AGS NEWS

NEWSLETTER OF THE AMERICAN GERIATRICS SOCIETY

2025
Volume 56
Number 1

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PLAN YOUR #AGS25 ADVENTURE IN CHICAGO, IL

Nestled along the shores of Lake Michigan, Chicago is a dynamic city brimming with culture, history, and world-class attractions. Whether you're unwinding after a full day of #AGS25 activities or extending your trip to explore with friends and family, there's something for everyone within a short distance of the meeting venue and hotel!

Get outdoors!

Chicago in May typically features temperatures that average from 50°F to 65°F so pack layers and waterproof gear to be prepared for the weather and windier than normal conditions – it's not called the Windy City for nothing! Despite its variable weather, May can be a great time to explore the city without the crowds. Start your outdoor adventure at **Millennium Park**, where you can marvel at "The Bean" and take a peaceful stroll through the serene **Lurie Garden**. Or see if you can spot the iconic Chicago Water Tower on a stroll along the **Magnificent Mile** where you can find shopping, dining, and entertainment destinations. Nearby, **Grant Park** and **Buckingham Fountain** provide iconic photo opportunities and scenic spaces to relax.

For those who love the water, the **Chicago Riverwalk** offers breathtaking views of the city's world-famous architecture, riverside cafes, and public art installations. If you're up for more activity, rent a kayak to experience the Chicago River from a unique vantage point.

Explore the art, architecture, and museums!

Chicago is renowned for its stunning architecture and vibrant art and museum scene. Dive into history and innovation on a **Chicago River Architecture Tour**,

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2025 CODING UPDATE

On January 1, the Calendar Year 2025 Medicare Physician Fee Schedule Rule went into effect, which includes a number of coding and payment changes of interest to geriatrics health professionals. The AGS recently hosted a webinar on coding changes for 2025 which covers the telemedicine updates and the newly adopted advanced primary care management (APCM) services codes, among other topics of interest for geriatrics clinicians. This webinar was recorded and is available for viewing on GeriatricsCareOnline.org here.

Update on New Payable Services for Advanced Primary Care

Starting January 1, adult primary care specialties (e.g., general internal medicine, family medicine, geriatric medicine, advanced practice nursing) can bill for a new payment bundle, APCM services, which reflects the essential elements of advanced primary care, including principal care management, transitional care

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AGS 360° WITH
NANCY E. LUNDEBJERG, MPA

For the past couple of weeks, I have been deeply immersed in trying to understand the implications for AGS and its members of a series of Executive Orders (EOs) issued by the 47th President of the United States, directives from various members of the new administration, the court challenges that are starting to emerge, and how all of this is being covered in the news. My initial focus was on understanding the implications for AGS of EOs and directives focused on (1) diversity, equity, and inclusion (DEI) and (2) immigration. I've also been paying close attention to directives that impact our federal workforce and working with the AGS Policy team on Last Week in Washington: News of Interest to AGS members.

I am not going to lie, the language of the EOs is intentionally cruel. The pace is intentionally fast. There is an intentional effort to divide us into "them" and "us." And, underlying every EO, directive, or action is an intention to provoke fear and to convey that "resistance is futile." If you are a student of Star Trek, you'll know the origin of that last quote. If not, a quick lesson about the Borg can be had by watching "The Best of Both Worlds", a two-episode arc in season 3 (episode 26) and Season 4 (episode 1) of *Star Trek the Next Generation*. But I digress.

To be honest, my reading initially provoked something of a flight or fight stress response. And, as I read the immigration orders (in particular), I was reminded of my own internal dialogue around whether I am as brave as I like to think I am (if you are interested in peeking inside my head, see this post on Scribbles and Photos, my very neglected personal blog). I was also reminded that I have a responsibility to the AGS and our members to mitigate the risks to the Society and to try to ensure that we are well-positioned so that, as an organization, what we have to say is heard.

First, let's talk about mitigating risks to the Society. At this juncture, our biggest risk as a federal contractor/grantee is in Section 3 of the **Ending illegal discrimination and restoring merit-based opportunity EO** (which can be read here) that requires federal contractors and grantees to attest that we are not doing anything related to DEI across the entirety of the organization and not just those activities that are funded by the federal government. Section 4 goes on to state that organizations that sign the attestation and then continue their DEI work could be subject to litigation under the False Claims Act.

Alert, Defined. Photo taken in Central Park on 1/18/2025. Photo Credit: nlundebjerg

Flight? Walk away from federal awards based on the administration's interpretation of existing laws. ***Fight?*** Look at statutes and assess whether our vision for the future (which can be read here and the work that we do to advance that vision is consistent with our collective rights to equal protection under the law (a right that is enshrined in the 14th amendment of the U.S. constitution). There are a lot of considerations that come into play with those two options. Flight would mean stopping important work that has been making a difference in the care of older adults; work that we are only able to do because we have federal funding. Ultimately, not going after federal funding could mean eliminating positions. Fight, regardless of whether we are aligned with federal law, does not mean that we wouldn't need to defend against a lawsuit. Further, it will entail ongoing vigilance across all of our work with regards to remaining in compliance. There is no easy answer here and I anticipate that our decisions will be made on a rolling basis as more guidance becomes available from the administration.

Now, let's talk about being well-positioned as an organization to be heard. This one is tricky – it's not quite fight or flight for me when it comes to AGS and more of a question of how AGS might need to change how we talk with others about our mission and vision and the policies that are important to advancing those. First, a bit of personal history. My first public policy lesson in how coalitions and advocacy

work came in 2008 as the Eldercare Workforce Alliance (EWA) was forming. As the AGS representative and eventually co-convener of EWA, I have learned that coalitions are about finding common ground. In our EWA and AGS work to educate Congress and the administration, I have learned that the most important piece of articulating public policy is being able to articulate its impact on Americans in a way that others can hear you. The secret in the sauce is that the language we use, the data we draw on, and the framing we offer for a policy proposal is mutable because the goal is to find our common ground. In a nutshell, language matters and it behooves us as individuals and organizations to pay attention to the language that surrounds policies and actions and figure out where that language might mirror the language we already use.

