

# IAGG NEWSLETTER

VOLUME 18, Nº 1 JULY, 2007



Founded 1950

## EXECUTIVE COMMITTEE

Renato Maia Guimarães, MD, MSc  
**PRESIDENT**  
Brazil

Claudia Burlá, MD  
**SECRETARY GENERAL**  
Brazil

Monica Perracini, PT, PhD  
**TREASURER**  
Brazil

Gloria M. Gutman, PhD  
**PAST PRESIDENT**  
Canada

Bruno Vellas, MD  
**PRESIDENT ELECT**  
France

Yasuyoshi Ouchi, MD, PhD  
**CHAIR, ASIA/OCEANIA**  
Japan

Robert Moulias, MD  
**CHAIR, EUROPE**  
France

Pedro Paulo Marin, MD  
**CHAIR, LATIN AMERICA/CARIBBEAN**  
Chile

Norah C. Keating, PhD  
**CHAIR, NORTH AMERICA**  
Canada

Laura M. Machado, MSc  
**SPECIAL ADVISOR**  
Brazil

## SECRETARIAT

Rua Hilário de Gouveia, 66/1102  
Copacabana – Rio de Janeiro – RJ  
CEP 22040-020 Brazil  
TEL / FAX: (55 21) 2235-1510

E-MAIL: [iagg@iagg.com.br](mailto:iagg@iagg.com.br)  
WEB: [www.iagg.com.br](http://www.iagg.com.br)

## Message from the President

By Renato Maia Guimarães

### A new name for the same mission



Geriatrics is now included in our official designation:

**International Association of Gerontology and Geriatrics - IAGG.**

Does it make any difference? Yes and no. Our mission remains the same: research, training and promoting the highest quality of life and well being of all people as they experience ageing at individual and societal levels. This change recognizes the increasing importance of Geriatric Medicine and is almost an invitation to all those medical associations dedicated to the aged to join us: IAGG is the international house for geriatric medicine as it is for Gerontology. We welcome all, as Gerontology is essentially a multidisciplinary field. As a consequence we will strengthen actions on Geriatrics.

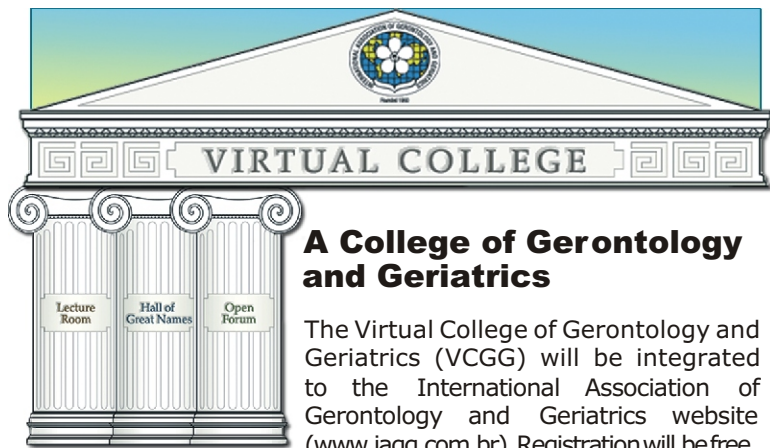
This newsletter presents a Geriatric Medicine basic contents for undergraduate teaching. This document is the result of 3 international seminars held at the University of Salamanca, Spain, supported by Fundación Yuste. The "*basic contents*" document was approved by the World Health Organization and will be publicized around the world. A manual will be published for free distribution.

Apart from *Gerontology*, published by Karger, IAGG has now a second official journal for clinical practice the *Journal of Nutrition, Health and Aging*. This journal has Bruno Vellas (Toulouse, France) as Editor-in-Chief; AJ Sinclair (Luton, UK), as Editor, Geriatric Section; PJ Garry (Albuquerque, USA), Editor, Nutrition Section; and L Volicer (Miami, USA), Editor, Neurosciences Section. JNHA will be available free of charge in our website. A call for scientific approach on all problems related to aging remains mandatory. We need research and researchers, and also to empower those publications focused in the advances of geriatric medicine. This is the case of the *Journal of Nutrition, Health and Aging*.

Too many papers related to health of the elderly are published every year. Most of them trigger a "déjà vu" effect, since what seems to be a novelty for many people outside the geriatric community is "old news" for those involved in geriatric care. This is not bad. We welcome all contributions that benefit old patients. This might decrease the impact of one of the geriatric giants: iatrogenesis. However, in many papers, including those related to drug treatment, the sample of those aged 65 and over is minimal, and insufficient to support any ambitious conclusion. Considering aging itself a disease is more frequent than one would like. "Senility" remains a common diagnosis, and has proved more difficult to abolish than "insanity" in the daily practice. We are certain this action will foster researchers and physicians to publish their results and ideas for a large and critical audience, devoted to the scientific aspects of geriatric medicine.

