

Welcome message

by Prof Finbarr Martin

EuGMS President 2018-2019

For most of you, our annual Congress is when the EuGMS is most visible, and useful. Good. It has been increasingly successful in terms of scientific content, organisation and attendance. Indeed, this year we received over 1000 early bird registrations from a total 61 countries. It is fast becoming the leading Geriatrics Congress worldwide. It is also our main source of income: subscription fees to EuGMS are quite low.

So what do we do with the money?

Well, to start with, the Boards need to function – travel, accommodation and so on. The Executive meets face to face 4 times a year, coinciding with the Full Board on two of these. The meeting venues are cheap or free when provided by Aristeia (Rome and Genoa) which is both our PCO and provides our Secretariat. The Exec meets more often by teleconference: obviously greener, basically free but not quite so easy for communication. The Academic Board also coincides with Full Board (and one of these is at Congress) but does the bulk of its work virtually. It's a very busy group. Our brilliant PCO and General Secretariat at Aristeia facilitate all this and both are very good value.

So, what else? Each year we allocate sums in the budget for “special projects”. The largest these past 2 years has been the Global Europe Initiative led by president-elect Athanase Benetos, supported by several Exec members and an enthusiastic group of geriatricians from countries in East or South East Europe where geriatrics is less well developed. Many of these were trained as emerging leaders in EAMA (the European Academy for Medicine of Ageing). The idea is to support them grow the specialty and their influence locally. One activity is to enhance their national society meetings with guest lectures and joint EuGMS symposia. In 2019, this includes Moscow (RAGG), Armenia, Greece and the Czech Republic, where there was a strong focus on education and training. Frequently, government health ministers attend and we hope they get to appreciate the need for strong national geriatrician leadership to get their health services fit for the future.

The WHO “Decade of Healthy Ageing” starts in 2020. This emphasizes the need for age-aligned healthcare. This is our strength. We participated in the consultation on the draft work plan and more importantly we are positioning ourselves to work with WHO and other partners in the work that follows. Already we are members of their “Clinical Consortium for Health Ageing” which provides detailed expert input into the production of tools and handbooks on assessment and management of older people. For example, WHO will launch “Guidance on person-centred assessment and pathways in primary care” on October 1st, the UN International Day of Older Persons. We helped write this.

To coincide with the Decade's launch we are preparing a "Manifesto" setting out why and how geriatrics and geriatricians are vital players in this agenda of work. To make sure we address the priorities of older people this work is in partnership with Age Platform, Europe's leading age advocacy network and WHO Europe Region. Watch this space for progress on this and the rest!

Finbarr C Martin

EuGMS Congress Preview

Congress overview: Summary of scientific and social highlights

by Prof Mirko Petrovic

Scientific Programme

The programme will highlight the state-of-the-art clinical practices, recent advances, new data and views from different stakeholders, in a format designed to encourage interaction. Our special interest and task and finish groups will again have the opportunity to present and disseminate their recent results. The congress will offer a unique opportunity to spread geriatric expertise and attitudes across central Europe and in particular those countries where geriatric medicine is still emerging, thereby accomplishing one of the objectives of our Global Europe Initiative.



Abstract Submission

90 Oral Communications (9 dedicated Oral Communication Sessions with 10 presentations each)

834 Posters divided into presentations over three days, for Poster Rounds

All the abstracts have been sent to Springer to start preparing the EGM supplement that will be available before the Congress.

[100 Free registrations for best abstracts](#)

EACCME C.M.E. Accreditation completed

Opening Ceremony 25th September at 18.00

Scientific Programme [click here](#)

News

[EGM Call for papers](#)

[SAPEA report about "Transforming the future of ageing"](#)

[Consultation: Horizon Europe - Orientation towards strategic planning](#)

[Sinai Health System – Survey on Unintentional Weight Loss](#)

[Meeting EuGMS - Czech Society of Gerontology and Geriatrics, Prague June 2019](#)

[Lincei - International Antonio Feltrinelli Conference](#)

[EuGMS supports European Immunization Week \(EIW\) 2019](#)

[The Cambridge Handbook of Successful Aging](#)

[Geriatric emergency medicine: time for a new approach on a European level](#)

[6th Conference of Polish Geriatricians](#)



I am a geriatrician in ... Malta

Geriatric Medicine in Malta took a great step forward 30 years ago when the first geriatrician was appointed. Up to then there was no department of geriatrics and the only place where 'geriatrics' was practised was in a large government owned nursing home, St Vincent de Paul Long Term Care Facility with 1,000 beds, which was manned by staff grade doctors and 2 senior physicians who were not geriatricians.