In this issue of the AGS Newsletter, we have included our January 24th statement about our commitment to continuing our work focused on advancing our vision for a future where we are all supported by and able to contribute to communities. One where ageism, ableism, classism, homophobia, racism, sexism, xenophobia, and other forms of bias and discrimination no longer impact healthcare access, quality, and outcomes for older adults and their caregivers. To learn more about our work in service of this vision, please go to pg. 7. I am #AGSproud of all that we do, and will continue to do, in service of creating a world that is free of discrimination.

A reminder for all of us that finding joy in our lives is one of the most important ways we can counteract the impact that the news can have on our well-being. For me, that might be going birding and for someone else it might mean a morning run and for others it could mean a weekly dinner with extended family. Staying hydrated is also important as is trying to find humor amidst the chaos. ✦

AGS/ADGAP BENCHMARKING SURVEY YEAR TWO UPDATE

We want to thank all of our AGS/ADGAP members who participated in the *2024 AGS/ADGAP Benchmarking Survey*, which collected data from 2023 (see page 4 for a snapshot of the data collected). While the 2024 survey is now closed, the AGS is gearing up to launch the next survey to continue to build our rich dataset.

The AGS is again partnering with Phairify to launch this year's survey, available in February, to collect data from 2024. We hope even more geriatrician members participate in this year's effort to build this valuable dataset that we can all use to better understand the value of geriatricians with real-world data.

We Need You!

Remember that the more AGS/ADGAP members that participate in the survey, the more meaningful the data will be. We urge you to support geriatrics and your peers by taking the time to complete the survey. Once completed, you will have instant real-time access to the rich databank of information that you can use to discretely:

- Compare your compensation, productivity, and practice characteristics with those of your peers.
- Explore different job opportunity scenarios (location, practice type, scope of practice) and understand how this may impact compensation, benefits, and other work/life elements you care about.
- Conduct informed negotiations of employment terms for you, your division, department, or practice.
- Much more!

AGS geriatrician members will receive an email with instructions on how to complete the new *2025 AGS/ADGAP Benchmarking Survey* to collect data from 2024. The survey is quick and easy to complete, taking only about 10-15 minutes, and the data always remain anonymous. The dataset provides aggregate data on compensation, productivity, and practice characteristics. If you have completed the

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As you may have read on MyAGSOnline, several members have shared their views on this new dataset:

“For program directors and division directors, this is very useful in educating prospective fellows and lobbying for appropriate salaries for new faculty hires.”
- Paul Eleazer

“As a junior faculty member and someone who advises fellows who are considering new job opportunities, the more information I have at my fingertips, the better.”
- Serena Wong

“This valuable information can help us negotiate compensation packages/benefits, and better advocate for ourselves as geriatricians.”
- Rebecca Masutani

“It is very helpful for proposals to our health systems for building clinical programs in different settings.”
- Louise Walter

BENCHMARKING SURVEY continued from page 3

survey in the past, your survey is even easier and quicker to complete – upon login, you will be invited to review your previous survey responses and select those you wish to update where data has changed from the previous year.

The AGS/ADGAP hosted a webinar in early February to provide a brief tutorial on accessing the survey, and for a deeper dive into the 2023 data. The recording of that webinar, *Unlocking the Value of Geriatricians: Data Snapshot from AGS/ADGAP Benchmarking Survey*, is available on GeriatricsCareOnline.org. The recording is available here.

If you have any questions about your Phairify account or the survey, please reach out to Anna Kim at akim@americangeriatrics.org. ✦

GERIATRICS BENCHMARKING SNAPSHOT

AGS/ADGAP Benchmarking General Survey Data (2023)

Below is a preview of the Geriatrics Benchmarking Survey with 2023 data in hand. AGS/ADGAP members who participate in the AGS/ADGAP Benchmarking Survey have real-time access to all data collected through Phairify's practice information and career management platform, as well as a tool that you can use to compare and understand that data better for your purposes.

DEMOGRAPHICS[1]

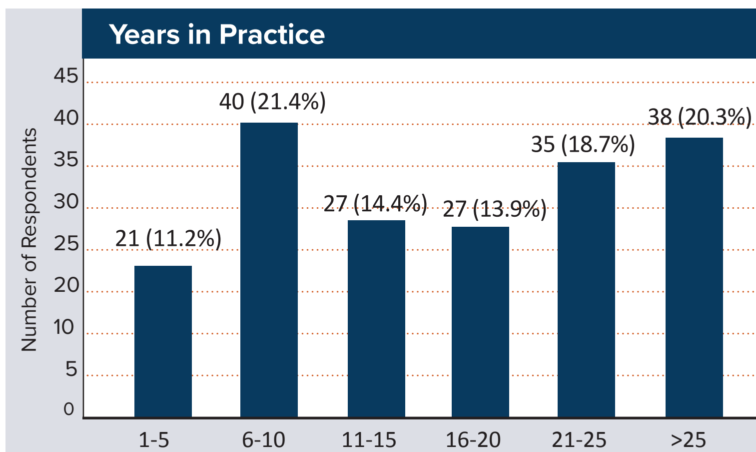
198 Geriatricians participated in the *CY23 AGS/ADGAP Benchmarking General Survey.*

Specialty	N (%)
Geriatric Medicine (Internal Medicine)	155 (78.3%)
Geriatric Medicine (Family Medicine)	42 (21.2%)
Geriatric Psychiatry	< 10

GERIATRICS PRACTICE SETTINGS

- Most responding geriatricians reported working at least some portion of their professional time in academic/medical school-sponsored settings (47.9%) or in a hospital/health system/integrated health system (21.7%).
- The biggest overlap in practice types is academic/medical school-sponsored settings and government (6.6%).
- About 67.3% of participants were in practice for more than 10 years.