IAGG and the *Ageing and Life Course Program* of WHO are working together to launch, in 2007, guidelines for prevention of falls and a statement on end-of-life.

The change in our official designation did make difference: we are more enthusiastic to accomplish our mission.



## A College of Gerontology and Geriatrics

The Virtual College of Gerontology and Geriatrics (VCGG) will be integrated to the International Association of Gerontology and Geriatrics website ([www.iagg.com.br](http://www.iagg.com.br)). Registration will be free.

The college will have 3 basic areas: a "lecture room", a "hall of great names" and an open forum. The lecture room will present several lectures in power point and video presentations, concerning the most important themes in Gerontology and Geriatrics.

We expect to get collaboration from all major names in Gerontology and Geriatrics to state the scientific perspective and IAGG's standpoint on major issues like anti-age therapy, vitalism, end of life, older people in intensive care units, retirement policies, and social problems of older people. Anyone in the world will readily have access to up-to-date information in Gerontology and Geriatrics. Classes will be not too long, focusing the fundamental and practical approach. The hall of great names intends to pay tribute to all those who made or are making important contributions to Gerontology and Geriatrics. This is a new field of science that needs to write its own history. All those working in Gerontology and Geriatrics must be aware of the contribution of Simone du Beauvoir, Marjorie Warren, Pierre Vellas, JH Sheldon, Leonard Hayflick, James Fries, Alois Alzheimer, Lucien Brull and many others. The virtual college will accept nominations made by scientific societies, universities or any institution devoted to Gerontology and Geriatrics.

The open forum resembles the invisible college meetings. There will be different discussion groups, on several subjects. Anyone can propose a theme for discussion and open a group. It is expected that the open forum could attract the main researchers in each field to exchange ideas and to help young researchers or students. The open forum will help the organizing committees of the IAGG congresses to identify themes that must be included in the scientific program and also people who should be invited to discuss it. We will stimulate the discussion of controversial themes like compression of morbidity, prolongevity, posthumanism versus anti-posthumanism, and end-of-life.

The proposition of a Virtual College is a great challenge. It requires a solid technical background and a group of enthusiasts to organize and handle it. A Chancellor will direct the college with help of three coordinators. Bruno Vellas, the President-elect of IAGG, was appointed the Chancellor. His partners in this scientific and educational challenge will be Yves Rolland from Toulouse, coordinator of the Lecture Room; Martha Pelaez, former Pan American Health Organization regional advisor on aging and health, coordinator of the Hall of Great Names. Toni Antonucci from the University of Michigan will be in charge of the Open Forum. The technical support will come from the IAGG Secretariat in Rio de Janeiro.

In the first stage the VCGG will have the areas already mentioned, but the identification of the demand for academic information will mobilize us for searching educational institutions to help us offer academic degree courses for those who have no other way for getting a qualification in Gerontology and Geriatrics.



## Geriatric Medicine: Basic Contents for Undergraduate Medical Students

Throughout the 21st century health professionals will increasingly be required to be familiar with old age care whatever the specialty they choose

1. Understand the biology of ageing - which must correlate with the clinical manifestations of diseases in older individuals. Older patients manifesting signs and symptoms of disease presents them because they are sick, not because they are old.

2. Demonstrate appropriate knowledge of physiology of ageing to understand concepts such as frailty and loss of functional capacity.

3. Demonstrate knowledge of demography, especially of the demographic/epidemiology transition.

4. Demonstrate sufficient knowledge of pharmacology in order to understand basic principles of prescribing for older people, with special attention to adverse effects and iatrogenia. Regard withdrawing a drug as important as prescribing one and be familiar with the risks of prescribing multidrugs.

5. Recognize the role of psychosocial risk factors in the causation of diseases such as living alone, economic hardship and lack of social support.

6. Recognize the importance of providing support to family caregivers, who, themselves, may be old and in poor health.

7. Recognize prevention and rehabilitation as the main goals of Geriatric Medicine.

8. Understand how complex health in older age is - thus requiring multi-dimensional evaluation and multidisciplinary approaches for the attainment of better outcomes.

9. Consider a problem-oriented approach as the most appropriate in the care of older people.

10. Embrace a holistic perspective, understanding that older persons have a rich history behind them and embrace life-course events as the root of many of their current ill-health conditions.

11. Understand that a life course perspective also implies that today's children and younger adults are tomorrow's older people and that their health in older age depends on how they live.

12. Be familiar with the management of the great geriatric syndromes - such as falls, incontinence and cognitive impairment - as well as with conditions highly prevalent such as depression and the subtle presentation of disease in old patients.

