

# NEWS

The University of Texas Health Science Center at Dallas  
5323 Harry Hines Boulevard Dallas, Texas 75235 (214) 688-3404

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CONTACT: Ann Williams  
Office: 214/688-3404  
Home: 214/375-6043

\* \* \* \*New Geriatrics Division at UIHSCD to stress health maintenance for the elderly.

DALLAS--The thrust of the new Geriatrics Division at The University of Texas Health Science Center at Dallas will be "maintenance of health and vigor," promises the chairman, Dr. Seymour Eisenberg.

"I don't want merely to keep people alive longer--I want to extend their vigor."

Eisenberg recently returned from a two-month sabbatical in which he visited geriatrics departments all over the country. "Long Island and Boston have good chronic care centers. Most programs have extended care beds. But inasmuch as only five percent of our geriatric population is in nursing homes--and perhaps another five percent get some professional health care at home--90% of the elderly require other than custodial care."

He sees two major concerns in health care for the elderly that are not being met: "Our acute care centers should develop expertise in the care of elderly patients, and we need a public education program for people in their late 50s.

"We need to tell these people how to prepare themselves for their later years. They need to build strong muscle and bone for the years ahead. We don't know for sure yet, but the body may not be able to build muscle after the age of 60," says Eisenberg. "We may be limited in what we can do about mental changes--which are not a necessary consequence of growing older--but the chances are we can prevent some of the structural changes and fractures."

It's difficult to attract young doctors to geriatric medicine. These patients tend to have multiple chronic problems. "It's apparently more satisfying to treat a young person with pneumonia and see them recover quickly," says Eisenberg.

"I'm a bedside clinician who listens. That's what I do best. And I train young physicians to do that and enjoy what they do," says Eisenberg, who has been chief of the Medical Service at Dallas Veterans Administration Medical Center for fifteen years. "I'm ceasing to be the grand old man of internal medicine and becoming the young man of geriatric medicine."

The new Geriatrics Division of the Department of Internal Medicine does not mean that problems of the elderly will be segregated from the mainstream of medicine. On the contrary, Eisenberg says the division will be working with every department except maybe the Pediatrics Department.

It is hoped that each course the medical students take will have some "core material" on special problems of aging. Eisenberg will not teach all the material but will ensure that the material is included in the curriculum. He will lecture the sophomore students on history taking and biology of aging. In January he will offer a senior elective on "Geriatrics and Bedside Medicine."

The "young man of geriatric medicine" has many plans including eventually a fellowship program, but "So far we are a division of one."

VAMC has plans too: a 120-bed chronic care center. "But don't call it a nursing home," says Eisenberg. "That would denigrate it in the eyes of some." He also envisions an acute care ward at VAMC for patients over 70 or 75. This ward would "look different" and be different. It would be staffed with psychologists, nurse coordinators and social workers trained to work with elderly patients and their special problems. All services could admit to this unit. The surgeon and the neurologist, for example, would



see their own patients there unless the patients required the sophisticated support of a surgery or neurology ward. The geriatric team would follow patients with the admitting service, working to diminish all the frightening aspects of hospitalization.

"We could keep the patients in a little longer to aid in their convalescence, making sure they know about their exercise and activity program and understand fully their medications. We likely will have 15 beds in the chronic care center for 'step-down' care (of the acutely ill) when this is deemed desirable before they go home. Then we would follow them in a Geriatric Clinic or Geriatric Health Maintenance Clinic. But the ultimate goal would be: discharge--to their home when possible."

In keeping with this goal of working with each medical discipline in problems of elderly patients, Dean Kern Wildenthal has called together a "Blue Ribbon" Geriatrics Committee to help provide direction for the new division. Committee members are Dr. Bruce Brink, Surgery; Dr. Laura Wilson, Gerontology; Dr. Phala Helm, Physical Medicine and Rehabilitation; Dr. Andres Goth, Pharmacology; Dr. Roger Rosenberg, Neurology; Dr. Kenneth Altshuler, Psychiatry; Dr. Ron Anderson, Ambulatory Care; and Dr. James Lipton, Physiology and Neurology.

"We will be training physicians in caring for the elderly. We hope to be doing a great deal of research. I've always been interested in cerebral circulation and strokes. I have also become interested in muscle and bone preservation, and I hope to get into that. And we will be trying to educate the public on preparing for old age. You can say that we will be a Geriatrics Division with our own style--dedicated to diminishing or delaying disability and assuring the elderly of the best possible care by our bright young graduates."

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