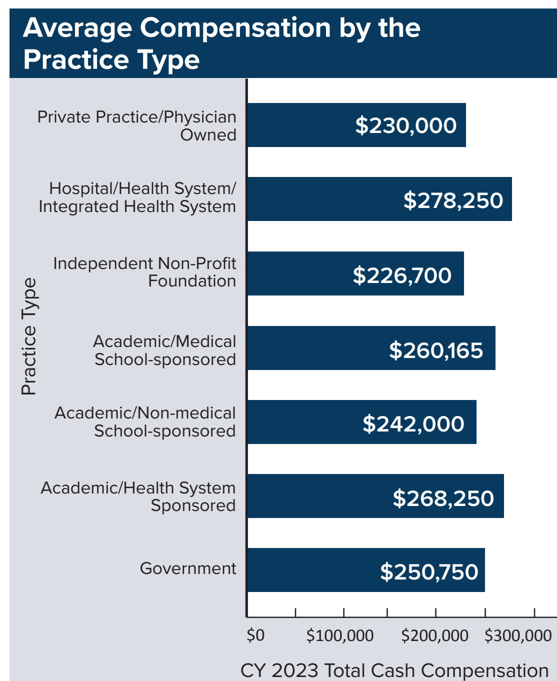
Practice Type	N (%)
Academic / Medical School-Sponsored	95 (48.0%)
Hospital/Health System/ Integrated Health System	43 (21.7%)
Academic / Health System-Sponsored	34 (17.2%)
Government	31 (15.7%)
Private (Physician owned)	12 (6.1%)
Independent Non-profit Foundation	8 (4.0%)
Other	5 (2.5%)

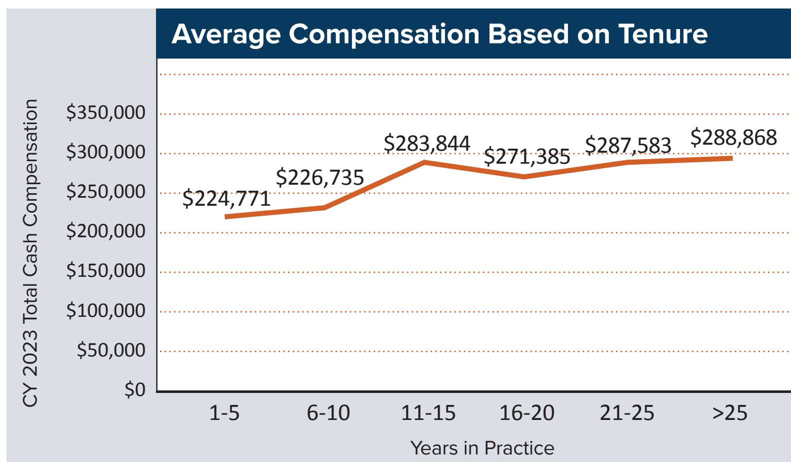


1 Phairify does not report data with fewer than 10 responses.

COMPENSATION

- Overall median compensation was $244,600 (CY 2023) [interquartile range (IQR): $91,000]
- Minimum: $127,000
- Maximum: $802,300



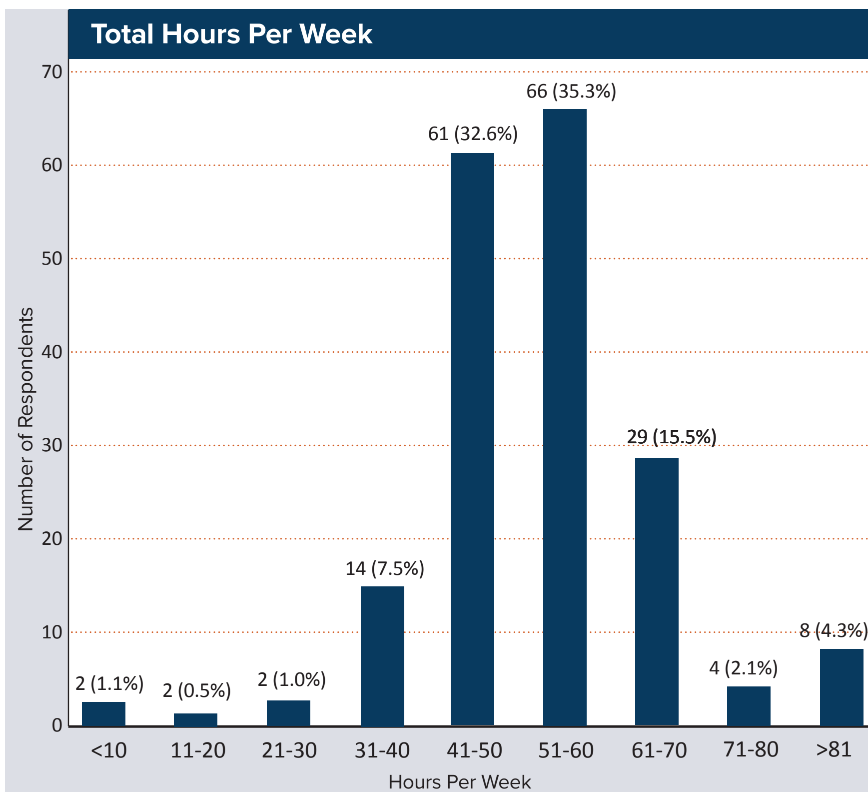


PRODUCTIVITY

Time spent on professional functions.

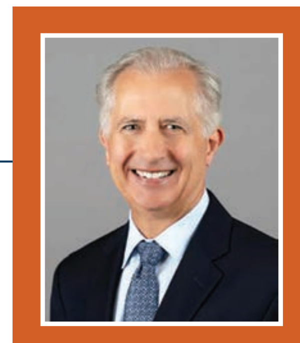
Professional Function	Median % Time Spent
Clinical-Patient Care	50%
Administrative or Management	20%
Teaching – Patient Care	15%
Teaching – Didactic	5%
Research	10%

57.2% worked more than 50 hours per week.



FROM OUR PRESIDENT

MARK A. SUPIANO, MD, AGSF



As I conclude my term as President of the American Geriatrics Society and prepare to transition into the role of Board Chair at #AGS25, I am filled with deep gratitude and appreciation to be part of such an amazing team – comprised of AGS members, volunteers, leaders, and staff who work together to implement programs, advocate on behalf of geriatrics, and train the next generation. I am proud of the strides we've made during my tenure in advancing geriatrics care, education, research, policy, and so much more. As we continue navigating the waters of public policy under the leadership of a new president, we will continue to advocate for a future where all older adults are prioritized in health policies and practices.

