

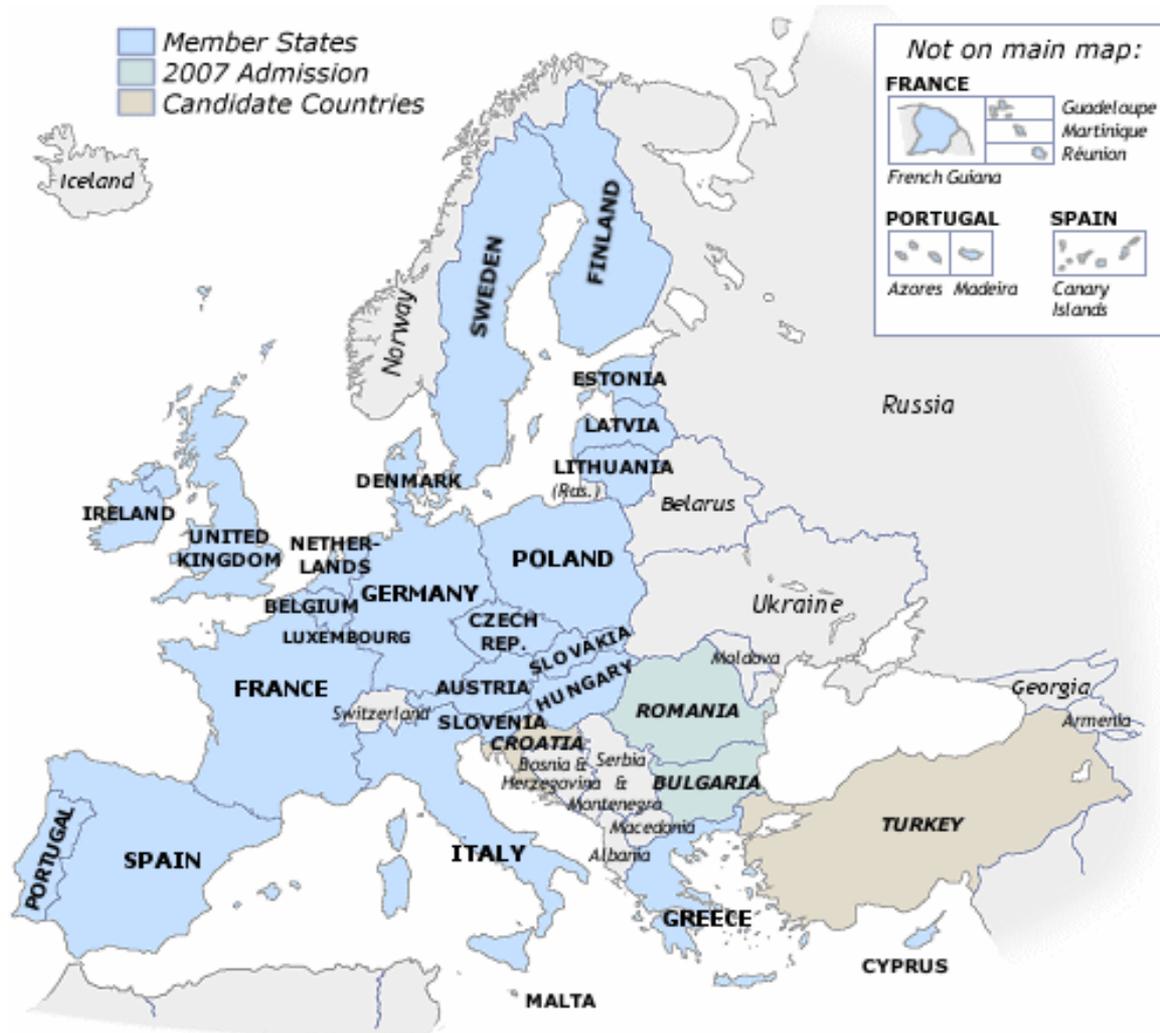


# The Rights and Needs of Older Patients - 12–13 July 2011



**Antonio Cherubini, MD, PhD**  
**European Union Geriatric Medicine Society**

# EUGMS



# Mission

- ▶ To **foster the specialty of geriatric medicine** across the European Union and associated countries.
- ▶ To support **specialist health services** becoming **available** to all older citizens of the European Union.
- ▶ To promote **education and continuing professional development**

# Ageing populations: the challenges ahead

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If the pace of increase in life expectancy in developed countries over the past two centuries continues through the 21st century, most babies born since 2000 in France, Germany, Italy, the UK, the USA, Canada, Japan, and other countries with long life expectancies will celebrate their 100th birthdays. ....A key question is: are increases in life expectancy accompanied by a concurrent postponement of functional limitations and disability? The answer is still open, but research suggests that ageing processes are modifiable and that people are living longer without severe disability...

