Q&A with Arun Karlamangla, PhD, MD

What led you to become a geriatrician?
Serendipity. Initially, I wasn’t intending to be a geriatrician, I was planning to be a general internal medicine doctor out in the community. Then I discovered research in geriatrics and began to consider a clinical practice that focused only on older patients. I enjoyed taking care of and had a better rapport with my older patients, and it seemed like the right thing to do. I made the right decision, and I have thoroughly enjoyed being a geriatrician, teacher, and researcher for nearly two decades now.

What is your average day like?
It is different every day of the week for me because I wear multiple hats. Two afternoons a week, I see patients for primary care or outpatient consultations, one day in Westwood and another in Thousand Oaks. On those days, the mornings are also generally busy with research and business meetings. About once or twice a month, I precept trainee physicians in their primary care and outpatient consultation practices. In addition, I attend on the geriatrics ward at UCLA Santa Monica hospital one week at a time, once every five to six weeks. In these clinical teaching settings, I get to interact closely with patients, their family members, and trainee physicians. On other days, I am meeting with my research teams, reviewing research findings, and deciding on next steps. In addition to those meetings, I spend a lot of time drafting manuscripts and presentations, writing research proposals, and presenting our findings at national meetings. I also review proposals for the National Institutes of Health three times every year, which takes up a whole week at a time. In between, I do formal didactics lectures on clinical geriatrics issues and on research methods to doctors in training, and run their journal club (which meets twice a month for an hour) in which they critically appraise newly published research studies and decide how our practice of geriatrics needs to change.

Tell us about your research activities.
My research agenda is driven by two major themes; one of which is improving the assessment of risks for adverse health outcomes, such as fracture, stroke, and heart attack, in older adults. Since most older adults have multiple medical conditions and risk factors, it is not enough to focus on individual factors. I have obtained research grant funding to create and validate...
risk assessment tools that combine all major factors. I have mentored junior researchers and helped them launch their own academic careers in geriatrics and related medical fields. Together, my mentees and I have created and validated an improved approach to fracture risk assessment that goes beyond bone density, and showed convincingly for the first time that increased muscle mass in seniors is a major predictor of longer life.

The second objective of my research is to uncover the physiological mechanisms by which social and psychological stressors (like financial stresses, lack of a social support system, dissatisfaction with life, or adverse life events) affect how we age. How do these things get under the skin to affect biology and health outcomes? This is important because even people who do not have identifiable diseases, decline functionally as they get older, some faster than others.

A third objective is to understand how the menopause transition in women contributes to changes in biology, and ultimately to health and functioning declines in older ages. We recently showed that there are small but noticeable declines in memory and cognitive speed in women even in their 50’s; we are now working on showing that such cognitive aging is not abnormal and does not lead to cognitive impairment in older ages.

**What is your wish list?**

One, a full time clinical data analyst who can extract and analyze clinical data from our new electronic medical record system and help junior geriatrics researchers pose and answer clinical research questions aimed at improving the delivery of health care to older adults. In addition to positively affecting how we deliver health care, this would also motivate and train a new cadre of geriatricians and aging researchers.

Two, a center/institute dedicated to studying the effects of social factors and psychological stresses on the health of older adults. This would include an infrastructure to support investigators conducting large-scale research studies to investigate and understand the biological mechanisms by which psychosocial factors affect health in older adults.

Three, a standing coordinating center to support geriatrics researchers conduct behavioral and medical intervention studies designed to reduce the risks for adverse outcomes in older adults.