Since then being a geriatrician in Malta has changed remarkably. With the appointment in 1989 of the first geriatrician in Malta, who was trained in the UK, a hospital specialised in the care of the older people was inaugurated a few months later. This hospital used to admit patients from the community for inpatient care and rehabilitation but also used to take patients from the acute hospital for rehabilitation prior to discharging home.

Up to 15 years ago there was no formal training in geriatrics but with accession of Malta to the European Union in 2004, training was formalised with the setting up of the Malta Postgraduate Medical Training Centre. At the time doctors who had worked in the field of geriatric medicine and who had pursued an informal training programme in geriatric medicine were recognised as geriatricians. Geriatricians in Malta work in many different healthcare settings. As a geriatrician in Malta, like all my colleagues, I am responsible for around 18 patients in the specialised hospital mentioned above, which has been expanded from 60 to 240 beds in the last decade. The hospital does not include acute geriatrics since there is no A&E department and the majority of patients are admitted from the only acute hospital in Malta for rehabilitation and further inpatient care prior to discharging back home. In the same hospital the geriatrician leads a weekly out-patient clinic and day hospital clinic where multi-disciplinary care is also offered when required.



A number of geriatricians do daily ward rounds in the orthopaedic trauma wards in the acute hospital together with a higher specialist trainee in geriatrics. The team sees older people over the age of 70 years who have been admitted with a fractured neck of femur. The patients are followed up throughout their journey in hospital and the aim is to optimise the perioperative care and subsequently expedite transfer to the specialised geriatrics hospital if they need further rehabilitation prior to returning home. These same geriatricians also run a consultation service offered by the department of geriatrics to the main acute hospital in Malta. Frequently the geriatrician is consulted to assess elderly patients under the care of physicians or surgeons, to see whether they need transfer to the specialised geriatric hospital to receive co-ordinated care by the multidisciplinary team. Other consultations are carried out to assess whether an elderly person requires admission to a care or nursing home. Attempts at setting up an acute geriatrics unit in the acute hospital have so far been unsuccessful.

Regular visits to care and nursing homes by a geriatrician is another part of the geriatrician's role in Malta. St Vincent de Paul still exists to this day and is being expanded further with the addition of 500 more beds in the coming 1-2 years. Apart from this nursing home, geriatricians also visit residents in around 20 community homes. The role of the geriatrician is to identify through a comprehensive geriatric assessment those individuals who will benefit from the intervention of other members of the multi-disciplinary team. The aim is to deliver appropriate age attuned holistic care as well as to try and reduce the number of older people from nursing or care homes requiring admission to the acute hospital. As a geriatrician one might also be visiting older people in the community in their own home together with a multi-disciplinary team when the older person cannot access an out-patient service due to being housebound.

Geriatric medicine is taught in the first semester of the penultimate year of training of our medical students. There is no academic chair for geriatric medicine but geriatricians are also involved in examining 4th year and final year medical students during their clinical examinations. Geriatricians are also involved with lecturing of students of the Department of Gerontology and Dementia Studies at the University of Malta.

On the Maltese specialist register of Geriatric Medicine there are 28 doctors who are recognised as specialists, 14 of whom are consultant geriatricians working within the National Health Service in Malta. Presently there is a great interest in the speciality with 8 doctors in training and more hoping to join our training programme. The local community of geriatricians also has a society which is active in organising local scientific meetings and has now taken the bold step to bid for the 2022 EuGMS congress to be held in Malta.