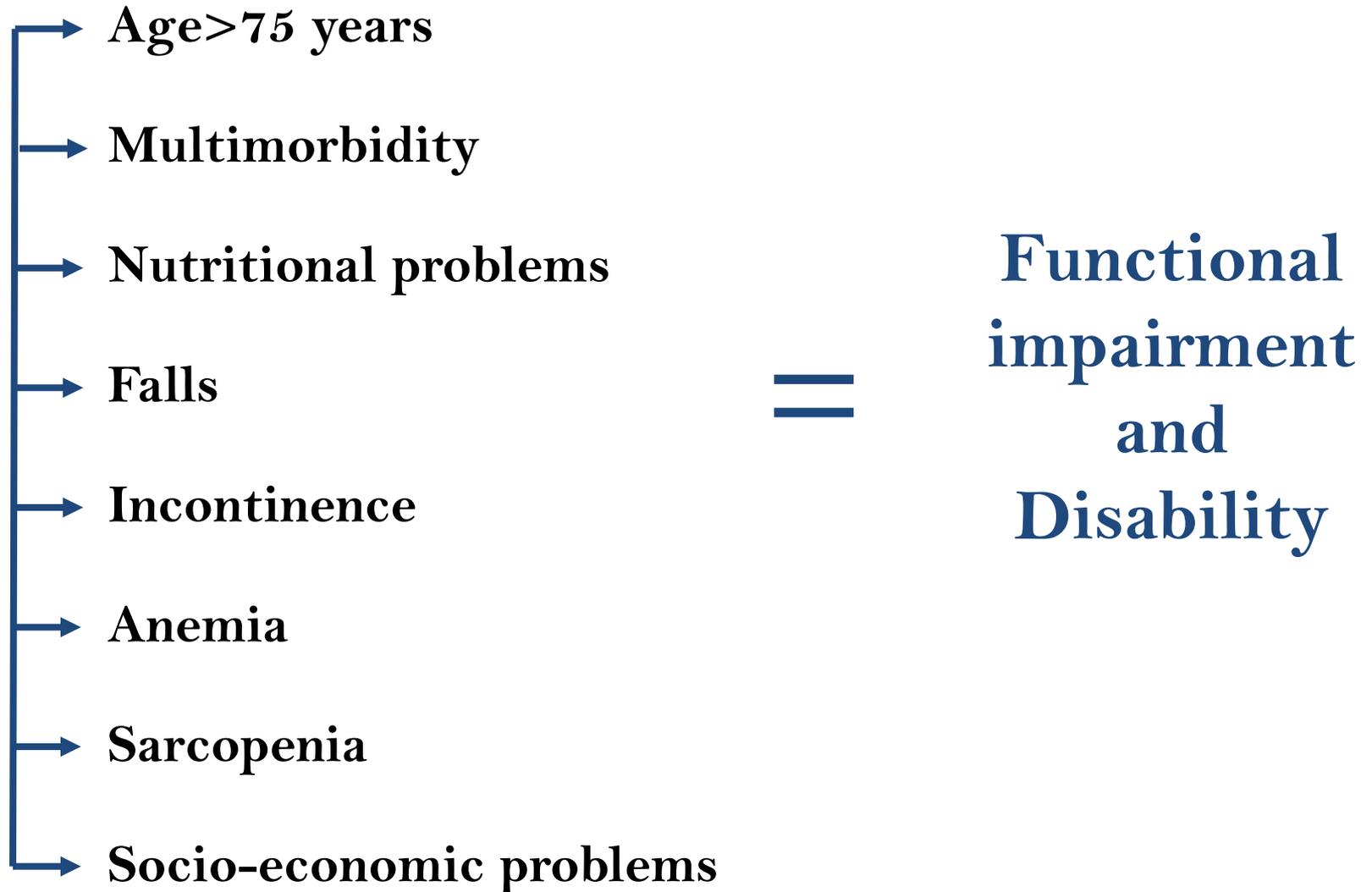
# American Medical Association White Paper on Elderly Health.

Report of the Council on Scientific Affairs

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The increase of life expectancy determined the exponential rise of a new category of patients, i.e. older subjects characterized by high vulnerability, due to the coexistence of multimorbidity, frailty and disability...

# The geriatric patient



# The geriatric patient unmet needs

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- ✓ Evidence based treatments
- ✓ Geriatric education and training of health care professionals
- ✓ Integrated long term care system with appropriate services and methodology

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# The Persistent Exclusion of Older Patients From Ongoing Clinical Trials Regarding Heart Failure

**Methods:**...in the context of the Increasing the PaRticipation of the ElDerly in Clinical Trials (**PREDICT**) study, data from ongoing clinical trials regarding heart failure were extracted from the WHO Clinical Trials Registry Platform on December 1, 2008.