I've been proud to lead AGS/ADGAP efforts highlighting the importance of good data for the field of geriatrics. Reliable data is essential to understanding our worth, measuring inconsistencies, and shaping the future of geriatrics as a field. One of my key focuses has been supporting the AGS/ADGAP Benchmarking surveys which collect and anonymously aggregate geriatrician data on compensation, productivity, and practice characteristics across the numerous settings where geriatricians provide care. Make sure to check out our Benchmarking Data Snapshot on pg. 4 to see a preview of some of the data collected through the 2024 surveys.

> Together, we have navigated challenges, celebrated successes, and, most importantly, made a meaningful impact on the lives of older adults.

I look forward to the opportunities #AGS25 presents for continued growth and collaboration. Scheduled for May 8-10, 2025, in Chicago, IL, with a pre-conference day on May 7, this year's meeting promises to be both informative and inspiring. The comprehensive program will feature a diverse array of educational sessions, including invited symposia, workshops, and discussions led by prominent and respected experts on a variety of topics. Events such as the Presidential Poster Reception, Special Interest Group (SIG) Meetings, and Section Meetings, are designed to foster collaboration and the exchange of ideas.

If you are in need of any further convincing to join us in Chicago, I am pleased to share my top reasons for attending #AGS25 as well as some of the sessions I am most excited to attend below.

Why Attend #AGS25?

- **To Stay Informed:** Gain insights into the latest research and clinical practices that are shaping the future of geriatrics. A great way to jump into the latest research is to attend the Plenary Paper Session, which will feature the top three research abstracts of #AGS25, or the famous Geriatrics Literature Update sing-along with Kenneth Covinsky, MD, MPH; Eric W. Widera, MD; and Alexander K. Smith, MD, MS, MPH. This year will mark the final time this beloved trio hosts this long-standing favorite of the annual meeting, making it a truly special session not to be missed!

- **To Enhance Skills:** Participate in workshops and sessions designed to improve clinical competencies and patient care strategies such as the clinical skills workshop "Super Hear-o's Academy: Amplifying Educators' Impact on the Care of Patients with Age-Related Hearing Loss," which will provide hands-on tips, tricks, and teaching materials to clinician educators about teaching about the diagnosis, management, and communication techniques for patients with age-related hearing loss.

- **To Connect and Build Community:** Engage with a network of professionals dedicated to improving the lives of older adults. One way to get started is to check out the plethora of Special Interest Group meetings scheduled; with over 35 SIG Meetings available, I know that I will have a hard time choosing which to attend myself. Find what fits you best and connect with others on specific topics that interest you in the field.

Another fun way to network at an AGS in-person Annual Meeting is to join the Dance Party. A favorite amongst new and repeat attendees alike, this low-stakes fun event allows participants from all different backgrounds to get to know each other and connect.

Sessions I am most looking forward to:

- **Henderson State-of-the-Art Lecture: Collaborating with Other Specialties to Include Clinical Trial Outcomes Important to Older Adults**

Forty-five years ago, Dr. Jim Fries published a landmark concept article in the *New England Journal of Medicine* entitled "Aging, Natural Death, and the Compression of Morbidity" that was controversial to many at the time. This year's Henderson State-of-the-Art Lecturer, Dr. Jeff D. Williamson, credits this influential work and the mentorship

of Dr. Linda Fried during his fellowship at Johns Hopkins as the foundation for his academic career in geriatrics. The fruit of Drs. Fries's work and Fried's advice culminate in the work that Dr. Williamson accomplished with his colleagues as part of the SPRINT and SPRINT MIND clinical trial. These experiences and their relevance to advancing outcomes for older adults will be the focus of the Henderson Lecture.

■ The State of Diabetes Care in Older Adults in 2025

Moderated by Naushira Pandya, MD, CMD, this session will present recommendations to improve diabetes care of older adults from the American Diabetes Association (ADA) "Standards of Care in Diabetes," which were updated in 2024 in collaboration with input from AGS. Speakers will also present on topics such as the implementation of the ADA standards of care from an AGS perspective.

■ Treating Hypercholesterolemia in Older Adults for Primary Prevention of Cardiovascular Events: A Joint Statement by the AGS and National Lipid Association

This session will present key findings from the joint statement related to the assessment of Atherosclerotic Cardiovascular Disease (ASCVD) risk in adults over age 75 years and the evidence for LDL-C lowering in this population. Attendees will discuss limitations of evidence, alternative risk calculators, and recommendations for older adults incorporating comorbidities, functional status, and cognitive status; review evidence for adverse effects of statin therapies in this population; and learn to describe evidence for deprescribing.

■ 'OK, but what should I use instead?' - Alternatives to medications on the AGS Beers Criteria®

Last updated in 2023, the AGS Beers Criteria® remain one of the most frequently cited reference tools in geriatrics, detailing certain types of medications which may be inappropriate to prescribe to older people who are not receiving end of life care. AGS convened a work group of experts across a variety of syndromes and diseases to develop a list of alternative treatments to select drugs and conditions listed in the 2023 AGS Beers Criteria®. The presentation will focus on these alternatives, insights from the process of selecting them, and considerations for using these in clinical practice.

I encourage all members to register for the meeting and take advantage of the early registration discounts. Detailed information about the program, registration, and accommodation is available on the AGS Annual Meeting website at meeting.americangeriatrics.org.

A Personal Note of Gratitude

Serving as your President has been one of the greatest honors of my professional life. I am continually inspired by the dedication, compassion, and expertise of our members. Together, we have navigated challenges, celebrated successes, and, most importantly, made a meaningful impact on the lives of older adults. As I pass the baton to our incoming President, Paul Mulhausen, MD, MHS, FACP, AGSF, I am confident that the AGS will continue to thrive and lead in the field of geriatrics.

Paul is the Chief Medical Director at Iowa Total Care, a health plan serving Medicaid beneficiaries. With over 30 years of experience in healthcare, he is board certified in both internal medicine and geriatric medicine, and is an accomplished clinician, medical educator, and advocate for safe, high-quality care. A widely-recognized expert in the care of older adults and other vulnerable populations, he provides leadership to numerous stakeholders in the healthcare community.

