



Newsletter

Volume 2 Number 1

From the Secretary' Desktop:

Recommend a plea for ready cash.

Dave Eibling, MD
Secretary, American Society of Geriatric Otolaryngology

ASGO 3rd Annual Meeting Program

- 10:30-12:00: Executive meeting chaired by Dr. Karen Calhoun
- 12:30-12:50: Business meeting chaired by D Eibling
- 1:00-1:05: **Introduction and welcome:** Dr. Karen Calhoun
- 1:05-1:10: **Introduction of Keynote Speaker:** Dr. Karen Calhoun
- 1:10-1:40: **Keynote Speaker:** 'Geriatrics in the Greater House of Otolaryngology': Dr. David Nielson
- 1:40-1:45: **Introduction of Guest of Honor:** Dr. Karen Calhoun
- 1:45-2:05: **Guest of Honor:** 'Gains, Losses and Lessons – Looking Back at the Last 50 Years': Dr. Ron Bailey
- 2:05-3:00: **Panel:** 'Medicare and the First 100 Days...Balance and Reimbursement': Dr. Brian McKinnon (15 min) Tough questions: Facing the Financial Music. Panelists: Dr. Karen Calhoun, Dr. David Nielson, Dr. Ron Bailey, Dr. Sandy Archer
- 3:00-3:15: **Coffee break**
- 3:15-3:25: ' Deciding on when to operate in the elderly': Dr. Eugene Myers
- 3:25-3:35: ' Cough in the elderly': Dr. David Eibling
- 3:35-3:45: ' Moh's Reconstruction in the elderly': Dr. Karen Calhoun
- 3:45-3:55: "Balance in the elderly: sorting through the jungle of differential diagnoses': Dr. Julian Nedzelski

FREE PAPERS

3:55-4:05: 'Tenets of Nasal Surgery in the Geriatric Population', presented by Dr Fred Stucker

Abstract: Aging, although quite individual, is pervasive and impacts nasal function and appearance of all in varying but predictable ways. Relentless senescent changes lead to deformities that adversely affect both function and appearance. Owing to many factors, the incidence of nasal surgery on geriatric patients has increased from an extremely rare event to a routine surgical occurrence over the past 40 years.

There are predictable histologic and anatomic changes that occur in the aging nose. These changes are compounded in those that have a history of prior nasal surgery, in which the deformities wrought by aging and prior manipulation are more than simply additive.

Many elderly patients have long-standing pathology and an equally long-standing desire for nasal surgery. We will illustrate and examine the three broad categories of geriatric surgical candidates, including patients with a history of prior rhinoplasty, those with long-standing pathology compounded by aging, and those with senescent pathology only apparent after age 60. This overview will include specific aspects of diagnosis, surgical treatment, and special considerations in these populations. A review of rhinoplasty cases performed by the senior author on geriatric patients over the past 27 years (1982-2009) will be used to illustrate the key considerations in this group.

4:05-4:15: 'Influence of age on Quality of Life after Laryngectomy', presented by Dr Ara Chalian

Abstract: Objective: To report influence of chronological age on quality of life (QOL) post-laryngectomy. Methods: A prospective clinical observational design enrolled 34 patients undergoing salvage laryngectomy. All patients completed FACT-H&N preoperatively and at 6 months post-operatively. Results: Among 34 patients, 15 were mid-life adults aged 40 to 59, 13 were young-old adults aged 60 to 69, and 6 were old adults aged over 70. No net change in physical or social well-being was observed in any age group over time. Preoperatively and postoperatively, the young-old had significantly higher physical and social well-being scores than the old. Emotional and functional wellbeing improved from baseline to 6 months for all age groups. Functional status showed age differences both preoperatively and postoperatively. Conclusions: Young-old adults appear to have an advantage when compared with younger adults and older adults in physical symptom experience whereas older adults have statistically and clinically

significantly more symptoms before and after laryngectomy. Such a performance advantage in young-old adults corresponds to similar patterns among older adults receiving chemotherapy. The present analysis is limited by enrolment and absent confirmatory symptom profiles and patient reported outcomes. Future research should combine these measures for study in larger groups of patients.

