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Author Contributions: M. Fernanda Lima-Costa: study conceptualization and design, acquisition of subjects and data, analysis and interpretation of data, preparation of manuscript. Sergio V. Peixoto: study conceptualization, analysis, interpretation of data, and preparation of manuscript. Maristela Taufer and Emilio H. Moriguchi: ApoE genotyping and preparation of manuscript.

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REFERENCES

GERIATRIC EMERGENCY MEDICINE
To the Editor: We appreciate the acknowledgment of our efforts to advance the study and practice of geriatric emergency medicine (GEM) by Drs. Hwang and Morrison.1 Although we agree with much of what they said, we have always felt that of the three geriatric emergency department interactions (GEDIs) they identified, better education in GEM is the most important. To that end, late in 2004, we established a first-of-its-kind GEM fellowship training program at New York Presbyterian Hospital/Weill Cornell Medical Center for graduates of emergency medicine residencies, focusing on the unique characteristics of this growing patient population. To do so, we adapted a multidisciplinary approach using the expertise of clinician educators and researchers from geriatrics, critical care, and emergency medicine.

In early 2005, we also had the rare opportunity to design a new 15-bed addition to our current emergency department (ED) and incorporated features to facilitate emergency care of elderly people. Structural and equipment modifications were made, and unique full-spectrum lighting duplicating diurnal rhythm was added.2 When fully operational in early to mid-2009, the new GEM ED will also function as a clinical research laboratory, enabling design improvements and ideas to be tested, with the current ED serving as a control. We encourage other people to build on our initiatives to optimize emergency care of elderly people.

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REFERENCES

RELATIONSHIP BETWEEN PERIODONTAL STATUS AND PHYSICAL FITNESS IN AN ELDERLY POPULATION OF NONSMOKERS IN BANGLADESH
To the Editor: Older persons with poor physical fitness are at risk of oral disease, because physical disability may affect their ability to maintain good oral hygiene and restrict their access to dental treatment.1 In addition, inflammation has been suggested to be a risk factor for loss of muscle mass and strength in people aged 80 and older.2 Therefore, it is possible that oral inflammatory diseases such as periodontal disease can exert some influence on muscle strength of the
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