

Introduction

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IT IS CERTAINLY NO SECRET that U.S. life expectancy has dramatically increased over the past century. We only have to look around us to see that our population is graying. Today, 35 million Americans are over 65 years old, and as the Baby Boomers age, this number will double in size and account for nearly one-quarter of our population (1). The oldest-old are growing in number at a particularly rapid rate. There will be approximately one million centenarians by the year 2050 (2).

This unprecedented shift in our society presents vast challenges to our health care system. For example, the elderly tend to under-report illness. They also display altered patterns and (often) more subtle manifestations of diseases, and respond differently to therapies than do their younger cohorts. Many factors contribute to this phenomenon, including impaired physiologic reserve and compromised homeostatic mechanisms.

Despite this, the Alliance for Aging Research notes that a majority of U.S. health care providers still have little or no specific education concerning caring for older adults. As Daniel Perry, Executive Director of the Alliance, points out (3), not all American health professionals need be certified in geriatric care, but all should receive at least “some formal exposure to geriatrics as part of their health education.”

One of the missions of the Brookdale Department of Geriatrics and Adult Development at Mount Sinai is to be an educational resource — to improve the quality of life of older people

through excellence in professional education. To ensure that health care providers have the formal training that they need to provide quality care for their older patients, the department has hosted several geriatrics conferences. For example, in the fall of 2001, more than 125 health care professionals attended our Geriatric Medicine Update and Board Review course on the Mount Sinai campus. The goal of the course was to update the health care community on the latest research and techniques in geriatrics, and to teach them how to apply this information in everyday practice.

The January and March 2003 issues of *The Mount Sinai Journal of Medicine* highlight selected presentations and workshops from this course and from clinical research in the department. Although a fairly narrow range of topics is covered in this issue, as a group they exemplify key areas of major concerns in health care today and address many of our fears related to growing old. The first article is an intellectually stimulating and comprehensive review of our current understanding of the biology of aging, providing an important backdrop for the subsequent topics presented.

For most of us, the potential loss of independence due to functional limitations, as can occur with arthritis and stroke, or with mental illness commonly due to depression and dementia, is frightening. Articles on these topics present up-to-date data related to the recognition of risk factors, screening modalities and early interventions for these illnesses — interventions that can improve quality of life and save health care dollars. Other problems, such as incontinence and elder abuse, are vastly underdiagnosed and sometimes considered taboo. We bring these important issues to the forefront in this journal, to help diminish the terrible isolation and withdrawal experienced by those who suffer from these problems. We have also in-

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cluded an article on geriatric emergencies, since the emergency department is often the point of entry into the health care system for the elderly.

Finally, over the past century we have become quite proficient at prolonging life. We now are faced with many new questions about quality of life as we age, and it is our obligation to understand our patients' wishes for care at the end of life. Therefore, we have included an article that focuses on the perspective of the patient regarding this question.

This year marks the 21st anniversary of our department. In recognition of this effort, the *U.S. News and World Report* in 2002 has ranked Mount Sinai as being first in training in geri-

atric medicine among U.S. medical schools (4). We are honored by this distinction.

References

1. Daniel Perry (Executive Director of Alliance for Aging Research). Statement to Senate Special Committee on Aging. Feb 27, 2002. http://www.agingresearch.org/news_test_022802.cfm
2. Perls TT, Silver MH. *Living to 100*. New York: Basic Books; 1999.
3. Alliance for Aging Research. Alliance for Aging Research releases a new report highlighting the disconnect between the health needs of seniors and the training of health professionals [press release]. Feb 27, 2002. <http://www.agingresearch.org/news/>
4. Best graduate schools. *U.S. News and World Report* 2003 edition; <http://www.usnews.com>

Correction Notice

In the article "Percutaneous Stereotactic Radiofrequency Thermal Rhizotomy for the Treatment of Trigeminal Neuralgia," by Ernest S. Mathews and Steven J. Scrivani, in vol. 67(4): 288–299, Dr. Scrivani was erroneously listed as an M.D. His correct degrees are D.D.S., M.S. and D.M.Sc.

In our November issue, four errors were made in the Table of Contents:

- **History of Medical Professionalism**, by Rosemary Stevens, should be **Themes in the History of Medical Professionalism**
- **Professional Responsibility and the Virtues of a Physician**, by Edmund D. Pellegrino, should be **Professional, Profession and the Virtues of the Good Physician**
- **Panel Discussion** should be **Panel Discussion: Issues in Medical Ethics**
- **Index** should be **Author, Subject, Title Index to Volume 69**