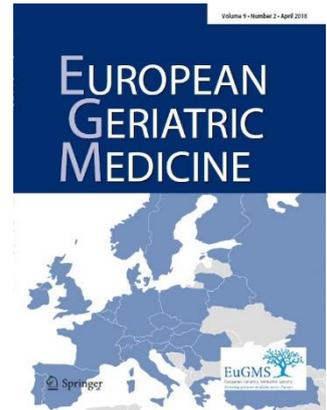
Mark Anthony Vassallo MD FRCP (Edin.) FRCP (Lond.) DGM (Lond.) MA (Melit.) in Bioethcis

John Cordina MD FRCP (Edin.) CCT (GIM/GER)

EGM at a glance

Suggested reading by the Editor of European Geriatric Medicine

by Prof Alfonso Cruz Jentoft



1. Association of polypharmacy and hyperpolypharmacy with frailty states: a systematic review and meta-analysis

<https://link.springer.com/article/10.1007/s41999-018-0124-5>

This systematic review investigates the cross-sectional association between polypharmacy, hyperpolypharmacy and presence of prefrailty or frailty; and the risk of incident prefrailty or frailty in persons with polypharmacy, and vice versa. 37 studies were included. They found that polypharmacy is common in prefrail and frail persons, and these individuals are also more likely to be on extreme drug regimens, i.e. hyperpolypharmacy, than robust older persons. They call for more research to investigate the causal relationship between polypharmacy and frailty syndromes, thereby identifying ways to jointly reduce drug burden and prefrailty/frailty in these individuals.

2. Who are the main medical care providers of European nursing home residents? An EuGMS survey

<https://link.springer.com/article/10.1007/s41999-018-0136-1>

The EuGMS is committed to improving the care of nursing home residents, and is currently developing a curriculum of core competencies. Integral to these efforts is identifying the physicians, for whom, education in these competencies needs to be directed. In this study, a survey was distributed to European national geriatrics societies, asking members their perceptions of proportions of nursing home medical care delivered by various physician specialties, and the main functions carried out in nursing homes. Responses were received from 22 of 32 national geriatrics societies. The vast majority of care (estimated at 69%), is delivered by general practitioners, rather than geriatricians or specialist nursing home physicians. The authors conclude that education and infrastructure must be developed for the evolving roles of nursing homes.

3. HIV and aging: time to bridge the gap between clinical research and clinical care

<https://link.springer.com/article/10.1007/s41999-019-00163-7>

This Editorial opens a special issue on aging and HIV infection. In this issue, European Geriatric Medicine invited experts on HIV, experts on aging and experts on HIV and aging to build this project specifically aimed at geriatricians. Through 12 special articles, the authors address how the HIV scenery has dramatically changed in developed countries, from survival to quality of life, from predominantly younger people to the predominantly older population, to focus on the complexity of older adults living with HIV. The editorial notes that working together of medical specialties, such as in orthogeriatrics, cardiogeriatrics or oncogeriatrics, is crucial to establish geriatric HIV medicine. A new

care model is needed and doctors and health systems—have to adapt themselves and their work dynamics to the patients, not the other way around.

4. Impact of a geriatric intervention conducted in nursing homes on inappropriate prescriptions of antipsychotics

<https://link.springer.com/article/10.1007/s41999-018-00155-z>

The aim of this study was to examine the added value of a geriatrician intervention in a nursing home (NH) engaged in an 18-month quality assurance exercise on the potentially inappropriate prescription of antipsychotics (PIPA), compared to straightforward nursing home audit feedback. The study showed that the intervention, including collaborative work meetings between a geriatrician and NH staff, had no effects on PIPA. However, it did find that feedback from each NH quality assurance audit had a substantial impact, reducing PIPA by more than 20% in the two study groups. The authors conclude that the involvement of the NH in a quality assurance approach and the high rate of antipsychotic prescriptions highlighted in a quality assurance audit lead to improvements in the level and quality of antipsychotic prescriptions.

5. How effective is nutrition education aiming to prevent or treat malnutrition in community-dwelling older adults? A systematic review

<https://link.springer.com/article/10.1007/s41999-019-00172-6>

This systematic review investigates the effectiveness of primary care and community based educational interventions aiming to prevent or treat malnutrition in older adults. The authors found some evidence that nutrition education interventions may improve nutrition-related outcomes in community-dwelling older people. However, the strength of currently available evidence is low, with methodological limitations, and results need to be interpreted with caution. They conclude that more robust, high quality studies are needed to ascertain the effectiveness of nutrition education in community-dwelling older people at risk of malnutrition.

Joint Call for Papers on Orthogeriatrics

EGM has a joint call for papers on orthogeriatric care that we are doing in cooperation with JAGS, which we explain in this Editorial:

<https://link.springer.com/article/10.1007/s41999-019-00194-0>

Young Geriatricians' Corner

Suggested reading by the EuGMS Academic Board



The Scottish Intercollegiate Guidelines Network: risk reduction and management of delirium

Davis D, Searle SD, Tsui A. Age Ageing 2019; 48: 485–488.

