
Geriatric Emergency Medicine

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Editors

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 Springer

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Foreword I

As EUSEM President and immediate Past-President, and EUGMS President and President-Elect, we congratulate the authors of this excellent textbook on geriatric emergency medicine. This book will help physicians to provide emergency care of the highest standard in a difficult sector that has a rapidly growing number of patients.

Geriatric emergency medicine is an ever more important specialist medical sector in every European country. The number of European emergency patients is growing. Statistically, every year the number of patients in emergency departments in many European states is equivalent to a quarter of the population of those countries. If these patients bring only one relative or friend with them, then half of the population of many European countries has contact with an emergency department.

In Europe with the further development of medical and social care, the average age of patients has reached a high level never seen in the past. This naturally also means the number of older patients seeking care every day in emergency departments is constantly rising. Older people need special treatment, which does not always correspond to the general guidelines we normally use for other patients. This specialist care may encompass social, psychological, behavioural and end-of-life aspects of treatment. Illness presentations in older patients may be different and sometimes difficult. Critical decisions on their treatment and case management must often be taken considering specific problems related to age such as the impact of falls, loneliness and lack of compliance.

This book will help provide structured and timely answers to the questions raised about illnesses and symptoms affecting these patients and how to manage them.

The EUSEM executive and council have strongly supported this project, which was undertaken jointly with the European Union Geriatric Medicine Society (EUGMS).

EUSEM's definition of emergency medicine declares that this is a medical specialty involving the prevention, diagnosis, treatment and management of acute illnesses and injuries needing immediate treatment. Emergency care involves patients **of all ages** and covers the entire body and also psychiatric illnesses. Rapid provision of treatment plays a key role in emergency medicine and places great demands on both in-hospital and pre-hospital care.

A recent conference of European health ministers about the future requirements of Europe's health care systems made an important comment:

There will be changing demands on health care. This is especially seen in the important sectors geriatrics and emergency medicine. We must identify the needs of the future today and decide how best these challenges can be met, not only nationally but also on a European level.

We believe this new textbook will provide excellent support to physicians working to meet this challenge. This book provides the answers to many questions that are posed every day when geriatric medicine and emergency medicine come together in emergency departments.

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Foreword II

The ageing of the population is slowly transforming the practice of emergency medicine. Improvements in public health, medical technology and therapy have resulted in longer and healthier lives but at the cost of growth in the medical needs of the population. During the twentieth century, the percentage of patients older than 65 grew from 4% to 14%. This growth is expected to continue and reach 20% by 2026. Furthermore, older emergency patients have had disproportionately higher use of the emergency department (ED) than the rest of the population because they are more likely to develop life-threatening conditions.

Emergency medicine, the youngest primary specialty, came into existence because of the need to provide a unique approach to patients presenting to ED. The importance of timely interventions in emergency conditions resulted from significant dramatic improvements in diagnostics and therapeutic options from the dramatic improvements in healthcare in the twentieth century. The combined social pressures resulting from the need to provide high-quality healthcare and the desire to provide access to everyone, at any time, for any problem required the development of a new specialty. The same pressures that created the specialty are now pushing for the development of expertise specific for geriatric emergencies. Because older patients will need access to all emergency departments, it remains to be determined if this expertise should be used to create a subspecialty or an expectation of all emergency providers.

Older patients now account for more than a quarter of emergency visits in the USA. This developing change in the emergency patient population is also creating a strain on the resources available for emergency care. Emergency crowding particularly impacts older patients who are often among the first groups affected by the shortage of inpatient capacity.

The dichotomous nature of the emergency management of older patients presents a dilemma in terms of patient management. On one hand, frailty, blunted inflammatory response and cognitive disabilities vastly complicate the assessment of these patients. With age, a different and broader spectrum of emergency conditions develops. Life threats are more common and clinical presentations are often atypical or occult. Safely ensuring a timely diagnosis often requires prolonged investigations. On the other hand, there is a recognised mismatch between the services traditionally provided by the emergency department and the desires of the patients. Rather than the highly aggressive approach to diagnosis and therapy

traditionally used in emergencies, what most patients at the end of life want are supportive services and a focus on improving the quality of life rather than simply prolonging it.

Until recently, the evidence base for geriatric emergency medicine (GEM) has been somewhat neglected. Besides the challenges of delivering care, there is also the need to understand the biology of GEM: the unique aspects of ageing and how these affect a patient's ability to respond to a physical or psychological crisis. How can we measure frailty and immunologic impairment? How does ageing affect the endothelium, the cell, or the mitochondrion? What are the implications of these changes on resuscitation? There is a need for basic and clinical science in GEM to add new knowledge to acquire the evidence, which will help in improving management and outcome. The complexity of acute care of older patients in emergency medicine settings will require a multidisciplinary approach from researchers and a wide range of specialties with a close partnership between emergency physicians and geriatricians.

This book is an important step in disseminating knowledge, standardising care and setting a direction for future work on how to address the challenges of GEM. By providing medical providers with the information needed to improve the emergency care for older patients, we can begin to deliver a high-quality approach geared towards the needs of this vulnerable population.

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