4:15-4:25: 'Integrative Review of Teamwork and Leadership Literature for Geriatric Otolaryngology Practice', presented by Sarah Kagan

Abstract: **Objective:** To report an integrative, targeted review of teamwork and leadership literature to support development of geriatric otolaryngology practice. **Methods:** An integrative review of healthcare teamwork and leadership literature with select inclusion of citations from other disciplines was conducted. Searches were confined to English language literature dating from 2005 to 2009 and classic citations. **Results:** Literature emerges from quantitative psychology and qualitative experiential science. Most quantitative literature speaks to skill development in closed teams as in the operating room or emergency situations. Some qualitative literature suggests semi-permeable teams managing chronic processes are poorly matched to discrete skill development and situation foci. Authors such as Fraher imply that role analysis and simulation develop authority and transferable skills useful in chronic management preventable crises are likely as in geriatric patient management. **Conclusions:** Our findings summarize available teamwork and leadership literature relevant to developing geriatric practice where the team required is larger, resources needed are more diverse, and risks of iatrogenic and spontaneous events are greater. We conclude with specific strategies for leadership self-assessment and team assessment and development to be used by the otolaryngologist planning a geriatric practice.

4:25-4:30: **Discussion**

4:30-4:40: 'A Geriatric Perspective on Otosclerosis', presented by Dr. Kourash Parham

Abstract: **Objectives –** The prevalence of clinical otosclerosis increases 7 fold with age. Here we review the literature from a geriatric perspective and assess its implications for treatment. **Methods –** A literature review. **Results -** In patients older than 70 years of age, success rates after stapedectomy are between 71 and 92%. After surgery, hearing thresholds tend to decline at a rate of 1 dB/year, much of this being attributable to SNHL; and 10-

20% require revision stapedectomy. In patients >70 years of age with far-advanced otosclerosis, cochlear implantation improves auditory function to the level seen in the younger patients by 6 months, postoperatively. Medical treatment of otosclerosis has been guided in part by available treatments for osteoporosis. Osteoporosis in older patients appears to be modestly correlated with hearing loss. Osteoporosis is more common in 50-75-year-old women with otosclerosis compared to like-aged women with presbycusis alone. Otosclerosis and osteoporosis both share a functionally significant polymorphism in the Sp1 transcription factor binding site in the first intron of the COL1A1 gene. Conclusions - The above justify further investigation of the bisphosphonates, a commonly used class of medication in treatment of osteoporosis and other diseases of bone turnover, in treatment of the elderly with otosclerosis.

4:40-4:50: 'Patient-Centered Care and the Emerging Field of Geriatric Otolaryngology', presented by Dr Elliot Regenboden

Abstract: Patient-centered care (PCC) is recognized as a measure of the quality of health care and it is promoted as a desirable component of quality care. As the health care system in the United States comes under critical review, issues of quality are at the forefront of discussion along with finance and access to care. It is well recognized that the growing population of older Americans and those with chronic health conditions will have an imminent impact on the future success or failure of the system. Geriatric Otolaryngology as an emerging subspecialty focus is in a unique position to define, test and incorporate appropriate quality measures such as PCC in order to achieve the most efficacious development of this new field. The primary objective of this paper will be to present a literature review to help shed light on common concepts and definitions of PCC. Issues related to cost, benefit, outcomes, medical and patient education will also be introduced. The results and conclusions will focus on the potential use of PCC within the new paradigm of Geriatric Otolaryngology health care in the 21st century.

4:50-4:55: **Discussion**

4:55-5:10: **Discussion** moderated by Dr D Eibling: 'Barriers to the Implementation Patient- Oriented Care in Geriatric Otolaryngology'

5:10-5:15: **Closing Remarks**

5:15-6:00: ***Post-mortem with liquid refreshments...***

Don't Forget!!

**American Society of Geriatric
Otolaryngology**

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