



Highlights of the 14th International Congress of the European Geriatric Medicine Society

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Key summary points

Aim To report the most important messages of the 2018 EuGMS Congress in Berlin.

Findings From social issues to nutrition, from cardiovascular aspects to new definition of sarcopenia, the congress has informed more than 1800 participants on the hottest issues of geriatric medicine of today.

Message The EuGMS congress brings together both bench-to-bedside knowledge and clinical practice, which is of paramount importance in the further development of geriatric medicine in Europe.

Abstract

Purpose To report the most important messages of the 2018 EuGMS Congress in Berlin.

Methods Review based on an on-site attendance in the sessions by the European Academy for Medicine of Aging graduates.

Results The 14th Congress of the European Geriatric Medicine Society which took place in Berlin, Germany, from 10 to 12 October 2018, addressed the issue of challenges and opportunities associated with a fast changing modern world. Covering among other topics social issues, new technologies and the much-awaited new European definition of sarcopenia, the meeting streamed with important information.

Conclusions Attended by more than 1800 participants from Europe and from across the world, it was one of the most successful geriatric events in 2018. In the following text, in preparation to the next, 15th Congress in Kraków, Poland, we briefly describe the highlights of the Berlin Congress.

Keywords EuGMS · Geriatric medicine · Congress · Berlin · Kraków

Karolina Piotrowicz, Katrin Fähhling, and Claire Roubaud-Baudron are the members of the European Academy for Medicine of Aging (EAMA), and equally contributed to this report.

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It was in 1999 that the pioneering idea of building a scientific society solely devoted to geriatric medicine was born. No later than in June 2000, the European Union Geriatric Medicine Society (EUGMS) was formally established and the first large-scale congress was held in Paris in 2001. Henceforth, regular scientific meetings of the EuGMS have been organized [1].

The mission and vision of the EuGMS—since 2017 called the European Geriatric Medicine Society—are to foster geriatric medicine across Europe, raise public awareness and support the development of health-care services dedicated to older adults, and promote research and education in the field [1].

‘Advancing Geriatric Medicine in a Modern World’ was the leading topic of the last EuGMS Congress that took place in Berlin from 10 to 12 October 2018. With more than 1800 participants from 65 countries, 340 speakers and chairpersons, and 1070 scientific abstracts submitted, the 14th EuGMS Conference proved to be one of the biggest events in the geriatric field last year, addressing the challenges and the opportunities for older individuals in a modern world (Fig. 1).

We present results of a review based on an on-site attendance in the sessions by the European Academy for Medicine of Aging (EAMA) graduates (KP, KF, CRB).

New concepts

The revised European consensus on the diagnosis and definition of sarcopenia, presented on behalf of the European Working Group on Sarcopenia in Older People (EWGSOP2) for the first time in public during the Berlin congress, was indisputably one of the most awaited lectures in the field of geriatric medicine last year. As presented by Alfonso Cruz-Jentoft from Spain, sarcopenia, being ultimately

acknowledged as a disease with an ICD code, should be managed according to the clinical algorithm designed for sarcopenia case-finding, diagnosis and confirmation, and based on the assessment of its severity [2].

The design of ‘Pros and Cons session’ was applied to introduce the topic of current definitions of frailty and malnutrition to the audience. In essence, the new criteria for the diagnosis of malnutrition consented by the European Society of Clinical Nutrition and Metabolism (ESPEN) and the Global Leadership Initiative on Malnutrition (GLIM), combining phenotypic and etiological aspects both for diagnosis and severity assessment, were presented by Tommy Cederholm from Sweden and discussed further jointly with Marjolein Visser from the Netherlands [3]. Despite some nuisance in defining instruments to assess frailty and malnutrition, and to separate the impact of frailty from the impact of disease, the speakers illustrated that nutrition and frailty are clearly linked, with some evidence that nutritional supplementation might lead to improvement in mobility. As shown by Cornel Sieber from Germany, the Mediterranean diet is associated with a lower risk of being or becoming frail [4].

A new geriatric syndrome, osteosarcopenia, was presented by Anette Hylen Ranhoff from Norway as the coexistence of osteoporosis or osteopenia and sarcopenia. In the group of older patients with hip fracture, she demonstrated the need for a consensus definition and further studies with osteosarcopenia as an outcome predictor. The pathophysiology of the syndrome reflects the impact of muscle performance on bone healing (so called ‘the bone–muscle cross talk’), with hip fractures being interpreted as an “end-stage osteosarcopenia”.

New technology

Ultrasonography has turned out to be a novel technology for a reliable muscle mass assessment. Introduced in detail during the Special Interest Group (SIG) on Sarcopenia meeting and during a hands-on interactive workshop, the evidence-based systematic review by Stany Perkisas from Belgium provided a scientific base for a standardized, quick and efficient ultrasonographic measurement of muscle in old age [5].

