



Newsletter

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From the Secretary' Desktop:

American Society of Geriatric Otolaryngology – Addressing a Critical Need

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ASGO will play an ever-increasing role in helping to assure that elderly members of our society will have access to quality age-specific otolaryngologic services. Demographic predictions tell us that the numbers of older (65+) patients will increase dramatically as the current “baby boomers” age in the next several years, so that by 2030 nearly 70 million people (one in five Americans) will be older than 65. In addition, the “oldest old” group 85+ are the fast growing segment of the population, increasing 280 percent between 1960 and 1994, and may represent nearly 6 million people by 2010 – three years from now.

The crisis is that very few physicians will be specifically trained to address the unique needs of these elderly patients. The numbers of physicians seeking training in geriatrics is falling – for example, the University of Pittsburgh will train only 3 geriatrics fellows next year, and nationwide only 300 were trained in 2006.

One might ask, “so what?” Physicians of all specialties (except, obviously, pediatrics and the pediatric subspecialties) have managed the healthcare needs of their elderly patients for years with apparently excellent results. However, new evidence suggests that the elderly really do have unique physiology, unique medical problems, and, perhaps most critically, goals that often do not mirror those of a general cross-section of our population. As a result of this disparity, older patients are more likely to receive care tailored for the “average” patient, rather than age-specific care. A recent review, for example, reports that physicians who have not been trained in geriatrics are much more likely to prescribe unnecessary – and often harmful – medications for their elderly patients.

The only rational solution to this conundrum is to increase the emphasis on treatment of the aged population for all specialties. The American Geriatric Association (AGS), in cooperation with the Hartford foundation, began such an effort several years ago, and the American Academy of Otolaryngology-HNS has partnered with the AGS to promote education for otolaryngologists who care for older adults. Access the online geriatric textbook prepared by the Academy’s Geriatric Committee at <http://entlink.net/education/geriatric-care.cfm>.

Our new society was established to further the education of and research into the age-specific issues of our elderly patients that are addressed by otolaryngologists. The inaugural meeting of the society was held April 25, 2007, and now has more than 65 members. The second meeting will be held the afternoon of April 30th at the Grande Lakes JW Marriott in Orlando, the day prior to the start of COSM. Frank Lucente will be our Guest of Honor. The Keynote address will be delivered by Joseph LoCicero, Chief of Thoracic Surgery at Maimonides Cancer Center in Brooklyn NY who heads the AGS committee on surgical specialties. Dr LoCicero's address will focus on the role of the specialist in geriatric care – precisely the goal of our organization. The program will also feature a panel discussion on aural rehabilitation for the elderly headed by George Gates. George's panelists will focus on a wide range of topics – not only hearing aids – that can benefit the elderly hearing impaired patients who seek our care. Details of the program are on our website www.geriatricotolaryngology.org.

Otolaryngology, as a specialty, is doing something about the impending crisis in geriatric care. ASGO is a leader in these efforts. You can help. If you are not a member, join ASGO. At \$100 a year (including meeting registration) dues are a real bargain! Attend our meeting in Orlando on April 30th. Contribute to our newsletter. Forward this email to others who may be interested in joining our organization. ASGO is a multidisciplinary organization, so not only otolaryngologists but those of other specialties and disciplines as well are welcome as members or associate members.

Dave Eibling, MD
Secretary, American Society of Geriatric Otolaryngology

Guest Editorial



Jerome C. Goldstein, MD

President, American Society of Geriatric Otolaryngology

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The American Society of Geriatric Otolaryngology

The inaugural meeting of the American Society of Geriatric Otolaryngology (ASGO) took place in April 2007 at the Combined Otolaryngological Society Meetings (COSM) in San Diego. As president of ASGO, I was pleased to preside over the meeting and delivered the Presidential Address. This new society was established by a group of otolaryngologists who recognize that our fast-growing older population is subject to a number of disorders of interest to the practitioners of our specialty. These include, but are not limited to, hearing and balance problems, dysphonia, dysphagia, rhinitis, allergy, loss of taste and smell, and head and neck cancer. Cosmetic concerns are also significant, since older people often report feeling younger than their stated age and sometimes want to look it!

According to U.S. Census Bureau data, in 1907 the life expectancy of a male in the United States was 47 years. In the past three decades, the population of the United States has increased by nearly 40%, but the over-65 segment has grown by nearly 90% and the over-85 segment has grown by 232%. Today, approximately 12% of the U.S. population is more than 65 years of age, and by 2030 that percentage will reach 20%. This will amount to approximately 70 million people, which is more than twice the entire population of Canada. Today, approximately one-third of the patients seen by general otolaryngologists are 65 years of age or older, so it is essential for otolaryngologists to have a sound foundation in geriatric otolaryngology. The mission of the ASGO is "to promote the generation and dissemination of knowledge to benefit the geriatric patient with disorders of the ears, nose, throat, head and neck."

Caring for a growing geriatric population requires compassion and planning to meet their needs. Often, the elderly on Medicare have trouble even getting an appointment with some physicians. Once in the office, they often require more time than younger patients. In addition, management of otolaryngologic problems in the elderly is often influenced greatly by systemic conditions outside the head and neck. As geriatric otolaryngologists, we will need to broaden our knowledge about age-related general health problems that can be a factor in ENT disease, such as lipid abnormalities, hypertension, and cardiovascular disease.

Historically, otolaryngologists have been leaders. We are the second oldest medical specialty, and we were the second to establish a certification board in 1924. We were also one of the founders of the American Board of Medical Specialties. Our specialty has a long record of making progress through hard work and providing high-quality care. I personally have lived through the days when we had to "fight" to do thyroid surgery, an operation that is extremely common in our field today. We could not present papers on head and neck cancer at the American College of Surgeons' meetings. Today, we are the third largest specialty in the American College of Surgeons, following general surgery and urology. For the first time in history, the incoming president of the American College of Surgeons is an otolaryngologist, Dr. Gerald Healy.

