



# INDIAN ELDER CAREGIVER

**NEW MEXICO GERIATRIC EDUCATION CENTER NEWSLETTER - Summer 2009**

## **UNM's Senior Mentor Program Celebrates another Great Year**

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**By Lloryn Swan, Program Coordinator**

On April 25th, people ranging in age from their early 20s to their 90s came together in May-December pairs for brunch and excerpts from a documentary film about Mimi Weddell, a 94 year old actress and model still working in New York City. The student-mentor pairs also had a chance to visit and catch up on the spring semester's activities and to discuss their plans for the summer. These seemingly unlikely pairs are all participants the Senior Mentor Program (SMP) of the UNM School of Medicine Division of Geriatrics, with support from the Geriatric Education Center. The goals are to involve students in learning more about geriatric medicine and seniors' health concerns, to improve students' communication skills, and to help dispel myths and stereotypes surrounding the aging process. The seniors chosen to be mentors are all examples of healthy aging, in that they are either in good health or they have learned to manage their chronic health problems. The idea is for students to view aging as a natural process, rather than a burden.

A number of schools of medicine now have senior mentor programs, which vary greatly in their design and implementation. While student-mentor programs range in length, participation and focus, UNM's program is voluntary, lasts from 1 to 3 years, and is psychosocial in nature. Carla Herman, MD, MPH, Chief of Geriatrics, oversees the program which is administered by Lloryn Swan, BS, Program Coordinator. Lloryn has had fourteen years experience as a Program Coordinator at UNM, as

well as other managerial experience outside the university.

Student recruitment is accomplished via brochures and other information, as well as an activities held during orientation week. Students from the medical school, physicians assistant class and nursing students participate.

First year students in the UNM School of Medicine and the Physician Assistant Program who volunteer for the Senior Mentor Program participate in group events and three one-on-one meetings with their senior mentors during the academic year. While they receive no credit for their participation, they do receive letters of commendation in their student files if they participate in all the meetings and discussions and complete an end-of-the-year program evaluation. Second and third year medical students may continue their participation by choosing the SMP as their one elective, for credit, on a semester by semester basis. Students classroom sessions on topics ranging from cultural sensitivity to poly-pharmacy in seniors, caregiver stress, and end of life issues. They also continue to meet individually with their mentors to discuss assigned medical topics appropriate to their level of education and to advance their growing inter-generational friendships. On average, 9-10 second year students (13% of the class) and 7-8 third year students (10% of the class) continue their participation in the SMP each year.

Student-mentor relationships sometimes grow beyond the program's expectations and become as close as family relationships. In one instance, the mentor's granddaughter met her future husband through the student her grandmother was mentoring. In another, it was discovered that the mentor and her siblings and her student's grandparents had all known each other as young people.

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Students have also witnessed their mentors' major health issues, such as the progression of Parkinson's Disease, emergency surgeries, multiple joint replacements, and the death of a mentor's spouse, and have shown a wonderful ability to cope with these crises and to bring comfort to their mentors. All of this will serve them well in their future practices.

The UNM Senior Mentor Program enhances any student's skills in relating to or understanding the needs of the ever-increasing older patient population. It is estimated that by the year 2020, people over 65 will make up 20% of the US population. Care of this cohort will require physicians and other health care providers who are alert to the growing needs of the geriatric patient, and an emphasis on health promotion and disease prevention in order to allow seniors to remain independent as long as possible.