13. Demonstrate positive attitudes to ageing, speaking out against negative stereotypes.

14. Recognize the distinct aspects of abuse and violence against older person.

15. Recognize ethical issues including end-of-life care.





**ALOIS ALZHEIMER**



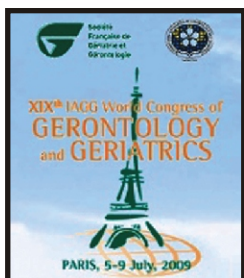
## **Alzheimer's Disease: a major multidisciplinary public health problem**

In November 1906, Alois Alzheimer presented, in a scientific meeting in Tübingen, Germany, the first case of the disease that bears his name. His presentation was well-received, but no one could predict that 100 years later, more than 25 million people would be affected by Alzheimer's Disease.

It is a great challenge for the aged and their families.

In the 100th anniversary commemorative meeting in Tübingen, IAGG, supported by Alzheimer's Disease International and the International Psychogeriatric Association (IPA), presented the following statement that will be proposed to the World Health Organization. Considering that:

- Ageing is a worldwide achievement of humankind, and reflects major advances in the development of health, social, and economic structures;
  - Ageing increases the incidence and prevalence of chronic non-communicable diseases;
  - The prevalence of Alzheimer's Disease and related disorders increases from 5% for the population aged 65 and over to 40% in those over 80;
  - Worldwide the population of 80 years and over is the one that grows the most;
  - The impact of Alzheimer's Disease and related disorders is not limited to the health and well-being of those who suffer it, but presents a major challenge to their families and to society as a whole;
  - In spite of the evidence collected over the 100 years since Alois Alzheimer first described the disease and of the developments of pharmacological and non-pharmacological strategies to manage the disease, there is still much to be done to meet the different needs of patients and their families and caregivers;
- Alzheimer's Disease and related disorders are to be considered a major multidisciplinary public health problem, which requires a strong commitment from governmental and non-governmental organizations, the private sector and society as a whole to ensure that research, education, training, health care and quality supportive actions are provided to patients and their families.



## **19th IAGG World Congress of Gerontology and Geriatrics**

**Paris, France**

July 5-10, 2009

### **Contact**

Dr. Bernard Forette, Congress President

**E-mail:** [bforette@noos.fr](mailto:bforette@noos.fr)

**Web:** <http://www.paris2009.org>

## **Falls as a major Public Policy Concern**

The WHO Ageing and Life Course Program and the British Columbia Ministry of Health held the "Falls Prevention Technical Seminar", which was called "The Victoria Meeting", from February 12 to 14, 2007, in Victoria, Canada. The seminar was attended by a group of fifteen invited specialists from all over the world, with different and complementary expertise on policy, practice and research related to community health, healthy aging, geriatrics and gerontology, epidemiology and kinesiology.

The aim of the meeting was to develop a community-based framework to address the complex and multifaceted nature of falls among the aging population. This global aging scenario demands a proactive and systematic approach to falls prevention and management by researchers, policy makers and professionals. The health care providers are not prepared to face this challenge, as they lack specialized education and training, and often do not have a public-health perspective. IAGG was represented in the seminar by Professor Monica Perracini whose main task will be to help bridge the gap between the best quality of information on falls prevention and the need of continuing education of professionals around the world, in order to maximize available resources. IAGG is committed to foster high levels of achievement on falls prevention policies and research, in collaboration with WHO and other organizations. After three days of panel debates and group discussions, the task force came to a three-pillar framework which will cross-cut multicultural backgrounds and community-oriented health policies, and the need to accomplish capacity-building, education and training. The framework core pillars were awareness, risk assessment and intervention based on health policies, with back up system approach sustained by surveillance, management and research. The "Victoria Meeting Report" will be launched in a few months.

## **IN MEMORIAM**

### **PAUL B. BALTES 1939-2006**

Last November the field of Psychogerontology was surprised with the early death of Dr. Paul B. Baltes, one of its most distinguished scientists. He had a well-succeded career in United States where he lived and worked between 1972 and 1979, first at the University of West Virginia and after at the Penn State University. In 1980 Dr. Baltes went back to his Germany to be Director of the Max Planck Institute for Human Development, where he was involved with the advance of a



lifespan view of human ontogenesis that considers behavioral and cognitive functioning from childhood into old age.

Substantive work have been done by him and his colleagues on topics as cognitive development, wisdom, personality and successful development and aging. For his work, Dr. Baltes has been honored with numerous research awards including Kleemeier Award of Gerontological Society of America (1991), German Psychology Award (1994), International Psychology Award of American Psychological Association (1995), Aristotle Award of European Federation of Psychology (1997), Novartis Prize of the International Association of Gerontology (1999), Ipsen Foundation Longevity Award (2000), the German Order pour le mérite of Sciences and the Arts (2000), and the election as foreign member of the American Academy of Arts and Sciences and the Royal Swedish Academy of Sciences.