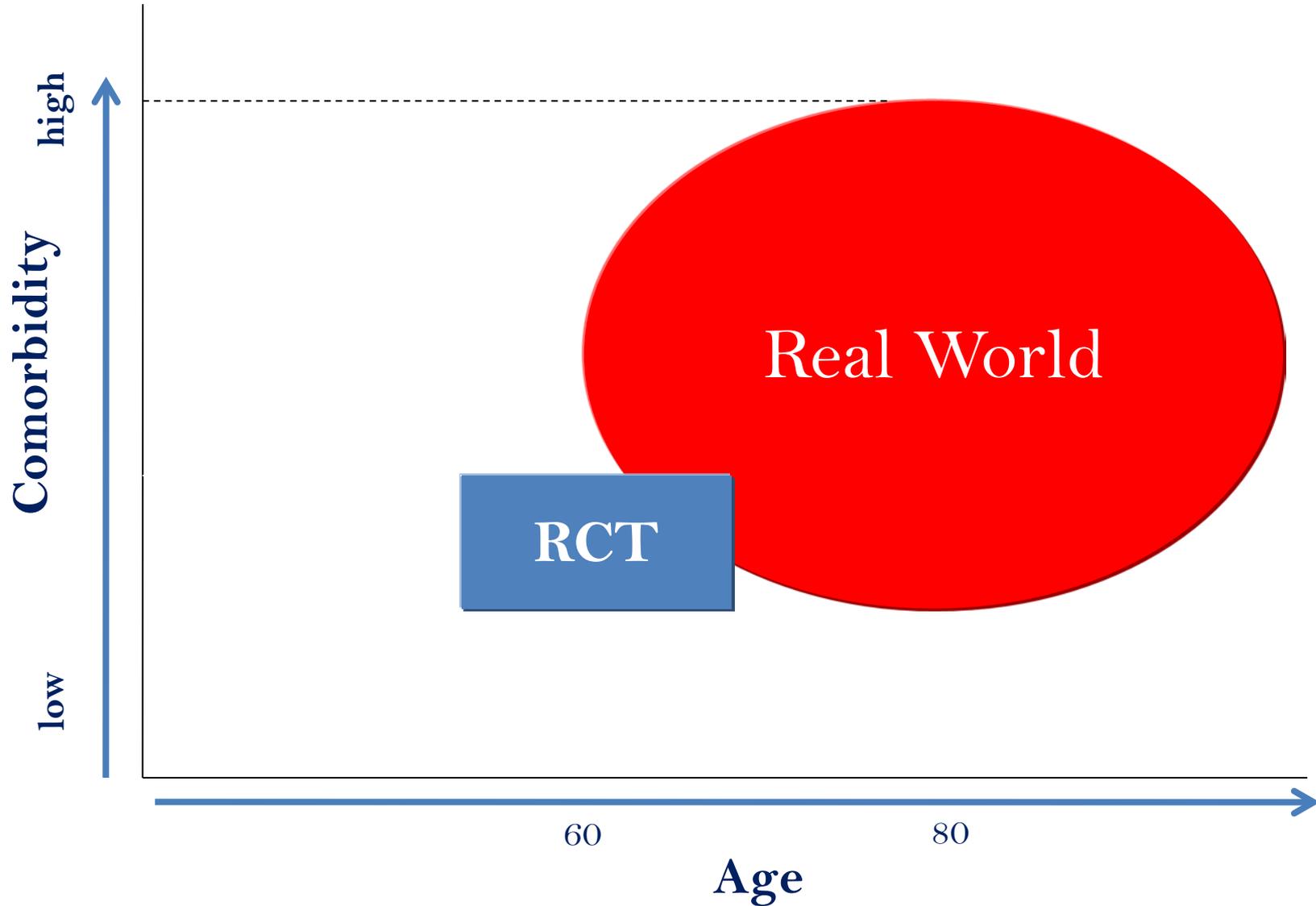
**Results:** Among 251 trials investigating treatments for heart failure, 64 (25.5%) excluded patients by an arbitrary upper age limit. Such exclusion was significantly more common in trials conducted in European Union than in the United States (31/96 [32.3%] vs 5/36 [13.9%]; p=.02). ...Overall 109 trials (43.4%) on heart failure had 1 or more poorly justified exclusion criteria that could limit the inclusion of older individuals.

