



CHANGING Seasons

Growing the Next Generation

Miho Bautista, MD – aging researcher, educator, clinician... the real deal, the “whole ball of wax.” She came to the US in 1988 from Japan, a vibrant, ambitious young woman who spoke little English but was able to communicate her passions -- from a culture that holds the elderly in high esteem and has great respect for their experience and wisdom.

Dr. Bautista received her undergraduate degree in Nutrition from UF, but found she wanted to oversee and supervise every aspect of care of older patients in an interdisciplinary setting. She then went on to graduate from Meharry Medical College in Nashville, completed



Miho Bautista, MD, teaching the geriatric clerkship

her residency in the Gainesville VA Geriatric Evaluation and Management (GEM) Unit, entered the one-year UF Geriatric Fellowship program, and was hired as assistant clinical professor.

In the 18 months since joining the faculty, Dr. Bautista has accomplished so much: She won a Geriatric Academic Career Award from the US Department of Health

Director’s Welcome

Remember when our parents talked about how fast time passes? Well, they were right. Time has passed, and with each year, it has passed more quickly. Suddenly in the blink of an eye, we’re 60, 70, 80, 90... but times have changed since we were young. We’re not quite ready to retire to the rocking chair, to allow our age or our health to dictate our lives. Today, quality of aging is determined as much by lifestyle as it is by genetics. With the right medical care from health-care providers specially trained in the complex problems of older adults, we can live longer, healthier, more independent lives. And isn’t this what we all want for ourselves and our loved ones?



Marco Pahor, MD

The University of Florida’s Division of Geriatric Medicine and Department of Aging and Geriatrics, along with the Geriatrics Research, Education, and Clinical Center (GRECC) at the Malcom Randall Veterans Affairs Medical Center strive to provide state-of-the-art, patient-centered health care focused on the management of specific geriatric health issues in an environment of caring, respect, understanding and communication

We are committed to developing programs for training the next generation of geriatricians, educators and researchers – programs that foster an interdisciplinary system of integrated health care for older adults – “one-stop” state-of-the-art health care for frail and healthier older persons.

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Growing the Next Generation...

Last May, Juliessa Pavon received her medical degree. She was also one of the very first students in the first required geriatrics course for UF medical students -- the 4th Year Geriatrics Clerkship. When asked what had steered her toward geriatrics, Juliessa responded, "I went to Duke University for undergrad... they have a very good aging program, as well as a center for aging. My major was psychology, and one of our projects was late-life development, so I picked Alzheimer's Disease. I noticed in a journal that one of the authors was actually someone at Duke, so I sent an email and we got in touch. That just opened up a whole world for me."



She volunteered with Alzheimer's caregivers and became aware of geriatrics through the eyes of a social worker who introduced her to the concept of an interdisciplinary approach.

Her research projects further broadened her perspectives about issues facing older adults, and she grew fascinated with the population. Her research at Duke then led to a year of research in the epidemiology of aging at the National Institutes of Health (NIH).

Juliessa carried her enthusiasm and passion to medical school and found the one-on-one experience with patients to be very rewarding and exciting. She said it fascinates her to work with someone now "and then see a picture of them when they were younger, and just imagine all the things that have transpired between then and now. In fact, when I go to the VA, they'll have pictures in their soldier uniforms... it's really fascinating -- all of the stories they carry."

Her plan is to build a strong foundation in internal medicine, to formulate and hone her diagnostic skills, then follow up with a fellowship in geriatrics focusing on its complexity and interdisciplinary nature. Her end goal is to pursue an academic career in research combined with clinical practice to address some of the issues unique to geriatrics.

So, Juliessa is back at Duke, serving her residency in internal medicine... last May Juliessa received her medical degree -- now she's becoming a doctor.

Dr. Emanuele Marzetti MD/PhD is one of the new Junior Scholars in our Pepper Center. He first became interested in a career in geriatrics because Italy, his home country, has the oldest population in the western world and the need for geriatricians is particularly urgent.



Furthermore, as a physician, he was always attracted by

the challenge of treating older patients in whom many disease conditions often coexist, thus complicating the diagnosis and management of illnesses and making the approach to the geriatric patient absolutely unique. Most of the disease conditions affecting geriatric patients are chronic/degenerative and by their nature cannot be resolved. However, during his clinical training he learned that even a small improvement in the clinical-psychological status of a geriatric patient can have a dramatic impact on his/her quality of life, an enormous reward for a geriatrician.

During the course of his PhD in Preventive Medicine in Geriatric Populations at the Catholic University of the Sacred Heart in Rome, he started to investigate the various epidemiological factors leading to disability in old age. In 2005 he was offered the opportunity to come to the US and join Dr. Christiaan Leeuwenburgh's laboratory at the University of Florida Institute on Aging. In this dynamic scientific environment, he started to focus his research on skeletal muscle loss and disability in advanced age.