I look forward to working with Paul in my new capacity as Board Chair, to remaining an active member of this vibrant community, and to supporting our ongoing mission. Thank you for your trust, your partnership, and your unwavering commitment to excellence in geriatrics care. ✦

AGS Remains Committed to Advancing Healthcare that is Free of Discrimination

On January 20, 2025, President Trump issued Executive Orders that roll back protections for transgender people and terminate all federal diversity, equity, and inclusion programs. AGS values our diverse membership and the culture of inclusivity that we are building. We remain committed to this work. Together, we are all making significant contributions to advancing our collective health and well-being as we age.

At AGS, we remain committed to advancing healthcare policies that require equal treatment for LGBTQ+ individuals, regardless of age, and for recognition of the preferred name and gender identity of transgender individuals, regardless of legal or biological status. As articulated in our statements on discrimination (which can be found here) and LGBTQ+ individuals (which can be found here), we remain opposed to legislation, orders, or policies that single out or target groups or individuals—implicitly or explicitly—impeding the progress we have made, and must continue to make, as we improve health for us all as we age.

We believe that discriminatory practices can have a negative impact on public health, especially the health of older Americans and vulnerable older people. We will continue our work that is focused on incorporating attention to diversity, equity, and inclusion across our AGS programs and products (learn more here). ✦

TOP 10 JAGS Studies of 2024

What were the most-downloaded geriatrics research updates in *The Journal of the American Geriatrics Society (JAGS)* in 2024?

Check out the list of top research highlights below and get the full content by visiting the DOI link.

1 Antibiotics for delirium in older adults with pyuria or bacteriuria: A systematic review– (Stall et al) https://doi.org/10.1111/jgs.18964

This systematic review investigated whether antibiotics impact delirium outcomes in older adults (≥60 years) with pyuria or bacteriuria in the absence of systemic infection signs or genitourinary symptoms. Analyzing data from 652 participants across four studies, researchers found that none of the four studies demonstrated a significant effect of antibiotics in delirium outcomes. In fact, two studies reported worse outcomes with antibiotic use. This research emphasizes the need for well-designed randomized controlled trials assessing the effect of antibiotics on delirium in older adults with pyuria or bacteriuria to guide clinicians who frequently test and treat for urinary tract infections in older adults with delirium.

2 The effect of anxiety on all-cause dementia: A longitudinal analysis from the Hunter Community Study – (Khaing et al) https://doi.org/10.1111/jgs.19078

This study explored the longitudinal relationship between chronic versus resolved versus new onset anxiety, and all-cause dementia risk. Among 2,132 participants (mean age 76), researchers found that chronic anxiety and new-onset anxiety were associated with a significantly increased risk of dementia, particularly in individuals 70 years old and younger. In contrast, participants whose anxiety resolved had a similar dementia risk to those without anxiety. These findings suggest that effectively managing anxiety within a timely manner could be a viable strategy for reducing dementia risk and underscores the importance of addressing anxiety as a potentially modifiable risk factor for cognitive decline.

3 Loneliness in older primary care patients and its relationship to physical and mental health-related quality of life – (Williams-Farrelly et al) https://doi.org/10.1111/jgs.18762

This study highlights loneliness as a significant public health issue among older adults, particularly those in primary care. Analyzing data from the *Caregiver Outcomes of Alzheimer's Disease Screening (COADS)* study, researchers found that over half of participants aged 65 and older reported loneliness during the COVID-19 pandemic. Loneliness was strongly associated with poorer mental health-related quality of life and also linked to physical health challenges, even after accounting for factors like age, gender, race, ethnicity, educational level, perceived income status, and comorbidities amongst other factors. Given their frequent interactions with older patients, primary care providers are uniquely positioned to address loneliness. This study emphasizes the need for healthcare practitioners to identify lonely patients and connect them with resources to foster meaningful social connections, as loneliness remains a key determinant of overall health and quality of life.

4 Discontinuation versus continuation of statins: A systematic review – (Peixoto et al) https://agsjournals.onlinelibrary.wiley.com/doi/10.1111/jgs.19093

This systematic review examined the effects of statin discontinuation versus continuation on clinical outcomes (all-cause mortality, cardiovascular CV mortality, CV events, and quality of life). Among patients nearing end-of-life, one randomized controlled trial (RCT) found no significant difference in short-term mortality between statin discontinuation and continuation. However, for other populations, 35 non-randomized studies suggested that statin discontinuation might increase risks of all-cause mortality, CV mortality, and CV events. Although findings from non-randomized studies were consistent, they were limited by methodological uncertainty. For patients aged 75 and older, outcomes aligned with the general findings. These results highlight the importance of individualized decision-making when considering statin discontinuation, particularly for those not at the end of life.

5 Delirium detection tools show varying completion rates and positive score rates when used at scale in routine practice in general hospital settings: A systematic review – (Penfold et al) https://doi.org/10.1111/jgs.18751

This systematic review examined the use of validated delirium detection tools in real-world acute care settings. The review analyzed 22 research studies and 4 audits, focusing on six tools commonly implemented in routine care, including the Confusion Assessment Method (CAM), 4 'A's Test (4AT), and Nursing Delirium Screening Scale (NuDESC). Tool completion rates varied significantly (19%-100%), as did positive score rates, which were often lower than expected

based on expected delirium prevalence. This variability underscores a critical gap between the tools' diagnostic performance in research studies and their effectiveness in clinical practice. Because delirium underdetection remains an immense concern, the findings of this review highlight the urgent need for improved reporting and analysis of healthcare systems data to enhance delirium detection and management.

6 Association between surgery and rate of incident dementia in older adults: A population-based retrospective cohort study – (Reich et al)

https://doi.org/10.1111/jgs.18736

A population-based study in Ontario, Canada, found no increased risk of incident dementia among older adults who underwent major surgery. Researchers compared 13,939 surgical patients aged 66 and older with a matched nonsurgical group, following both for five years. Dementia developed in 4.6% of the surgical group versus 6.9% of the control group, with elective surgery associated with a slightly lower risk of dementia. These findings, which held steady across subgroups and sensitivity analyses, suggest that elective surgery does not elevate dementia risk.

