



**AAGP**  
 American  
 Association  
 for Geriatric  
 Psychiatry

January 5, 2009

To: Members of the President-Elect Obama Transition Team  
 focused on the National Institutes of Health

From: American Association for Geriatric Psychiatry  
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The American Association for Geriatric Psychiatry (AAGP) is the national association representing and serving its members and the field of geriatric psychiatry. It is dedicated to promoting the mental health and well being of older people and improving the care of those with late-life mental disorders. AAGP's mission is to enhance the knowledge base and standard of practice in geriatric psychiatry through education and research and to advocate for meeting the mental health needs of older Americans.

Between 2005 and 2030, the number of Americans age 65 and older will almost double in the U.S., increasing from nearly 37 million to more than 70 million. Over that time period, those aged 65 and older will increase from 12 percent to 20 percent of the total population.

With the graying of the population, mental disorders of aging represent a growing crisis that will require a greater investment in research to develop understanding of age-related brain disorders and to develop new approaches to prevention and treatment.

In 2003, NIMH's National Advisory Mental Health Council issued a report, *Mental Health for a Lifetime: Research for the Mental Health Needs of Older Americans*, which noted that almost 20 percent of adults age 55 and older experience specific mental disorders that are not part of "normal" aging. The Council's report attested to the importance of a strong research effort to address the needs of those with late life mental disorders and to gain the benefit of unique opportunities that studies of the aging brain present for scientific research on the developmental aspects of mental illness and mental health.

Investment in research is an investment in the future of this country. The fiscal year 2003 marked the successful conclusion of the five-year, bipartisan effort in Congress to double the budget of the National Institutes of Health (NIH). As commendable as that initiative was, the rescission and/or flat funding of NIH since that time are having a devastating impact on the ability of the



National Institute of Mental Health (NIMH), the National Institute on Aging (NIA), and NIH as a whole, to sustain the ongoing, multi-year research grants that are necessary to advance research progress to promote and improve the health of the nation.

In addition to investing in broad based scientific inquiry, there are several specific areas that are critical to improving the mental health of the aging population.

**1. Support annual increases of funds for geriatric mental health research at NIH to (1) Identify the causes of age-related brain and mental disorders to prevent mental disorders before they devastate lives; (2) Speed the search for effective treatments and efficient methods of treatment delivery; (3) Improve the quality of life for older adults with mental disorders.**

AAGP is concerned that Federal funding for research on mental health and aging, as a percentage of the overall NIH budget, has decreased in recent years at the National Institute of Mental Health (NIMH). This trend must be immediately reversed to ensure that our next generation of elders is able to access effective treatment for mental illness. Federal funding of research must be broad-based and should include basic, translational, clinical, and health services research on mental disorders in late-life.

- Scientifically tested treatments have been proven effective in relieving symptoms, improving function, and enhancing quality of life. These interventions reduce the need for costly hospitalizations and delay the need for long-term care without simply shifting the burden to the family.
- However, there is a substantial gap between the emergence of effective treatments and subsequent implementation by health care providers. This gap can be as long as 15 years, an unacceptably long delay in getting up-to-date care to elderly health care consumers.
- Special emphasis is required to promote research on serious but neglected late-life mental disorders. Late-life psychosis, behavioral disorders of Alzheimer's disease and other dementias, anxiety disorders, disturbances of sleep, alcohol dependence and personality disorders have received little or no attention from the research community and the funding agencies, despite the fact that these conditions take a major toll on older patients and their families.
- Improving the treatment of late-life mental health problems will benefit not only the elderly, but also their children, whose lives are often profoundly affected. Caregiving itself is an enormous drain on the financial security and health of family members, many of whom become depressed or experience exacerbations of their own medical problems and disabilities.

In addition to supporting research activities at NIMH, funding increases for research related to geriatric mental health at the other institutes of NIH that address issues relevant to mental health and aging, including the National Institute of Aging, the National Institute on Alcohol Abuse and Alcoholism, the National Institute on Drug Abuse (NIDA), and the National Institute of Neurological Disorders and Stroke are critical.

**2. Support and encourage participation of seniors in clinical trials**

Federal approval for most new drugs is based on research demonstrating safety and efficacy in young and middle-aged adults. These studies typically exclude people who



are old, who have more than one health problem, or who take multiple medications. As the population ages, that is the very profile of many people who seek treatment. Thus, there is little available scientific information on the safety of drugs approved by the Food and Drug Administration (FDA) in substantial numbers of older adults who are likely to take those drugs.

Just as the FDA has begun to require inclusion of children in appropriate studies, the agency should work closely with the geriatric research community, health care consumers, pharmaceutical manufacturers, and other stakeholders to develop innovative, fair mechanisms to encourage the inclusion of older adults in clinical trials. Clinical research must also include elders from diverse ethnic and cultural groups. In addition, AAGP urges that Federal funds be made available each year for support of clinical trials involving older adults.

As little emphasis has been placed on the development of new treatments for geriatric mental disorders, AAGP would encourage the NIH to promote the development of new medications specifically targeted at brain-based mental disorders of the elderly.

### **3. Development of New Investigators**

Investments in the development of new investigators who initiated peer reviewed research ensure that federal taxpayers' dollars support the growth and progress of basic and clinical neuroscience. Without the entry of new investigators, the progress of our scientific enterprise is threatened. **Federal support of programs that provide incentives for young scientists to pursue careers has significantly eroded in the past decade.** Funding for K awards and R01 grants has declined to the point where medical and graduate students are actively discouraged from pursuing academic research careers. To recruit and maintain a highly talented scientific investigator workforce, the Federal government must take the lead in providing incentives and support.

We thank you for consideration of our issues and would look forward to further discussion these topics as well as other issues impacting the mental health of the elderly at your convenience. We can be reached at the American Association For Geriatric Psychiatry at [main@aagponline.org](mailto:main@aagponline.org). Thank you.