Dr. Marzetti's goal as a geriatric researcher is to combine his clinical experience with "bench knowledge" to help bridge the gap between clinical practice and basic science. Although he is not sure when he will return to Rome, he knows he will. However, Dr. Marzetti says that "the knowledge, the scientific approach and the technical skills that I have achieved during my stay in the US will be a precious 'souvenir' that will be instrumental for my career as an independent investigator."

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Resources and Services Administration; joined the UF&Shands Senior Care at Tower Hill primary care practice; co-developed, directs, and teaches the required 4th year medical student geriatric clerkship; collaborated on a stroke research project and now is developing her own research based on the clerkship. And, in her “spare time,” Dr. Bautista is also working on her master’s degree in Public Health.

Dr. Bautista keeps certain beliefs close to her heart: Medical students must learn to communicate effectively with older patients; patients need to be informed consumers and participate in their own health care; physicians need to be taught to review journals critically and often, navigating through the myriad sources of information; patients need to be taught how to reconcile their own preferences and lifestyles with their health care; there needs to be a continuum of each generation training the next generation; aging research will assure both good health and health care in the future.

Dr. Bautista says her first love is clinical, followed by education, then research. But, but she says, although “research takes time away from the first two and it is difficult to balance all three, I cannot do just one thing -- they are all connected.”



Research Focus

Emanuele Marzetti and Stephanie Wohlgemuth, two

of our new IOA Pepper Scholars, are currently working on a research project with Dr. Christiaan Leeuwenburgh to study how muscle quality declines with age.

One process that changes with age is muscle fiber apoptosis, *or programmed cell death*, which results in age-related skeletal muscle loss (known as sarcopenia) and subsequent disability. Most of this research has been based on animal studies; however, evidence on the process of apoptosis in older human subjects with normal aging is still lacking. A deeper understanding of the cellular and molecular process underlying muscle loss represents a step forward in designing treatments aimed at preventing, delaying or even reversing muscle loss and disability.

In fact, Dr. Leeuwenburgh and his trainees are now investigating these intriguing and potentially crucial cellular processes in older human subjects. They do this by taking a small sample of skeletal muscle from older adults through a biopsy of the thigh and then assessing the degree of muscle loss.

The ultimate goals are the discovery of new processes and the application of new interventions, such as tailored physical training, hormonal replacement, and calorie restriction, for the prevention and treatment of muscle loss.



The Next Generation

Aging affects us all. In its indiscriminate nature are the roots of many diseases and obstacles to independent living. To address this, the Institute on Aging is training the next generation of scientists, educators, and health-care providers who will meet the complex physical and cognitive health needs of older persons.

Supporting this next wave of leaders is a powerful way to invest in a healthier, more independent future for us all. Fellowships provide needed funds to rising scientists in their academic pursuits. Gifts for research sustain current projects and help fund new endeavors. Philanthropy for mentoring and lecture series programs exposes up-and-coming clinicians and researchers to leaders in aging and cutting-edge science and care.

If you are interested in exploring a meaningful way to partner with the Institute on Aging to help grow the next generation of leaders in geriatric research and medicine, please contact Troy Munn, director of development, at (352) 224-8537 or tmunn@aging.ufl.edu.

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Ask the Doctor



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patient is a long-term, uninterrupted succession of care. This Continuity allows patient and geriatrician to know each other and understand each other better. This results in more appropriate and better care.

Comprehensive care is holistic. The scope is broad and involves understanding a large array of problems including medical, psychological, and social issues. The issues and stresses of the whole person are addressed.

Since geriatrics does include a broad array of issues, the geriatrician Coordinates care among many disciplines. Geriatrics is a team specialty. Each member of the team must know what the other is doing to assure a coordinated effort for the patient's benefit. The geriatrician serves as the captain of the team.

Geriatricians are doctors who employ the five Cs and apply them to the benefit of the patient. The essence of geriatrics is Continuous, Coordinated, Compassionate, and Comprehensive care for the older person.

Q: What makes a doctor a geriatrician?

A. The qualities of a geriatrician can be expressed by the five Cs: Concern, Compassion, Continuity, Comprehensiveness, and Coordination.

Concern for the individual is the basis of a relationship between the geriatrician and the patient. Concern by the geriatrician is expressed through focused interest and involvement in the patient and their care.

Compassion is awareness of discomfort and suffering by another person coupled with the wish to relieve it. It is the substance of empathy and sympathy. It is the aim of geriatrics to relieve suffering and maintain function in the older patient.

The relationship between the geriatrician and the



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