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Fostering Geriatric Medicine in Europe



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People are living longer, partly due to advances in medicine. On the other hand, older people can be seen as a burden on health and social care. Please comment.

First, longer lives should be seen as a success story, because it is the result of society being able to provide more healthy conditions throughout the lifespan, but also because we understand better how to postpone age-associated chronic diseases, and how to reduce their impact due to modern geriatrics. People usually appreciate this. Because more people die when they are old, rather than prematurely in middle age, then many live long enough to acquire more than one medical problem, so healthcare gets more complicated. The challenge is to adapt healthcare systems to cope with this. Geriatricians and the European Union Geriatric Medicine Society (EUGMS) can be champions in this process of change, but ultimately it is a challenge for most medical and health specialists and their services.

But we need to remember that it has always been the first few and the last few years of life when people need most support, irrespective of life expectancy. Optimally, it would be the number of healthy years that are increased and the years of morbidity compressed at the end of life, as James Fries visualised in 1980, but we are not there yet.

What is the EUGMS doing in relation to prevention of and recognition of age-related diseases and conditions?

EUGMS aims to foster geriatric medicine in Europe. An important document was the Silver Paper, published in 2008 (www.eugms.org), which sought to summarise relevant actions needed (Cruz-Jentoft et al. 2009). It includes aspects of prevention, medical treatment and care for older people - what we know and what we ought to know. I warmly recommend that all policymakers read the Silver Paper.

EUGMS has several working groups ("task and finish groups") and special interest groups for various topics in geriatric medicine. These groups gather specialists, and, based on best research evidence and practical experience, produce recommendations and reviews.

Best practice and newest research are presented annually during the EUGMS Congress, which will next be in Oslo, Norway, 16-18 September 2015 (www.eugms.org/2015). These congresses gather around 2000 participants annually.

EUGMS has its own journal, European Geriatric Medicine (EgM) (www.europeangeriatricmedicine.com), devoted to research and reviews about health and healthcare of older people. It also publishes guidelines and recommendations for action. EUGMS has started cooperation with other geriatrics journals, and last year with a high-profile general journal, JAMA.

What are the hot topics in geriatric medicine?

There are many:

- **Active and healthy ageing (AHA)** - how to attain and ascertain. Old age is a stage in a journey. Optimising old age is an issue of how we live our lives from childhood on. But in addition maximising the social role and relevance of older people is a major challenge for all societies. Marginalised older people will become dependent older people!

- **Frailty** is a key concept in understanding the accumulative vulnerability of many older people. It is a novel approach, because we begin to

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understand older people as a whole rather than as a list of individual medical conditions. Leaders within EUgMS have been instrumental in seeking useful definitions for clinical practice and research, and highlighting ways of prevention and treatment of this very important geriatric syndrome.

- **Sarcopenia** – weaker muscles – is a key component of frailty, and contributes to the loss of the functional independence that older people want to retain. EUgMS has led work to define this syndrome and review the evidence for the best strategies for prevention and rehabilitation.

- **Multimorbidity and polypharmacy** add complexity to the treatment of older people. Shaping treatments for individuals means avoiding too much medicine or too little medicine! EUgMS has been very active at the European Commission and elsewhere in campaigning for more inclusion of older people in clinical trials so that the medicines that they receive have been tried and tested in people like them, not only fit younger people.

- As a geriatrician I also think that **biogerontology and research on molecular mechanisms of ageing and senescence** are important to point us in the direction of likely new therapies.

- **Prevalent chronic conditions, cardiovascular diseases, cancer, and cognitive disorders (like Alzheimer's disease)**, their prevention and treatment, are ever important.

Are enough physicians choosing to specialise in geriatric medicine? Does the status of the specialty vary across EU countries?

I do believe that geriatrics is gaining popularity as a “holistic” specialty, not concentrating on special organs, but taking the individual as a whole. But there are certainly differences among European countries. An important goal of EUgMS is to harmonise geriatric medicine and its training.

What lessons can your own country of Finland offer to other European countries?

Finland has sought to invest in geriatric medicine. All medical faculties have a professorship in geriatrics, geriatrics is an independent specialty since the early 1990s, and we have national training schemes (5 years). The national society of geriatricians (Sg) actively lends its expertise to policymakers on issues related to older people's care. One aim is to have geriatric units in all general hospitals, and increasing geriatric expertise also in emergency care. Legal actions by our Parliament aim to improve and harmonise older people's care, and the media are actively watching how these materialise in practice.

HealthManagement promotes multidisciplinary healthcare. How important is the multidisciplinary team when it comes to geriatric medicine?

Comprehensive geriatric assessment (CgA) is an important and central tool for geriatricians, and this is intimately related to multidisciplinary healthcare (Bernabei et al. 2000; Stuck et al. 1993). EUgMS strongly aims to promote use of CgA. There is strong evidence that it helps older people recover from illness or injury in hospital and also that it helps older people in the community avoid crises in their health.

Potential discrimination exists when it comes to including elderly people in clinical trials, and in evaluating safety of drugs for older people. What is the EUGMS position on this?

This is very important and EUgMS is proud to have active individuals in its ranks interested in these issues. EUgMS has also acted at the EU/EC level to improve drugs treatments and their research.

Should we be concerned about gender differences in geriatric medicine?

If it exists, definitely yes. There have been gender differences in treatments, for example, in cardiovascular diseases, but the situation has been improving. We need more research on problems related especially to older women (for example frailty), who constitute the majority in older age groups. This is also a gender difference of concern, why men do not live as long as women. But probably actions before the geriatric age are needed to correct this imbalance.

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