



Definition geriatrischer Patienten

Geriatrische Patienten sind definiert durch:

- ♦ Geriatrietypische Multimorbidität und
- ♦ höheres Lebensalter (überwiegend 70 Jahre oder älter);

die geriatrietypische Multimorbidität ist hierbei vorrangig vor dem kalendarischen Alter zu sehen;

oder durch

- ♦ Alter 80+
auf Grund der alterstypisch erhöhten Vulnerabilität, z.B. wegen
 - des Auftretens von Komplikationen und Folgeerkrankungen,
 - der Gefahr der Chronifizierung sowie
 - des erhöhten Risikos eines Verlustes der Autonomie mit Verschlechterung des Selbsthilfestatus

Geriatric Medicine (UEMS-GMS, accepted in Malta, May 3, 2008)

Geriatric Medicine is a specialty of medicine concerned with physical, mental, functional and social conditions occurring in the acute care, chronic disease, rehabilitation, prevention, social and end of life situations in older patients.

This group of patients are considered to have a high degree of frailty and active multiple pathology, requiring a holistic approach. Diseases may present differently in old age, are often very difficult to diagnose, the response to treatment is often delayed and there is frequently a need for social support.

Geriatric Medicine therefore exceeds organ orientated medicine offering additional therapy in a multidisciplinary team setting, the main aim of which is to optimise the functional status of the older person and improve the quality of life and autonomy.

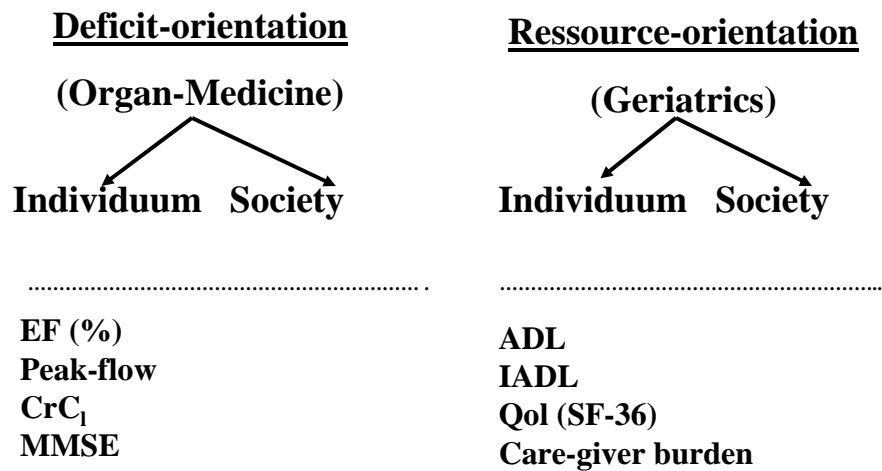
Geriatric Medicine is not specifically age defined but will deal with the typical morbidity found in older patients. Most patients will be over 65 years of age but the problems best dealt with by the speciality of Geriatric Medicine become much more common in the 80+ age group.

It is recognised that for historic and structural reasons the organisation of geriatric medicine may vary between European Member Countries.

„Credo“ of Geriatrics

**From of model of „deficit“
to „ressources“**

„Load if disease“



Deficit-orientation

Individuum

- Organ-Medicine does not cope with multimorbidity of the (oldest) old
- Neglects physio-psycho-socio-spiritual approach of Geriatrics
- „drug-drug“, „drug-disease“, „disease-disease“ interactions not covered

Deficit-Orientation

Society

- **Wrong priorities lead to undesired effects**
- **Not setting priorities produces inefficiency**
- **„Organ-fixation“ makes re-allocation of financial resources difficult**

Ressource-Orientation

Individuum

- **Enables adapted diagnostic and therapeutic plans to ensure the best possible functionality, independence and quality of life**
- **Integrates a multi-disciplinary team**
- **Enforces „care-givers“**

Ressource-Orientation

Society

- **Integrates different professional groups and care providers**
- **Prerequisite for an intergrated patient care (case-management)**
- **Backbone for a „generational contract“ – change from a „burden of diseases“ to a „chance for health provision“**