

Pushing the Boundaries of Geriatric Medicine

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INTRODUCTION

This symposium attracted consultants, general practitioners, trainees, medical students and other members of the multi-disciplinary team from around the UK. The symposium was live streamed to 30 sites, in 18 countries across four continents. The increasing diversity of the specialty of geriatric medicine was reflected by the breadth of topics that featured within the symposium programme.

SESSION 1: BEYOND THE TRADITIONAL WARD SETTING

Dr Adam Gordon (Nottingham University Hospitals NHS Trust) opened the symposium, making the case for care home medicine. He highlighted that there are more frail older people living in UK care homes than there are acute medical beds. The challenges of delivering quality healthcare to accommodate the needs of this frail population, with multiple co-morbidities and a high prevalence of cognitive disorders, were discussed, with insightful reference made to the views of other professional groups.¹ Professor Pip Logan (University of Nottingham) further developed the case by summarising the research evidence for the role of therapists in the care home setting. Much of the therapy research in care homes is targeted at falls prevention – a crucial area, since a third of all UK hip fractures occur in care home residents and these are associated with a 20% mortality rate at one year. Ongoing and future research in the field was discussed, in particular evaluating a ‘Guide to Action’ tool for falls prevention.²

SESSION 2: BEYOND THE UNITED KINGDOM

Although the Western World has recognised the need for geriatricians, Professor Richard Walker (Newcastle University) explained that the need within the developing

world is even greater; two-thirds of the world’s population aged over 60 years live in developing countries. He discussed non-communicable factors (e.g. tobacco, physical inactivity, poor air quality) that are contributing to premature death and disability in this setting. With ischaemic heart disease the leading cause of death worldwide, the challenges of detecting and treating hypertension in an African population were highlighted.³ The keynote lecture was given by Professor Stephen Jackson (King’s College Hospital, London). He focused on the need to move beyond a numbers-based definition of polypharmacy and towards the concept of ‘appropriate’ and ‘inappropriate’ prescribing in the older adult population. Individualised prescribing decisions, taking account of an individual patient’s priorities, were advocated. The need to apply the evidence base in a rational manner was emphasised. The importance of effective communication between primary and secondary care, ideally through accessible health records, was stressed.

SESSION 3: BEYOND OUR COMFORT ZONE

This session consisted of four concise, clinically-oriented talks that aimed to address commonly encountered, challenging problems seen in older patients. Dr Joanna Lawson (Newcastle Hospitals NHS Foundation Trust) focused on bedside assessment of the dizzy patient and placed particular emphasis on benign paroxysmal positional vertigo, an eminently treatable cause of dizziness. The diagnostic challenges associated with polymyalgia rheumatica were addressed by Dr Philip Riches (Western General Hospital, Edinburgh); it was suggested that the absence of a prompt response to steroid therapy should be a trigger to re-evaluate the diagnosis. The vast majority of people in the UK with significant kidney disease are elderly. This, along with the practical challenges and difficult decisions associated with dialysis, were brought into sharp focus by Dr Simon

Watson (Royal Infirmary of Edinburgh). Lastly, Professor Baljean Dhillon (Princess Alexandra Eye Pavilion, Edinburgh) outlined the treatment options available for 'wet' age-related macular degeneration, the most common cause of sight loss and registerable blindness in the developed world.

SESSION 4: DIFFERENT PERSPECTIVES ON GERIATRIC MEDICINE

Dr Janice Tsang (University of Hong Kong) provided an international perspective on the emerging field of geriatric oncology. The number of elderly cancer patients is surging. Within this population there exist a number of factors that render cancer management more challenging, including age-related physiological changes, polypharmacy and multi-morbidity.⁴ The need for a coordinated, multi-disciplinary team approach, if holistic cancer care is to be provided for this patient group, was strongly emphasised.⁵ The question of how tomorrow's elderly care doctors

can be attracted to the specialty was tackled by Professor Marian McMurdo (University of Dundee). This thought-provoking talk stressed the huge potential influence that role-modelling can have on career choices and called for senior clinicians to harness this. The need to promote better public understanding of the work of clinicians in the field was also cited.

CONCLUSION

The speciality of geriatric medicine is increasingly diverse and there is growing recognition of the need for expertise in the management of older people extending beyond traditional settings. This symposium showcased how practice is extending beyond the traditionally defined boundaries of geriatric medicine, and how interdisciplinary working is central to this.

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