life to get to where she wanted to be. Was she intense? Yes! Was she intimidating? That is up for debate! She offered extra office hours to review test questions and tough materials. She went out of her way to allow me to contract my capstone class through the Honors Program (which meant I had to develop a research question that took hours out of her week to mentor me and supervise me through). She pushed her students hard and only expected our top efforts, but she never intimidated (active voice) anyone into anything. However many students feared her and shied away from her mentorship.

Herein lies the difference and the importance of the voice tense: My professor never actively did anything malicious to anyone. She wanted us to succeed, but she never attempted to scare us into anything we didn’t want to do. It wasn’t that she was intimidating (active), but instead people were intimidated by her (passive). She was so smart and so involved and so assertive in her beliefs that it was easy to mix up the interpretations of her actions. As a result of her just being an amazing researcher, people were intimidated of her and deliberately avoided her mentorship.

I invite you to ask yourself these questions the next time you come across someone who is “intimidating”: Is this person actively doing something to making be feel inferior? Is this a perception that I have on them based on my reception of our interactions grounded in malice? Why do I think this person is intimidating? Take ownership of the situation. How do you feel about this person so that you are perceiving them this way? Did they do something to you or did they do something you didn’t like? Are you envious of them in a way that would make you resent them? Are they pushing you beyond your normal comfort zone to perform?

If you find that a person is intimidating you because they are highly successful, doesn’t it make more sense to seek those individuals out to mentor you so you can learn from their success rather than demonizing it? How much stronger could we be as a field if we stop fearing and start pining for answers to these questions? By asking yourself these questions, you might learn something new about yourself that you can carry into future interactions with friends, co-workers, or even mentors.
NIA Funds Will Support Research Networks on AD/ADRD
The National Institute on Aging (NIA) has issued a funding opportunity announcement to provide infrastructure support for advancing development of specific high-priority areas of behavioral and social research of relevance to Alzheimer’s disease and Alzheimer’s disease related dementias (AD/ADRD). The infrastructure support will facilitate research networks through meetings, conferences, small-scale pilots, short-term educational opportunities (such as intensive workshops, summer institutes, or visiting scholar programs), and dissemination to encourage growth and development of specified priority areas and build resources for advancing aging-relevant research in the field at large. Network applications are limited to the following areas: AD/ADRD care and services research, and the coordination of international studies conducting the Harmonized Cognitive Assessment Protocol. The letter of intent due date is January 1, 2019, and applications are due February 1, 2019. Review all details at bit.ly/2MMzJCR.

Grants Will Advance Late Stage Clinical Trials for Cognitive Decline Interventions
The National Institute on Aging (NIA) is inviting research grant applications that enable the testing of promising pharmacological and non-pharmacological interventions for cognitive and neuropsychiatric symptoms in individuals with age-related cognitive decline and in individuals with Alzheimer’s disease across the spectrum from pre-symptomatic to more severe stages of disease. This funding opportunity will support Phase III clinical trials testing pharmacological (small molecules and biologics) and non-pharmacological interventions, using a combination of biomarkers (fluid and imaging), cognitive, and functional measures as outcomes. These applications may include trials testing combinations of interventions that may act synergistically to produce a more robust and long-lasting response, as well as combinations of interventions that attempt to address multiple risk factors simultaneously (e.g., obesity, hypertension, diabetes, physical inactivity, anxiety, and depression). Investigators will be expected to collect DNA and other biosamples from these studies to enable subsequent interrogation of treatment responsiveness, as well as examination of predictors of decline in the groups receiving placebo. Phase III clinical trial applications that are appropriate for this funding opportunity announcement will have established proof of mechanism or target engagement at earlier stages of clinical development for the intervention(s) being tested. The intervention(s) being tested in Phase III trials should also have adequate safety data for the populations under study. Studies designed to address heterogeneity of response are strongly encouraged. This would include the identification of specific individuals according to genetic profiles, behavioral factors, and/or sociocultural or demographic factors who are more likely or less likely to benefit from the intervention(s). Potential mediators of the therapeutic intervention, such as continued educational opportunities, social network exposure and engagement, and continued engagement in driving or financial decision-making, may facilitate effective real-life function and should be considered in interpreting therapeutic outcomes. Standard application due dates apply. View the full funding opportunity announcement at bit.ly/2mZoZW2.
New Palliative Care Guidelines Released
The new National Consensus Project (NCP) Clinical Practice Guidelines for Quality Palliative Care, 4th Edition, have been released. The guidelines were developed by the National Consensus Project for Quality Palliative Care, which comprises of leaders from 16 national organizations that have extensive expertise in and experience with palliative care and hospice. The guidelines promote improved access to palliative care, which is focused on giving patients and their caregivers relief from the symptoms and stress of serious illness, is based on need, not prognosis, and can be provided along with disease-focused treatment. The guidelines include tools, resources and practice examples to help with implementation. They were funded by a grant from the Gordon and Betty Moore Foundation with additional support for the systematic review provided by the Gordon and Betty Moore Foundation, Gary and Mary West Foundation, The John A. Hartford Foundation, and Stupski Foundation. More than 80 national organizations have endorsed the guidelines. Visit bit.ly/2JVJihY to view the guidelines.

APA Offers Free Style Tutorials
The American Psychological Association (APA) has two new resources aimed at helping authors comply with APA Style Publication Manual. “The Basics of APA Style” is designed for those who have no previous knowledge of APA Style. It shows users how to structure and format their work, recommends ways to reduce bias in language, identifies how to avoid charges of plagiarism, shows how to cite references in text, and provides selected reference examples. “What’s New in the Sixth Edition” is a tutorial that provides an overview of key changes in the newest edition of the Publication Manual, beginning with three overarching goals that guided the revision and ending with a detailed chapter-by-chapter list of new and expanded content. Access these free tutorials at www.apastyle.org/learn/tutorials/index.aspx.
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