7 Clinical impact of medication review and deprescribing in older inpatients: A systematic review and meta-analysis – (Carollo M & Crisafulli S et al)

https://doi.org/10.1111/jgs.19035

This systematic review and meta-analysis of 30 experimental and observational studies found that medication review and deprescribing interventions in hospitalized older adults significantly reduced hospital readmissions by 8%. These strategies focus on minimizing potentially inappropriate medications (PIMs), simplifying therapeutic regimens, and minimizing risks. While the impact on mortality was not significant, the results highlight the importance of integrating medication review protocols into hospital settings to improve post-discharge outcomes and reduce healthcare costs.

8 Proarrhythmic major adverse cardiac events with donepezil: A systematic review with meta-analysis – (Nham T & Garcia MC et al)

https://doi.org/10.1111/jgs.18909

A systematic review and meta-analysis of 60 randomized controlled trials (RCTs) involving 12,463 participants explored the association between donepezil, a cholinesterase inhibitor commonly prescribed for Alzheimer's disease, and proarrhythmic major adverse cardiac events (MACE). While CredibleMeds classifies donepezil as a "known risk" QT interval-prolonging medication, this analysis revealed no increased risk of mortality, Torsades de Pointes, ventricular tachycardia, ventricular fibrillation and flutter, seizures, or syncope. These findings challenge previous low-quality observational data and suggest donepezil may not pose a significant arrhythmogenic risk, emphasizing the importance of elucidating its proarrhythmic potential and cardiac safety to inform prescribing practices and patient preferences for patients with Alzheimer's disease.

9 Physical performance is associated with long-term survival in adults 80 years and older: Results from the ilSIRENTE study – (Cacciatore et al)

https://doi.org/10.1111/jgs.18941

This study examined the relationship between physical performance and long-term survival among community-dwelling individuals aged 80 and older. Using data from the prospective cohort study ilSIRENTE, researchers found that higher levels of physical performance were associated with increased survival rates over a 15-year follow-up period. These findings suggest that maintaining physical function in late life is crucial for longevity as neither the number of diseases nor any specific disease predicted long-term survival, and that physical performance is a reliable metric for assessing mortality risk in octogenarians. The study underscores the importance of regular physical activity, and that physical performance should be a primary target for interventions aimed at enhancing longevity and extending health spans in octogenarians.

10 Melatonin does not reduce delirium severity in hospitalized older adults: Results of a randomized placebo-controlled trial – (Lange et al)

https://doi.org/10.1111/jgs.18825

Delirium is common in older inpatients, causing distress and cognitive decline, with few effective treatments available. Given that delirium often disrupts the sleep-wake cycle, and melatonin has been shown to improve sleep disorders, this study was conducted to test its effect on delirium severity in older patients. This randomized controlled trial involved 120 older inpatients with hyperactive or mixed delirium, who were given either 5 mg of oral melatonin or a placebo nightly for five days. The primary outcome was the change in delirium severity, measured by the Memorial Delirium Assessment Scale (MDAS). While the melatonin group showed a slight improvement in delirium severity (4.9 points) compared to the placebo group (5.4 points), the difference was not statistically significant. However, a post-hoc analysis revealed that patients in the melatonin group had a shorter length of stay (median 9 days) compared to the placebo group (median 10 days). In conclusion, while melatonin did not reduce delirium severity, it may have had a positive effect on length of stay, which warrants further investigation. The findings suggest that while melatonin holds promise for improving sleep, it is not a breakthrough treatment for delirium in hospitalized older adults. ✦

NOW AVAILABLE: *THE GERIATRICS REVIEW SYLLABUS* 12TH EDITION: A CORE CURRICULUM IN GERIATRIC MEDICINE

The 12th edition of the *Geriatrics Review Syllabus* (GRS12), released in January 2025, marks a significant milestone in geriatric medicine. As a comprehensive and up-to-date resource, it equips healthcare professionals with the latest developments and research in geriatrics, ensuring they remain at the forefront of care for older adults. Available in an all-digital format, this edition provides a streamlined, accessible platform for GRS12 subscribers. This premium product includes not only the syllabus' full educational content but also a robust suite of online learning features, which enhance the overall user experience. Healthcare professionals can now conveniently access cutting-edge knowledge and essential tools for improving patient care, all in one comprehensive package.

"We are excited to announce the release of GRS12, a cornerstone resource for health care professionals committed to improving care for older adults," said Jessica Colburn, MD, Associate Professor of Clinical Medicine at the Johns Hopkins School of Medicine. "This latest edition is a product of collaboration with over 230 expert contributors, and it continues to be an essential tool for staying ahead in geriatrics care. With the most current information and a variety of learning options, GRS12 supports healthcare professionals in providing high-quality, patient-centered care." Dr. Colburn, alongside Amy Westcott, MD, AGSF, Professor of Geriatric Medicine at Penn State College of Medicine, serves as one of the Editors in Chief for this edition. Dr. Jane Potter, MD, AGSF, also returns as Editor in Chief for the self-assessment portion of the GRS12.

One of the key features of the GRS12 is its strong emphasis on addressing inequities in health care. AGS is committed to eliminating ageism and other forms of discrimination that impact our health and wellbeing as we age. This edition of the GRS includes a new chapter on Health Equity in Aging that explores the intersectionality of ageism with race, ethnicity, gender, sexual orientation, and gender identity. The chapter highlights the critical importance of considering societal structures and conditions in shaping health outcomes.

This edition also intentionally incorporates the Geriatrics "5Ms"—what **M**atters most, **M**ind, **M**obility, **M**edications, and **M**ulticomplexity. First conceptualized by Tinetti et al in 2017, the 5Ms describe the care that geriatrics health professionals provide (what **M**atters most, **M**ind, **M**obility, **M**edications) and the characteristics of the patient population (**M**ulticomplexity) that defines the majority of people who are being cared for by geriatrics health professionals. In designing the Age-Friendly Health Systems movement, the Institute for Health Care Improvement (IHI), with support from The John A. Hartford Foundation, based the 4Ms of age-friendly care on this initial work by Tinetti and colleagues. The goal of the movement is to ensure that all older adults are touched by 4Ms-informed care. The GRS12 provides guidance for clinicians in providing care that addresses not just the medical needs of older adults, but also their functional, cognitive, and social well-being. This nuanced approach to managing the complexities of aging further solidifies the GRS12 as an indispensable resource in geriatrics care.