# Most hospitalized older persons do not meet the enrollment criteria for clinical trials in heart failure

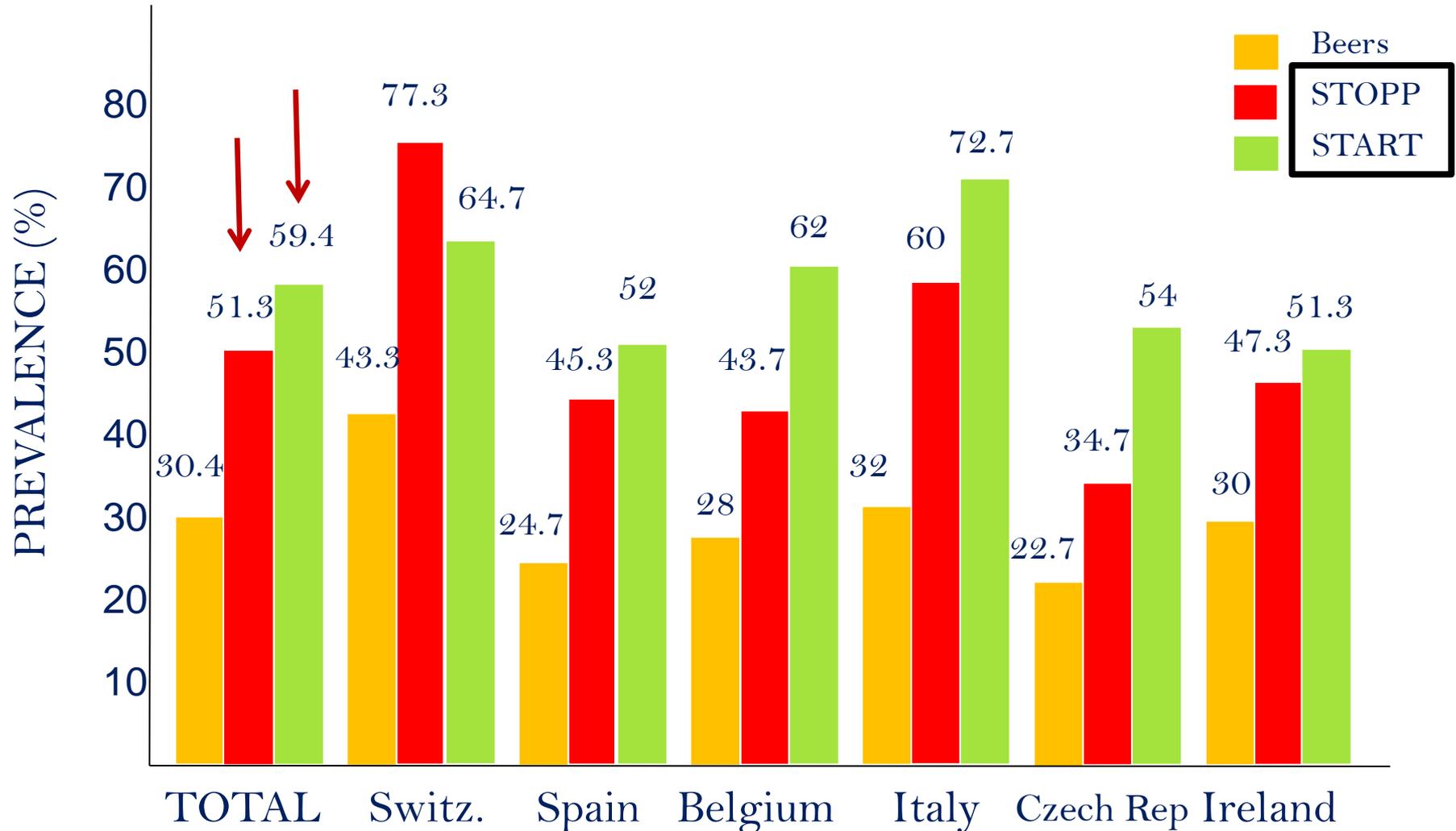
**Methods** We conducted a cross-sectional study of Medicare beneficiaries 64 years old with the principal diagnosis of heart failure who were discharged from acute care hospitals in the United States between April 1998 and March 1999. Enrollment criteria of the SOLVD, MERIT-HF, and RALES trials were applied to the population.

**Results** Of the 20,388 patients studied, 18%, 13%, and 25% met the enrollment criteria of the SOLVD, MERIT-HF, and RALES trials, respectively. ...significantly fewer women, oldest patients and those with preserved left ventricular systolic function met trial criteria.

# Evidence B(i)ased Medicine



# Inappropriate Prescription in hospitalized older patients



# ADRs related hospital admissions in persons aged 60 years and over, The Netherlands, 1981–2007: less rapid Increase, different drugs

**Background:** trends in ADR-related hospitalizations in the older Dutch population.

**Methodology and Principal Findings:** ...ADR-related hospital admissions in patients  $\geq 60$  years between 1981 and 2007, using the National Hospital Discharge Registry of the Netherlands. Between 1981 and 2007, ADR-related hospital admissions in persons  $\geq 60$  years increased by 143%. The overall standardized incidence rate increased from 23.3 to 38.3 per 10,000 older persons.

**Conclusion:** ADR-related hospital admissions in older persons have shown a rapidly increasing trend in the Netherlands over the last three decades with a temporization since 1997. Although an encouraging flattening in the increasing trend of ADR-related admissions was found around 1997, the incidence is still rising, which warrants sustained attention to this problem.