The student participants seem to be gaining exactly what the program set out to teach when it began in 2004: *"I think being in the senior mentor program reinforced my belief that you can't judge seniors by the typical stereotypes. My mentor enjoys watching Sex and the City and shares a similar taste in movies with me. She is also an active member in the community."* And from another student: *"I have developed many skills for communicating effectively with seniors and gained insight into the process of aging. I have also benefitted and will continue to benefit from developing a friendship with an amazing person with whom I expect to be good friends for a long time to come."* (From student evaluations of their experiences in the program, 2007-2008.) In addition, mentors are benefiting from exposure to the type of young adults who are the antithesis of those often seen on the evening news, as expressed by this writer in her program evaluation: *"As we watched TV and listened to the news we were convinced that we are in a decadent society. Along came our medical students. Now we see hopes for social improvement. Students teach mentors. We are grateful to the Mentor Program for giving us a glimpse of the youth through these sharp, dedicated students."* And from another mentor's evaluation, answering the question *"What did you gain from the experience?"* "I got a new sense of optimism and hope about this new generation of medical students."

Other mentors relate how being in the program

has helped to break down their reluctance or hesitation to address sensitive situations with their (usually much younger) healthcare providers. One mentor mentioned that her own communication skills have improved through the focused discussions on healthcare topics she has had with her students. Other mentors appreciate the opportunity to let the next generation of healthcare providers know what things are important to them and their peers and how they wish to be treated by their doctors. In the words of one mentor, *"I've found a new dimension of myself (that of a mentor), I've become a voice for change in the medical profession, I am an advocate for the elderly."*

If you would like more information about the UNM Senior Mentor Program or an application packet for becoming a senior mentor (must be at least 65 years old), please contact Lloryn Swan, Program Coordinator, at 272-4837 or [lswan@salud.unm.edu](mailto:lswan@salud.unm.edu).

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## Mild Cognitive Impairment (MCI)

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The following article is a Topic Sheet from the Alzheimer's Association which can be accessed at [http://www.alz.org/national/documents/topic-sheet\\_MCI.pdf](http://www.alz.org/national/documents/topic-sheet_MCI.pdf)

Mild cognitive impairment (MCI) is a general term most commonly defined as a subtle but measurable memory disorder. A person with MCI experiences memory problems greater than normally expected with aging, but does not show other symptoms of dementia, such as impaired judgment or reasoning.

Compared with the large body of information about Alzheimer's disease, research about MCI is at a relatively early stage. Because scientists are still answering basic questions about this disorder, it is important to note that the definition of MCI is itself a "work in progress."

### Defining MCI

In 2001, the American Academy of Neurology (AAN) published practice guidelines for the early detection of memory problems. The AAN workgroup of specialists identified the following criteria for an MCI diagnosis:

- an individual's report of his or her own memory problems, preferably confirmed by another person
- measurable, greater-than-normal memory impairment detected with standard memory assessment tests
- normal general thinking and reasoning skills
- ability to perform normal daily activities

These criteria do not settle all debate about MCI. Key questions that researchers continue to investigate include the following:

1. How much memory impairment is too much to be considered more than normal?
2. How much memory impairment is significant enough to be considered a symptom of mild dementia?
3. How hard should one look for subtle abnormalities in other areas of thinking?
4. How do we know if these other changes are normal aging or worse?

Because researchers are still investigating these questions, other details about MCI remain unclear. For example, some research suggests that essentially all cases of MCI progress to Alzheimer's disease or another form of dementia. This would mean that MCI is simply a very early sign of dementia. Other studies suggest that some people with MCI may not develop dementia, but that many are at a very high risk of developing the disorder. Still other studies indicate that a significant number of people diagnosed with MCI may "revert" to normal.

### The need for further research about MCI

The differences in these conclusions are the result, at least in part, of significant inconsistencies in definitions of MCI. For example, some definitions involve problems with aspects of

thinking other than memory. The different findings also point to the need for long-term studies that follow the progression of symptoms in people with differently defined MCI. More work is also needed on the biological changes associated with normal aging, MCI, and Alzheimer's disease and other dementias. In the December 2001 Archives of Neurology, a team of specialists recommended further research to define subcategories of MCI. For example, a problem primarily with language rather than memory might be considered a type of mild cognitive impairment that is an early sign of a dementia other than Alzheimer's.