GRS12 is an all-digital subscription-based product. A three-year subscription includes:

- **74-chapter GRS12 Syllabus**, including 3 brand new chapters on Historical Perspectives of Geriatric Medicine, Loneliness and Social Isolation, and Health Equity and Aging
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GRS12 features include:

- Website links to external online resources throughout the 74 chapters, as well as DOI links in the chapter and question references
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- Ability to create custom practice tests by topic
- Post-test reports designed to help learners identify knowledge gaps, track progress by subject area, and develop study plans
- Chapter content and exam questions mapped to the ABIM Geriatric Medicine Blueprint

Subscribe to the GRS12 today at GeriatricsCareOnline.org: https://bit.ly/orderGRS12.

Still prefer to have a print copy of the syllabus? You can get a physical copy of the syllabus only (does not include self-assessment questions) by upgrading to the GRS12 Digital Complete+Print. ✦

which highlights the city's legendary skyline and the stories behind its most prominent buildings.

Voted by Tripadvisor as one of the "Best of the Best" US attractions of 2024, the **Art Institute of Chicago** is home to masterpieces like *American Gothic* and *A Sunday on La Grande Jatte*. The is an excellent option for art-loving #AGS25 attendees to check out.

Located in the heart of Chicago's Museum Campus is the **Field Museum**, one of the largest natural history museums in the world where you can meet SUE, the world's largest and most complete T. rex specimen. Or visit the **John G. Shedd Aquarium** to get close up and personal with the wonders of the aquatic world like penguins and beluga whales.

Indulge your inner foodie

Chicago is a culinary paradise, offering everything from deep-dish pizza to Michelin-star dining. Start your foodie journey with a slice of deep-dish Chicago-style pizza at **Lou Malnati's** or **Giordano's**. For something more casual, try a classic Chicago hot dog from **Portillo's** (don't ask for ketchup!).

There are plenty of options downtown – from **The Berghoff Restaurant** which serves German inspired fare to eclectic gastropub **The Gage**.

If you are feeling adventurous in your quest for fine dining, explore the West Loop, known as "Restaurant Row." Spots like **Girl & the Goat** or **Au Cheval** are sure to impress.

Register for the meeting today!

Our program covers the gamut of geriatrics in today's challenging environment. For an agenda, course descriptions, and registration, scan this QR code.

Don't miss the waterfront!

Chicago's connection to Lake Michigan offers plenty of ways to enjoy the water. Head to **Navy Pier** for family-friendly attractions like the Centennial Wheel, the **Chicago Children's Museum**, shops, and waterfront dining. Or visit one of the city's beaches, such as **Oak Street Beach** where you can soak in the views of the city skyline.

Other sights worth checking out

- **Willis Tower Skydeck:** Take in panoramic views from the top of one of the world's tallest buildings. Brave souls can venture onto Skydeck Ledge, an incredible glass enclosure overlooking the city from 1,300 feet high.
- Walk on the wild side and visit **Lincoln Park Zoo** or embrace nature at the **Lincoln Park Conservatory**.
- **Wrigley Field**, home of the Chicago Cubs for over a century, is a must see for baseball enthusiasts.

No matter how you choose to spend your downtime, Chicago is ready to welcome all #AGS25 attendees with open arms and endless opportunities for exploration! ✦

The AGS Has Your Hotel Deals Covered—But Act Fast!

The official #AGS25 program will be held at the Hyatt Regency Chicago. The AGS negotiated special rates for AGS meeting attendees. Reservations will be accepted through April 15, 2025 or **until the room blocks sell out**. **Book early** as the room block will sell out quickly and space is limited! Please review the hotel's **cancellation and refund policy** when making your reservation. Visit meeting.americangeriatrics.org to reserve your spot today!

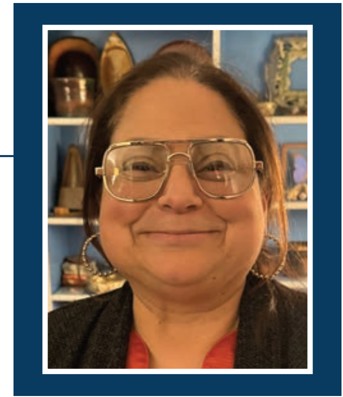
CHICAGO DIRECTORY

Scan this QR code for a directory of places included in this article.

Millennium Park ■ Lurie Garden ■ Grant Park ■ Buckingham Fountain ■ Chicago Riverwalk ■ Chicago River Architecture Tour ■ Art Institute of Chicago ■ Field Museum ■ Navy Pier ■ Chicago Children's Museum ■ Oak Street Beach ■ Willis Tower Skydeck ■ Lincoln Park Zoo ■ Lincoln Park Conservatory ■ and more

MEMBER PROFILE

Helen Fernandez, MD, MPH



How did you become interested in geriatrics?

My journey into geriatrics began with my family. Growing up in a multigenerational household, I was closely connected to my grandmother, who lived in Colombia. When she faced chronic illnesses and her first stroke, my family navigated her care from a distance, making sure she could remain at home, supported by people she loved. Watching my family work through these challenges taught me the importance of holistic, person-centered care.

Later, during my internal medicine and pediatrics residency, geriatrics found me. On my first day, I worked with Dr. Rosanne Leipzig, who saw in me the makings of a geriatrician. At the time, I planned to pursue pediatrics, but my experience in the ACE unit changed everything. The way we listened deeply to patients and crafted care plans around their values reminded me of the care my family provided my grandmother. By my third year, I was committed to geriatrics.

My father, a cardiologist practicing primary care into his 80s, also inspired me. We lived above his practice, and I saw firsthand how he cared for patients as whole people. His approach made me realize that geriatrics was where I could best focus on comprehensive care.

What is your favorite part of working with older adults?