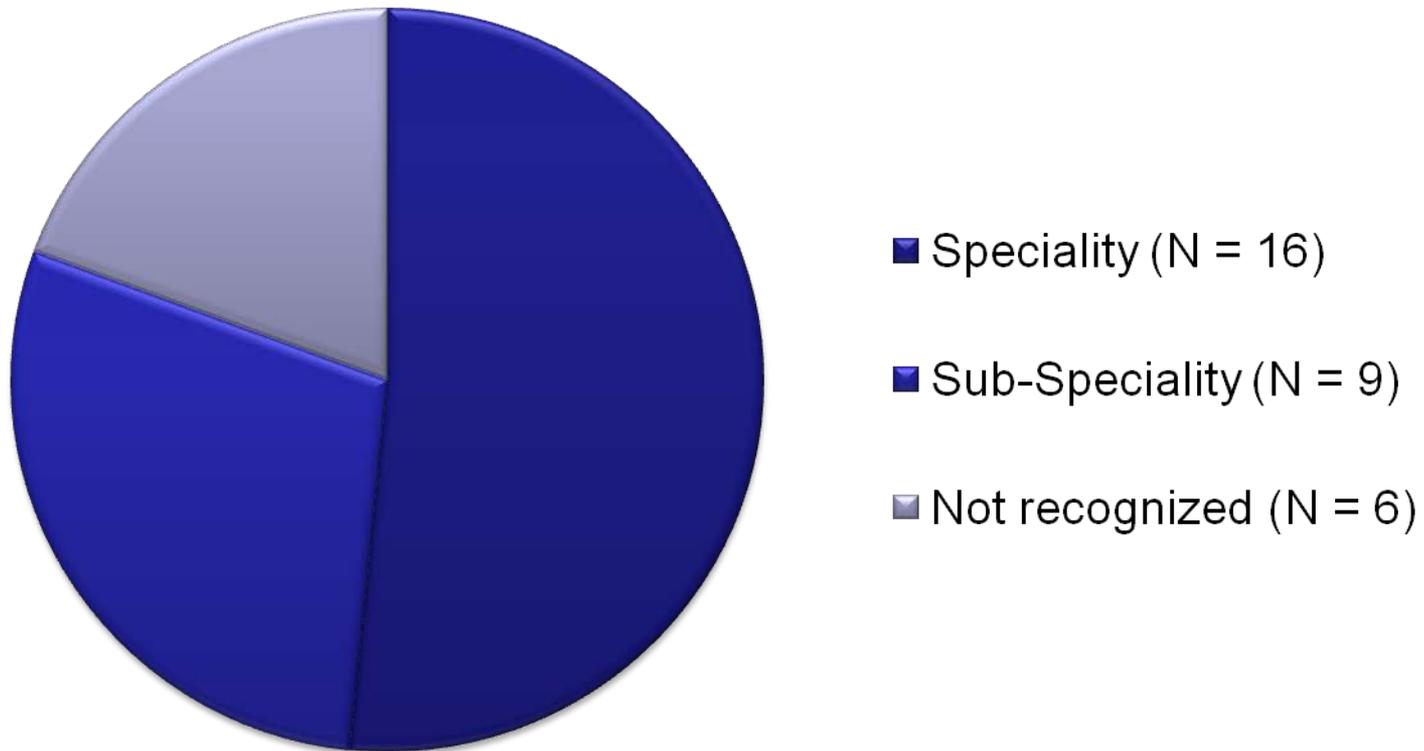
# The geriatric patient unmet needs

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- ✓ Evidence based treatments
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“.... clinical education for the past half century has focused on the care of the patients in the acute care hospital.... this model is appropriate for 35-year-old patients, but less so for 80-year-olds .... by continuing to structure clinical education along the acute care model, while neglecting the more difficult problems of how to preserve or improve function in the disabled, medical education has failed to respond to a social need”

# Geriatrics recognized as a medical specialty or subspecialty 31 European countries



# Chairs of geriatric medicine

100%

- Belgium
- Finland
- France
- Hungary
- Iceland
- Norway
- Sweden

Poland 83%  
Slovakia 66%  
Italy 71%  
Switzerland 60%

Turkey 55%  
Netherlands 50%  
Serbia- Mont. 50%  
Lithuania 50%  
Czech Rep 43%  
United Kingdom 39%