Teaching and training in geriatric medicine can be improved by new approaches, technologies and tools. A session: ‘Advancing the Teaching of Geriatric Medicine: @ The Edge of Tomorrow’s Possibilities!’ enabled participants to further develop their practical skills in teaching geriatric medicine with interactive methods. One of the examples was the “M&M’s®”-candy game by Susanne S. Hernes from Norway: after a lecture on polypharmacy in older patients, students received a pack of candies imitating pills, with an



Fig. 1 Words cloud built by the EAMA students answering to the question “what does a modern world mean for you?”

instruction how to use them. Their task was then to follow the regimen, experience the difficulties of adherence to the treatment and to share it with the group with further discussion on how to improve management of polypharmacy in older patients. Some other examples of modern, interactive teaching methods that increase students' engagement and facilitate a deeper learning process were given during the session by Regina Roller-Wirnsberger from Austria and Esa Jämsen from Finland.

In the 'Information and Communication Technology-Based Training in Geriatric Patients' session, Kamiar Aminian from Switzerland, Christopher Todd from the UK and Jorunn Helbostad from Norway introduced some aspects of Information and Communication Technology (ICT) dedicated for older adults. As older people are usually less active than recommended, it is important to evaluate whether ICT-based training could be useful for this particular population. ICT-based measurements are improving over time with more sensitive metrics, higher precision and more comfortable devices.

Many psychological barriers and misbeliefs (e.g., "no time", "no transport", "bad weather", "no motivation", "not sure what to do") can affect physical activity in older adults. It is important to identify these barriers and individually define the starting level of physical exercise, propose actions and goals, combining the ICT-based devices that can improve behavior, adherence and outcomes [6].

New challenges

'The world is waking up and smelling the demographics [...]' was one of the viral quotes of the opening lecture of the 14th EuGMS Congress, held by John W. (Jack) Rowe from Columbia University from the USA. In his lecture, he introduced the audience to the rationale of the John A. Hartford Index of Societal Aging, a multidimensional comparison of societies' adaptation to societal aging, with its five domains: productivity and engagement, well-being, equity, cohesion and security [7].

The next of the three outstanding keynote lectures covered one of the challenges of geriatric medicine: osteoporosis therapy beyond the age of 80 years. Cyrus Cooper from the UK not only presented the evidence concerning drugs with proven efficacy for fracture prevention, but also highlighted the importance of screening for high-risk fracture patients as a means of reducing osteoporotic fractures, and subsequently closing the treatment gap for this high-risk population [8]. He also confirmed that sarcopenia was a relevant therapeutic target to reduce fracture risk, thus providing a cross-link to the third keynote lecture on the new EWGSOP2 consensus on sarcopenia.

'When should we speed up, but also when should we slow down', might be a paraphrased title of a lecture given by Athanase Benetos from France on the need for different therapeutic targets for hypertension in various subpopulations of older people. Starting with a brief overview of clinical trials for hypertension treatment in old age and its applicability for the oldest olds with multimorbidity and geriatric syndromes [6], he presented a scientifically justified, geriatric approach for 'visual' evaluation of old hypertensive patients and treatment adaptation, accordingly [9, 10].

'Choosing with Care in a Context of Uncertainty' is another challenge not only in geriatric medicine, but also the subtitle in the session 'Discontinuing treatment near the end of life'. Various prognostic indices have not shown to be much more reliable than the 'surprise question', the gut feeling or Oscar the cat [11], while doctors and patients systematically overestimate the benefits and underestimate the harms of medical services near the end of life. Lucas Morin from Sweden showed the importance of good communication as a way to offer goal concordance care, personalized care to meet the patient's preferences, and presented a European expert consensus on adequate, questionable and inadequate drug prescribing for older adults at the end of life [12].

Management of malnutrition as a demanding team work was discussed during three very inspiring talks delivered at the European Academy for Medicine of Aging (EAMA) panel [13] by Regina Roller-Wirnsberger from Austria, and the former EAMA students—Maria Dolores Sanchez-Rodríguez from Spain and Hanna Maria Kerminen from Finland. Four main steps should be employed: screening, assessment, management and follow-up. Goals of malnutrition managed should be individualized with consideration for patients' profile.

Conclusion

The 14th EuGMS Congress was an excellent opportunity for sharing professional knowledge and experience, building community and promoting geriatric medicine in the national and international arena. The Berlin congress was clearly one of the most important international events in the field of geriatric medicine in the last year. Even before its closure, the work has begun to prepare the next, 15th Congress in Kraków, Poland, to which we cordially invite all health-care professionals with interest in geriatric medicine. Please find the information on the upcoming events (including the 15th EuGMS Congress in Kraków in September 2019) at the EuGMS website and social media accounts (Facebook, Twitter).

Compliance with ethical standards

Conflict of interest On behalf of all authors, the corresponding author states that there is no conflict of interest.

Ethical approval This study does not contain any studies with human participants performed by any of the authors.

Informed consent For this type of study formal consent is not required.

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