### Are there treatment options for MCI?

Because there is a lack of agreement about a definition, any two individuals with a diagnosis of MCI may have relatively significant differences in symptoms. Physicians' recommendations for treatment will also vary. At this time, there is no widely accepted professional guideline for treatment of MCI and there is not enough evidence to recommend a standard approach. In most cases, if a person is diagnosed with MCI, the physician will regularly monitor the individual for changes in memory and thinking skills that indicate a worsening of symptoms or a development of mild dementia.

A large study reported at the April 2005 annual meeting of the American Academy of Neurology and published online in the April 14, 2005, *New England Journal of Medicine*, was the first clinical trial ever to demonstrate that a treatment could delay transition from MCI to Alzheimer's disease. That three-year study enrolled more than 750 older adults with "amnesic MCI," the type whose chief feature is memory difficulties greater than would be expected for an individual's age and education. Participants were randomly assigned to one of three daily regimens: 10 milligrams of donepezil (Aricept), 2,000 international units of vitamin E, or a placebo.

Participants receiving donepezil had a reduced risk of developing Alzheimer's during the first year of the trial, but by the end of the three-year study their risk was the same as those taking vitamin E or the placebo. Vitamin E showed no significant benefit at any time.

Study authors said the results were not strong enough to support a clear recommendation to treat MCI with donepezil, but could prompt a discussion between a physician and a patient on an individual basis. Donepezil is currently approved by the U.S. Food and Drug Administration (FDA) to treat all stages of Alzheimer's disease, but not to treat MCI.

Most experts saw the most positive outcome of this study as an important proof of concept in treating MCI, setting the stage for testing future drugs with potentially greater effect.

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### ***Mild Cognitive Impairment (MCI)***

Results also demonstrated success in the clinically challenging process of identifying individuals with MCI and monitoring their status in a large, multisite clinical trial.

Two other clinical trials have evaluated the Alzheimer drug galantamine (Razadyne) as a possible treatment for MCI. Neither of these trials found any statistically significant benefit for galantamine in improving function or preventing transition to Alzheimer's. However, investigators did note a significantly greater number of deaths in the galantamine treatment groups than in those receiving the placebo. In April 2005, the FDA and its European equivalent mandated a labeling change reflecting this imbalance in the number of deaths. Data from these MCI galantamine studies have not been published, but are posted online.

This article was provided by Sandy Skar, Program Director Alzheimer's Association - New Mexico Chapter New Mexico website: [www.alz.org/newmexico](http://www.alz.org/newmexico). The Alzheimer's Association is the leading voluntary health organization in Alzheimer care, support and research. Updated October 2006 1.800.272.3900 | [www.alz.org](http://www.alz.org) © 2007 Alzheimer's Association. All rights reserved. This is an official publication of the Alzheimer's Association but may be distributed by unaffiliated organizations and individuals. Such distribution does not constitute an endorsement of these parties or their activities by the Alzheimer's Association. The Alzheimer's Association – New Mexico Chapter provides statewide services and has four regional offices, Farmington, Las Cruces, Las Vegas, Roswell. We offer six core program: 24 hour HELPLINE (800.272.3900), Care Consultation, Respite, Support groups, Safe Return/Project Lifesaver, and Education.

### **Calendar of Events**

#### **NMGEC Summer Geriatric Institute**

June 25-27

Albuquerque Radisson Hotel

For info call: (505) 272-4934

#### **Four Corners Caregiving Summit**

August 6 & 7

Sky Ute Casino Ignacio, Colorado

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(303) 866-2845 or

[Todd.Swanson@state.co.us](mailto:Todd.Swanson@state.co.us)

(303) 866-2651

#### **New Mexico Conference on Aging**

August 25-27

Sandia Resort & Casino

Call (505) 222-4500 or (866) 842-9230

#### **Mild Cognitive Impairment Workshop**

Saturday, Sept. 12, 2009

Domenici Center, Room 3010

UNM Health Sciences Center

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