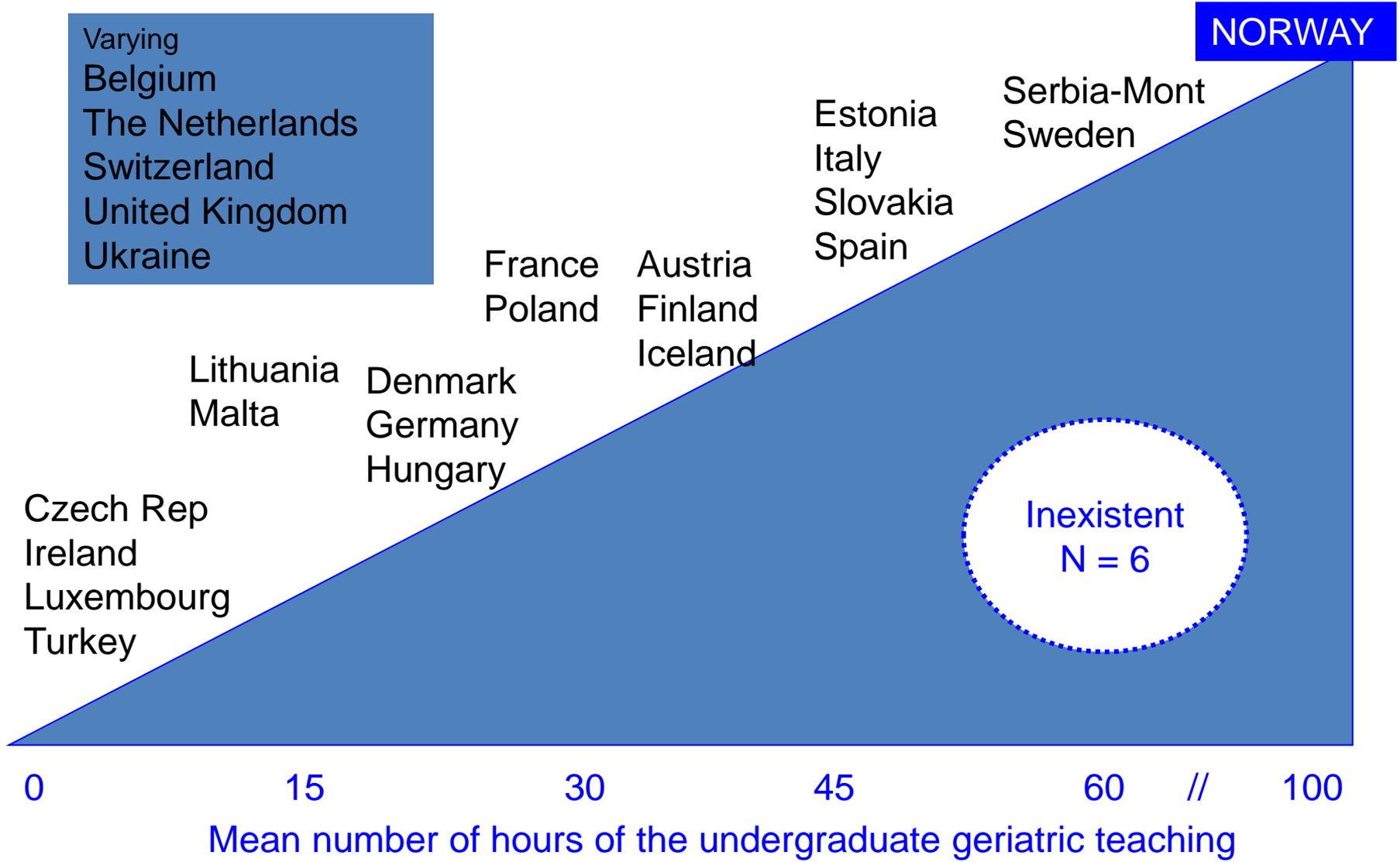
Spain 36%  
Bulgaria 33%  
Denmark 33%  
Ukraine 21%  
Ireland 20%  
Germany 16%

0  
Cyprus  
Luxembourg

- 0%
- Austria
  - Greece
  - Estonia
  - Macedonia
  - Moldavia
  - Slovenia
  - Malta

# Undergraduate teaching

31 countries



# *"But I see old people everywhere"*

*Dispelling the myth that eldercare is learned in nongeriatric clerkships.*

- **PURPOSE:** To test the assumption that knowledge, attitudes, and skills in geriatrics are learned via exposure to elderly patients in non-geriatric clerkships.
- **METHOD:** Over two academic years, random assignment of 263 students to a clerkship year that did (eldercare group) or did not contain a two-week rotation focused on geriatrics.
- Questionnaires to assess knowledge of and attitudes toward geriatric patients before and after their clerkships. Before graduation, an objective structured clinical examination (OSCE) including a clinical station focused on geriatrics was completed.

# *"But I see old people everywhere"*

*Dispelling the myth that eldercare is learned in nongeriatric clerkships.*

- **RESULTS:** The eldercare group had significantly higher knowledge scores and higher OSCE geriatric station scores and overall pass rates. Students' attitudes toward older adults worsened over the clerkship year in both groups, but slightly less in the eldercare group.
- **CONCLUSIONS:** A clerkship year containing a specialized geriatric rotation is significantly more effective than a traditional clerkship year in preparing students to care for an aging population.

# The geriatric patient unmet needs

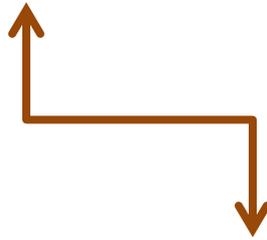
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- ✓ Evidence based treatments
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# Integrated Long-Term Care (LTC)

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Range of medical and/or social services designed to help people who have disabilities or chronic care needs...may be short- or long-term and may be provided in a person's home, in the community, or in residential facilities