We have a reputation for being innovators--for example, introducing the headlight and then the microscope to surgical practice. We have accomplished all of this and more by upgrading our training programs, by demonstrating competence in our work, and by insisting on excellence in the care we provide. In that same innovative spirit, we recognize the importance of geriatric otolaryngology. Nearly 20 years ago, the American Academy of Otolaryngology--Head and Neck Surgery (AAO-HNS) hosted a Cherry Blossom Conference on this subject, the proceedings of which are available in a monograph.([n1](#))

In concluding that Cherry Blossom Conference, Dr. Byron Bailey stated that many preceding speakers had identified different areas of opportunity for the otolaryngologist--head and neck surgeon in the care of the geriatric patient. The areas he discussed then, I believe, are equally applicable today. These include ([1](#)) prevention of premature death by the early detection of head and neck cancer and improved management of trauma; ([2](#)) prevention of disability, particularly through improved treatment of hearing loss; (3) control and management of symptoms, such as nasal congestion, chronic sinusitis, tinnitus, and vertigo; (4) treatment of common and usually benign diseases, such as upper respiratory infections, otitis, and pharyngitis; (5) management of conditions that limit mobility and promote isolation among the elderly, such as hearing loss, disequilibrium, and voice changes; (6) improvement of the quality of life through facial plastic

and reconstructive surgical techniques; and (7) provision of informed participation in societal deliberations concerning social and economic aspects of the disproportionate growth of the elder segment of our population. AAO-HNS has an excellent geriatric textbook available online that summarizes the current state of our knowledge in many of these areas.([n2](#))

I believe that the philosophies and energies that have brought our specialty to its current preeminence will be applied to our newest society to bring it to a level of excellence for the benefit of the geriatric patient. ENT specialists have a long record of cooperating with others, both within and outside our specialty. In fact, our academy's online book([n2](#)) was facilitated by a grant from the American Geriatric Society (AGS). We look forward to joining hands with the AGS and other appropriate groups to facilitate our mission.

The ASGO Web site (www.geriatricotolaryngology.org) details information about the society and includes a membership application. The annual dues of \$100 include registration for the annual meeting. The next meeting will, again, be held the afternoon before the start of COSM, April 30, 2008, at the JW Marriott Grande Lakes in Orlando.

References

([n1.](#)) Goldstein JC, Kashima HK, Koopmann CF, eds. *Geriatric Otorhinolaryngology*. Toronto: B.C. Dekker, 1989.

([n2.](#)) *American Academy of Otolaryngology--Head and Neck Surgery. Geriatric Care Otolaryngology Online*. At <http://www.entlink.net/education/geriatric-care.cfm/>. Last accessed Nov. 26, 2007.

ASGO 2nd Annual Meeting Program

Registration for the Program will be open at 12:30 pm

10:30 am: Executive meeting chaired by Dr. Jerry Goldstein

12:30 pm: Business meeting chaired by Dr. David Eibling

1:00 pm: Introduction and Welcome: Dr. Jerry Goldstein

1:05 pm: Introduction of Keynote Speaker: Dr. Jerry Goldstein

1:10 pm: Keynote Speaker - Dr Joe LoCicero: Interspecialty Relationships: why they are Critical in Geriatrics

1:40 pm: Introduction of Guest of Honor: Dr. Jerry Goldstein

1:45 pm: Remarks by Guest of Honor – Dr. Frank Lucente

2:05 pm: Demographics of the Aging Population: Dr. David Eibling

2:15 pm: Geriatrics from 30,000 feet: The Challenges, Collaborations And Open Opportunities: Dr. Ara Chalian

2:25 pm: Research in Geriatrics: Dr. A. Monjan

2:35 pm: Coffee Break

2:50 pm: Auditory Rehabilitation Panel: Chair: Dr. G. Gates

Panel: Don Morgan (LA): Hearing Aids Brad Volkmer (Epic Hearing Health Care): Coding and Billing Robert Sweetow (UCSF): Auditory Rehabilitation and the LACE program

3:50 pm: Free Papers

3:50 pm: Polypharmacy in the Elderly: Dr. M. Fato, Pittsburgh, Pennsylvania

4:00 pm: Skin Testing for Allergy in the elderly: Dr. K. Calhoun, Columbia, Missouri

4:10 pm: Geriatric Thyroidectomy: The Safety of Thyroid Surgery in an Aging Population: Dr. M.W. Seybt, D.J. Terris, Augusta, Georgia

4:20 pm: Discussion

4:25 pm: Cochlear Implant Performance in Older Patients: Dr. P. Roehm, D. Coehlo, B. Birenberg, S. Waltzman, New York, New York

4:35 pm: Transnasal Esophagoscopy: Safety and Patient Tolerance in the Geriatric Patient: Dr. T. O'Brien, K. Parham, Farmington, Connecticut

4:45 pm: Geriatric Assessment Toolbox: What You and Your Nurse Can Do to Improve Outcomes for Older Adults: S.H. Kagan, P.A.C. van Vurren, A.A. Chalian, Philadelphia, Pennsylvania

4:55 pm: Discussion

5:00 pm: Closing Remarks

Don't Forget!!

**American Society of Geriatric
Otolaryngology**

Please Pay your 2008 Dues

ASGO is one of the last great bargains!

\$100 includes Meeting registration

Pay online with PayPal **or Send Check to:**

David Eibling MD Secretary, ASGO

200 Lothrop Street

Suite 500

Pittsburgh PA 15213

Pay online at

www.geriatricotolaryngology.org

If you pay online notify me via email so I can assure you are credited !