<https://academic.oup.com/ageing/article-abstract/48/4/485/5423766>

The Scottish Intercollegiate Guidelines Network (SIGN) has published a UK Guidelines update on delirium. This article presents detection tools, non-pharmacological prevention and treatments, and specific indications for pharmacotherapy. The authors underline the importance of communication and follow-up, and propose promoting delirium detection in all medical specialties, while delirium management would be the key point of geriatricians.

Nursing Home Residents by Human Immunodeficiency Virus Status: Characteristics, Dementia Diagnoses, and Antipsychotic Use

Miller SC, Cai S, Daiello LA, Shireman TI, Wilson IB. J Am Geriatr Soc 2019; 67: 1353-1360.

<https://onlinelibrary.wiley.com/doi/abs/10.1111/jgs.15949>

Patients having Human Immunodeficiency Virus (HIV) become older and some of them have dementia associated with behavioural and psychological Symptoms of Dementia (BPSD). Antipsychotics used for BPSD can induce adverse effects, in particular in relation with their interactions with AntiRetroviral Treatments (ART). This cross-sectional comparative study determines the prevalence of HIV, & clinical characteristics of residents with or without HIV. Moreover, the study details use of antipsychotics for residents with dementia with or without HIV, in a population of 9, 245, 009 nursing homes (NH) long stay residents between 2001 and 2010 in 14 states of the USA. Authors conclude that HIV prevalence is increasing in NHs. HIV+ patients were younger, more frequently male and not white. Under the age of 65 years, dementia was more frequent in HIV+ patients, in contrast to those over 65 years. Antipsychotics were used more in younger HIV+ patients, possibly because of the “FDA black box effect” in older people.

Cost Benefit of High-Dose vs Standard-Dose Influenza Vaccine in a Long-Term Care Population During an A/H1N1-Predominant Influenza Season

Shireman TI, Ogarek J, Gozalo P, Zhang T, Mor V, Davidson HE, Han L, Taljaard M, Gravenstein S. J Am Med Dir Assoc 2019; 20: 874–878.

<https://doi.org/10.1016/j.jamda.2018.12.003>

The influenza virus is the second most costly vaccine-preventable illness in older people, which induces high morbidity and mortality. The authors published a previous study about the higher effectiveness of high dose trivalent influenza vaccine (HD) compared with standard dose (SD) during hospitalization. This post hoc cost benefit analysis determines the cost of HD versus SD in nursing home (NH) long stay residents aged 65 years or over, during the influenza season (between November 1st 2013 and May 13th 2014). Information included in cost determination comprised facility level characteristics, diagnoses codes, cost of hospitalizations according to the type of service level, visits of physicians, and treatments. In 823 NHs, 18, 605 persons had HD and 18,658 had SD.

Cost benefit of HD was 526 \$ higher than SD, and financial return on investment was 27:1, in favour of HD in NH long stay residents.

Sarcopenia

Cruz-Jentoft AJ, Sayer AA. Seminar. Lancet 2019; 393: 2636–2646.

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(19\)31138-9/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)31138-9/fulltext)

This review about sarcopenia discusses definition, diagnosis, differential diagnosis, epidemiology, pathophysiology, and non-pharmacological and pharmacological treatments of this very frequent condition among older people. The authors discuss applications in research and clinical practice, and future directions. They highlight the whole life-course approach, and new perspectives offered by recent molecular and cellular discoveries in sarcopenia.

Effect of Aspirin on Disability-free Survival in the Healthy Elderly

McNeil JJ, Woods RL, Nelson MR, Reid CM, Kirpach B, Wolfe R, Storey E, Shah RC, Lockery JE, Tonkin AM, Newman AB, Williamson JD et al. for the ASPREE Investigator Group. N Eng J Med 2018; 379:1499-1508.

https://www.nejm.org/doi/10.1056/NEJMoa1800722?url_ver=Z39.88-2003&rfr_id=ori:rid:crossref.org&rfr_dat=cr_pub%3dwww.ncbi.nlm.nih.gov

The ASPREE trial is a randomized placebo-controlled trial, which determined the effect of low doses of aspirin (100mg/day) on healthy independent life span of person aged 70 years or over (or 65 years according to ethnical group) living in the USA and Australia. The study included 19,114 community-dwelling older adults without any cardio-vascular diseases, dementia or physical disability, followed-up over 4.7 years (median follow-up). The authors conclude that low doses of aspirin have no significant effect on mortality, dementia, or physical disability, but increase severe haemorrhage risk.