The diversity in how older adults age and approach life is my favorite thing. Their life stories and wisdom are endlessly inspiring. In my practice, where the average patient is 86, I've built long-term relationships, often spanning decades. These relationships remind me that my work isn't just about addressing medical needs—it's about honoring who my patients are and advocating for what matters to them. One patient, who ran his last marathon at 96 and is now 103, exemplifies the resilience I see daily. It's fulfilling to guide my patients through their health journeys and bring medical students along for this ride, allowing them to develop as compassionate caregivers.

What are you most proud of in your career?

I'm most proud of my work developing innovative training programs for future geriatricians. As Vice Chair of Education and previously as Program Director, I've worked to integrate leadership and advanced skills into geriatrics education.

A key accomplishment was launching an integrated geriatrics and palliative medicine fellowship program at Mount Sinai in 2010. This program, which blends the two fields, has grown to 12 institutions nationwide, graduating over 80 fellows who are now leaders in geriatrics and palliative medicine. This program is now a standard pathway through the American Board of Internal Medicine (ABIM) and American Board of Family Medicine (ABFM). I also was on the consortium that developed the Med-Geri pathway, which integrates geriatrics training into the residency experience. Since its inception, the Med-Geri pathway has expanded to 14 programs nationwide.

What are you working on right now?

I'm currently focused on leadership development for fellows and early-career professionals. In 2019, we launched a national leadership curriculum. Two years later, with AGS as a partner, we were able to tailor that curriculum to AGS fellows and early career members, providing them with tools to strengthen their communication, emotional intelligence, and resilience. To date, we've trained over 200 participants, and the program continues to grow. This has since evolved into a series of leadership sessions held at the AGS Annual Scientific Meeting to make these resources available to a wider audience.

This work is about preparing future geriatricians to meet the challenges of an aging population. It's incredibly rewarding to see how these programs inspire fellows to take on leadership roles and improve care at all levels.

What advice would you share with someone who is considering geriatrics or just starting out in the field?

Geriatrics offers incredible opportunities and a bright future. There are diverse career paths, from ambulatory and inpatient care to hospital-at-home programs and research. Geriatrics is increasingly collaborating with fields like oncology, cardiology, and more, expanding the potential for cross-disciplinary work. The research arena is also rife with unanswered questions on topics surrounding care models and the needs of the "older old". Age-friendly health systems are on the rise and geriatricians are leading the way in shaping these systems.

The strength of geriatrics lies in its sense of community. It's a field full of mentors and role models who genuinely want to see you succeed. AGS has played a vital role in supporting my career, offering platforms for innovation, collaboration, acknowledgement, and professional growth.

If you're considering geriatrics, know that you're entering a field with abundant opportunities to collaborate, innovate, and make a real difference in the lives of older adults. There's never been a better time to start.

What is your favorite thing about the AGS or your favorite memory involving the AGS?

The AGS has been like family to me—offering a sense of community and belonging. I've had the privilege of connecting with colleagues, presenting research, and forming lasting collaborations at the annual meetings. The AGS community has supported me throughout my career, providing many opportunities for growth.

One memory that stands out is how AGS came together during the pandemic. Staff and members provided critical resources to my faculty and fellows when resources were low, such as masks, thermometers, and iPads for isolated patients. When I became sick myself, they reached out to me. The care and support I received during this challenging time reinforced the sense of family that AGS fosters.

The mentorship opportunities in AGS are unmatched. Whether you're a newcomer or seasoned professional, AGS encourages involvement and supports career development. It's a place where you can grow your career, collaborate, and make a meaningful impact on geriatrics. In essence, AGS has not only provided me with a professional community but a home where individuals are valued, heard, and empowered to make a difference. ✦

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AGS News is published quarterly by the American Geriatrics Society. For more information or to become an AGS member, visit AmericanGeriatrics.org. Questions and comments about the newsletter should be directed to info.amger@americangeriatrics.org or 212-308-1414.

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CODING UPDATE continued from page 1

management, and chronic care management. These services are intended to simplify billing and documentation requirements while ensuring that your patients have access to high-quality primary care services.

CMS created a webpage outlining the services in further detail, including who and how often you can bill, a description of each of the three new HCPCS codes, billing requirements, and how auxiliary personnel can provide APCM services.

Update on Telehealth Flexibilities

At the end of 2024, Congress extended several pandemic-era Medicare telehealth flexibilities through March 2025, at which time it will again be up to Congress to act. Telehealth visits, including audio-visual and audio-only, provide fundamental patient services when in-person access is a challenge and dramatically expand access to care, improving care for Medicare beneficiaries. Absent swift action from Congress to extend the flexibilities before the end of March, patient access to needed medical services is at risk.

As the new Congress gets to work, AGS continues to advocate for making audio-only services as well as other telehealth flexibilities permanent and ensuring continued access for beneficiaries.

We are hopeful that you will support our efforts and contact your legislators to ask them to make these telehealth flexibilities permanent. You can do so by visiting the AGS Health in Aging Advocacy Center. It's easy, take action today at https://bit.ly/AGS-Advocacy-Center. ✦

AGS | AGING LEARNING COLLABORATIVE

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The AGS/AGING Learning, Educating, and, Researching National Initiative in Geriatrics ("LEARNING") Collaborative is supported by an R25 grant from the National Institute on Aging (NIA) to the American Geriatrics Society (AGS) in partnership with the Health Care Systems Research Network (HCSRN)-Older Americans Independence Centers (OAICs) AGING (Advancing Geriatrics Infrastructure and Network Growth) Initiative. The Collaborative will aim to fill educational and training gaps in multiple chronic conditions (MCCs) research.

The AGS/AGING LEARNING Collaborative has developed a national self-directed clinical and translational learning curriculum focused on the science of MCCs for emerging clinician and translational investigators (T2-T4) in multiple disciplines who seek to include older adults with MCCs in their study populations.

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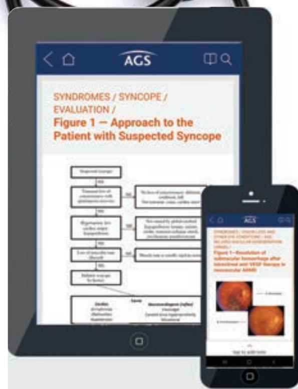

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