## **Comprehensive Geriatric Assessment (CGA)**

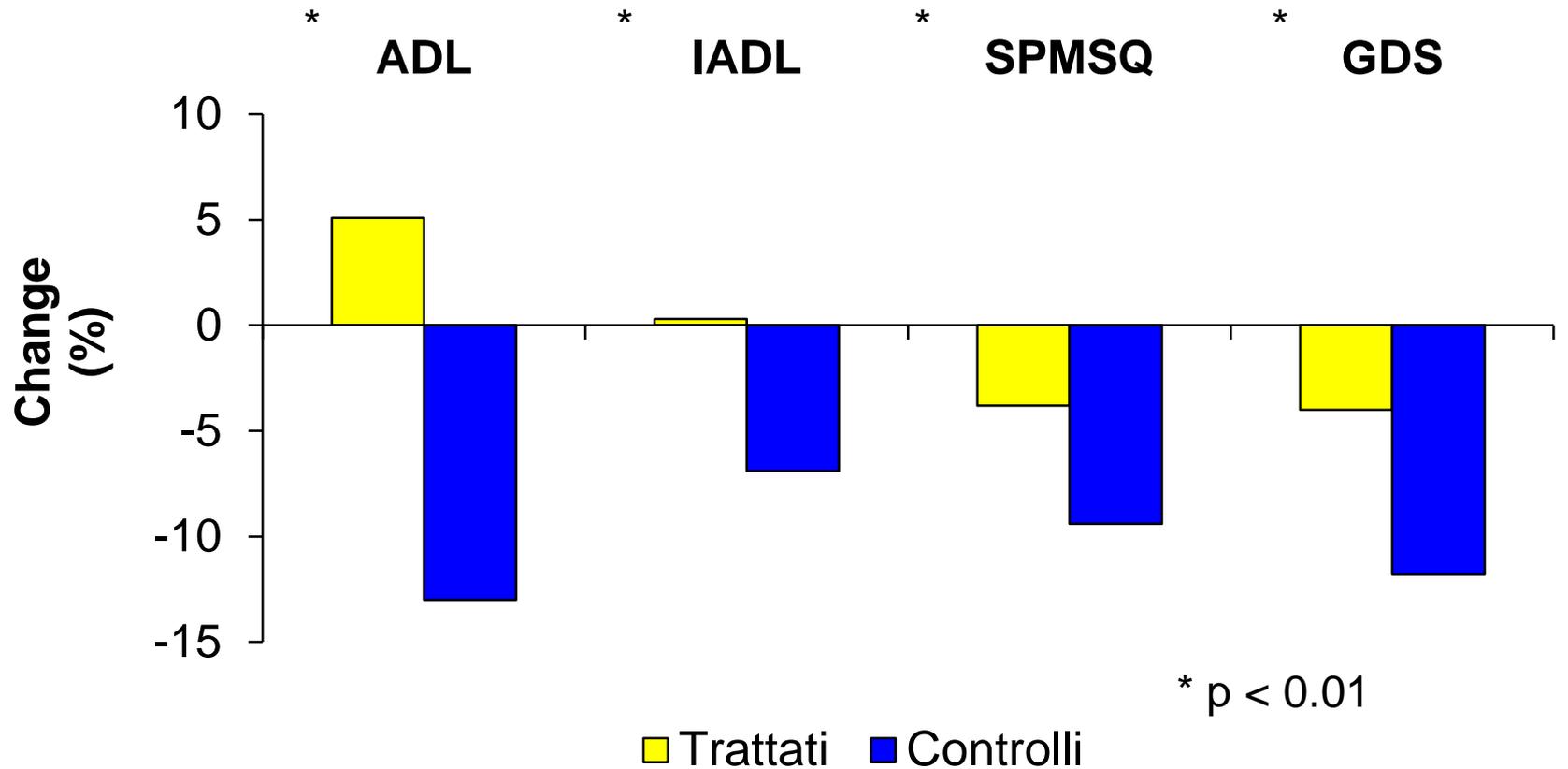
Interdisciplinary multidimensional evaluation of the older patient followed by an individualized care plan