New Tools for Clinical Practice

Urinary Incontinence

Dear colleagues:

On behalf of the Special Interest Group on Urinary Incontinence we are very glad to share with you one of our scientific activities- a set of slides on the main aspects of “The Management of Urinary Incontinence in older people”.

As you know, Urinary Incontinence (UI) is unfortunately, a neglected Geriatric Syndrome with a very low percentage of detection as well as a low level of intervention. Therefore, there are many older people suffering from UI, without appropriate assessment and management.

The main objective of this set of slides is to increase the awareness and knowledge of UI and its management in older patients, through an informative but concise set of slides



that can guide users in the assessment and management of older people with Urinary Incontinence.

- The contents of the slides set include:
- Basic aspects of UI
- Pathophysiology
- Clinical types
- The basic assessment of older patients with UI
- Classification of UI (acute / chronic)
- The criteria referral to other specialists
- Lifestyle interventions
- Rehabilitation techniques
- Pharmacological treatment
- Surgery for UI

Obviously, this set of slides is only a brief document where you can find the basic aspects on this transcendent geriatric syndrome.

We hope that this scientific material could be useful to you in the management of UI in older people and we would appreciate the dissemination of this set of slides with all stakeholders involved in the holistic management of older people.

The slides are already available in the [MyEuGMS private area of our website](#).

Dr Carlos Verdejo-Bravo, Leader of the Special Interest Group on UI

Dr Antoine Vella, Co-leader of the Special Interest Group on UI

EAMA Feedback



The first time I heard about EAMA course was in September 2015, and after reading the aims of the course and previous programmes I was sure that I wanted to attend. During the four weeks, the course will help us to improve in the research, academic and leadership fields. In December 2018 I was honoured with one of the EUGMS scholarships for the 13th EAMA course. A month later I was in Brussels, joining 37 other geriatricians from 16 different countries, for our 1st week training session “Principles of Geriatric Care”.

Full of expectations and after a quick lunch we started an intense, challenging and inspiring week’s journey. The excitement was noticeable from the beginning, everyone was open to meeting new geriatricians from different European countries, learning from other experiences and ways to care for older adults, and of course to meet and learn

from some of the top professors in geriatrics. Moreover, the enthusiasm was not only evident from the students' side but also from the professors, who were thrilled to teach and share their knowledge and points of view on geriatrics. This enthusiasm was continuous during the high level lectures, by students and experts, the post-lecture discussions and also the coffee break discussions.

In addition to all the wonderful lectures on geriatrics, performed by the panel of experts, we were constantly stimulated to think critically "how can we improve geriatrics and older adults care?", which is the line of our course assignment. Great emphasis was also given to practical aspects of teaching, a subject on which we received directed feedback from our tutors and colleagues.

The sessions I found most useful were the "students' working groups and sessions", not only because we learn to work as a team and to concretize ideas with people you recently met, but because sessions like "Career planning" gave us the opportunity to know ourselves and our colleagues more in depth; also taught us the importance of dealing with feelings such as fear, and that big challenges always start with "yes". But not everything was academic, we also had the chance to socialize, visit the city, talk about different topics, more than geriatrics and medicine, have a few beers and of course dance.

In summary, this week was outstanding. Not often do we find the opportunity to meet, socialize and share time, knowledge and ideas with so many colleagues who share the same passion and concerns: how to improve the care of older adults; and of course all this with some of the worldwide experts in geriatrics. I would like to congratulate all members of the EAMA board and Mieke for the organization of a challenging and inspiring week, which exceeded all my expectations. This is a programme that I would highly recommend to all geriatricians. I'm already looking forward to the next training sessions!

Laura Monica Perez Bazan

Geriatrics CME Across Europe

EuGMS Events

2nd Pre-congress meeting of EuGMS Athens 2020

External Events

20th International Conference on Falls and Postural Stability

Trainees Leadership and Management Meeting

Lincei - International Antonio Feltrinelli Conference

BGS Autumn Meeting 2019

Geriatrics for Junior 2019

Inaugural World Congress on Falls and Postural Stability 2019 (WCFPS 2019)



[25th Nordic Congress of Gerontology](#)

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