## End-of-life care

End-of-life care has recently become a focus of specialized medical care within the realm of Palliative Medicine. It addresses issues related to the suffering, the dignity, the particular needs of care, and the quality of life of people at the end of their lives. Originally, its development targeted cancer patients, regardless of their age, due to its consumptive nature and extremely high rate of morbid conditions and mortality.

The aging of the population gave rise to chronic-degenerative conditions, of a slow, but progressive course. Geriatrics, as a medical specialty, was developed to tackle health conditions particular to old people. It is now time for us to think on how to manage old patients with non-cancer, chronic-degenerative disease at the end of their lives.

Typically, it is very difficult for societies to deal with death, which leads to misconceived attitudes and even bad medical practices on the part of health professionals. Until recently, death used to be, mostly, a premature, time-compressed event, and different societies had their different traditions and rituals to deal with it. The advances in medical technology and the development of new drugs have lead death to be experienced in older age, and for a longer period of time; often, individuals are kept artificially alive for months, even years, with no prospect of recovering any level of quality of life. Dying is not only a medical issue, but rather a social one. To what extent should a curative treatment be imposed to a patient with a known lethal disease and to whom a fruitless attempt to cure will deteriorate his or her quality of life? A very sensitive ethical issue raises from this questioning: can we abbreviate life, when living becomes intolerable? Society is discussing this through the arts. Very recently, three blockbuster movies caused commotion worldwide: the American "Million-dollar baby"; the Canadian "Barbarian Invasions", and the Spanish "The Sea Inside". One should also mention Margaret Edson's play "Wit", which was also turned into a movie.

Health professionals and the society as a whole should have very clear the scope of the medical practice for patients with advanced disease, regardless of its etiology. There are technical, ethical ways, which may require aggressive interventions, to manage a patient at the end of his life. These interventions will not extend or shorten the patient's life, but they will allow the patient to die pain-free, peacefully and with dignity.

IAGG and the World Health Organization will work together, in a synergistic way, in the development of initiatives that aim to raise awareness on the importance of end-of-life issues, addressing their changing nature; focusing on the development of good practice guidelines; and exploring the overall principles to be considered by policy makers.

## IAGG ACTIVITIES IN THE UNITED NATIONS

Laura Mello Machado is coordinating the IAGG activities to United Nations, including the work of the representatives at New York, Geneva and Vienna. IAGG is a category III non-governmental organization within the UN, with consultative status with the Economic and Social Council (ECOSOC). She will also advise on issues related the international activities of IAGG and on the institutional relationship with other international and national institutions.

## IAGGNEWS

### AGEING IS A CONVENIENT TRUTH

Renato Maia Guimarães, IAGG President, said in the opening ceremony of the Pan American Meeting on Gerontology and Geriatrics that both global warming and increased life expectancy result from human progress. However, he stated that differently from global warming, which Al Gore has called "an inconvenient truth", ageing is a great achievement of humankind, and must be considered a "convenient truth".

### THE SECOND WORLD ELDER ABUSE AWARENESS DAY

The International Network for the Prevention of Elder Abuse (INPEA) promoted the Second World Elder Abuse Awareness Day on June, 15, at the WHO headquarters in Geneva. INPEA, an IAGG standing committee, has a firm commitment to be a loud voice in calling Governments and Civil Society alike for action, to foster the implementation of the Madrid International Plan of Action on Ageing.

### IAGG SUPPORTS STUDENT PARTICIPATION IN EVENTS

Juan Solorzano (Vancouver, Canada) Heather Fuller Iglesias (Michigan, United States) and Vivian Colon Lopez (Michigan, United States) were supported by IAGG to attend to the Pan American Meeting on Gerontology and Geriatrics, held in Puebla, Mexico. They all presented papers. IAGG believes participation in the scientific program should be the main criteria for student support in international events.

[www.iagg.com.br](http://www.iagg.com.br)

Please, visit IAGG's website at [www.iagg.com.br](http://www.iagg.com.br). There, you will find an Image Bank, with pictures that portray aging in different parts of the world available for download, for your papers and presentations. We have also the Virtual College of Gerontology and Geriatrics, to foster the connection of all those who share a common interest in aging around the world. The Virtual College includes a Lecture Room, a Hall of Great Names and an Open Forum.

### IAGG Representatives to NGO Section, UN Department of Economic and Social Affairs (DESA), 2007

DESA	NEW YORK	James Collins, MPA (main representative)
		Juanita Carrillo, PhD
		Nora O'Brian, MA
		Marjorie Cantor, PhD
DESA	GENEVA	Astrid Stükelberger, PhD
DESA	VIENNA	Thomas Frühwald