# CGA Meta-analysis

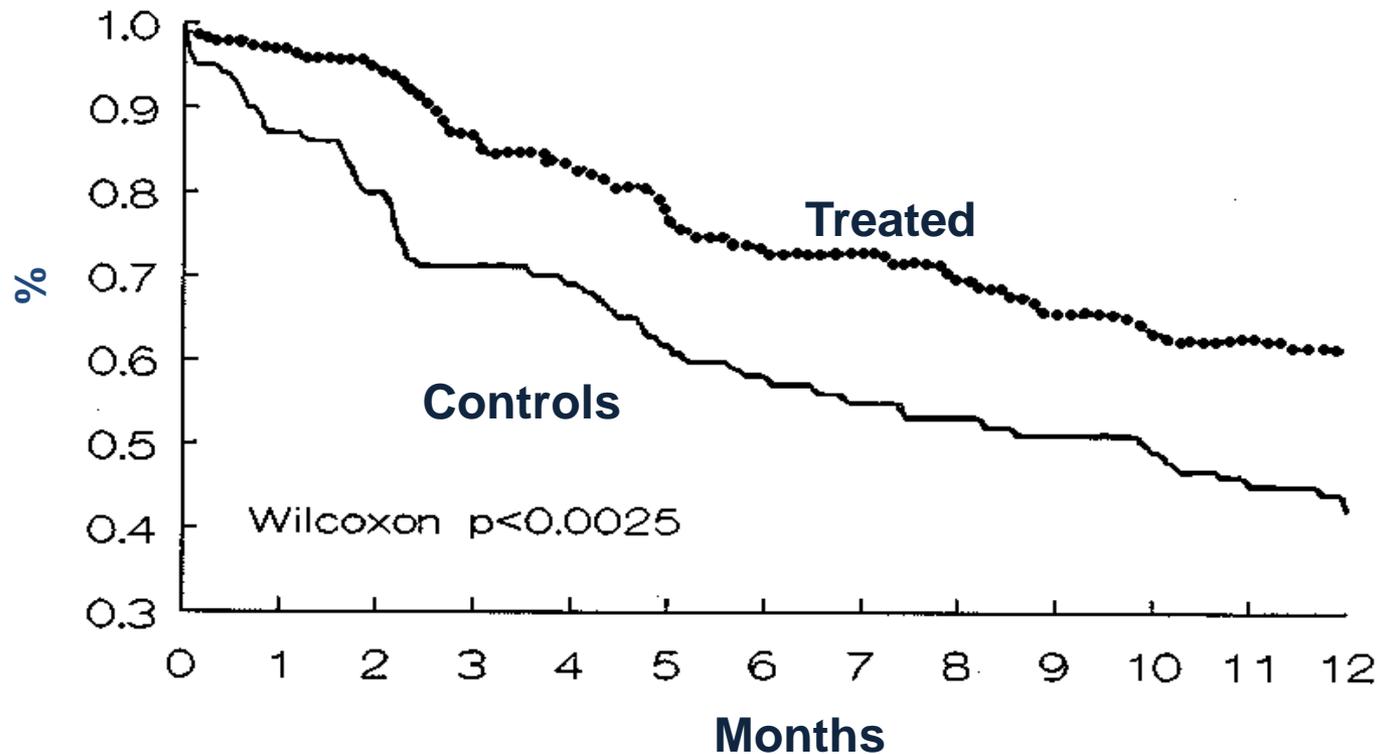
	<b>Mortality</b>	<b>New admissions</b>	<b>Home discharge</b>	<b>Functional status</b>	<b>Cognitive performance</b>
<b>Hospital</b>					
<b>GEMU</b>	<b>-35%</b>	<b>n.s.</b>	<b>+80%</b>	<b>+72%</b>	<b>+100%</b>
<b>IGCS</b>	<b>n.s.</b>	<b>n.s.</b>	<b>n.s.</b>	<b>n.s.</b>	<b>+71%</b>
<b>Community</b>					
HAS	-14%	-16%	n.s.	n.s.	n.s.
HHAS	n.s.	n.s.	+49%	n.s.	n.s.
OAS	n.s.	n.s.	n.s.	n.s.	n.s.
<b>Total</b>	<b>-14%</b>	<b>-12%</b>	<b>+26%</b>	<b>n.s.</b>	<b>+41%</b>

**Stuck et al. Lancet, 1993**

# Functional and Clinical changes after 1 year



# Hospital + Nursing home admission



# Comprehensive geriatric assessment for older adults admitted to hospital

Ellis., Whitehead, O'Neill, Langhorne, Robinson D.

*The Cochrane Library* 2011; Issue 7

Patients in receipt of CGA were more likely to be alive and in their own homes at up to six months (OR 1.25, 95% CI 1.11 to 1.42,  $P = 0.0002$ ) and at the end of scheduled follow up (median 12 months) (OR 1.16, 95% CI 1.05 to 1.28,  $P = 0.003$ ) when compared to general medical care. In addition, patients were less likely to be institutionalised (OR 0.79, 95% CI 0.69 to 0.88,  $P < 0.0001$ ). They were less likely to suffer death or deterioration (OR 0.76, 95% CI 0.64 to 0.90,  $P = 0.001$ )

Criteri di appropriatezza clinica, tecnologica  
e strutturale nell'assistenza all'anziano



# Conclusions

- The most important health care needs of geriatric patients could be addressed by:
  - improving the evaluation of new treatments;
  - strengthening gerontological and geriatric education;
  - developing an integrated long term health care system using comprehensive geriatric assessment based on existing evidence;
  - patient involvement and carers support.

OLDER PERSONS NEED A  
DREAM, NOT ONLY A MEMORY

*Abraham Joshua Heschel,  
White House conference on aging 1961*

**7<sup>th</sup> Congress of the EUGMS**  
(European Union Geriatrics Medicine Society)

**53<sup>th</sup> Congress of the SEGG**  
(Sociedad Española de Geriatría y Gerontología)

**32<sup>th</sup> Congress of the SAGG**  
(Sociedad Andaluza de Geriatría y Gerontología)

**28<sup>th</sup> - 30<sup>th</sup> September 2011**  
**Málaga, Picasso's city (Spain)**

[www.eugms-segg2001.org](http://www.eugms-segg2001.org)



*new therapies for  
an ageing Europe*

